

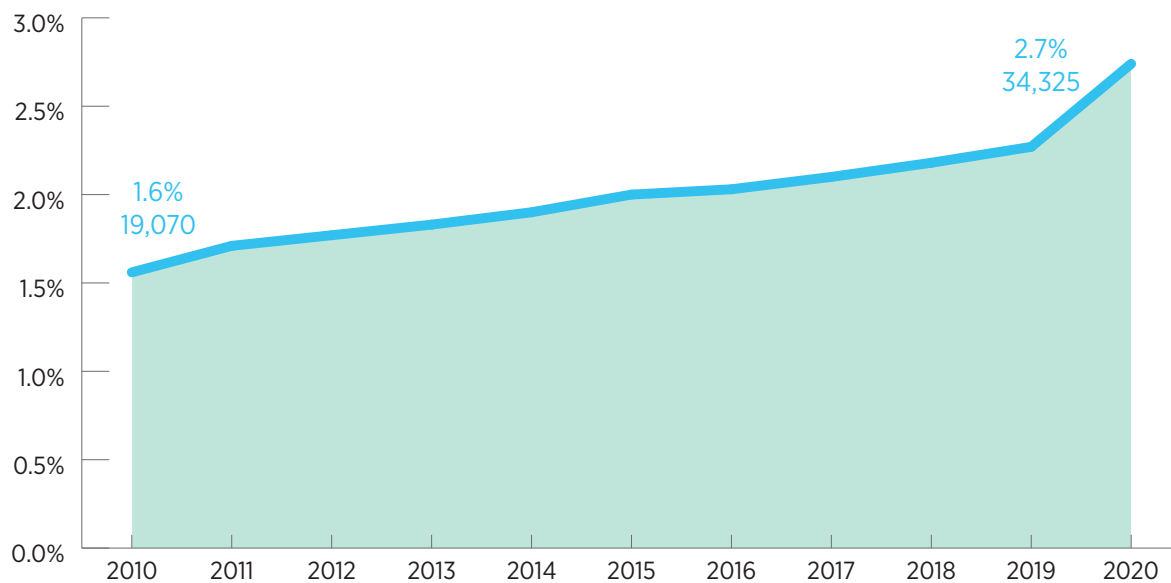
ALLEGHENY COUNTY Service Utilization by Latinx Communities

September 2022

In 2020, the Allegheny County Department of Human Services (DHS) contracted with Metis Associates, a New York-based research firm, to conduct a needs assessment¹ of the county's Latinx population to 1) help DHS create plans to meet the needs in this population and 2) provide those findings to community organizations to assist with their own planning efforts. Though this population remains small, it is growing — the Latinx population in Allegheny County grew by 80%, an increase of 34,325 people from the 2010 to the 2020 decennial census (**Figure 1**). In addition, Latinx populations nationwide were significantly undercounted during the 2020 census, at a rate of 4.99%.² This could account for more than 1,000 individuals not being counted. Regardless, the Latinx population has grown from 1.6% in 2010 to 2.7% in 2020 (**Figure 1**)

To accompany the findings of the needs assessment, DHS conducted the following analyses to describe Latinx use of human services, publicly funded health services and involvement with the criminal justice system within Allegheny County. The analysis describes participation rates of people identifying as Latinx in 1) family and child services, 2) physical and behavioral health services, 3) aging services, 4) developmental support services, 5) income supports, 6) housing and homeless supports, and 7) criminal and juvenile justice involvement.²

FIGURE 1: Latinx Population in Allegheny County as a Percentage of the Total Population



¹ [2021 Allegheny County Latinx Needs Assessment](#)

² [Census Bureau Releases Estimates of Undercount and Overcount in the 2020 Census](#)

³ Only services that are publicly funded are included in this analysis. Services paid for by private insurance or by an individual are not included due to data availability.

Latinx populations are not a monolith — different people and communities needing different services and represent various socioeconomic levels and cultures. By investigating what services are utilized by the Latinx community, as well as the experience of Latinx communities in Allegheny County, a picture of this population’s unique needs can begin to form. In addition, by taking a proactive look at the needs of a growing population, DHS has the opportunity to improve preventive approaches to support these communities.

KEY FINDINGS

When comparing service utilization by Latinx populations to that of non-Latinx populations, some patterns begin to emerge. Latinx populations are more likely to be involved in the child welfare system, at least at the referral level, as shown in this report. In addition, they see higher rates of involvement in active criminal cases. On the other hand, the Latinx population sees rates of involvement similar to what is seen in the rest of the county in areas such as housing supports, healthcare and out-of-school programs. Lastly, the Latinx population is less involved than the rest of the population in child welfare (beyond the referral stage), aging and several mental health programs. It is important to note that levels of engagement with these systems are not necessarily positive or negative. For example, lower involvement in mental health treatment may imply that mental health needs are not being met, whereas higher involvement in early childhood interventions may encourage stronger outcomes for the families.

TABLE 1: Public Service Involvement by Latinx Population Compared to Non-Latinx Population in Allegheny County

SERVICES WHERE USAGE HAS BEEN HIGHER FOR THE LATINX POPULATION	SERVICES WHERE USAGE HAS BEEN APPROXIMATELY THE SAME FOR THE LATINX POPULATION	SERVICES WHERE USAGE HAS BEEN LOWER FOR THE LATINX POPULATION
Early childhood services and early intervention Child welfare referrals (child welfare involvement as a parent has been increasing in recent years) Family center usage and home visiting	Out-of-school programs DHS housing supports, homeless services and homelessness prevention HealthChoices enrollment (although the rate has increased for the Latinx population since 2016)	Child welfare involvement, except referrals Aging services Developmental supports Drug and alcohol treatment Mental health crisis services, inpatient services and outpatient services
OTHER INVOLVEMENT THAT HAS BEEN HIGHER FOR THE LATINX POPULATION Criminal filings, although they have been decreasing since 2020 Jail (From 2010 to 2016, the rate of the Latinx population in jail was higher than non-Latinx, but since 2016 it has decreased.)	Hospital visits, emergency department visits and outpatient services (In the past few years, there has been an increase for the Latinx population.)	Inpatient hospitalizations Assisted housing
	OTHER INVOLVEMENT THAT HAS BEEN APPROXIMATELY THE SAME FOR THE LATINX POPULATION Public benefits	OTHER INVOLVEMENT THAT HAS BEEN LOWER FOR THE LATINX POPULATION Unexpected death from overdoses and suicide Juvenile justice (although the rates are very similar for Latinx and non-Latinx communities in 2020)
	Deaths from homicide	

METHODOLOGY

For the purposes of this report, we are using the term Latinx to identify individuals who accessed Allegheny County services who identify as Hispanic, Latino/a/x/e, are Spanish speakers, or are children of any of the previously mentioned. This does not include Portuguese or native indigenous languages. Ethnicity is separate from race, so all races, including (but not limited to) White, Black and Asian, are included in this report as either Latinx or non-Latinx. The control population, non-Latinx, is inclusive of all individuals who accessed services and did not fall into the previously mentioned qualifications for Latinx. This report does not investigate past ethnicity to look at income, educational attainment, or other variables that may affect outcomes for Latinx and non-Latinx communities.

The report examines the rate of Latinx involvement in 1) family and child services, 2) physical and behavioral health services, 3) aging services, 4) intellectual disability services, 5) income supports, 6) housing and homeless supports, and 7) criminal and juvenile justice involvement. These services were chosen to provide a comprehensive summary of the involvement of people identifying as Latinx in public services. For most of these, we examine the annual participation rate over the last decade (2010–2020). For some, we look at a shortened time frame due to data availability. In addition, because of the low numbers of people identifying as Latinx who died from a homicide, suicide or overdose each year, we examined these rates for the entire 10-year period and did not look at them annually.

The rates in this report are calculated as: $\left(\frac{\text{Number of individuals served per year}}{\text{The eligible population}}\right) * 1,000$

For instance, in 2020, there were 138 Latinx children (younger than 18) involved in child welfare as a child (as compared to as a guardian) and 4,674 non-Latinx. According to the 2020 Census data, the population of Latinx children younger than 18 was 10,188 and for non-Latinx children was 220,207. This gives a services rate of 13.5 Latinx children per 1,000, compared to 21.2 non-Latinx children per 1,000. This shows that Latinx children are less likely to be involved in the child welfare system as compared to non-Latinx children (this is inclusive of White non-Hispanic, Black non-Hispanic and others).

$$\left(\frac{138}{10,188}\right) * 1,000 = 13.5 \text{ children below 18}$$

$$\left(\frac{4,674}{220,207}\right) * 1,000 = 21.2 \text{ children below 18}$$

Many of the services have different eligibility criteria (age or otherwise). For all physical and behavioral health services, this analysis is limited to people with Medicaid insurance. For a list of eligibility criteria by source, please see the Appendix on page 19.

DATA SOURCES

Allegheny County Data Warehouse

The Allegheny County Data Warehouse brings together and integrates client and service data from a wide variety of sources both internal and external to the County. It was created by consolidating publicly funded human services data (e.g., behavioral health, child welfare, intellectual disability, homelessness and aging) and,

over time, expanded to include data from other sources. It now includes 21 categories of data. For a full list of data sources as well as additional information about the Data Warehouse, please see [Allegheny County Data Warehouse](#).

From the Data Warehouse, we extracted information about individuals’ demographics and human services involvement. For any given individual, different data sources may contain contradictory information; for example, a person’s ethnicity may be missing from a data source or have been recorded differently by different service providers.

LIMITATIONS

As noted above, data for an individual in the Data Warehouse is derived from a variety of sources, some of which may have conflicting information. For the sake of demographic analysis, we use the most common value for an individual’s legal sex, date of birth, race and ethnicity recorded across our 20 data sources. This could result in an undercount of people identified as Latinx in the County because many sources do not consistently record information about Latinx or default to non-Latinx. We attempted to address this by including ethnicity information from trusted sources (Latino Family Center and birth records), but the information in this report most likely remains an undercount of people identifying as Latinx participating in public and social services.

The United States Census has reported that there was a 4.99% undercount of Latinx populations nationwide. This is one of the highest undercount or overcount rates of the 2020 Census and was a significant increase from 2.06% in the 2010 Census.⁴

When analyzing services and involvement across different program areas, data from time frames vary as well. This is partially due to data availability and collection methods, as well as the time frame in which some of these services have existed. The Appendix shows the data availability for all metrics measured in this report.

When analyzing by ethnicity, disparities around race go undetected. This report combines Black and White non-Latinx populations, as well as Black and White Latinx populations (in addition to other races). Allegheny County has examined disparities around race in services.⁹ This is the first time we are explicitly and comprehensively examining the rate of involvement in public and human services by ethnicity. As such, we chose to look only at ethnicity and not to intersect ethnicity with race, which would tell a more complex story. There is disparity across most of these services by race, with Black individuals over-represented in child welfare services,⁵ older adult protective services,⁶ the homeless system,⁷ the criminal and juvenile justice system,⁸ and public assistance programs. There are also complex disparities in access and diagnosis within the behavioral health system.

⁴ [Census Bureau Releases Estimates of Undercount and Overcount in the 2020 Census](#)

⁶ [Older Adult Protective Services in Allegheny County: Dashboard](#)

⁸ [Allegheny County Jail Population Management: Interactive Dashboards](#)

⁵ [Child Welfare Placement: Interactive Dashboard](#)

⁷ [Allegheny County Annual Point-in-Time Homelessness Count, 2009–Present: Interactive Dashboard](#)

⁹ For example, see the Allegheny County dashboard on [Racial Disproportionality in Child Welfare](#).

LOCATION OF LATINX POPULATIONS IN ALLEGHENY COUNTY

It is helpful to understand geographic patterns when planning for current and future services, though the Latinx population is very diverse and not all people need social services or supports. Within the City of Pittsburgh, the neighborhood of Beechview has a substantial Latinx population accessing services (**Figure 2**). This may be explained by the location of Casa San José, a resource center for English language learners.¹⁰ In addition, outside of Pittsburgh, some parts of Moon Township have a significant Latinx population accessing services. In comparison, there is fairly low and consistent service utilization across the rest of the county. There are other municipalities with concentrations of Latinx populations but they show lower service utilization. This includes areas in and around the City of Pittsburgh (**Figure 3**). Areas such as the South Shore, Uptown, Friendship and parts of Oakland have large concentrations of Latinx individuals but tend to have lower rates of Latinx service utilization.

FIGURE 2: Count of Latinx Residents Who Used Any Services in 2019–2020

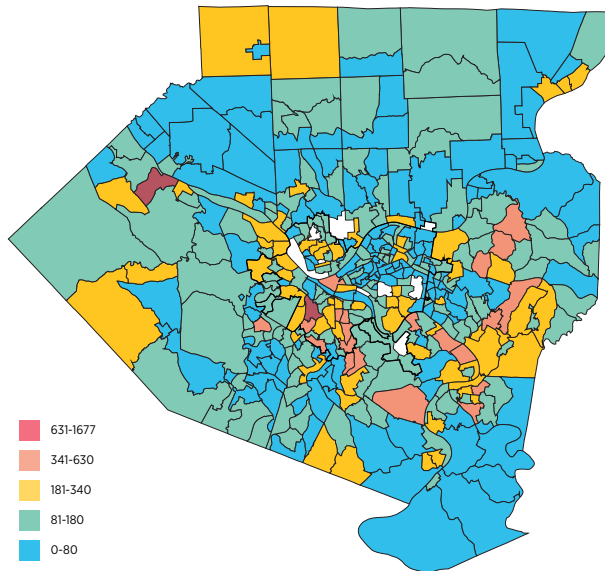
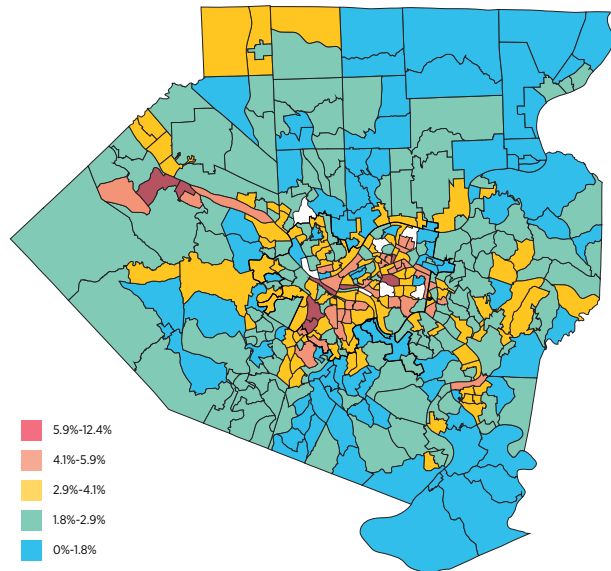


FIGURE 3: Percent of the Population that Identifies as Latinx, 2020



¹⁰ [Casa San Jose](#) “serves as a base of support for English language learners, helping them to access services — especially services for children, youth and families — in order to better acclimate to their new home in the Pittsburgh area and to know the experience of welcome here.”

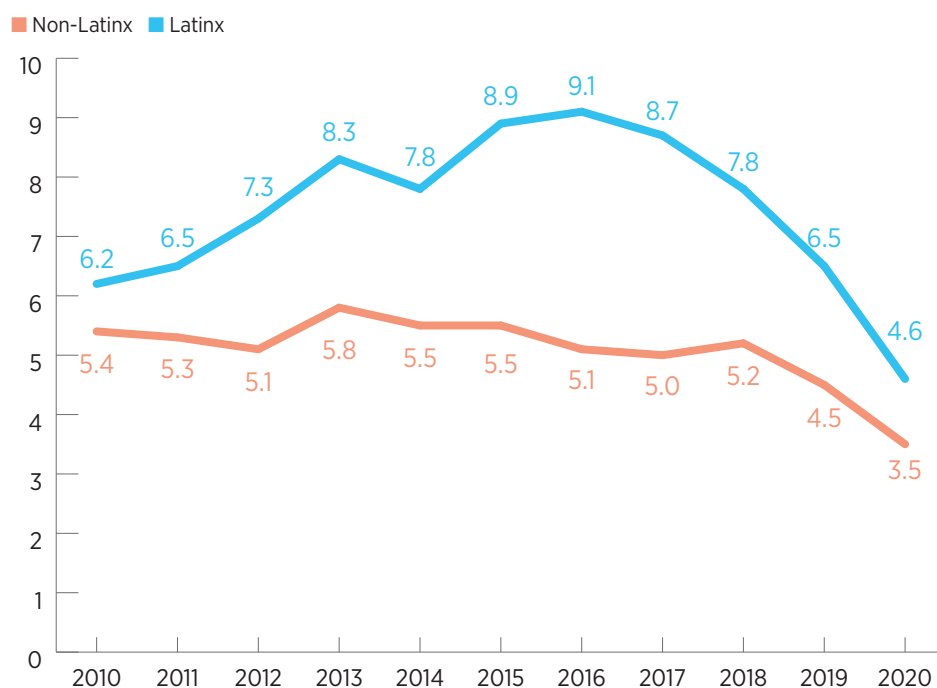
FAMILY AND CHILD SERVICE INVOLVEMENT

Latinx individuals show higher rates of involvement in programs that help young children prepare for school and/or help families with mentoring and support (such as early childhood services and Family Centers) as compared to non-Latinx individuals. At the same time, Latinx communities have lower rates of involvement with child welfare services.

Early Childhood Services

Latinx involvement in early childhood services, which help young children achieve school readiness, is consistently higher than non-Latinx involvement but has been falling in recent years (**Figure 4**). Early childhood services are provided to families with eligible incomes.

FIGURE 4: Early Childhood Services Rates per 1,000 by Ethnicity



Family Centers

Family Centers help families with children under 5 with support, mentoring and in-home services. Latinx families have been four to six times more likely to access these services than non-Latinx families, and that rate is showing marked growth (**Figure 5**). This is the result of participation in the Latino Family Center, which caters specifically to the needs of the Latinx population.

Home Visiting

DHS’s home visiting program is an optional service that supports pregnant people and new parents to promote infant and child health, foster educational development and school readiness, and help prevent child abuse and neglect. There are similar trends for home visiting as there are for the Family Centers. Latinx families have been 4.5 to 5 times more likely to access home visiting services than non-Latinx families (**Figure 6**).

FIGURE 5: Family Center Utilization Rates per 1,000 by Ethnicity

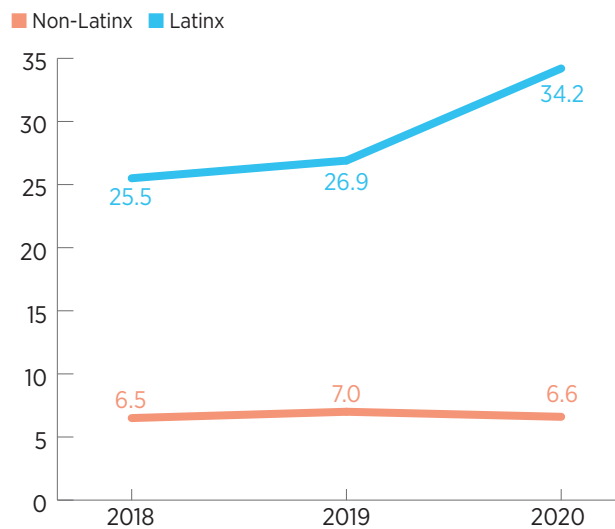
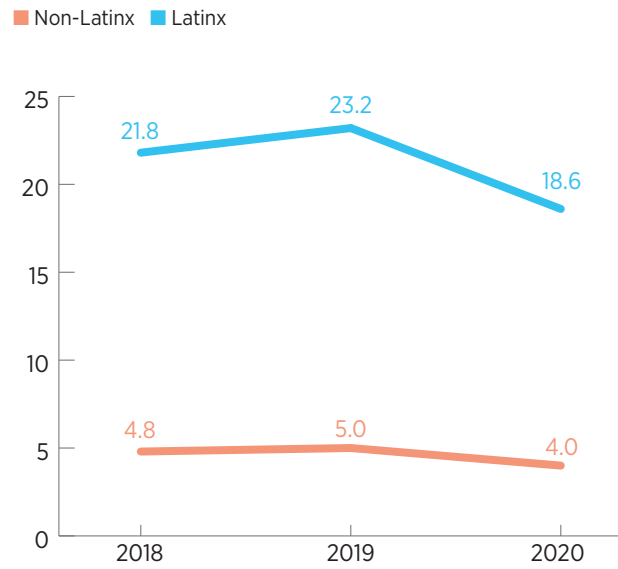


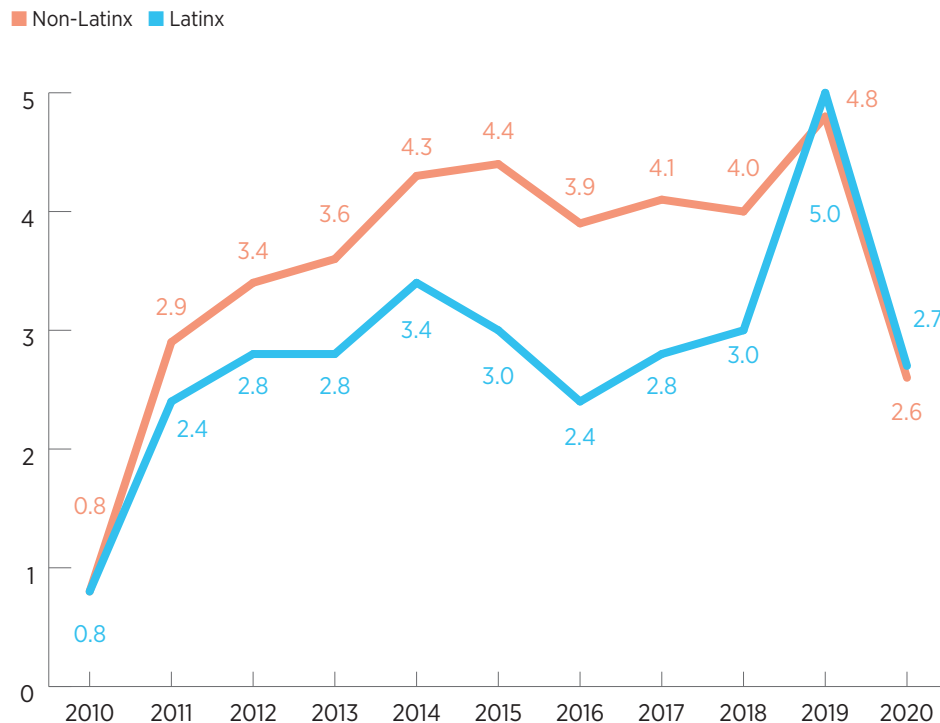
FIGURE 6: Home Visiting Rates per 1,000 by Ethnicity



Out-of-School Time

DHS’s out-of-school services provide safe spaces and programming for children after the school day ends. In 2010, there was very low involvement for both non-Latinx and Latinx communities, and while involvement for both groups grew in following years, Latinx communities consistently had lower levels of involvement. In 2019, Latinx involvement began to surpass non-Latinx involvement, but the onset of the COVID-19 pandemic led to reductions for both groups.

FIGURE 7: Out-of-School-Time Services Utilization Rates per 1,000 by Ethnicity



Child Welfare

While child welfare referrals for Latinx and non-Latinx families from 2010 to 2015 were similar, there was an increase in Latinx referrals from 2016 to 2019. On the other hand, Latinx communities fairly consistently have lower rates of open welfare cases, which can include in-home services, out-of-home placements or other supports from a child welfare caseworker.

FIGURE 8: Child Welfare Referrals per 1,000 by Ethnicity

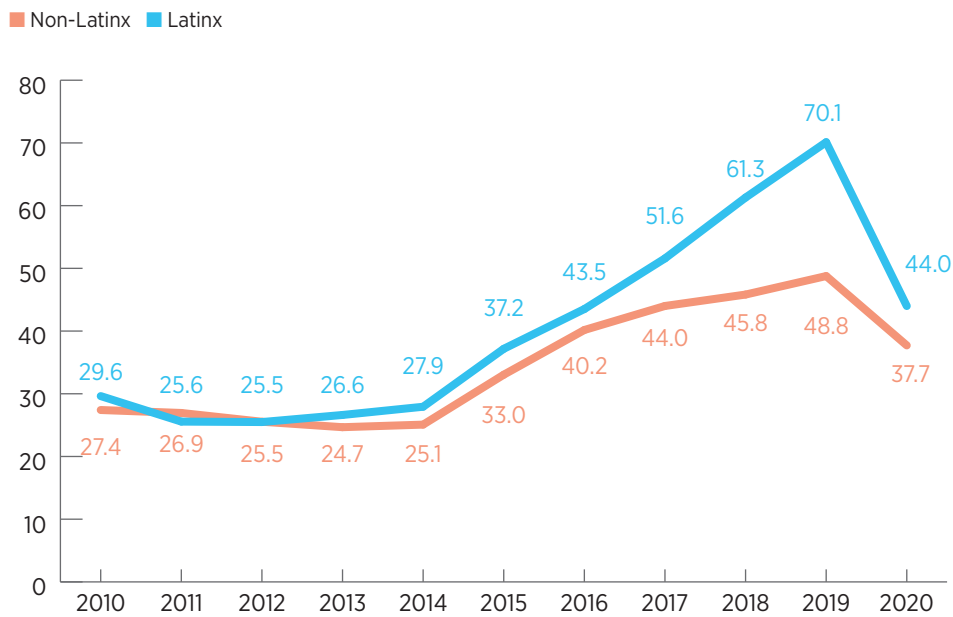


FIGURE 9: Parent on an Open Child Welfare Case, per 1,000, by Ethnicity

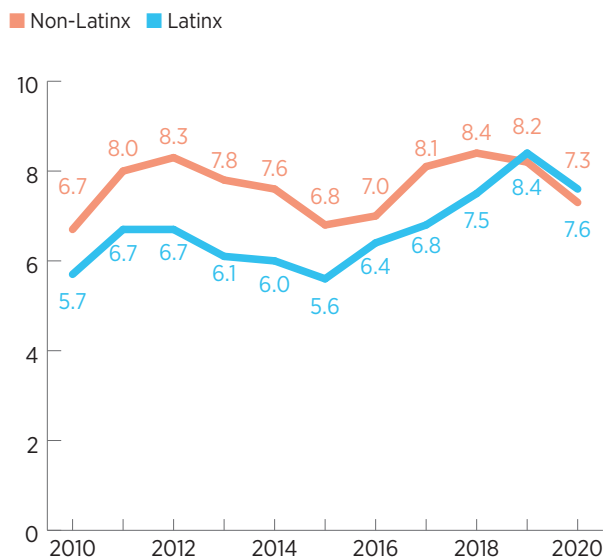
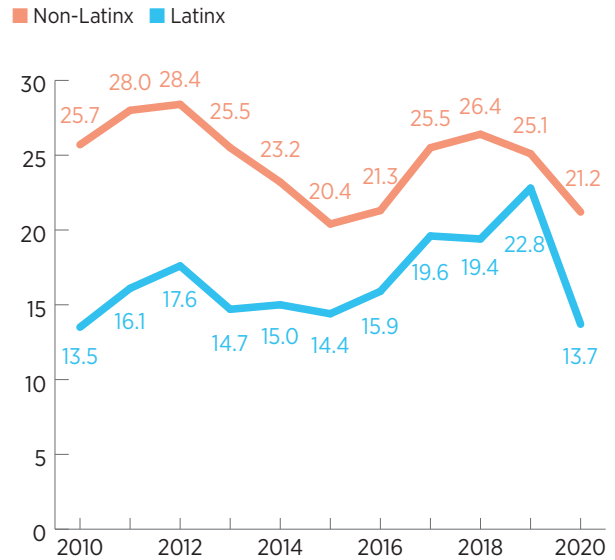


FIGURE 10: Child on an Open Child Welfare Case, per 1,000, by Ethnicity



PHYSICAL AND BEHAVIORAL HEALTH INVOLVEMENT

Across most of the publicly funded services (Medicaid or HealthChoices enrollment) provided for physical and mental health, Latinx communities tend to have lower levels of involvement than non-Latinx communities. In only a select few instances do Latinx service involvement rates surpass non-Latinx rates. For some service areas, such as mental health services and drug and alcohol services, Latinx involvement is much lower than that of non-Latinx. On the other hand, in the areas of hospitalizations and hospital visits, the Latinx rate is only slightly lower. It is important to note that these are analyses of data coming from publicly funded healthcare and do not include private healthcare service utilizations.

Hospital Visits and Hospitalizations

The rates for hospital visits of Latinx and non-Latinx communities are more similar than many other service utilization rates, though Latinx utilization is consistently lower. This is true except for 2019, when the Latinx rate of most hospital-related services surpassed non-Latinx rates, excluding inpatient hospitalization. There are also larger decreases in service utilization for Latinx populations since the start of the COVID-19 pandemic.

FIGURE 11: Emergency Department Visits per 1,000 by Ethnicity Among Medicaid Recipients

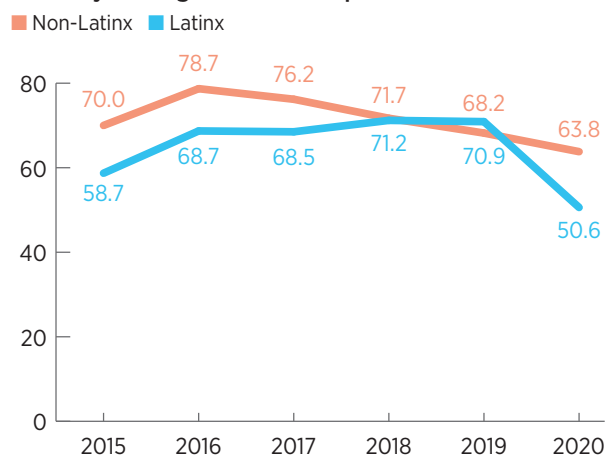


FIGURE 12: Inpatient Hospitalization per 1,000 by Ethnicity Among Medicaid Recipients

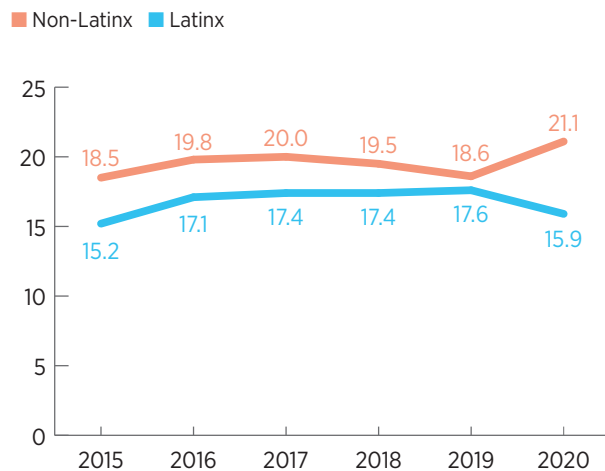
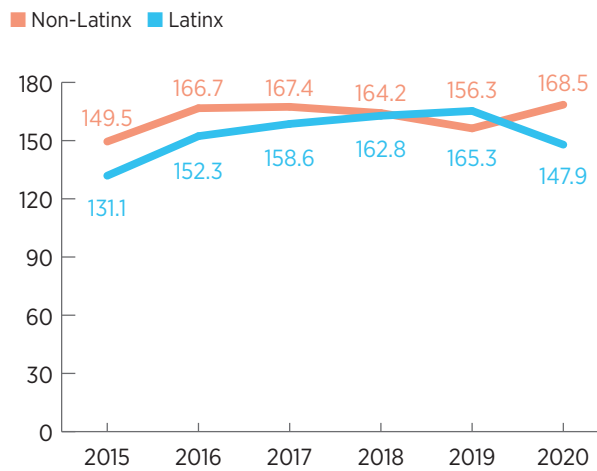


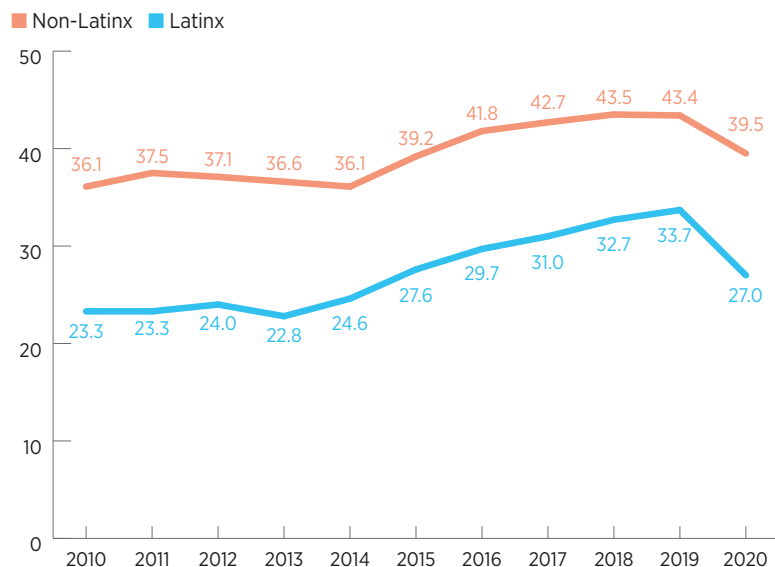
FIGURE 13: Outpatient Services per 1,000 by Ethnicity Among Medicaid Recipients



Mental Health

Similar to their usage of many other publicly funded health-related services, Latinx individuals are less likely to access mental health services. As compared to hospital visits, though, the rates of mental health service utilization are much lower for Latinx communities than for non-Latinx communities.

FIGURE 14: Mental Health Services Rates per 1,000 by Ethnicity among Medicaid Recipients



The table below dissects the different services included in mental health care shown in the graph above. Across Latinx and non-Latinx populations, mental health outpatient care is the most accessed service. The Latinx population has been less likely over time to access publicly funded mental health crisis services, although this is not indicative of how many mental health crises there may be. The same is true for mental health inpatient treatment.

TABLE 2: Mental Health Services Rates per 1,000 by Ethnicity and Type of Service Among Medicaid Recipients

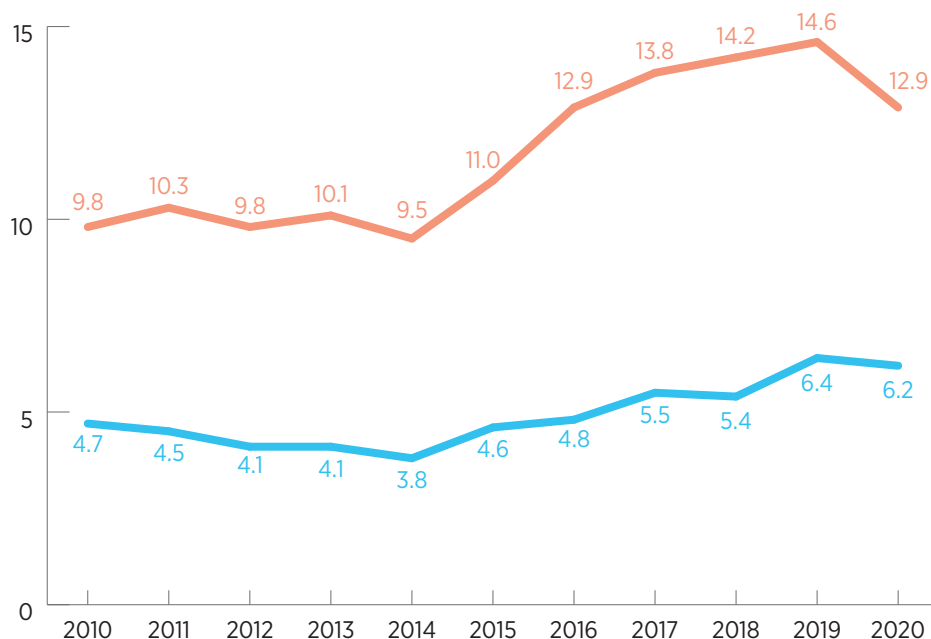
YEAR	MENTAL HEALTH CRISIS		MENTAL HEALTH INPATIENT		MENTAL HEALTH OUTPATIENT	
	LATINX RATE	NON-LATINX RATE	LATINX RATE	NON-LATINX RATE	LATINX RATE	NON-LATINX RATE
2010	2.4	4.6	1.8	3.1	16.4	28.6
2011	2.6	5.2	1.4	3.2	16.5	29.8
2012	3.4	4.7	1.8	3.1	18.4	30.0
2013	2.4	5.3	1.7	3.1	18.0	29.6
2014	3.4	5.0	2.0	3.0	20.4	29.9
2015	3.3	5.6	2.2	3.3	22.9	32.2
2016	3.6	5.5	2.1	3.6	24.3	34.8
2017	3.9	5.3	1.7	3.4	24.6	34.9
2018	4.1	5.5	2.3	3.2	24.4	31.5
2019	3.5	5.2	2.2	3.0	27.3	35.0
2020	2.7	4.6	1.7	2.7	20.6	29.9

Drug and Alcohol Services

Utilization of Medicaid- or County-funded drug and alcohol services has stayed consistent in Latinx communities over the past 10 years. Those rates have been roughly a third to a half of the service utilization rates for non-Latinx communities.

FIGURE 15: Drug and Alcohol Services Utilization by Ethnicity among Medicaid Recipients

■ Non-Latinx ■ Latinx



Unexpected Deaths Related to Mental Health and Substance Use

Although overdose deaths and suicides are not metrics specifically related to public services, they are metrics that are used consistently in public service work and affect how public services are distributed. Over the past 10 years in Allegheny County, there have been 38 accidental overdose deaths and 10 suicides for people identifying as Latinx as recorded by the Medical Examiner’s office. The rates are lower than for the non-Latinx population.

The rate of overdose death over 10 years for the Latinx population was 15 per 100,000 annually, or 42 people over 10 years. For the non-Latinx population, the average rate was 34 per 100,000 annually, or 4,487.

The suicide rate over 10 years for the Latinx population was 7 per 100,000, or 12 people. For the non-Latinx population, the average rate was 13 per 100,000, or 1,734.

OTHER DHS SERVICES

Outside of child welfare, DHS also provides aging services, developmental supports, and services for people experiencing homelessness or housing instability. In the areas of aging and developmental support, Latinx communities have lower involvement with DHS services.

Aging Services

Non-Latinx communities have consistently been accessing aging services in Allegheny County at almost twice the rate of Latinx communities. This rate was calculated for those in the community over 60 years old, so age disparities between Latinx and non-Latinx communities would not be an indicator for the difference in services utilization.

Developmental Support

As with aging, we see a much lower rate of service involvement for developmental support in the Latinx community. This does not necessarily indicate that there are fewer individuals in the Latinx community who need developmental supports. For example, it could also indicate that those needing services are not necessarily accessing them.

FIGURE 16: Aging Services Rates per 1,000 by Ethnicity

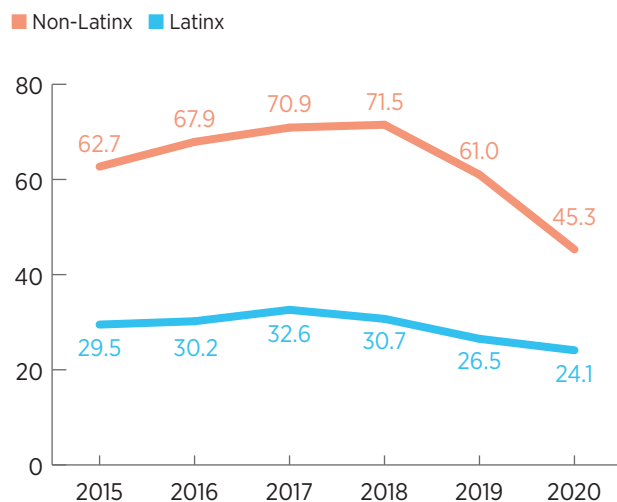
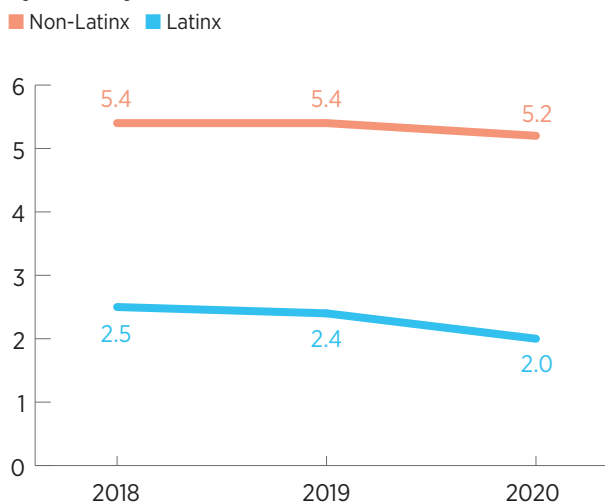


FIGURE 17: Developmental Support Services per 1,000 by Ethnicity

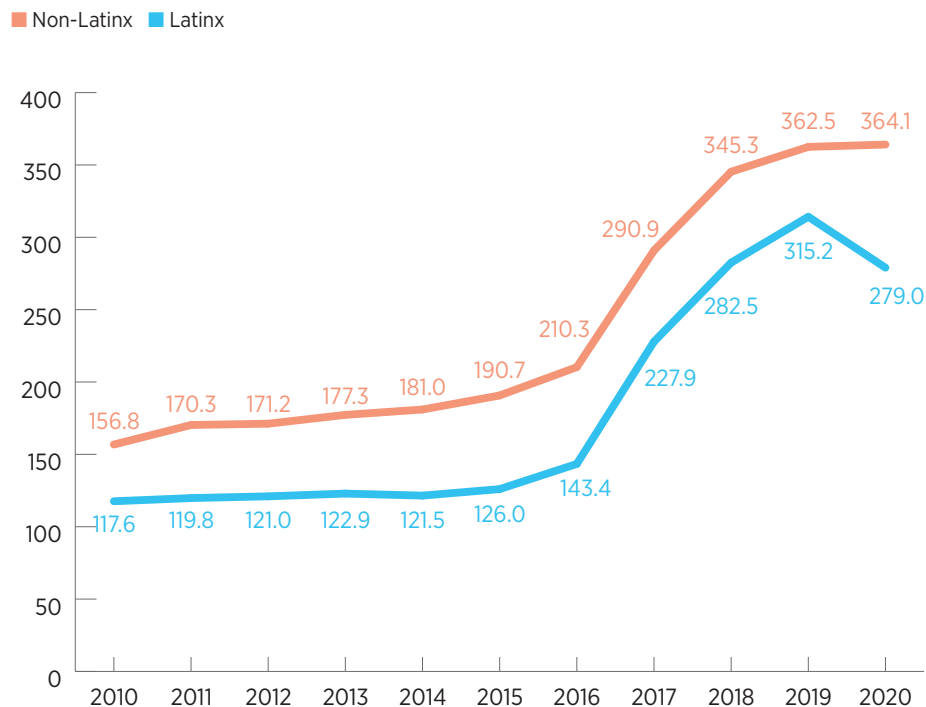


PUBLIC BENEFITS

Public benefits are services that help support individuals and families with low incomes. These services include Medicaid, which is administered in Pennsylvania as HealthChoices; Temporary Assistance for Needy Families (TANF), which is financial assistance; and the Supplemental Nutrition Assistance Program (SNAP), which provides financial assistance to families for buying food.

Across both Latinx and non-Latinx populations in Allegheny County, there was steady enrollment in state public benefits (Medicaid, TANF and SNAP) from 2010 to 2015. From 2015 through 2019, there were large increases for both groups, with Latinx populations jumping from a rate of 126 to 315.2 per 1,000 people. While the rate of public benefits usage by non-Latinx people has been rising slowly in recent years, Latinx usage saw a decrease in usage from 2019 to 2020.

FIGURE 18: Public Benefits Use per 1,000 by Ethnicity



Medicaid

Medicaid, also known as HealthChoices in Pennsylvania, is the public healthcare system in the U.S. for those who are eligible based on income. These numbers are included in the public benefits analysis above, and they are included independently below. This analysis is for all Latinx and non-Latinx populations, not just those eligible based on income. There has been a slight increase in usage since 2014 for all populations, though a recent drop in enrollment for Latinx populations has brought the rate back down to 184.2 people per 1,000, which is similar to the rate in 2016.

TABLE 3: Medicaid Rates per 1,000 and Counts by Ethnicity

YEAR	LATINX RATE	LATINX COUNT	NON-LATINX RATE	NON-LATINX COUNT
2010	139.3	2,657	161.7	194,720
2011	143.8	3,005	169.9	204,353
2012	142.8	3,103	165.6	199,923
2013	146.3	3,292	165.4	199,987
2014	148.8	3,478	167.1	201,824
2015	163.3	4,021	191.9	231,379
2016	182.5	4,541	208.6	250,416
2017	193.3	4,958	212.3	254,261
2018	200.2	5,317	220.0	262,165
2019	208.0	5,731	219.1	260,361
2020	184.2	6,324	214.6	260,974

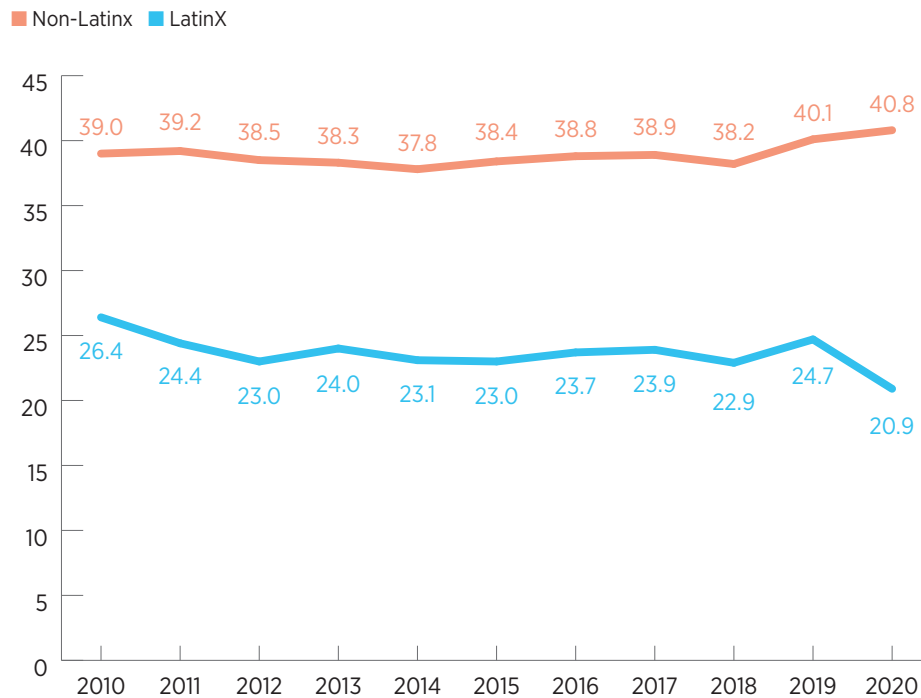
HOUSING AND HOMELESSNESS SERVICES

Latinx and non-Latinx communities have tended to have similar rates of involvement with homelessness and housing supports in Allegheny County. Since 2019, DHS housing supports and homelessness prevention services have increased in response to the COVID-19 pandemic. On the other hand, for Latinx communities, access to homeless services and assisted housing has decreased, hopefully implying a lessening need.

Assisted Housing

Assisted housing services in this analysis are services provided by either the Housing Authority of the City of Pittsburgh (HACP) or the Allegheny County Housing Authority (ACHA). Assisted housing rates for Latinx communities have remained consistent over the past 10 years, varying from 21 to 26 individuals per 1,000. This rate dropped to its lowest, 20.9, in 2020. The usage rate for the Latinx community has remained below the rate for the non-Latinx community throughout the past decade.

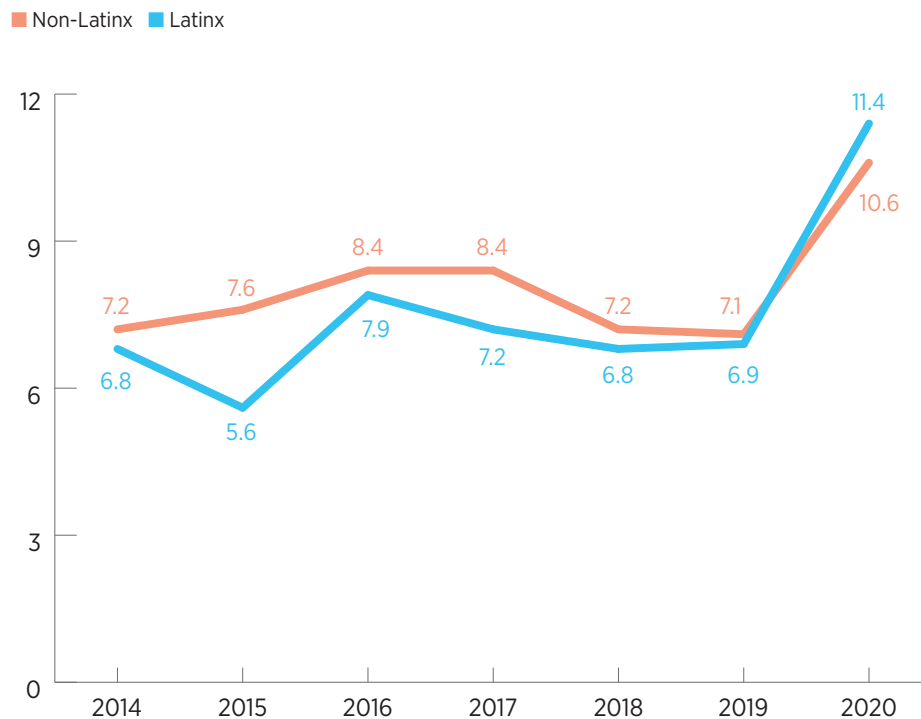
FIGURE 19: Assisted Housing Rates per 1,000 by Ethnicity



DHS Housing Supports

As compared to assisted housing services, DHS housing supports have much lower involvement and more similar rates between the Latinx and the non-Latinx groups. Both groups saw a large increase in 2020. The Latinx rate surpassed the non-Latinx rate slightly in 2020 for the first time since 2014.

FIGURE 20: DHS Housing Supports Rates per 1,000 by Ethnicity



Homelessness Prevention and Other Supportive Services

Homelessness prevention and services have had fairly low involvement since 2014, with 1.6 Latinx community members per 1,000 and 2.6 non-Latinx community members per 1,000 in 2014. The Latinx rate reached 7.4 people per 1,000 in 2020, over quadruple the rate in 2014. This jump from 2019 to 2020 may be attributed to the COVID-19 pandemic.

As compared to DHS housing supports and homelessness prevention services, homeless services access has decreased since 2014. Latinx involvement in homeless services was at its highest in 2014, at a rate of 4.1 per 1,000, and lowest in 2020, at a rate of 1.8 per 1,000.

TABLE 4: Homeless Services per 1,000 by Ethnicity

YEAR	HOMELESSNESS PREVENTION		HOMELESS SERVICES	
	LATINX RATE	NON-LATINX RATE	LATINX RATE	NON-LATINX RATE
2014	1.6	2.6	4.1	3.1
2015	1.8	3.2	2.6	3.0
2016	5.1	4.7	2.9	2.9
2017	3.6	4.4	3.2	3.4
2018	3.4	3.4	3.1	3.1
2019	2.9	3.4	3.2	2.9
2020	8.6	7.4	1.8	2.3

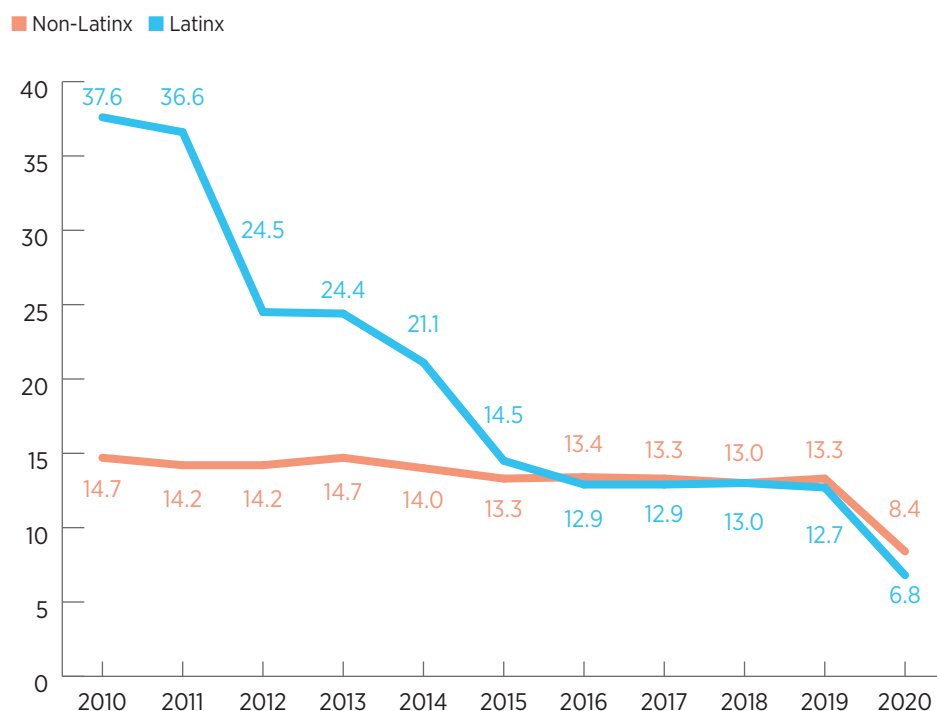
CRIMINAL AND JUVENILE JUSTICE

Involvement in the criminal justice system varies greatly over time, by demographic and by type of involvement. While the rate of jail bookings over the past five years has been very similar for Latinx and non-Latinx populations, juvenile justice and criminal cases have varied slightly, with rates more similar in recent years than in past years.

Jail Bookings

Since 2015, the jail booking rates have been very similar between the Latinx and non-Latinx populations, with both rates falling in 2020 due to the COVID-19 pandemic. Prior to 2015, the data showed unusually high rates of jail bookings for the Latinx population, which may be a result of the Allegheny County Jail holding individuals at the request of Immigration and Customs Enforcement (ICE). Beginning in the summer of 2015, the Allegheny County Bureau of Corrections released a policy that ACJ “will not detain any inmate and will not delay the otherwise authorized release of any inmate as a result of detainer requests or administrative warrants received by ICE.”¹¹

FIGURE 21: Jail Booking Rate per 1,000 by Ethnicity



¹¹ [Allegheny County Bureau of Corrections: Immigration Detainers and Warrants](#)

Homicides

Since 2010, there have been 13 homicides of Latinx victims recorded by the Allegheny County Medical Examiner. While the low count makes the rate over time difficult to analyze, we are able to compare the 10-year homicide rate of Latinx people to that of the non-Latinx population. In the past decade, the homicide rate for Latinx people was 6 per 100,000; for non-Latinx people it was 8 per 100,000.

Juvenile Justice

Rates of juvenile justice involvement have historically differed for Latinx and non-Latinx communities. Non-Latinx populations have had higher rates of involvement since 2010, though those rates have been falling. In 2020, the rates of the two populations nearly converged, with a non-Latinx involvement rate of 6.4 per 1,000 and a Latinx involvement rate of 6.2 per 1,000. Although the rates were nearly identical in 2020, there were only 18 Latinx individuals involved with juvenile justice in 2020.

Criminal Cases

Rates of criminal charges have been similar for Latinx and non-Latinx populations since 2010, with Latinx involvement being slightly higher from 2010 through 2019. In 2020, the rate was nearly the same for both groups at approximately 12 per 1,000 people.

FIGURE 22: Juvenile Justice Involvement Rate per 1,000 by Ethnicity

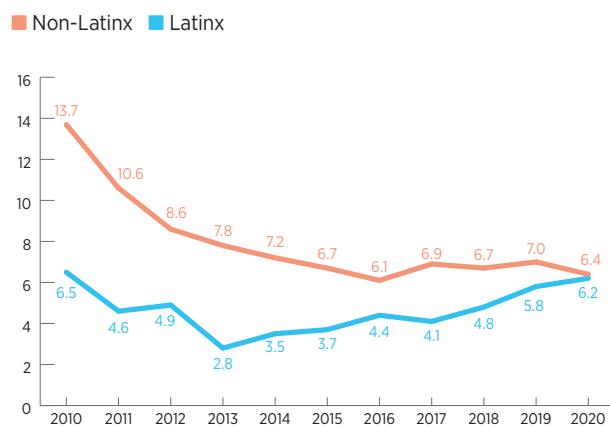
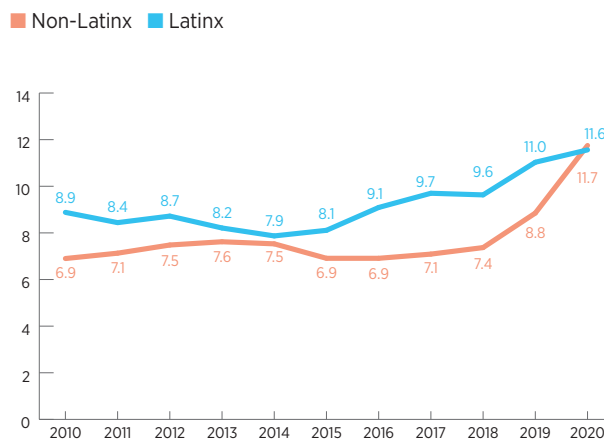


FIGURE 23: Criminal Cases



CONCLUSION AND NEXT STEPS

DHS provides support to help families thrive; helps children and youth grow up safer and healthier, and adults live more securely and independently; and supports people at their most vulnerable times in life. We strive to do all of this with respect, compassion and equity. This descriptive analysis is meant to augment the Latinx Needs Assessment and provide both DHS and the broader community with more information about the needs of the Latinx population in Allegheny County so that we can better serve them. This analysis is meant to help highlight areas that require additional investigation to find how to best serve our communities.

This analysis was done to supplement the 2021 Allegheny County Latinx Needs Assessment, which focuses on qualitative analyses of the experiences of Latinx people in Allegheny County, as well as assessing their most pressing needs. This report supplements that by following up with which programs within DHS and the County Latinx people are involved in. This approach will help community organizations and County programs to better plan for the needs of the Latinx community and identify where needs are or aren't being met. While in this report the data analyses are not supplemented by policy or program recommendations, the goal is to make information about the Latinx communities more accessible, so that community organizations have the resources and knowledge to meet the needs of the communities they are serving. In addition, we hope the information in this report can be used in conversations not yet had about under-served communities, and to instigate follow-up questions and investigations. For example, are language barriers an impediment to accessing health and wellness resources?

In addition to this report and the Latinx Needs Assessment, DHS is taking active steps to engage with and improv access to services for Latinx communities. The County is expanding language accessibility, with a Request for Proposals for Language Access Services to help support the growing population of non-native English speakers and ensure that they have equal access to human services. DHS also funds the Latino Community Center, which provides education and family services to Latinx people regardless of income or other statuses.

ANALYSIS

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APPENDIX A

PROGRAM GROUP	PROGRAM NAME	DATA AVAILABILITY	ELIGIBILITY	COMMENTS
Human Services	Aging	July 2014–Present	60+ years old	Census population used: 55+ years old
	Child Welfare Referral	August 2008–Present	No age eligibility limit	
	CYF Child	July 2002–Present	0–17 years old	
	CYF Parent	October 2006–Present	14+ years old	
	DHS Housing Supports	October 2013–Present	No age eligibility limit	
	Early Childhood	March 2009–Present	No age eligibility limit	
	Early Intervention	July 2002–Present	No age eligibility limit	Census population used: <5 years old
	Family Support Center	January 2002–Present	No age eligibility limit	
	Home Visiting	July 2017–Present	No age eligibility limit	
	Homelessness Prevention and Other Services	October 2013–Present	No age eligibility limit	
	Homeless Services	October 2013–Present	No age eligibility limit	
	Intellectual Disabilities	September 2017–Present	No age eligibility limit	
	Out-of-School Time	January 2007–Present	No age eligibility limit	
Behavioral Health and Hospital Services	Drug and Alcohol	July 2002–Present	HealthChoices members only. 14+ years old	
	Emergency Department Visits	January 2015–Present	HealthChoices members	
	Hospital Visits	January 2015–Present	HealthChoices members	
	Inpatient Hospitalization	January 2015–Present	HealthChoices members	
	Mental Health	Data availability is dependent on the individual sources	HealthChoices members	
	Mental Health Crisis	July 2002–Present	HealthChoices members	
	Mental Health Inpatient	July 2002–Present	HealthChoices members	
	Mental Health Outpatient	July 2002–Present	HealthChoices members	
Public Benefits	Assisted Housing	2004 or 2006 to current depending on the individual ACHA and HACP sources	No age eligibility limit	
	HealthChoices Enrollment	July 2002–Present	No age eligibility limit	
	Public Benefits	July 2002–Present	No age eligibility limit	
Criminal Justice and Medical Examiner	Criminal Cases	January 2007–Present	15+ years old	Census population used: 18+ years old
	Jail	July 2002–Present	18+ years old	
	Juvenile Justice	January 2008–Present	10–17 years old	
	Accidental Overdose	January 2008–Present	No age eligibility limit	
	Homicide	July 2002–Present	No age eligibility limit	
	Suicide	July 2002–Present	No age eligibility limit	

APPENDIX B

PROGRAM AREA	PROGRAM	AVERAGE LATINX COUNT	AVERAGE NON LATINX COUNT	AVERAGE LATINX RATE	AVERAGE NON LATINX RATE
Family and child service involvement	Early childhood services	182	6,114	7.5	5.1
	Family center utilization	856	7,983	28.6	6.7
	Home visiting	618	5,528	21.2	4.6
	Out-of-school-time services	72	4,231	2.9	3.5
	Child welfare referral	1,023	41,408	40.1	34.5
	Parent on a child welfare case	162	7,703	6.7	7.7
	Child on a child welfare case	121	5,568	16.6	24.6
Physical and behavioral health involvement	Public benefits	4,642	285,471	179	237.5
	Emergency department visits	1,748	85,711	64.7	71.4
	Inpatient hospitalization	454	23,501	16.7	19.6
	Outpatient hospitalization	4,177	194,548	153.1	162.1
	Mental health crisis	79	6,174	3.2	5.1
	Mental health inpatient	46	3,788	1.9	3.2
	Mental health outpatient	528	37,848	21.1	31.5
	Drug and alcohol services	118	11,778	4.8	11.7
	Suicide	<6	158	0.1	0.1
Accidental overdose	<6	408	0.1	0.3	
Other DHS services	Aging services	96	25,432	28.5	63.2
	Developmental support	68	6,366	2.3	5.3
	Medicaid enrollment	4,220	229,120	168.4	190.5
Housing and homelessness services	HACP and ACHA assisted housing	580	46,775	23.7	38.9
	DHS housing supports	202	9,416	7.4	7.8
	Homeless services	77	3,537	3	2.9
Criminal and juvenile justice	Jail bookings	315	12,976	19.6	13.3
	Homicides	<6	97	0.1	0.1
	Juvenile justice	13	1,070	4.7	8.1
	Criminal cases	160	7,690	9	7.9