

1 HOUSE OF REPRESENTATIVES  
2 COMMONWEALTH OF PENNSYLVANIA

3 \* \* \* \*

4 The Family First Prevention Services Act  
5 Implementation and Funding Implications

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7 House Children and Youth Committee

8 Main Capitol Building  
9 Majority Caucus Room 140  
10 Harrisburg, Pennsylvania

11 Wednesday, March 17, 2021 - 9:00 a.m.

12 --oOo--

13 COMMITTEE MEMBERS PRESENT:

14 Honorable Sheryl Delozier, Majority Chairwoman  
15 Honorable Tim Bonner  
16 Honorable Ann Flood (virtual)  
17 Honorable Barbara Gleim  
18 Honorable Milou Mackenzie  
19 Honorable Jack Rader  
20 Honorable Jason Silvis  
21 Honorable Brian Smith  
22 Honorable Perry Stambaugh  
23 Honorable James Struzzi  
24 Honorable Wendi Thomas  
25 Honorable K.C. Tomlinson (virtual)  
Honorable Tarah Toohil  
Honorable Tim Twardzik  
Honorable Pamela Delissio, Minority Chairwoman  
Honorable Elizabeth Fiedler (virtual)  
Honorable Isabella Fitzgerald (virtual)  
Honorable Nancy Guenst (virtual)  
Honorable Liz Hanbidge (virtual)  
Honorable Kristine Howard (virtual)  
Honorable Bridget Kosierowski (virtual)  
Honorable Napoleon Nelson  
Honorable Melissa Shusterman (virtual)

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1 MAJORITY CHAIRWOMAN DELOZIER: Good  
2 morning, everyone. Welcome to the hearing this  
3 morning of the children and youth -- House Children  
4 and Youth Committee. I'm state Representative  
5 Cheryl Delozier, and I'm glad to be one of the  
6 hosts, I know, and joined with my colleague, Pamela  
7 DeLissio.

8 And to start, I call this meeting to  
9 order, and remind everyone that this meeting is  
10 being recorded, so, to be aware of that. If we can  
11 stand for the Pledge of Allegiance, please.

12 (Pledge of Allegiance held off the  
13 record).

14 MAJORITY CHAIRWOMAN DELOZIER: Thank you  
15 very much. I hand it over to Jen to take  
16 attendance for those that are here and then those  
17 that are virtual.

18 A VOICE: Delozier?

19 MAJORITY CHAIRWOMAN DELOZIER: Here.

20 A VOICE: Bonner?

21 REPRESENTATIVE BONNER: Here.

22 A VOICE: Flood? Virtual.

23 Gleim?

24 REPRESENTATIVE GLEIM: Here.

25 A VOICE: Mackenzie?

1 REPRESENTATIVE MACKENZIE: Here.

2 A VOICE: Rader?

3 REPRESENTATIVE RADER: Here.

4 A VOICE: Silvis?

5 REPRESENTATIVE SILVIS: Here.

6 A VOICE: Smith.

7 REPRESENTATIVE SMITH: Present.

8 A VOICE: Stambaugh?

9 REPRESENTATIVE STAMBAUGH: Here.

10 A VOICE: Stephens?

11 (No audible response).

12 A VOICE: Struzzi?

13 REPRESENTATIVE STRUZZI: Here.

14 A VOICE: Tomlinson? Virtual.

15 Toohil?

16 REPRESENTATIVE TOOHL: Here.

17 A VOICE: Twaridzik?

18 REPRESENTATIVE TWARIDZIK: Present.

19 A VOICE: DeLissio?

20 (Video recording went silent).

21 MAJORITY CHAIRWOMAN DELOZIER: Okay.

22 Thank you very much.

23 According to House rules, we need to

24 swear in all of those that are testifying. So

25 those that are virtual, I know our testifiers are

1 virtual, if you can please listen and then swear  
2 to. Would all of the testifiers, I need you to  
3 stand and raise your right hand.

4 Do you swear or affirm that the  
5 testimony you are about to give is true and to the  
6 best of your knowledge, information, and belief?  
7 If so, please indicate by saying, I do.

8 (Affirmative responses).

9 MAJORITY CHAIRWOMAN DELOZIER: Thank  
10 you.

11 Thank you, everyone, for being here  
12 today. This hearing is on Pennsylvania's  
13 Implementation of the Family First Preventive  
14 Services Act. The goals of the Family First Act  
15 are all laudable. It was passed with the federal  
16 government to identify the risk factors on issues  
17 of abuse and neglect; provide services to at-risk  
18 families so that their situations don't deteriorate  
19 and become worse, to the point where children have  
20 to be removed from their homes. When removal is  
21 necessary, to ensure that, whenever possible, the  
22 children are cared for in settings that are as  
23 close to what home is like. And I think all of  
24 those are ideas that people can get behind.

25 But with that said, we've had three

1 years. The federal government drastically changed  
2 what services we -- they will pay for and  
3 reimbursement, and under what conditions. And  
4 there are bound to be challenges within our local  
5 services that provide for our families.

6 Members who were paying attention during  
7 the budget hearings may have seen that a few weeks  
8 ago this transition to Family First is projected to  
9 result in significantly decreased federal funds  
10 and, therefore, a gap in our budget. So the  
11 funding in and of itself will be an impact to what  
12 we need to come up with by the end of June,  
13 obviously.

14 So I'm looking forward to hearing how  
15 the federal government is assisting the states, as  
16 well as how the state is preparing and helping our  
17 counties to transition to this Family First  
18 program, because we all know that our counties are  
19 where our -- the rubber hits the road, where our  
20 daily activities happen, and the interaction with  
21 our families and our children. So I look forward  
22 to those -- those information points and being able  
23 to ask questions about the program that we have  
24 going on.

25 And with that, I'll hand it over to

1 Chair DeLissio for any comments that she might  
2 have.

3 MINORITY CHAIRWOMAN DeLISSIO: Thank  
4 you. Good morning.

5 I look forward to learning and hearing  
6 more about this program and the implementation of  
7 it. I'm also, as I do my homework as we get  
8 underway here with this committee, all four  
9 re-edification, all four less placements when that  
10 is appropriate.

11 But also interested in how this may or  
12 may not be an opportunity to talk about neglect due  
13 to poverty versus neglect due to abuse, and that we  
14 have the appropriate interventions in place so that  
15 we can help children stay with their families,  
16 particularly if the families are struggling. I  
17 don't think we differentiate that exactly the way  
18 we could or should at the moment, so I look forward  
19 to looking for those opportunities as well.

20 So, thank you.

21 MAJORITY CHAIRWOMAN DELOZIER: Great.  
22 Thank you very much.

23 I neglected to say Happy St. Patrick's  
24 Day to everybody, to start out on March 17th. So,  
25 for all of our panelists, you get extra credit if

1 you have your green on.

2 But our first panel is from the Casey  
3 Family Programs, and we have with us Carl Ayers,  
4 who is a Senior Deputy (sic) of Strategic  
5 Consulting for Casey Family Programs, and he has  
6 with him Christine Calpin, Managing Director of  
7 Public Policy.

8 With that, I will hand it over to you  
9 guys. Thank you.

10 MR. AYERS: Good morning, Madam Chair,  
11 and members of the Committee. It is a pleasure to  
12 be with you this morning and offer this testimony  
13 on behalf of Casey Family Programs.

14 For those that are not familiar with our  
15 organization, we were founded in 1966, and work in  
16 all 50 states in addition to Washington D.C.,  
17 Puerto Rico, the U.S. Virgin Islands, and numerous  
18 travel nations across North America, to influence  
19 long-lasting improvements to the well-being of  
20 children, families in the communities where they  
21 live.

22 We believe that every child deserves a  
23 safe, supportive and permanent family. That every  
24 family will thrive with the support of a caring  
25 community; that every community can create hope and

1 opportunities for its children and families, and  
2 that every one of us has a role to play in building  
3 these communities of hope. Ultimately, our mission  
4 is to provide and improve and, ultimately, prevent  
5 the need for children to be placed into foster  
6 care.

7           This is the first time with you. Just  
8 to give you a little bit about my background is, I  
9 joined Casey Family Programs three weeks before the  
10 pandemic shut everything down in 2020, and have  
11 been in the child welfare field since 1997.  
12 Immediately prior to joining Casey Family Programs,  
13 I was the director of family services for the  
14 Commonwealth of Virginia, and led Virginia's  
15 implementation of the Family First Prevention  
16 Services Act.

17           So, for those of you that are familiar  
18 with Virginia's structure, it is also a state-  
19 supervised, county-administered system. So I'm  
20 very familiar with a lot of the challenges that you  
21 face when you're trying to implement this law.

22           I'll let Miss Calpin introduce herself  
23 here momentarily. So, Christine, please.

24           MS. CALPIN: Thanks, Carl. And good  
25 morning. It's a pleasure to be with you all. My

1 name is Christine Calpin. I work with Carl here at  
2 Casey Family Programs as the Managing Director of  
3 Public Policy. I have worked with Casey for over  
4 10 years, and have a considerable amount of  
5 experience and background working in Washington  
6 D.C. and various federal policy areas, including  
7 child welfare. So it's a pleasure to be with you.

8 MR. AYERS: Wonderful. Thanks,  
9 Christine.

10 And so, we're gonna talk with you a  
11 little bit about this morning to give you kind of a  
12 baseline of what Family First did with the passage  
13 of the act, and then Christine is really gonna walk  
14 you through some of the investments from the  
15 federal government to help make the Act occur, and  
16 then also, what's occurring in some of the other  
17 states.

18 We did a focus for those other states,  
19 five county-administered states so that you would  
20 have as much as a comparison as you can to  
21 Pennsylvania with what we know is going on  
22 nationally.

23 So, for those of you that are first  
24 hearing about Family First at this conversation  
25 this morning, as the Chairwoman mentioned, it was

1 passed by Congress and signed by President Trump in  
2 February 2018. This is landmark legislation inside  
3 of child welfare because it fundamentally changes  
4 how the federal government works with states,  
5 tribes, and other partners to protect children and  
6 improve the system in two very distinct ways.

7           The first one is, unlike previous  
8 federal support that came in through foster care is  
9 that there was a significant income requirement  
10 that was listed on your IV-E program. So, for  
11 children to enter IV-E nationally that -- it ranges  
12 anywhere from 40 to 60 percent of those children  
13 are actually eligible for federal funds. The rest  
14 of those funds have to come directly from the  
15 state.

16           So with the passage of this act and the  
17 new funding that comes down for preventive  
18 services, there is no longer an income eligibility  
19 requirement, so it expands to a hundred percent of  
20 all the children that would be served.

21           In addition, the second way is that, for  
22 states -- to pull down this funding is that, now it  
23 can come down not just for the child, but it can  
24 come down for the child and the family for the  
25 services that can be paid for prevention. So those

1 are significant changes to how federal IV-E funds  
2 can be used in this -- in this space.

3 So, whenever we talk about Family First,  
4 the act in and of itself is about a hundred pages,  
5 so we are certainly not going to go over everything  
6 that the Act does this morning with you, but are  
7 going to highlight some key areas that we really  
8 think that would -- is important for the committee  
9 to know.

10 And so, while supporting -- while  
11 providing support to the states for foster care,  
12 Family First also provides new resources to states  
13 who choose to provide preventive services, and we  
14 use that word choose because it is completely a  
15 state option. So the changes that you will hear  
16 about momentarily around the congregate care, those  
17 are not state options. The federal government said  
18 those are changing, specifically, because we do not  
19 believe that children are best served in congregate  
20 care settings.

21 However, if states choose to do so, then  
22 they can use the new opportunities to provide  
23 services to children and families much earlier and,  
24 hopefully, prevent the need for them coming into  
25 foster care.

1           So what they did is, they actually put  
2           that into three different buckets that the services  
3           can be provided. So those are mental health  
4           prevention and treatment services. Those are  
5           substance abuse prevention and treatment services.  
6           And the last are in-home parents skill training,  
7           including programs such as home visiting which has  
8           some of the best evidence nationally that they  
9           actually prevent children and families from ever  
10          entering the child welfare system.

11           So, to talk a little bit about the new  
12          policy that are included under Family First is  
13          that, states have the option to receive  
14          reimbursement for preventive services, which is a  
15          50 percent federal reimbursement, so 50 percent  
16          federal money, 50 percent state money, of cost for  
17          up to 12 months of mental health services,  
18          substance abuse treatment, and in-home parenting  
19          training for families that are at risk of entry  
20          into the child welfare system. And that at risk is  
21          a key piece as we talk about who may be eligible  
22          for these services.

23           The federal government left it open to  
24          the states to say that they must determine who can  
25          be a child that is considered a reasonable

1 candidate for entering foster care. So,  
2 Pennsylvania, in and of itself, has to make that  
3 determination of how they will do that. The  
4 clarification that the federal government came out  
5 with since the Act was passed is that the Title  
6 IV-E agency has to be the one to make that  
7 determination of reasonable candidacy.

8           Additionally, as this is an option for  
9 states to qualify for reimbursement, the state must  
10 file a Family First prevention plan that is  
11 approved by the U.S. Department of Health and Human  
12 Services. So that is something that Deputy  
13 Secretary Rubin can talk more with you about where  
14 the state is and the preparation for that plan.

15           Another key piece of this is that, the  
16 Act will only pay for evidence-based prevention  
17 services that are included in a newly-created  
18 clearinghouse called the Title IV-E Prevention  
19 Services Clearinghouse. And so, for services to be  
20 reimbursed, they must be rated in that  
21 clearinghouse as a promising, a supported, or  
22 well-supported program. This service must be  
23 trauma-informed, and if they are not included in  
24 the clearinghouse, then the state may do its own  
25 review of those services that they believe meet

1 those eligibility requirements.

2 States also have the opportunity to make  
3 a recommendation for services to be included in  
4 that clearinghouse. So if there's an evidence-  
5 based program the state is using that the  
6 clearinghouse has not yet rated, they can submit  
7 that for potential inclusion in the clearinghouse.

8 And the last piece of it is around Title  
9 IV-B, which is a much smaller portion than Title  
10 IV-E, but it eliminates the time for family  
11 reunification services. And why that is so  
12 important is that, the use of time, reunification  
13 services under Title IV-B, were time limited, in  
14 that, states found that from the time that the  
15 child entered foster care, that they actually  
16 exhausted their time and were not able to pay for  
17 services once the child went back home with their  
18 family. So that was another major shift that  
19 changed on the preventive side.

20 Now, on the congregate care side, and  
21 this is the place that so many states have  
22 struggled with this implementation, is that, the  
23 Act actually created a designation known as  
24 Qualified Residential Treatment Programs, or QRTPs  
25 as they are being referred to. Those must be a

1 trauma-informed model that meet the emotional and  
2 behavioral needs of children, and that must be  
3 identified by an assessment within 30 days of that  
4 child's placement.

5 So, a significant change that occurred  
6 in addition to that piece of it is that, the  
7 federal government limited Title IV-E reimbursement  
8 for placement of children in a group home, and  
9 we're talking about programs that are not going to  
10 meet the Q RTP designation to 14 days. And so, when  
11 you think about the time that a child spends in  
12 placement, they have generally not been through a  
13 hearing, a permanency planning hearing, any of  
14 those things to even lay out a goal within that  
15 time frame. So it significantly reduces the amount  
16 of funding the federal government will pay towards  
17 group homes.

18 And if you're going to go through a  
19 higher level of care, such a residential treatment  
20 facility, a psychiatric residential treatment  
21 facility, those types of settings that meet those  
22 needs, they must be designated as a Q RTP in order  
23 to receive federal IV-E funding.

24 It is also our understanding that  
25 Pennsylvania made the decision to forego the Q RTP

1 designation and actually go with something called  
2 specialized settings, which, of course, Deputy  
3 Secretary Rubin and his team can talk more with you  
4 about that designation.

5           Additionally, because Pennsylvania chose  
6 to delay the implementation of these provisions, as  
7 many other states have also done, the congregate  
8 care changes in reimbursement will take effect on  
9 October 1st of this year. I remind you the Act was  
10 signed February of 2018, and so, there has been a  
11 time frame to allow states to be able to look at  
12 when would be the appropriate time for them to  
13 implement, but they cannot implement any later than  
14 October 1st of 2021.

15           And because the state chose to delay the  
16 implementation of the QRTP, they could not pull  
17 down prevention funding until the time that they  
18 implement all of the provisions. So you can't pull  
19 down prevention money and continue to pay for  
20 congregate care at the same time, so that was part  
21 of the tradeoff of the Act.

22           Now, that's the basics of the major  
23 changes that occurred within the Act. Now I'm  
24 gonna have Miss Calpin talk with you a little bit  
25 more about some of the funding opportunities that

1 the federal government has chose -- chosen to help  
2 states implement these significant changes as they  
3 have received feedback since the passage of this  
4 Act. Miss Calpin.

5 MS. CALPIN: Thank you. And I'm going  
6 to build on my colleague's comments in just a few  
7 areas.

8 As Carl outlined, when Congress passed  
9 Family First, it really fundamentally shifted their  
10 intent and ideas around how they wanted to be  
11 pursuing policies and an approach in this space.  
12 Prior to that, all of the work had been in the  
13 space of foster care, and foster care remains an  
14 important area that the federal government will  
15 continue to invest and support states in their  
16 efforts.

17 At the same time, the movement towards  
18 Family First in supporting states in this effort,  
19 really has been followed up as well with  
20 considerable resources. The law passed in 2018.  
21 States, tribes, territories came forward and  
22 discussed the multitude and magnitude of changes  
23 and where they needed to be going and really  
24 expressed the need for resources.

25 So, in 2019, Congress provided

1 \$500 million in unmatched funds to states to help  
2 support the implementation, and so, Pennsylvania  
3 has received the share of those funds.

4 And then most recently, in December, in  
5 the year-end budget package, they really wanted to  
6 continue to make sure that they were doing all they  
7 could to support states in this effort. And so, a  
8 couple of the areas we wanted to just bring to your  
9 attention.

10 As Mr. Ayers mentioned, the prevention  
11 services and the opportunity to draw down  
12 open-ended funding was passed in law at 50 percent  
13 reimbursement. They've chosen to waive any state-  
14 match requirement, and so, over the next nine  
15 months the federal government is going to be  
16 providing reimbursement at a hundred percent for  
17 any services in prevention. It does require that  
18 the states have the plan, so the states that have  
19 approved plans are in position to really access  
20 these resources. But I think it's a signal of  
21 their intent, they're really trying to support  
22 states in moving in this direction.

23 They also waived any state match on  
24 resources for Kinship Navigator services. And  
25 these are funding programs that allow relative

1 caregivers and others who are helping to care for  
2 children, both within the child welfare system and  
3 even outside of the child welfare system, to access  
4 them and really be available. So we think these  
5 are really important areas that could drive states  
6 in the direction they want.

7 I think the last thing I wanted to  
8 comment on before I turn to any questions is what  
9 we know about implementation.

10 As Carl said, this passed in 2018. As  
11 of today, there are 19 states who either have  
12 approved or submitted plans, so we have nine states  
13 who actually do have approved prevention plans.  
14 Another -- I'm sorry, 10 states. And then another  
15 nine states have submitted alongside of two tribes.  
16 So the states are working through this process.  
17 They're working very closely with the regional  
18 offices.

19 Of the nine -- Of 10 states with  
20 approved plans, two of those states are county-  
21 administered, state supervised like Pennsylvania.  
22 And the remainder have a state -- administered-  
23 state supervised program.

24 We're happy to be a resource to  
25 Pennsylvania. We have been working throughout this

1 country since 2018. We host biweekly calls through  
2 a Family First learning collaborative to be a  
3 resource and to be engaged in this work, and we're  
4 thrilled that states like Pennsylvania participate.  
5 We're very interested in working with states and  
6 with all of you and really a successful  
7 path-forward.

8 At this point we're happy to answer any  
9 questions and appreciate the chance to be with you  
10 all today. So, thank you.

11 MAJORITY CHAIRWOMAN DELOZIER: Okay.  
12 Thank you very much.

13 The ability for us to understand other  
14 states I think is very relevant, and I have a few  
15 questions.

16 But, Pam do you have something  
17 initially? You do? Okay.

18 So, my question really lies in the fact  
19 of, with the states that have had the county run,  
20 obviously, because that's what Pennsylvania is, how  
21 is it that they -- the plan that they have -- And I  
22 know we're all gonna hear from the Deputy Secretary  
23 shortly as well, so we'll get more information from  
24 him.

25 But my question is, as to the states

1 that have already opted in, my understanding is  
2 then, the federal-matched dollars are there for  
3 them to use, because that's the biggest issue -- or  
4 one of the big issues in Pennsylvania is that we do  
5 have about a 30-million-dollar gap of  
6 nonreimbursable, or matching funds from the federal  
7 government.

8 So, with these other states, since they  
9 opted in ahead of time and are operating, are they  
10 having a full match? Did they lose any dollars in  
11 coming over and using the Family First program?

12 MS. CALPIN: So I'm happy to start. And  
13 then, Carl, if you want to jump in.

14 The loss in funding that the states are  
15 expressing, as Carl said, is, the change in  
16 reimbursement in group care was intended to limit  
17 federal reimbursement in any scenario where it  
18 appeared as though group homes are being used as a  
19 placement setting. The reimbursement for group  
20 homes is allowable in settings that meet behavioral  
21 and health needs.

22 And so, how this has impacted states  
23 really varies on the percentage of children that  
24 they had in group homes. I don't have actual data  
25 to show the extent to which, um, they may also at

1 this point be no longer receiving some  
2 reimbursement under the QRTP designation.

3 With that said, as they're drawing down  
4 this new prevention resources, I think they've done  
5 some work to sort of understand is the -- is the  
6 money they're drawing down in prevention offsetting  
7 what they would be losing in this place.

8 And so, we're happy to follow up and get  
9 some more detailed information. It's absolutely  
10 been an area of ongoing technical assistance and  
11 needs of states. So, I think it's something that  
12 we want to talk with the other states and  
13 understand a little better where they were.

14 Colorado, for example, which is another  
15 state-supervised, county-administered state. I  
16 know that I would -- I would be comfortable in  
17 saying that I suspect this movement has resulted in  
18 some loss of funding to them as well in some of the  
19 placements they have in group homes. That said, I  
20 think they're looking at their resources they can  
21 draw down in prevention as new opportunities as  
22 well to, perhaps, offer some of that and begin to  
23 see an offset in how the funding at the state level  
24 is being spent.

25 MR. AYERS: Yeah. And thanks for saying

1 -- In addition to that, what I'll add is, in  
2 Virginia, I led the -- we were the first state-  
3 supervised, county-administered system to submit a  
4 prevention plan. So, I can tell how we went  
5 through that process.

6 And so, the same as everyone else did  
7 is, if you let every child that was in a IV-E  
8 funded group home or residential treatment facility  
9 that did not work towards prevention and keeping  
10 them from getting into that setting, then that's  
11 where you really saw the loss of funding. So what  
12 Family First did in setting up the preventive  
13 services is, it allowed you to be able to look at  
14 that and tried to keep children and their families  
15 from ever getting to that setting.

16 And so, the work that was described in  
17 our prevention plan, looked at the programs that we  
18 were using in consultation with other state  
19 agencies. So we worked significantly closely with  
20 the juvenile justice, behavioral health, and our  
21 Medicaid agency to ensure that we were maximizing  
22 our Medicaid dollars, which, in Virginia, the FMAP  
23 of matching rate was the same as IV-E, so there  
24 really wasn't a shift-off from agency to agency.

25 But most states -- And with the changes

1 that have occurred to your Federal Medicaid  
2 Assistance Percentage, your FMAP, is, most states  
3 are better off using their Medicaid dollars than  
4 they are in IV-E. And so, you've got to have that  
5 understanding of how Medicaid -- you can maximize  
6 your Medicaid, and then how you can limit your IV-E  
7 and push all that towards the front.

8 And so, when you go to the preventive  
9 plans that are put in place, those take that into  
10 account and bill off of the evidence-based programs  
11 that you can bill. So that's how you can kind of  
12 close that gap and look at FMAP, that piece of it,  
13 and certainly Deputy Secretary Rubin will talk with  
14 you more around how Pennsylvania has made those  
15 decisions. But, that's what that plan looks like.

16 And then if you look at Colorado's plan,  
17 very similar. Working very closely with the  
18 Medicaid agency to maximize their Medicaid, being  
19 able to pull down Medicaid funding, and at the same  
20 time minimize any losses that they would have on  
21 IV-E.

22 MAJORITY CHAIRWOMAN DELOZIER: Okay.  
23 Thank you very much. That was informative.

24 And along with that, with Virginia, can  
25 you elaborate just a little bit on how you worked

1 with all of your local entities? Because when I  
2 spoke to the secretary in appropriations, that was  
3 one of the issues that she mentioned. That,  
4 obviously, government works slowly and it takes  
5 time, and I recognize that. But, other states  
6 similar to what you mentioned with Colorado and  
7 Virginia with a similar situation as Pennsylvania  
8 have gotten to the plan earlier than we have.

9 Can you elaborate a little bit of how  
10 you work with the counties? What education did you  
11 get out there to teach them which plans might work  
12 better for reimbursement purposes, exactly what you  
13 were just saying, how they could better work with  
14 their dollars?

15 MR. AYERS: Yes. Thank you, Chairman,  
16 for that question.

17 From Virginia specifically, is, we use  
18 an approach that's called a Three Branch Approach,  
19 which was created in partnership with the National  
20 Governing Association and the National Conference  
21 of State Legislatures, as well as the juvenile and  
22 domestic relations court judges throughout the  
23 country. So, the Casey Family Programs is a big  
24 part of that.

25 And so, what that model does is, it

1 brings all three branches of the executive,  
2 judicial and legislative branches together to  
3 problem solve these major sort of change  
4 initiatives and implementation efforts instead of  
5 putting it all on one agency.

6 And so, what we did is, we brought that  
7 group together, brought it together in 2018, so it  
8 was May, June. The Act was signed in February. We  
9 brought this group together. I believe the first  
10 meeting was in June of 2018. And it included over  
11 a hundred partners that were part of that group.  
12 And, certainly, the county, directors -- And  
13 Virginia has 120 counties and 133 jurisdictions.  
14 So 67 in Pennsylvania, 120 and 133, so you just  
15 kind of have a context for how Virginia worked.

16 And so, we segmented that work out into  
17 four work groups. And each of those four work  
18 groups involved representatives of the small,  
19 medium and large localities, so that they were  
20 factoring into decisions that were being made. And  
21 then those decisions were then run up through the  
22 executive portion decision-making piece of this  
23 group. So the localities were a key part of any  
24 decisions that were made and how this was  
25 implemented, and then how everything went into the

1 plan.

2 In addition, there is a whole piece that  
3 went into training and communication, and all these  
4 other piece we could get much more in depth with.  
5 But, overall, there was a structure that was put in  
6 place that put the counties that actually have to  
7 do the work in the seat to tell us what we should  
8 be writing into the plan and how we should be doing  
9 this to make sure we were maximizing our dollars.

10 MAJORITY CHAIRWOMAN DELOZIER: Okay.  
11 Great. Thank you very much for that.

12 Pass it over to Representative DeLissio.

13 MINORITY CHAIRWOMAN DeLISSIO: Thank  
14 you, Chair.

15 Carl, what is the turnaround time from  
16 submission to approval? Has there been -- Is it  
17 time limited on the federal side that they have to  
18 get back by a certain time? Is it extensive,  
19 unpredictable?

20 MR. AYERS: Representative DeLissio,  
21 that's a -- It really varies by state, and it  
22 depends on what the status is of your plan and how  
23 close your plan is to being an approved -- well,  
24 it's called an approvable state. And so, depending  
25 on the work that you put into your plan and the

1 areas that you have gotten for those pieces, then  
2 it can be a back-and-forth process. And so, some  
3 states are -- were able to get it turned around. I  
4 think D.C. was the first one. They got it turned  
5 around in a few months, was the quickest one.  
6 Christine can certainly speak to any other  
7 experience that she has had.

8 From Virginia's piece of it, we had  
9 submitted two -- two versions of it before I joined  
10 Casey in February of last year, and they have still  
11 not finalized their approval of the plan. So you  
12 do not have an approved plan for either of Colorado  
13 or Virginia is the two state -- state-supervised  
14 systems.

15 But, Christine, do you have anything  
16 further on specific time frame for that approval  
17 process? It's --

18 And the way the language works for that  
19 question is, the plan has to be in an approvable  
20 state in order to be able to draw down the funds.  
21 And so, that's really a conversation that has to go  
22 back between the state and their regional office  
23 that works on the approval of those plans.

24 So, Christine, please add anything to  
25 that.

1           MINORITY CHAIRWOMAN DeLISSIO:  And  
2   before you speak, Christine, I -- maybe I  
3   misunderstood.  I thought you had said two county-  
4   administered states had been approved.  Perhaps you  
5   just said submitted or in an approvable state,  
6   so --

7           MR. AYERS:  Yes, Representative, you're  
8   correct.  They have been submitted.  They have not  
9   been approved.  So as of we sit here today, there's  
10  not a state-supervised, county-administered state  
11  that has an approved prevention plan.  The  
12  approvable state gets the ability to pull down that  
13  funding, and it's a conversation that has to go  
14  between the agency and the regional office.

15           And so, Miss Calpin, please add anything  
16  to help clarify.

17           MS. CALPIN:  Carl's clarification is  
18  correct.  I misspoke.  So I do apologize.

19           And, therein, Carl is right.  That said,  
20  you know, the approvable state is sort of the piece  
21  of what we're trying to lift up with submitted  
22  plans as well.

23           The other thing I would just add in  
24  direct to your question, there's no requirement  
25  about a time period that the regional office has to

1 turn around for the plan. And so, to the extent  
2 this has been one of the areas at the federal level  
3 that has been -- that states have lifted up as a  
4 challenging concern. It's getting clarification on  
5 what the plans need to include and what's required  
6 to be approved. And so --

7 But there is no defined time period for  
8 how long they have to approve them.

9 MINORITY CHAIRWOMAN DeLISSIO: So, is  
10 there any discussion or, perhaps, should discussion  
11 be initiated about pushing back that October 1,  
12 2021, what is now a drop-dead date?

13 Because if we only have -- And again, if  
14 my notes are accurate, I have here 10 with -- that  
15 have been approved, past tense, and 19 have  
16 submitted. So we've got, you know, 60 percent that  
17 are still out there, and we're sitting here today  
18 in mid-March. Unless they're all ready to go next  
19 week.

20 MS. CALPIN: So, there is actually no  
21 deadline on when states have to set, submit, or  
22 have an approvable Family First prevention plan.  
23 It's completely a state option.

24 So, the October 1, 2021 deadline is only  
25 the date at which every state, irregardless of

1 whether they choose to operate a Family First  
2 prevention plan, the changes in what the federal  
3 government will reimburse around group care take  
4 effect for every state on October 1, 2021.

5 But there is absolutely no requirement  
6 that states have to have an approved plan by  
7 October 1, 2021. It remains a hundred percent a  
8 state option. So, it's up to the states as to  
9 whether or not they want to actually draw down  
10 prevention resources. There's two sort of  
11 separated provisions, if that helps to clarify.

12 MINORITY CHAIRWOMAN DeLISSIO: A little.  
13 Thank you.

14 And then lastly, this clearinghouse, is  
15 that a federal clearinghouse where programs need to  
16 be rated so states would have to identify or  
17 encourage programs within the state to develop a  
18 program? I don't know how many of these programs  
19 are, you know, sort of shovel ready, as the saying  
20 goes, or if those programs have to be designed and  
21 then submitted, so states would have to recruit  
22 these organizations to be interested in these  
23 programs.

24 And I would imagine those who are  
25 already doing this work might have done that, and

1 then they would have had to go through their own  
2 internal process, develop it, and then those would  
3 have to be submitted by the state to a federal  
4 clearinghouse.

5 Am I understanding that all correctly?

6 MS. CALPIN: Yes, absolutely.

7 So at the federal level is where the  
8 clearinghouse lies. What the types of -- What's in  
9 the clearinghouse are evidence-based services, so  
10 they're not per se state programs.

11 One example of a service that lies --  
12 that a clearinghouse has reviewed and lifted up and  
13 well-supported is the Nurse-Family Partnership  
14 program. So the clearinghouse is intended to look  
15 at in-services and interventions that we know work  
16 to prevent entry into foster care.

17 Do they have an evidence base that says  
18 they are promising supported or well-supported.  
19 And if they do, then the clearinghouse says, okay,  
20 you Pennsylvania can then include them in your plan  
21 and they will be reimbursable. And so, the impetus  
22 is not on the states for the submission of the  
23 services or plans. It's really been like services  
24 for approval. It's really been more the programs  
25 like Nurse-Family Partnership, and like others

1 that's been submitted to the clearinghouse for  
2 their approval, so that then the states could look  
3 from what's in the clearinghouse and say, okay,  
4 these services align with the needs of our families  
5 and children here. We're going to include them  
6 because the clearinghouse has said they meet the  
7 eligibility requirement.

8 Does that help to clarify how that --  
9 Okay.

10 MINORITY CHAIRWOMAN DeLISSIO: It does.  
11 Thank you. I'm good.

12 MR. AYERS: And to add one more -- one  
13 more clarification on the challenge for the state  
14 in implementing the evidence-based programming, is  
15 that, for those programs that are considered  
16 promising or supported but not well-supported is --  
17 the state actually has to evaluate those programs  
18 in order to claim. It has to -- and that has to be  
19 spelled out in their prevention plan. And that's  
20 one of the challenges that states have elaborated  
21 on as they're trying to put the program into place.

22 So you can request a waiver for any of  
23 the services that are considered promising in order  
24 to pull -- or sorry, well supported. But for any  
25 that are rated as promising or just supported, the

1 state actually has to evaluate those.

2 And so, it's building in a new level  
3 that, traditionally, agencies have not set up for  
4 so they're not staffed for, they don't have the  
5 expertise. And so, that's part of the conversation  
6 around where some of the additional money has been  
7 made available to states is to start moving their  
8 programs in that direction to start thinking about  
9 evaluating the programs, and not just paying for a  
10 program because they've traditionally done it. But  
11 really trying to build that evidence in the child  
12 welfare programs that, hey, what we're providing  
13 the children and families is actually helping them  
14 and moving them to where they can live successfully  
15 and move towards that well-being conversation.

16 So I just wanted to add, that's what one  
17 of the large challenges that Pennsylvania and  
18 states are looking at is how to pull down those  
19 programs that are in the clearinghouse and be able  
20 to really evaluate those so they can use the IV-E  
21 money as designed.

22 MAJORITY CHAIRWOMAN DELOZIER: Okay.  
23 Thank you.

24 Representative Tarah Toohil.

25 REPRESENTATIVE TOOHIL: Thank you, Madam

1 Chair.

2 And thank you both for your testimony  
3 today. This is really helpful. Obviously, this is  
4 quite complex.

5 So, just as a key takeaway for us, there  
6 were 10 states that have been approved through the  
7 federal clearinghouse, and they're drawing down on  
8 this federal money that's available, correct?

9 MS. CALPIN: Yes. The approval actually  
10 happens through the regional offices, so the 10  
11 states prevention plans. The prevention plans are  
12 submitted through the Department of Health and  
13 Human Services' regional offices.

14 The clearinghouse is where what services  
15 you can conclude in your plan are ultimately  
16 approved and listed, but all of that is separate.  
17 The states don't have to play any role on any  
18 approvals that go to the clearinghouse. So, just  
19 to separate what -- what is approving what, if that  
20 helps.

21 REPRESENTATIVE TOOHL: Okay. And out  
22 of the 10 that are approved, none of them have the  
23 same structure as Pennsylvania where they are  
24 county administered and state supervised, correct?

25 MS. CALPIN: That's correct.

1 MR. AYERS: That is correct.

2 REPRESENTATIVE TOOHL: Okay. Because I  
3 think that helps us a lot since we, as legislators,  
4 are trying to understand why we are -- Even though  
5 you're saying there's no official deadline, there  
6 really was a deadline, and you can request to not  
7 submit during that first initial deadline, which is  
8 what Pennsylvania requested to not have to do.

9 So we're looking at it from the  
10 legislative perspective as, there's federal money  
11 that's hanging out that we would be able to go  
12 after that would help the children in our state.  
13 And I think it's helpful to know -- you know, even  
14 Virginia and Colorado, now you're saying that  
15 they're having issues.

16 In your opinion, if we had an alternate  
17 -- you know, if we had an alternate system where  
18 Pennsylvania was not state super -- just  
19 supervisory, and that the state had a greater role  
20 and was not just the counties -- everything always  
21 coming down on top of the counties, would we be  
22 doing better at having this implementation and  
23 drawing down on these funds? Like, do we have an  
24 overall structural problem that maybe we should be  
25 looking at as a legislature?

1           MR. AYERS: Representative Toohil, to  
2 your question, we did quite a bit of work on this.  
3 This is a question that came up from our General  
4 Assembly members every single session as to whether  
5 or not the structure of a state-supervised,  
6 county-administered system was the structure to  
7 continue looking at or whether it was easier to  
8 actually administer programs through a  
9 state-administered system.

10           And whenever you look at the data in the  
11 different systems that exist across the country and  
12 the outcomes and those pieces of it, there's not a  
13 substantial difference between state administered  
14 and state supervised. And so, the structure is a  
15 portion that is just a challenge no matter whether  
16 you're a state-administered system or whether  
17 you're a state-supervised system.

18           And so, there are states that have tried  
19 to tackle this and move away from it as mentioned,  
20 and I included a list in our testimony of the  
21 non-states that are -- truly still operate this  
22 way. There's two additional. There's Nevada and  
23 Wisconsin that are bifurcated that are still  
24 partially state supervised, but also administer  
25 some of the state as well.

1           Whenever you look at those, there's not  
2 a substantial difference in the implementation of  
3 the approval of the plans of those sort of pieces.  
4 And so, the structure creates a challenge in moving  
5 a child welfare system that for the last 50 plus  
6 years has kind of operated in one direction, and  
7 now they're trying to move in this direction.

8           So, North Carolina has been the state  
9 that has taken the most recent action trying to do  
10 this work. And so, that has been underway for  
11 several years, and they're trying to go to a more  
12 regional approach, which is even different than  
13 most of the state-administered system. So they're  
14 even looking at a different type of approach from  
15 that end of it as well.

16           And so, there's all sorts of different  
17 structures out there. But if you're truly looking  
18 at the outcomes in how children and families  
19 interact with the system, is, there's not a  
20 substantial difference between the two different  
21 major structures.

22           REPRESENTATIVE TOOHIL: Okay. And just  
23 real quickly, Madam Chair, one more question.

24           So of the nine that are hanging out  
25 there submitted, they are not -- there's nine

1 states that have put programs through -- for  
2 approval through the clearinghouse and they're  
3 submitted. Are any of those county-administered  
4 states?

5 MR. AYERS: So yes. For the two -- So  
6 Virginia and Colorado are the two that are county  
7 administered that have a prevention plan in.

8 And why that -- Why that's an important  
9 piece of having a prevention plan submitted is, you  
10 can draw down administrative funding in order to  
11 help make the changes that you're looking at. Once  
12 you have a prevention plan app -- once you have a  
13 prevention plan submitted, not approved. So you  
14 can't start pulling down the actual dollars to pay  
15 for the program, but you can start pulling down the  
16 administrative dollars to help make the changes  
17 that are needed in order to move in this direction.  
18 So that's why you hear us keep talking about plans  
19 that are submitted versus those that have been  
20 approved.

21 But Colorado and Virginia are the only  
22 two that have submitted at this point, and neither  
23 of them have been through an official final  
24 approval.

25 REPRESENTATIVE TOOHL: Okay. Thank

1 you.

2 MAJORITY CHAIRWOMAN DELOZIER: Okay. I  
3 call on Representative K.C. Tomlinson.

4 REPRESENTATIVE TOMLINSON: Good morning,  
5 everyone, and thank you so much for participating.  
6 Actually, my question may have already been  
7 addressed.

8 But I was wondering, I did hear you guys  
9 say there's no deadline. But my question  
10 originally was, what happens if the state -- if the  
11 state plan isn't approved by October 1st?

12 MS. CALPIN: Again, with no deadline,  
13 there's no -- there's no consequence to  
14 Pennsylvania if they don't have an approvable  
15 prevention plan by October 1.

16 REPRESENTATIVE TOMLINSON: Thank you.

17 MAJORITY CHAIRWOMAN DELOZIER: Okay.  
18 Thank you.

19 Representative Wendi Thomas.

20 REPRESENTATIVE THOMAS: So, the finances  
21 of this are a little confusing. So just to be  
22 clear, there are funds available through this  
23 program. If your state is not approved by  
24 October 1st, and you haven't submitted, you don't  
25 get any of those funds as of October 1st. If you

1 submit a plan by October 1st, you get  
2 administrative reimbursement; not program  
3 reimbursement. And if you submit and are approved,  
4 you're eligible for the full.

5 If I just could simplify the money, is  
6 that statement correct?

7 MR. AYERS: Yes, Representative, that is  
8 pretty much how it works from that end of it.

9 And so, states could choose to implement  
10 prior to the October 1st date. So, if you wanted  
11 to submit a prevention plan and start drawing down  
12 not just the administrative oversight, but the  
13 actual programmatic billing, then you could start  
14 and implement prior to October 1st, and you would  
15 no longer be able to claim the congregate care  
16 piece of it, but you could claim the preventive  
17 side of it.

18 So now what you're looking at with that  
19 October 1st date is, if you have a plan that has  
20 been approved, then you can pull down the  
21 administrative piece of it. You can pull down the  
22 Act programmatic side of it for the programs, and  
23 then you will no longer be able to claim those  
24 pieces for the congregate care other than the QRTP,  
25 or those that would fall under the specialized

1 setting conversation that Pennsylvania has made the  
2 decision to move with.

3 REPRESENTATIVE THOMAS: Okay. So then,  
4 kind of a bigger picture and -- The federal  
5 government has chosen to go in this direction. So,  
6 as I understand it, and I don't know the dollar  
7 figures from the federal government, the federal  
8 government was spending X. They decided to go in  
9 this direction, so they will spend now X over here.

10 So while you don't submit a plan and you  
11 don't go into it, you lose funding that you used to  
12 get prior to this Act because the federal  
13 government has moved in that direction. Is that  
14 correct?

15 MR. AYERS: Representative -- And Miss  
16 Calpin can speak to this more, as she's in D.C. and  
17 works this.

18 But, the federal government considered  
19 this to be a cost neutral plan where the federal  
20 IV-E dollars from that piece of it. So, for them,  
21 they did not expect to spend more in the prevention  
22 side than they were already spending on the foster  
23 care side. But Miss Calpin can really speak to  
24 more of the finances and behind it that went on in  
25 the D.C. conversations, so --

1 MS. CALPIN: Yeah. And I -- I think  
2 this has also been another area where there's been  
3 a lot of conversation, because I -- I think there  
4 has been some perception that the federal  
5 government saw this as cost neutral. That's  
6 actually not in reality how this was done. It was  
7 included in an overall budget document that was  
8 cost neutral. So, let me step back from that.

9 The decision with Family First was,  
10 foster care does and will remain an important  
11 financial investment for the federal government.  
12 We will continue to support state efforts in doing  
13 that.

14 In addition, we are now going to allow  
15 you to draw down open-ended prevention funding, so  
16 this was new money on top of all of the foster care  
17 money that's already coming. The change in the  
18 foster care component was, they did say, however,  
19 for those kids in foster care, youth came and spoke  
20 to some of the egregious settings and some of what  
21 was happening to them in facilities, and there was  
22 a lot of data that spoke to the quality of the  
23 facilities. And more specifically, the extent to  
24 which we were utilizing group homes as placement in  
25 lieu of families.

1           And so, the federal government said,  
2 we're going to upfront prevention. We are going to  
3 provide resources to support kin. We want you to  
4 leave these kids at home in the family. These will  
5 all be new resources on top of what you get for  
6 foster care.

7           But, for those children who are being  
8 placed in settings that don't meet, that don't  
9 provide trauma-informed models, that aren't  
10 accredited, that don't have specific behavioral  
11 health or intervention programs, we're no longer  
12 gonna support any resources from the federal  
13 government and tho -- in the maintenance of those  
14 kids.

15           And so, it wasn't because they weren't  
16 shifting dollars around. They weren't saying if  
17 you spend here, you can't draw down there. They  
18 were saying, these are the areas we will continue  
19 to give you resources and supporting.

20           And so, they do at the state level  
21 interact differently, but I do want to be clear,  
22 there wasn't an attempt to pay for something by  
23 saving money elsewhere. It was -- And this bill  
24 was not cost neutral. It was an attempt to say, we  
25 want to move towards prevention. We want to move

1 towards much more community-based family-supporting  
2 settings. We understand it will take resources for  
3 you to step these youth down from facilities. We  
4 want to support you in doing that.

5 But, at the same time, we're going to  
6 say that children in facilities that don't meet the  
7 requirements, et cetera, will no longer be eligible  
8 for reimbursement. And in this case for  
9 Pennsylvania, that deadline is October 1.

10 REPRESENTATIVE THOMAS: Okay. So, I'll  
11 ask Pennsylvania specific questions, I think, for  
12 the speaker around those finances. I was just  
13 trying to understand the money side of it.

14 The goal side of it, and improving care  
15 for kids, I think everybody is behind. We're just  
16 trying to follow the money so we have enough to  
17 support our children.

18 Thank you, Madam Chair.

19 MAJORITY CHAIRWOMAN DELOZIER: Agreed.  
20 Thank you.

21 Next I'll call on Representative Barb  
22 Gleim.

23 REPRESENTATIVE GLEIM: Hello. Thank you  
24 for being here today as well, and I agree with  
25 Representative Thomas that, I have a few financial

1 questions.

2 But, you mentioned in your testimony  
3 that \$500 million went to the states to support  
4 this initiative. Do you know how much Pennsylvania  
5 received out of that 500 million?

6 MS. CALPIN: I don't have that figure in  
7 front of me, but we'll be happy to get that for you  
8 if the Pennsylvania witnesses doesn't have it.

9 REPRESENTATIVE GLEIM: And also, for the  
10 two states, Virginia and Colorado, that are county  
11 administered and who are pulling down  
12 administrative dollars to help make those changes,  
13 is there any information on where those  
14 administrative dollars are being targeted? And  
15 where I'm going with this is, is it mostly rural  
16 areas of their state?

17 MS. CALPIN: We'd be happy to follow up  
18 with information on that. I don't have -- We don't  
19 have that specific information on the type of  
20 claims they're making in the administrative areas.  
21 But, it is the understanding that both Colorado and  
22 Ohio are going to go -- And, I'm sorry, went  
23 statewide, which means they would be spending those  
24 resources that have been in rural areas. So we  
25 could certainly follow up with more information.

1                   MR. AYERS: And I'll be happy to speak  
2 on behalf of Virginia's. Part of the work that we  
3 did was investing in programs, two major programs  
4 called FFT, which Functional Family Therapy, and  
5 MST, which are Multi-Systemic Therapy, that had  
6 statewide coverage. And that was part of the work  
7 we did in partnership with juvenile justice.

8                   And so, the administrative dollars that  
9 were being invested were in those programs, plus  
10 additional programs called treatment focus,  
11 cognitive behavioral therapy, and motivational  
12 interviewing, and some others that were in the  
13 plan. But they were invested, and the plan was  
14 written in a way to have statewide cover so that it  
15 was not just in specific areas. And that was  
16 through an equity lens that was a  
17 disproportionality lens, it was a rural urban  
18 conversation. So that was part of all those  
19 conversations that went into why the plan was  
20 written in the way that it was.

21                   Administrative dollars from Virginia and  
22 the way they're put into that plan were meant to be  
23 able to have statewide cover so you'd get urban,  
24 rural, and we also addressed some of the equity  
25 issues that we've seen throughout the state.

1                   REPRESENTATIVE GLEIM: Thank you.

2                   That's all I have, Chair.

3                   MAJORITY CHAIRWOMAN DELOZIER: Okay.

4                   Thank you. I know we're running a little bit late.

5                   We have one more question from Representative Jim

6                   Struzzi.

7                   REPRESENTATIVE STRUZZI: Good morning.

8                   Thank you, Madam Chair. A couple of quick

9                   questions.

10                  Carl, specifically related to your  
11                  experience in Virginia in implementing the Family  
12                  First Prevention Act in that state. Obviously,  
13                  we're concerned with the State of Pennsylvania  
14                  right now, and the fact that we are going to lose  
15                  out on federal dollars, roughly a 30-million-dollar  
16                  shortfall here after October 1st.

17                  In your assessment looking at  
18                  Pennsylvania, compared to your experience in  
19                  Virginia, where are we as far as being prepared for  
20                  this? What is the timeline for us to be prepared?  
21                  Because, not only are we losing the opportunity for  
22                  federal funds, but we're losing these resources to  
23                  help children and families, and that's really the  
24                  concern. It frustrates me that Pennsylvania has  
25                  kicked this can down the road for three years.

1           Can you tell us where we are, what we  
2           need to do, and a possible timeline for when we  
3           will be ready? Thank you.

4           MR. AYERS: Yes. Thank you,  
5           Representative, for the question.

6           And I have been working now with Deputy  
7           Secretary Rubin and the state for the last year  
8           plus since I began working in Pennsylvania. And  
9           so, the department is working as quickly as they  
10          can in order to get this moving.

11          I think one of the significant issues  
12          that -- And I don't know whether the deputy  
13          secretary will bring this up or not, but I will  
14          bring it up on his behalf, is the capacity of the  
15          department to be able to make the changes and be  
16          able to put the things in place. So that has been  
17          a pretty significant challenge to them of having  
18          the capacity to be able to do these and to take on  
19          some of these changes for that piece of it.

20          As far as a timeline for where they  
21          would be, the state is very far along with the  
22          development of the prevention plan. And so, they  
23          meet regularly with the project manager who's  
24          helping move this and help put this together. And  
25          so, the state is very close to being able to submit

1 a prevention plan. I don't know want to say it's  
2 going to be in 60 days. I'll leave that to deputy  
3 secretary to kind of give you the time frame for  
4 when that's going to be submitted. But that --  
5 but, really, that's the decision around that.

6 And then the specialize setting work you  
7 heard me mention numerous different times. I don't  
8 want to speak to that on behalf of Pennsylvania,  
9 but that is a unique way that Pennsylvania is  
10 approaching the settings and how they're going to  
11 draw down for children that are potentially going  
12 to enter these placements for youth that are  
13 considered at risk of sex trafficking. That was a  
14 significant piece of this Act, which we haven't  
15 really talked about. And it's even more  
16 complicated when you get into the minutia, the Act.

17 But, the specialized setting  
18 conversation that Pennsylvania has already put a  
19 lot of work to, has been a significant preparation  
20 of the state for implementation of Family First  
21 irregardless of where they're at with the  
22 prevention programs.

23 So, the prevention plan, in and of  
24 itself, is a statement to the federal government  
25 and to the rest of the state that these are the

1 programs that we're gonna try to pull down, and  
2 this is how we're gonna try to pull down the  
3 administrative money to move into the preventive  
4 side.

5           The conversations from my perspective  
6 that I've been part of have been localities  
7 encouraging the state to be more open in what  
8 they're including in their prevention plan. And  
9 then the state trying to give the localities an  
10 opportunity to be able to claim those programs that  
11 they need to claim, while also protecting the  
12 state's financial interest in determining who is a  
13 reasonable candidate as you heard me speak about  
14 earlier.

15           And so, I give you all those different  
16 pieces to say that the department has been working  
17 on it. This prevention plan is a complicated plan  
18 because it involves more than just the planning.  
19 The plan, in and of itself, isn't that complicated.  
20 All the pieces that have to go into place to make  
21 the plan work are the complicated pieces of it.

22           And so, while Pennsylvania is at this  
23 stage, as you've heard me speak already, there's  
24 not a supervised county-administered system that  
25 has an approved plan. There are 10 states that

1 have -- 10 states and tribes that have an approved  
2 plan. Nine that have submitted that are in that  
3 approvable state. So, Pennsylvania would be in the  
4 30 plus that are still in that -- in that sort of  
5 conversation.

6 So, I would say from a timeline that  
7 there's been a lot of work that has occurred.  
8 There's more work that needs to occur, and the  
9 actual prevention plan and what's going to be  
10 drawing down. This is a -- kind of a change effort  
11 that's going to occur over many years to come.

12 So this isn't October 1st all of a  
13 sudden everything changes. That's just when the  
14 federal government stops reimbursing for those  
15 back-end cases. This is something that's going to  
16 continue to change, and you'll see more information  
17 coming as the years go of how the state moves on  
18 that preventive -- on that preventive side.

19 So, I just kind of add that to your --  
20 for context to your question to kind of help you  
21 think through where Pennsylvania is in that  
22 conversation.

23 REPRESENTATIVE STRUZZI: Thank you.

24 MAJORITY CHAIRWOMAN DELOZIER: Okay.

25 Thank you very much. Thank you for your time today

1 on educating a lot of us on different aspects of it  
2 in your experience and your experience with the  
3 other states and, obviously, with Pennsylvania.  
4 Thank you for that time for you.

5 And we'll move on to the next panel,  
6 which I think teed up the next panel very well  
7 since the end of Carl's statements talked about a  
8 lot where Pennsylvania is.

9 But the next panel is, welcome back,  
10 John Rubin. He's the Deputy Secretary for the  
11 Office of Children, Youth and Families within our  
12 Department of Human Services. And I know we've  
13 talked a lot about what Pennsylvania is doing. We  
14 do have your testimony. We received it this  
15 morning. So those that are virtual, it should be  
16 in your e-mail. And those that are here in the  
17 room, there should be a copy in your folder of  
18 that.

19 So with that, I know we are kind of  
20 short on time. I know we're a little late, so  
21 sorry about that. A lot of questions as you heard  
22 on the program. And I know you'll have additional  
23 information. So, I'll hand it over to you. And  
24 any summary or any overview that you can give, we  
25 appreciate. Thank you.

1                   DEPUTY SECRETARY RUBIN: Thank you very  
2 much. And I certainly wanna -- I'll just allow as  
3 much time as we can for questions. I feel like  
4 there's a few quick points that I need to make, and  
5 I also want to make sure that I'm introducing  
6 Melissa Erazo who is our fiscal director. We  
7 anticipated some of the questions today may be  
8 fiscal in nature. And so, where I will do the  
9 primary speaking, I will turn to Melissa to see if  
10 she has anything to add, or if some of your  
11 questions are more fiscally detailed, we may pull  
12 in Melissa to answer.

13                   But a couple of the quick points that I  
14 want to -- And I'll just throw away all my notes  
15 because it sounds like you just did in the last  
16 hour covered a lot of the things that I would have  
17 brought up with you all. A couple of quick points  
18 that I do want to make to sort of add to the  
19 conversation that we just had with our partners  
20 from Casey.

21                   So I think you understand the big  
22 picture, which is, we have an opportunity to draw  
23 down federal prevention dollars, but that does come  
24 with the loss of these congregate care dollars.  
25 And I do want to make a point that I don't think

1 came out of the earlier conversation. At any point  
2 we start drawing down the prevention dollars, we  
3 would have simultaneously begin to lose those  
4 placement maintenance dollars for youth in  
5 congregate care facilities.

6 And so, this was going to be a  
7 significant financial loss for the state based on  
8 the way the federal government set up the  
9 legislation, and that the delay of the  
10 implementation to October 1st has saved the state  
11 millions of dollars in cost avoidance of those  
12 loss, and having -- the sooner we would have  
13 implemented, the larger the loss would have been.

14 I wanted to air the point also that was  
15 brought up earlier, which is, we agreed,  
16 philosophically, with all of the points of Family  
17 First. We've been working for years to implement  
18 evidence-based prevention programs, and as a state  
19 have financially supported prevention programs, and  
20 those will continue working with the counties.

21 We've also been working for years to  
22 lower the amount of youth in congregate care  
23 placements, and it's part of the testimony. But we  
24 have a 20 percent reduction of youth in congregate  
25 care facilities in the last two years. The date I

1 have is July 2018 to July 2020. But that  
2 20 percent reduction is reflected in 400 less kids  
3 in congregate care facilities in July of 2020 than  
4 there were in July of 2018.

5 So again, philosophically, we are on  
6 board with the idea of prevention services, on the  
7 idea of having kids if they do come out of home  
8 care in the most home-like settings, and we've been  
9 working on these for years. So I don't want you  
10 all to think that, because that we were delayed in  
11 the official technical implementation date with  
12 ACF, that we are not working on prevention  
13 services. We are not (sic) looking to keep kids  
14 home and keep kids safe. And if they have come out  
15 of home care, that we're not putting them in foster  
16 home and kinship care whenever possible. That work  
17 is already happening. It's not delayed.

18 I want to make a couple quick points  
19 about the prevention funding, because Carl talked  
20 about it a little bit, but I feel like I need to  
21 clarify a few things.

22 When Carl talked about the children and  
23 youth that would be candidates for the prevention  
24 services, I want to point out that the federal  
25 legislation requires the determination of a

1 candidate to be for a child who is at intimate risk  
2 of out-of-home care. So not every child of our  
3 foster care agency comes into contact with is one  
4 that we would determine to be at intimate risk of  
5 out-of-home care.

6 I think it's really important that you  
7 all understand that not every child and not every  
8 family is eligible for these prevention services  
9 based on that determination. There's going to need  
10 to be a prevention plan for each of these children  
11 that would be drawing down these prevention  
12 dollars, each of these families would be drawing  
13 down the prevention plans. That would be a plan  
14 that would say that this child is at intimate risk  
15 of placement in the absence of this prevention  
16 plan, and that is something that we work on with  
17 the family.

18 I'm sure that you understand that not  
19 every family that we come into contact with would  
20 be what we would call at intimate risk of out-of-  
21 home placement. So the eligibility is limited.  
22 It's not every child.

23 I want to talk about the evidence-based  
24 plans as well. I want to just make sure I'm  
25 capturing my notes because, again, Carl covered a

1 lot of the things that we would have talked about.

2 I do want to say also in regards to that  
3 and in regards to the prevention plans, the  
4 evidence-based practices, we worked pretty hard to  
5 figure out which would be the best evidence-based  
6 practices to start with in Pennsylvania. These  
7 prevention programs that are on the federal  
8 clearinghouse, which I know you talked about, is  
9 limited.

10 So, there's only a number of programs on  
11 the federal clearinghouse. Of those, a fair amount  
12 of those were already up and running in  
13 Pennsylvania. So we've chosen our first set of  
14 prevention programs to be programs that are already  
15 up and running in Pennsylvania. So I know you have  
16 a lot of questions about implementation, and we can  
17 get to that.

18 But I want you to know that these are  
19 already programs in our prevention plan that are in  
20 place, that are running, that are in counties, and  
21 that we are already spending significant amount of  
22 state dollars on. And so, as we implement we hope  
23 to grow the programs to other counties. We hope  
24 additional programs are added to the clearinghouse.  
25 I want you to know that we are prepared for

1 implementation, because the programs that we are  
2 putting into our prevention plan are already up and  
3 running in Pennsylvania.

4 We also have said to the counties,  
5 regardless of once we start Family First and start  
6 drawing down prevention dollars, the most important  
7 thing is still always going to be to match children  
8 and families to the programs that they need based  
9 on the assessment. So we're not gonna want  
10 families artificially put into these programs  
11 either.

12 So once we start our Family First  
13 Prevention Services Act work and the implementation  
14 of it, it's still going to come down to matching  
15 families with program and services that they need,  
16 and that's a consistent message that we've tried to  
17 give to the counties once we start these programs.

18 We do have eight identified programs in  
19 our prevention plan, on our draft prevention plan  
20 that we are working on, and those, again, are  
21 programs that were chosen because they were already  
22 up and running in Pennsylvania. We also feel that  
23 they will -- We matched the programs to our data  
24 that showed what were the reasons why children come  
25 in and out of home care in Pennsylvania.

1           So, again, we didn't just want to just  
2 draw down, pull as many programs as we could. We  
3 wanted to match the programs to what the needs were  
4 in Pennsylvania.

5           I want to talk a little bit about the  
6 loss of congregate care funding. So, as you know,  
7 it was talked about. We're gonna have that loss of  
8 congregate care funding after the 14 days. And  
9 Carl mentioned the specialized settings, so let me  
10 just give you a little bit more detail on that  
11 work.

12           In Pennsylvania, we are trying to shift  
13 some of these congregate care placements and,  
14 really, voluntarily on the part of the programs.  
15 Any of the current congregate care facilities that  
16 we work with who wanted to work with us to become  
17 what we are defining as specialized settings, and  
18 that means assuring that the staff are trained in  
19 trauma-informed practice.

20           It includes a higher level of family  
21 engagement and youth engagement in planning and  
22 transition planning in working together. It  
23 includes better staff-to-youth ratio. So we are  
24 improving the services for youth that are in these  
25 placements, and we believe these specialized

1 settings will be allowable for cost reimbursement  
2 for youth to have to come in and out of home care,  
3 different than the loss of the funding for the  
4 congregate care facilities. By creating these  
5 specialized settings, we think we can mitigate some  
6 of the loss of funding by putting eligible children  
7 into these congregate care facilities.

8 So, we are working on that as a pretty  
9 significant strategy in Pennsylvania. So as we are  
10 both strengthening our prevention work, we are also  
11 strengthening the congregate care out-of-home  
12 placements that children and youth will be placed  
13 in and working to mitigate the loss of funds.

14 You've heard some numbers brought out  
15 today. My understanding is -- I'm getting a little  
16 bit of feedback. My understanding is, the loss, as  
17 we sit here today, that we would be looking at in  
18 the next fiscal year is closer to maybe the 17-to-  
19 20-million-dollar range as the worst case scenario.  
20 And it's hard to project because it's hard to know  
21 exactly how much money we would draw down, and it's  
22 hard to know exactly how many youth are going to  
23 remain in congregate care that won't be  
24 reimbursable.

25 I'm gonna take a minute, and I want to

1 leave time to get to your questions to talk about  
2 -- I know there was some questions about the  
3 federal funding that we got on the transition act  
4 dollars.

5           So, Pennsylvania got a little more than  
6 \$16 million. It might have been as high as 16.8,  
7 but it was \$16 million plus that we got in the  
8 federal transition act money. What we did with  
9 that money is, we turned that around and allocated  
10 that to the counties.

11           One of the speakers earlier mentioned  
12 that the counties is where -- I think it might have  
13 been Chairman Delozier, said that that's where the  
14 rubber meets the road. That's where the services  
15 are provided, and the counties need the resources  
16 to help grow these evidence-based practices to  
17 recruit foster families, kinship families, and to  
18 do these things that are gonna help kids -- keep  
19 kids from coming into out-of-home care. And so,  
20 we've provided allocations directly to the counties  
21 to support their work at the county level, and also  
22 to have them work with the provider agencies that  
23 they contract with to improve services.

24           So, I guess I'll make one last point,  
25 because I know there's a lot of questions about how

1 we're connecting with the counties.

2 In December of 2019, pre-pandemic, we  
3 had started running convenings with counties where  
4 we were doing face to face. And this was in  
5 collaboration with the Casey Family programs which  
6 we appreciated, where we held full-day convenings  
7 where we talked with counties about evidence-based  
8 practices; where we talked with counties and  
9 provided them with some strategies for fast foster  
10 parent recruitment and retention, but will help  
11 support kids not having to be placed in congregate  
12 care facilities.

13 Those convenings were not just with the  
14 county child welfare agencies, but we asked them to  
15 bring their partners with them at the county level,  
16 so it would be their mental health providers or  
17 other service providers. So, it's not just the  
18 children and youth. It's really community-based  
19 prevention efforts.

20 And so, we ran these convenings  
21 pre-pandemic, through the pandemic. We have  
22 continued to have all county calls. We are  
23 scheduling additional convenings that will be  
24 virtual in April and May. We have continued to  
25 communicate with the counties about the efforts

1 that we are doing with the development of the  
2 prevention plan. We have worked with our child  
3 welfare council. We have a child welfare project  
4 team, which includes many county representatives,  
5 and have continued to communicate with the counties  
6 our progress and the work that we are doing.

7           So, I feel like from our perspective we  
8 are ongoing and continuously in touch with the  
9 counties, sharing with them some of our decision  
10 points, going through the evidence-based practices  
11 that we're choosing, the work that we're doing with  
12 specialized settings, sharing the transition act  
13 money. This is very much a partnership with the  
14 state, the counties, and our (video difficulty)  
15 community. And I'm looking at it very much as a  
16 partnership for moving forward.

17           So, again, I'm sorry if I jumped around  
18 a little bit. I had to throw away all my notes  
19 because of the previous conversation that covered a  
20 lot of the things I would have talked about. Let  
21 me do a quick check-in with Melissa to see if  
22 there's anything she wants to add from the fiscal  
23 perspective.

24           I know there were some comments, you  
25 know, in the previous hour discussion that we felt

1 like where someone needed a clarification. Let me  
2 just see if Melissa has anything burning that she  
3 wants to add. And if not, then we'll open it up  
4 for questions.

5 MS. ERAZO: Thank you, Jon.

6 I think there was a comment made earlier  
7 around the administering of funding. I also wanted  
8 to point out that we are drawing down admin funding  
9 for our work involved around the specialized  
10 settings, as well as our pre-placement work. So,  
11 there is some admin funding that's being drawn  
12 down.

13 Otherwise, I think you covered it pretty  
14 well.

15 DEPUTY SECRETARY RUBIN: The last -- The  
16 last point -- I will come back to one more point,  
17 which is, I do want this committee to know, we will  
18 be submitting a plan well before October 1st. That  
19 is very much our intent.

20 Carl, who is on some of our committees,  
21 mentioned earlier that he knows that we've been  
22 working on it. We've got pieces of the plan being  
23 drafted. We are working through the challenges  
24 that some of the things that Carl and Casey had  
25 brought about; about planning for the evaluation of

1 the evidence- based practices, working through  
2 implementation with the county, and we are working  
3 on the plan. We fully expect to have a plan  
4 submitted prior to October 1st.

5 I know you went through and you had a  
6 concern where Pennsylvania is nationally. Again,  
7 I'll highlight. At this point there's no county-  
8 administered states with approved plans.

9 And I will also highlight that  
10 Pennsylvania is one of the five biggest child  
11 welfare systems in the country, you know, along  
12 with New York and Florida, Texas and California.  
13 None of those large states have plans even  
14 submitted at this point either. So, again, just to  
15 help put Pennsylvania in the context, which is, I  
16 know something you're interested in as well.

17 So, with that, we'll turn it over to you  
18 to see what questions the committee has. We're  
19 happy to take the time, and appreciate the  
20 opportunity to speak with you today.

21 MAJORITY CHAIRWOMAN DELOZIER: Thank you  
22 very much for your information. And I'll have a  
23 quick question. Actually, with the last statement  
24 that was just made about -- that Pennsylvania is  
25 drawing down dollars for admin.

1           My understanding from the panel with the  
2 Casey fund is that, we couldn't draw down  
3 administrative dollars until we at least submitted  
4 a plan. But you're saying we haven't submitted a  
5 plan. Can you just clarify that for me?

6           DEPUTY SECRETARY RUBIN: Melissa, can  
7 you clarify that point made?

8           MS. ERAZO: Yes. I was un-muting  
9 myself.

10           So, just to clarify, we have not  
11 submitted our prevention plan. The admin that  
12 we're drawing down is around the specialized  
13 setting, so that's on the congregate care side.  
14 And the pre-placement is something that has already  
15 been in place long before Family First. So, they  
16 are correct, in that, the prevention services admin  
17 is not drawn down, but there are other pieces that  
18 we are drawing down, so it's not a total loss.

19           MAJORITY CHAIRWOMAN DELOZIER: Okay.  
20 But my understanding is that the dealings with  
21 Family First was with the congregate care, not the  
22 other area. Were we drawing down those admin  
23 dollars long before Family First?

24           MS. ERAZO: Admin under foster care,  
25 yes. Not under the prevention program, because the

1 prevention services plan has to be submitted first.

2 MAJORITY CHAIRWOMAN DELOZIER: Okay. So  
3 the admin dollars that you're talking about we were  
4 always were receiving and we just continued  
5 receiving. It had nothing -- I'm just trying to  
6 tie it to Family First. I'm sorry. What am I  
7 missing?

8 DEPUTY SECRETARY RUBIN: I think Melissa  
9 was talking -- Melissa, you were talking about the  
10 work on specialized settings?

11 MS. ERAZO: Right.

12 MAJORITY CHAIRWOMAN DELOZIER: Okay.  
13 So --

14 DEPUTY SECRETARY RUBIN: So the  
15 additional scope of work -- Sorry to interrupt you.

16 The additional scope of work that we  
17 were doing with counties and provider agencies to  
18 develop the specialized settings, this extra piece  
19 of work that we are working on to get us towards  
20 our prevention plan submission, Melissa is saying  
21 is also eligible for admin reimbursement.

22 MAJORITY CHAIRWOMAN DELOZIER: Okay.

23 And one other question that I would  
24 have, Deputy Secretary, the ability for us to work.  
25 And when I talked to and asked the question of the

1 first panel about how Virginia had done it, and I  
2 know they had worked across state government  
3 working with all three branches. Was there any  
4 reason why, in Pennsylvania, we did not include  
5 other areas of government that are going to have to  
6 either pay for or come up with ways to pay for in  
7 the General Fund the dollars that we won't receive  
8 in matching, and the judicial branch in which a lot  
9 of times makes the decision as to when our children  
10 will go, make those out-of-home placements, whether  
11 they're in congregate care or they can go to  
12 kinship?

13 DEPUTY SECRETARY RUBIN: So  
14 representatives from the judicial branch, as well  
15 as, I believe, the legislative branch are part of  
16 our child welfare council.

17 MAJORITY CHAIRWOMAN DELOZIER: Okay.

18 DEPUTY SECRETARY RUBIN: So, it's just a  
19 little bit of a different structure. We have  
20 worked with our child welfare council, kept our  
21 child welfare council up to date, and used the  
22 child welfare council as our primary feedback loop.  
23 So it's a broader group than the three-branch  
24 government model that Carl was talking about.

25 I believe Virginia uses that three-

1 branch model. That was not something that they set  
2 up in regards to Family First. I think that is an  
3 ongoing model that they use in Virginia. And so, I  
4 don't think it was something that they created for  
5 Family First, if I understand that correctly.

6 So, our current structure is with the  
7 child welfare council. We work also closely with  
8 the Children and Youth Administrative Association,  
9 the Administrative Office of the Pennsylvania  
10 Courts, Juvenile Courts Judges' Commission. We  
11 have all these same relationships. We just have a  
12 little bit of a different structure.

13 MAJORITY CHAIRWOMAN DELOZIER: Okay.  
14 So, my understanding is, the council is involved in  
15 the decision making then?

16 DEPUTY SECRETARY RUBIN: We also go to  
17 the council with the work that we've done and used  
18 as a feedback loop. So yes, absolutely.

19 MAJORITY CHAIRWOMAN DELOZIER: Okay.  
20 With that, I'll hand it over to Chair DeLissio.

21 MINORITY CHAIRWOMAN DeLISSIO: Thank  
22 you.

23 Deputy Secretary, I'm probably gonna ask  
24 this awkwardly, but just sort of reminds me of  
25 doing a jigsaw puzzle and it's all a monotone

1 color. Putting the pieces together, but I'm  
2 getting there.

3 So, how does Medicaid, as a payor for  
4 any of these sources, interface with Family First?

5 DEPUTY SECRETARY RUBIN: So that's a  
6 great question, and I'll try not to give you the  
7 answer awkwardly. It is a very complicated mix of  
8 resources.

9 So, a couple of the practices -- I'll  
10 give you this piece of it. A couple of the  
11 practices that will be in our prevention plan,  
12 multi-systemic therapy and the functional family  
13 therapy are also programs that are Medicaid  
14 eligible.

15 As I understand it, the Family First  
16 dollars at the federal level is supposed to be the  
17 last dollars in. So anything that's already being  
18 paid for by Medicaid should continue to be paid for  
19 by Medicaid. But Pennsylvania does spend money on  
20 those programs for youth who are not yet determined  
21 to have been eligible for Medicaid, so we do spend  
22 dollars in Pennsylvania, state dollars, on  
23 multi-systemic therapy and functional family  
24 therapy, that we will now be able to draw down the  
25 federal revenue for. But, when the child is

1 Medicaid eligible and the Medicaid is approved,  
2 then Medicaid will take over as the payor for that  
3 service.

4 This also refers back to what Carl was  
5 talking about that QRTP model, the residential  
6 facilities that some states are using where you  
7 mentioned that Pennsylvania is not pursuing QRTP is  
8 because we have felt that that model already exists  
9 in Pennsylvania, and much have been paid for by  
10 Medicaid, for youth that are eligible for that  
11 level of care and support through our psychiatric  
12 residential treatment facilities.

13 And so, again, Medicaid is the primary  
14 payor for eligible youth and for those eligible  
15 services, and that we are, hopefully, going to be  
16 able to use Family First to supplement when the  
17 state is already paying for some of those services,  
18 whether the youth either isn't eligible for  
19 Medicaid or before their eligibility is determined.

20 MINORITY CHAIRWOMAN DeLISSIO: I  
21 appreciate that. Thank you.

22 Thank you, Chairwoman.

23 MAJORITY CHAIRWOMAN DELOZIER: I also  
24 want to note, we have been joined by Representative  
25 Napoleon Nelson in the room. So thank you for

1 that.

2 I'll hand it over to Representative  
3 Tarah Toohil.

4 REPRESENTATIVE TOOHL: Thank you very  
5 much, Madam Chair.

6 Hello, Deputy Secretary Rubin. It's  
7 always good to see you. And I do have to say,  
8 we've had an excellent experience working with you.  
9 You have a very difficult job, and you're always  
10 extremely accessible to us. So, it's good to see  
11 you. I'm lucky. I get to see a lot of you.

12 So, one of our biggest challenges with  
13 Family First seems to be this congregate care issue  
14 that we have in Pennsylvania. And we were all  
15 provided with a letter from the Independent Fiscal  
16 Office, and it had listed for 2021 that there were  
17 1,863 children in group homes, and 1,168 children  
18 in institutional settings.

19 And I just wanted to put forth to you,  
20 you know, if this is one of our biggest challenges,  
21 and that now you're trying to move from congregate  
22 care into this more specialized setting, I think  
23 all of us agree that having trauma-informed  
24 settings, as well as better staffing ratio is very  
25 positive. And all of us, as legislators, if

1 there's some way that we can better communicate  
2 with you or help in a partnership going forward to  
3 create these in Pennsylvania, I think this will be  
4 positive.

5           Every glaring report that comes out of  
6 Pennsylvania, the Auditor General, stated child  
7 reports, the negative reports that we have always  
8 reference how caseworkers are underpaid, and we can  
9 do a much better job for these youth, making sure  
10 when they are in these group homes and  
11 institutional settings that they have the proper  
12 staff and proper staffing ratios. And, then if  
13 there's --

14           You know, just as a comment, and I'm not  
15 sure, you know, any ideas that you have on this,  
16 but, if we, as legislators, if there's more that we  
17 can do, if these children truly do not have a  
18 resource, an adopted family or a resource, these  
19 older youth, if there's a way that we can reengage  
20 SWAN or meet the pen -- Meet the Children, Meet the  
21 PA Kids, some of those programs or maybe up those  
22 programs so that we can get these youth into  
23 families and get them support -- you know, support  
24 services that's more like a family, I think that  
25 would be positive.

1           It's a large -- a large number, and you  
2 look at each child is a -- is a person on this  
3 chart. The independent living, I mean, obviously,  
4 is -- probably some youth are very happy with that  
5 and it's excellent, but maybe they still need a  
6 mentoring resource.

7           So I think we, as legislators, we would  
8 love to be involved with that and make sure that we  
9 are meeting budgetary needs and passing legislation  
10 in a partnership with you. So, any ideas you have  
11 on that, and maybe that would reduce your  
12 congregate care issues.

13           Thank you.

14           DEPUTY SECRETARY RUBIN: Thank you. And  
15 I appreciate your partnership and, again, your  
16 interest and the many committees that you serve on,  
17 Representative, and look forward continuing that  
18 discussion with you.

19           I'll just again mention that reducing  
20 congregate care has both been a long-term strategy  
21 of ours, and we've seen good outcomes in reducing  
22 the number of youth in congregate care. And as I  
23 said, we are working with the counties to do what  
24 we can to help promote recruitment and retention of  
25 foster homes and, really, more than anything, are

1 focusing on the idea of kinship care.

2 When children do need to come out of  
3 home care, the best is for them to go to family or  
4 somebody that they know. That's what we would  
5 refer to as kinship care. And a full 40 percent  
6 right now of youth who come in -- youth who come in  
7 out of home placement is being placed with kin  
8 across the state. And so, we continue to go in the  
9 right trajectory with this.

10 Although, I fully agree with your  
11 points, Representative, that there are still a lot  
12 of kids who need additional supports. So I look  
13 forward to partnering with you on that.

14 Thank you.

15 MAJORITY CHAIRWOMAN DELOZIER: Okay.  
16 The next question, Representative Barb Gleim.

17 REPRESENTATIVE GLEIM: Hi. Thank you  
18 again.

19 My question actually goes right hand in  
20 hand with Rep Toohil's question. What can the  
21 legislature do to help you with barriers that you  
22 are encountering when you're dealing with the  
23 counties? So the training, the high-level  
24 engagement, staff ratios, is there anything that we  
25 can do to help you with the barriers, and what are

1 those barriers?

2 DEPUTY SECRETARY RUBIN: Well, nobody  
3 would want to hear this, necessarily. I appreciate  
4 the question.

5 There's always the fiscal component,  
6 right, when we try to improve services. That we  
7 try to improve the staff-to-youth ratio means  
8 hiring more staff, additional trauma training,  
9 additional staff who could maybe help with the  
10 family engagement services, fixing some of the  
11 physical structures of facilities to allow to  
12 support family visitation.

13 So the contracting with the provider  
14 agencies does not go directly from the state to the  
15 provider agencies. That's county by county with  
16 the provider agencies. So, I'm not here with any  
17 kind of fiscal ask.

18 I guess I'm more, to your question,  
19 saying, there needs to be some understanding as we  
20 continue to try to improve. And I'm sure it feels  
21 this way, we're always saying this, but as we  
22 continue to try to improve, there would be some  
23 costs that would go with that.

24 In terms of barriers, it really is,  
25 again, time, effort, commitment. I know that we

1 very much share that value that you're pointing  
2 out. We very much have this vision of keeping kids  
3 safe in their communities and are working towards  
4 it.

5 So to get you more specifics in terms of  
6 legislatively what we can do, I'm happy to give  
7 that some more thought and have a future meeting  
8 with this committee. I'm happy to commit to that.

9 We are also working on -- we're  
10 rewriting our regulations around the 3800  
11 facilities, the facilities that we oversee and  
12 license. And we are looking to bring into that  
13 regulatory mix as much as we can of good practice.  
14 Maybe that's something that we should be talking  
15 about in the future, because the 3800 as they are  
16 now are really minimum regulatory requirements are  
17 not as practice oriented, maybe, as we would all  
18 like to see. How do we -- How do we regulate, and  
19 how do we legislate good practice?

20 And so, we are thinking about that  
21 ourselves as we look at the regulations, and maybe  
22 that's something we can talk about in the future.  
23 How do our laws and regulations, not just service  
24 the floor of requirements, but really a vision of  
25 good practice.

1                   REPRESENTATIVE GLEIM: Thank you.

2                   And as far as the fiscal component to  
3 this, can you tell us how much -- how many -- how  
4 much money out of 500 million that states received  
5 that Pennsylvania received to move to Family First?

6                   DEPUTY SECRETARY RUBIN: Yes. It was a  
7 little over 16 million. I shouldn't say a little  
8 over. I think it was 16.8 to be an exact number.  
9 But it was definitely 16 million plus.

10                  And as I mentioned earlier, that was  
11 allocated out to counties. Not all of it, but most  
12 of it. Over 16 million of it was allocated out to  
13 the counties based on county class size and the  
14 data that we had; that that would fairly allocate  
15 the money based on the services provided and the  
16 need and population of a county and class size.

17                  So, we did try to get it out directly to  
18 the counties. And again, we gave them opportunity  
19 to say, it's going to look different in different  
20 counties because different counties have different  
21 needs. But we really wanted them to use it for  
22 foster parent recruitment and retention because  
23 that will keep youth out of facilities. We wanted  
24 them to use it to build up the evidence-based  
25 program. We want them to use it to support the

1 contracts with provider agencies that are enhancing  
2 practice.

3 REPRESENTATIVE GLEIM: Thank you.

4 That's all I have, Madam Chair.

5 MAJORITY CHAIRWOMAN DELOZIER: Okay.

6 Thank you very much. That's the last of the  
7 questions. I know we're running a little behind.  
8 I just have one last question.

9 Do we know -- When you're submitting the  
10 plan, you're saying you're moving ahead. And I'm  
11 glad to hear that, that we'll have a better idea.  
12 Are there -- Do you see it more difficult in more  
13 rural counties to get the shift over to comply  
14 with, you know, making the plan and shifting over  
15 to these practices that the federal government is  
16 asking for?

17 Or, do we know what counties are ready  
18 to go and we're waiting for a couple other counties  
19 to complete this? Or is it just the overall plan  
20 that is from the state that's being formed? I'm  
21 just trying to understand better if it's easier or  
22 it's been more challenging to do it in an urban  
23 setting, in the rural settings, and the suburban  
24 settings? Is it better or worse, or are they all  
25 kind of have their own issues?

1           DEPUTY SECRETARY RUBIN: I appreciate  
2 that. Again, I think to your last point, they're  
3 all gonna have some different issues. I do want to  
4 make the point that, this plan is gonna be -- it's  
5 not a point in time. We're going to submit the  
6 plan, but as I said earlier, we're gonna add  
7 additional evidence-based practices.

8           We want to grow this significantly over  
9 time. And the submission of the plan is the  
10 starting point; not an end point. So wherever a  
11 county is in -- ah, positioned when we start the  
12 plan, we're gonna be happy to work with and help  
13 support the growth.

14           The eight evidence-based practices that  
15 we are currently planning to submit into our plan  
16 are already existing in Pennsylvania, as I said.  
17 As we went through it, I think every county has at  
18 least one practice already up and running in their  
19 county. I have to double check that for sure.

20           But I know we went through intentionally  
21 to say, let's not just take practices that are only  
22 in big cities. Let's not take ones that are only  
23 in urban. We tried to find the practices that  
24 would cover the state of things that are already in  
25 place so that every county will already have access

1 to begin to draw down evidence-based practice  
2 funding.

3 So, I feel confident that we have tried  
4 to reach out to every county. As I mentioned  
5 earlier, we've done regular all-county calls. I  
6 will be with the Children and Youth Administrators  
7 Association next week meeting with them. We're  
8 planning additional convenings.

9 I don't think it's a one simple answer.  
10 I think there are some, say rural counties where  
11 there's challenges. Even if the practice is in one  
12 part of the county, it might be difficult to access  
13 due to transportation or other issues in some of  
14 our more rural areas. Again, the more urban areas  
15 might have issues with the volume of services  
16 needed. So, I think the different counties pose  
17 different challenges, and we're happy to work with  
18 each one of them.

19 I'm happy also now to make a public  
20 commitment to you all. If any of you have  
21 constituents, counties, that are reaching out to  
22 you saying, we don't know what we're suppose to be  
23 doing, I'm more than happy to have a direct contact  
24 with the county, to speak with the county  
25 administrator, to have that county administrator to

1 talk whether it's our full team or myself directly.

2 We are happy to support them.

3 I guess the last point I'll make on that  
4 is that, we have also worked with our state  
5 regional offices, so we have our four regional  
6 offices, as well as our partners with the Child  
7 Welfare Resource Center who have practice  
8 improvement specialists who work with the counties.  
9 And our regional offices and the practice  
10 improvement specialists are there and available  
11 also to support counties through the  
12 implementation. So they're certainly are not alone  
13 in trying to figure this out.

14 MAJORITY CHAIRWOMAN DELOZIER: Okay.  
15 Well, thank you very much for that information and  
16 for being here as always. We've used your time on  
17 our hearings in the last couple weeks. I  
18 appreciate you're always being willing to be  
19 accessible to answer many questions and give the  
20 information from the agency's perspective.

21 So thank you very much for your time.

22 DEPUTY SECRETARY RUBIN: Thank you.

23 MAJORITY CHAIRWOMAN DELOZIER: I'll move  
24 on to our final panel. I know we are a little late  
25 on time here. So I would --

1           This panel is made up of two children  
2 and youth county administrators from two very  
3 different counties. We have Matthew Salvatori, an  
4 Assistant Administrator from Lycoming County, and  
5 Jacki Hoover, who's Deputy Director in Allegheny  
6 County. So we can get the counties. We've talked  
7 a lot about the county perspective, where our  
8 counties lie, and where -- what their perspective  
9 is in dealing with our families and our children.  
10 I look forward to hearing that.

11           And as you heard, many questions that we  
12 have. So, any overview that you can give so we can  
13 get to questions would be beneficial. So thank you  
14 very much.

15           I'll hand it over. I believe that  
16 Mr. Salvatori, or Jacki, are you starting? Doesn't  
17 matter, okay. We'll start. That's fine.  
18 Mr. Salvatori, can you start, and then we'll get  
19 the questions after Jacki does hers as well. Thank  
20 you.

21           MR. SALVATORI: Absolutely.

22           Good morning, members of the committee.  
23 I'm Matthew Salvatori. I'm the Assistant  
24 Administrator for Lycoming County Children and  
25 Youth. I have been in that position for five years

1 and in county child welfare for the past 23. So I  
2 thank you for the opportunity to discuss this law  
3 and really how it impacts rural counties.

4 Lycoming County, over the last two  
5 years, has worked very diligently to be prepared  
6 for Family First, especially around the caveat of  
7 the law pertaining to congregate care. We used  
8 some of the funds that were allocated to us to  
9 expand and create a stronger, more diverse foster  
10 care program to really meet the needs of the youth  
11 in the community.

12 One of our goals and one of our concepts  
13 is, Lycoming County kids belong in Lycoming County.  
14 We've worked very hard, and we have no youth in  
15 congregate care in Lycoming County at this point.  
16 They're all either with formal kinship or in foster  
17 care. That was the approach that we took from a  
18 rural perspective of how we could address the issue  
19 of congregate care. Obviously, keep children in  
20 the most family-like setting.

21 As we know, it's already traumatic to  
22 remove them, and to also -- we also know that we  
23 will be able to continue to receive funding for  
24 foster care. So our goal is to continue to expand  
25 and continue to make sure we provide our youth the

1 best opportunities within our county.

2 I look at the Family First Prevention  
3 Act as an opportunity to really focus on prevention  
4 and be proactive. I think in the past years or  
5 decades, you know, we may be more reactive across  
6 the state. I look at this as an opportunity. We  
7 should be proactive in providing services to  
8 families before a child ends up in foster care, or  
9 like Deputy Secretary said, congregate care  
10 settings.

11 One of that things that I really see  
12 will be, and my hope is, the re-distribution of  
13 these funds will obviously keep the families more  
14 intact and provide better services. But, I see  
15 some challenges as well. Hopefully, they can be  
16 addressed and worked through over the upcoming  
17 years.

18 But I look at the reimbursement, the  
19 federal reimbursement for the prevention aspect of  
20 the legislation, specifically in rural counties,  
21 because, from an infrastructure standpoint we don't  
22 have a wide array of services. I think I can  
23 probably speak for most rural counties. You don't  
24 have a multitude of services to be able to provide  
25 to families, let alone get providers to -- to

1 pursue that from the standpoint of utilization and  
2 program sustainability due to, we don't have as,  
3 obviously, many youth and families as a more urban-  
4 type county.

5 I also think, I look at it from the  
6 standpoint of the implementation date of being  
7 October of 2021 and being prepared. Ah, you know,  
8 in Lycoming County, I like to be prepared and I  
9 like to be proactive in our own ways. I think with  
10 the pandemic is, has really halted the services  
11 within, I think the majority of counties, and I  
12 think we're on a positive route with the pandemic.

13 But I don't think providers, who we  
14 would be reaching out to, have really thought about  
15 creating new services at this point as they're  
16 trying to get back on their feet from where they  
17 were pre-pandemic.

18 So, I don't know if it would be  
19 advantageous for the back of the date so that we  
20 can have a comprehensive plan and an opportunity  
21 for providers and counties to work together to  
22 continue to, you know, develop programs for when it  
23 does start so we are overall successful.

24 The other area I don't know if it can  
25 actually be addressed, and I always think about

1 this. When you're providing preventive-type  
2 services, the more things that you put in place,  
3 the harder it is to implement. You create barriers  
4 for families.

5 From a perspective of candidacy,  
6 obviously, you have to have candidacy. You just  
7 can't offer service to everybody. But when I think  
8 you start talking about risk, and you start talking  
9 about safety and overall monitoring of families  
10 that -- our goal should be not to have them ever  
11 get into the child welfare system, creates barriers  
12 and creates families that are maybe less willing to  
13 want to participate in that type of intervention.

14 You know, I've personally been a big  
15 part -- we have a lot of our own in-house  
16 prevention services. They're not evidence-based,  
17 but I felt -- find that the ability to administer  
18 preventive services creates quicker response times,  
19 more individualized plans.

20 And I think when you remove some of  
21 those requirements, it opens it up to more  
22 families; not just youth that are at-risk placement  
23 without a prevention service. I'm confident that  
24 we can work through that, and we will. Obviously,  
25 Deputy Secretary has plans and Lycoming County

1 supports them.

2 I do see -- I do see areas that are  
3 positive, and I think I talked about that from the  
4 placement standpoint. I think the law focuses on  
5 family-like settings instead of congregate care.  
6 And I think it gives counties the opportunity to  
7 continually expand their foster care system, to be  
8 able to provide those services, and maintain  
9 children that have already been through traumatic  
10 experiences in the best possible setting.

11 Obviously, there's always worse case  
12 scenarios, and congregate care does occur. But  
13 it's positive to see that there's additional  
14 requirements and expectations and training to make  
15 those facilities more appropriate for the youth  
16 that are unfortunate to end up in those situations.

17 So, obviously, there's opportunity.  
18 There's, obviously, barriers and things to work on,  
19 but, obviously, I think as a whole as a state,  
20 we'll need to work together to continue to make  
21 improvements for our youth and families across our  
22 county.

23 Thank you. Do you have any questions?

24 MAJORITY CHAIRWOMAN DELOZIER: Actually,  
25 we'll let Miss Hoover give her perspective, and

1 then I'm sure we'll have questions. Thank you.

2 MR. SALVATORI: Okay. Thank you.

3 MS. HOOVER: Thank you so much. Good  
4 morning, Chairperson Delozier, DeLissio, committee  
5 members, staff, and, of course, my peers. So thank  
6 you for providing me with this invitation. I'm  
7 Jacki Hoover. I'm the Deputy Director of Allegheny  
8 County Children, Youth and Families.

9 I've been with the county for over  
10 25 years. I started out as a caseworker and held  
11 many positions throughout the county before I was  
12 promoted to the assistant deputy director and then  
13 the deputy director almost -- almost three years  
14 ago, which, you know, in these positions in larger  
15 areas are -- are somewhat, you know, there's  
16 sometimes a life to them.

17 So, it's challenging to go last, so I  
18 don't want to repeat what others have said. But I  
19 do want to sort of, you know, level set from a  
20 larger county where we are.

21 So I lead a staff of over 700. That  
22 includes almost 530 frontline CYF caseworkers. We  
23 get approximately 18,000 calls or more a year. We  
24 conduct over 6,000 investigations annually. Right  
25 now we have about 1,500 children in/out of home

1 care. We are currently offering other services  
2 that we are, you know, including with children and  
3 families, net to about 4,500 to 5,000 families.

4 So, of the 1,500 children that we have  
5 in/out of home care today, 67 percent of those  
6 children are living with in a relative or a kinship  
7 care provider, and we have only 6 percent in  
8 congregate care. We've worked really hard  
9 throughout my tenure to reduce congregate care. In  
10 2014, we had about 272 children in those types of a  
11 congregate care settings. Today we have close to  
12 70. We've achieved this reduction by working  
13 collaboratively with our child welfare providers,  
14 the court systems, and as well as with Pennsylvania  
15 OCYS.

16 We currently serve as a national model  
17 with a reduction of congregate care, as well as  
18 placing children with relatives and close family  
19 members. As I stated before, almost 70 percent of  
20 our children in/out of home care are placed with  
21 kin, and they are placed with kin most directly  
22 from that first placement. We have Kinship  
23 Navigators that we utilize within our regional  
24 offices to help make that connection, whether it be  
25 in crisis or long-term planning.

1 I also want to just, you know, take a  
2 moment to set our overriding commitment to help  
3 reduce these home removals by helping more children  
4 stay safely in their homes by offering prevention  
5 services.

6 I should also say that Allegheny County  
7 has been involved in national conversations around  
8 Family First since 2015, and we were excited in  
9 2018 when it was finalized. We've been listening  
10 and working with Deputy Secretary John Rubin, as  
11 well as others, not only across the Commonwealth,  
12 but nationally, is how this opportunity can be  
13 furthered.

14 I will add that, whether it's a rural  
15 county or a large county, a state-run system or a  
16 county system, yes, this is a great opportunity.  
17 However, you know, there does face a lot of  
18 challenges in implementing these types of plans,  
19 whether it be prevention or specialized settings.

20 We believe that if -- if children are  
21 offered services prior to being identified as a  
22 candidate, I'll say -- I won't go into details  
23 about that. But if we talk about prevention  
24 services, it really is the cusp of what we want to  
25 utilize across the Commonwealth.

1           Once a child makes it to my front door,  
2           an adverse childhood event has already happened, so  
3           something traumatic, whether it be physical abuse,  
4           sexual abuse or severe neglect. It had to have  
5           happened in order to have that child come into our  
6           door.

7           So, the more we can do to offer  
8           opportunities within the communities and within our  
9           partner systems, currently, we fund 27 family  
10          centers that serve over 4,300 families, and that  
11          was just in the calendar year 2020. These  
12          neighborhood centers offer infant, toddlers,  
13          pre-schoolers, encourage learning not only for  
14          children, but parenting support, home visits for  
15          pregnant women and families with infants and  
16          toddlers advocacy, and sometimes just a safe place  
17          to go.

18          Chaplin Hall at the University of  
19          Chicago conducted an observational study that  
20          concluded that these areas served by our family  
21          centers had fewer male treatment investigations.  
22          While it would be ideal to receive federal funding  
23          reimbursement through Family First to these  
24          centers, they serve as a source as primary  
25          prevention.

1           Additionally, you may have heard, I know  
2           that our DHS Director Marc Cherna, who recently  
3           retired just two weeks ago, has most likely  
4           testified in front of you several times, but we  
5           have a distinct service established. It's called  
6           Hello Baby, which is a voluntary program for  
7           parents of new babies designed to strength  
8           families, improve children outcomes, and maximize  
9           child and family well-being when there's safety and  
10          security. We've develop this initiative based on  
11          need for services outside of child welfare.

12                 Eighty percent of Allegheny children who  
13          suffered fatalities associated with abuse and  
14          neglect were under the age of 3. Then half of all  
15          these cases in which the child was seriously  
16          injured or died from a result of abuse, child  
17          welfare was not aware or involved with the family  
18          at the time or the referral had been made. So that  
19          leads us to the point that we must do better in  
20          order to get to these children who may face the  
21          most dire consequences before -- before having a  
22          referral to these systems.

23                 So I'm going to pause because I see we  
24          only have about 15 minutes left. And I would  
25          prefer, you know, to use my voice as -- as well as

1 my peers to offer questions (sic) because there's  
2 been a lot of questions back and forth. I think  
3 this is why you wanted us here to sort of -- since  
4 we are your experts within the field.

5 MAJORITY CHAIRWOMAN DELOZIER: Thank you  
6 very much. I appreciate it. And thank you both  
7 for what you do, obviously, in very different  
8 settings with very different caseloads and folks  
9 within your communities. But the job of keeping  
10 our children safe in our counties is very, very  
11 important. So thank you for everything that you  
12 do.

13 The only question that I have, really,  
14 comes back to, we talked to both of the past panels  
15 of county interaction with the state. The Deputy  
16 Secretary mentioned that he believes that each of  
17 the counties have at least one evidence-based  
18 program that they could be using once they submit  
19 their plan.

20 Do you both feel that there -- Do you  
21 have just one in your counties or do you have  
22 others that you use or that you are looking to use  
23 once we advance with this and move ahead?

24 MR. SALVATORI: From Lycoming County, we  
25 currently have MST in our county. Now, that's,

1 obviously, Medicaid-funded. And we, as a county of  
2 children and youth, do not use it till it's -- for  
3 the most part, until it's already been approved and  
4 the family has that service in place.

5 MAJORITY CHAIRWOMAN DELOZIER: Okay.

6 MR. SALVATORI: So, our juvenile  
7 probation office uses it a little bit more, and I  
8 don't know the exact number, but in Lycoming County  
9 we do have MST.

10 MS. HOOVER: So, in Allegheny County we  
11 have Home Builders, Triple P. We do have MST. We  
12 have PCIT. We have multiple EBPs, I think, as you  
13 refer to them, that are available and that we do  
14 utilize.

15 We are currently in the process of  
16 developing a decision-support tool, so part of the  
17 issue is, these interventions are, one, expensive;  
18 two, extremely challenging to implement and  
19 support. And so, we feel the need to make sure  
20 that we get the right families to the right  
21 interventions.

22 So based on a holistic assessment, we  
23 plan to have a decision-support tool that will help  
24 identify which families meet the needs for certain  
25 criteria. So when you're in a county like

1 Allegheny where you have lots of resources,  
2 sometimes it can be overwhelming as a caseworker to  
3 help the family choose and identify which  
4 intervention they would be most successful with.

5           So, that's going to be our way of how we  
6 look at connecting families with the right  
7 services, because not every family will need an  
8 intervention that is as high quality as an  
9 evidence-based practice. Some families might need  
10 a connection to earlier intervention; some families  
11 to home housing services, so we want to make sure  
12 that we have the right connections for the right  
13 families.

14           MAJORITY CHAIRWOMAN DELOZIER: Okay.  
15 Thank you very much for that distinction. Because,  
16 even when I had asked the Deputy Secretary, that  
17 was -- obviously, our state is very varied in our  
18 counties, and our rural and our urban and our  
19 suburban. So, obviously, different challenges face  
20 each of you. So thank you for that.

21           And I'll pass it off to Chair DeLissio.

22           MINORITY CHAIRWOMAN DeLISSIO: Thanks,  
23 Chair.

24           You may or may not be able to answer  
25 this question. But, with this shift away from

1       congregate providers, have you heard from  
2       congregate providers, and what do they plan to do  
3       now that their service line, if you will, is going  
4       to shift?

5                   MS. HOOVER:   Sure.   I can answer.

6                   So I stated earlier that we went from  
7       272 young people in these settings to, you know,  
8       almost 70.   And there had been, you know, about  
9       four years ago conversations with providers when we  
10      embarked on this intent that, you know, they would  
11      need to pivot their services.   And, you know, most  
12      have done so with the utmost success.

13                  Many of our providers, you know, who  
14      have been in congregate care for some time have  
15      looked at other housing services, have looked to  
16      utilize other possible in-home prevention.   You  
17      know, it really -- What we do know is that  
18      congregate care does not provide the best outcomes  
19      for our young people transitioning.

20                  So, we as the county, and the state has  
21      already assisted providers in helping identify what  
22      areas they can grow so that, you know -- It is not  
23      our duty to keep congregate care facilities open,  
24      but it is our duty to make sure that children and  
25      families have the right connections.

1                   MINORITY CHAIRWOMAN DeLISSIO: Thank  
2 you. I heartedly agree. It's not our  
3 responsibility to keep them open. I just was  
4 curious as to what that pivot may have been, and if  
5 some of them have been able to pivot successfully  
6 to provide the services that the counties are  
7 actively working to engage in that, the name of  
8 prevention. So --

9                   MR. SALVATORI: When you look at -- When  
10 you look at Lycoming County, we're kind of in a  
11 different situation, although the largest  
12 geographical. We don't have any congregate care  
13 settings within an hour. So, we have not had the  
14 conversation. That's another reason that we expand  
15 and tried to improve our foster care system to meet  
16 the needs of the youth so we don't have children  
17 four hours away because it's often hard to monitor  
18 their well-being and their overall success from  
19 such a distance.

20                   MINORITY CHAIRWOMAN DeLISSIO: Is it a  
21 challenge, Mr. Salvatori, to get kinship care and  
22 to get family and related members to fulfill this  
23 role and serve this role, whether it's short term  
24 or long term?

25                   MR. SALVATORI: Actually, I think a lot

1 of it comes down to engaging families from day 1.  
2 We actually have of our 58 youth that are in care  
3 right now, 48 percent of them are in kinship care.  
4 The rest are in traditional foster care.

5 So, a lot of it is the expectations of  
6 the courts, the expectations of your agency, and  
7 how hard you pursue the families and look for those  
8 resources. So, actually, we are, I would say, I'm  
9 pleased with the percentage that we have in kinship  
10 care, but that's always a daily search, and work  
11 that has to occur on a day-to-day basis.

12 MINORITY CHAIRWOMAN DeLISSIO: Thank  
13 you.

14 Thank you, Chair.

15 MAJORITY CHAIRWOMAN DELOZIER: Let's  
16 turn to Representative Perry Stambaugh.

17 REPRESENTATIVE STAMBAUGH: Yeah, my  
18 question's for Mr. Salvatori.

19 I come from a rural area, too. Just  
20 looking for what the costs are to try to set up an  
21 evidence-based program, I know there's a lot of  
22 requirements with it, but do you have any ballpark  
23 ideas on --

24 MR. SALVATORI: You know, I don't. I  
25 can certainly get that for you. I will say, you

1 know, obviously, the funds that were allocated by  
2 the state, you know, a startup fee to try to fit  
3 providers is a positive. We're gonna utilize those  
4 funds. We've already used some of them for the  
5 development of our foster care programs, but I  
6 can't give you a specific amount that I could, you  
7 know, to be honest and be accurate, but I can  
8 certainly get that for you.

9 MAJORITY CHAIRWOMAN DELOZIER: Okay.

10 One last question, and that comes to the  
11 financial impact in each of our counties. I know  
12 that we were talking with the Deputy Secretary and  
13 the Casey group about the financial impact of this.  
14 And granted, most of it would be at the state  
15 level, and we have to balance that out with our  
16 fiscal budget coming up here by the end of June,  
17 and from the county levels with the reimbursement  
18 and the shifting.

19 With the admin money that you received,  
20 thus far, have you felt any change or gap in your  
21 funding in providing for services that may have  
22 been related to the fact that they were not  
23 reimbursable because of what was happening with  
24 Family First or where we stood from Pennsylvania?  
25 I know that they had mentioned that the split of

1 cost was going to be both county and state. So I'm  
2 just interested in what you have seen thus far.

3 MS. HOOVER: So, I would say that's a  
4 great question.

5 Currently, I would say, you know, we've  
6 not faced any funding challenges, you know, not to  
7 say that in the future. We do prepare in our  
8 needs-based plan and budget that we submit and you  
9 all approve, that for other services because, what  
10 will be able to be drawn down from the EBPs or from  
11 the specialized settings will not meet the needs of  
12 most of who we serve.

13 MAJORITY CHAIRWOMAN DELOZIER: Okay.  
14 And --

15 MS. HOOVER: I don't know if I answered  
16 that appropriately. I would say, currently, we  
17 have not had any issues of not -- not being able  
18 to, you know, utilize the financial support where  
19 it's necessary.

20 MAJORITY CHAIRWOMAN DELOZIER: Okay.  
21 And where -- Because both of you are proud of the  
22 fact, and rightly so, of the numbers reducing in  
23 congregate care, which is the issue of what the  
24 goal of the Family First is, obviously.

25 So, in -- Obviously, as managers and

1 directors you need to look ahead. And  
2 understanding that you have the youth that you do  
3 have in congregate care, do you anticipate or see a  
4 gap coming out of that once we move to this program  
5 for the youth that you do know -- Well, in Lycoming  
6 you said you don't have any in congregate care, so  
7 that's a zero sum, I would guess, impact there.  
8 But more in Allegheny because you still do have  
9 some in congregate care.

10 MS. HOOVER: Sure. So the specialized  
11 settings are for children who, you know, are at-  
12 risk or have been commercially sexually exploited,  
13 who are pregnant or parenting, or who are in  
14 independent living.

15 So what we currently see, while we have  
16 seen a huge increase over the children who are, you  
17 know, being assessed as commercially sexually  
18 exploited, what's not covered are the complex  
19 youth. Because we've made such huge reductions in  
20 congregate care, those children who are left with  
21 that need have highly complex issues where it's  
22 become extremely challenging to find appropriate  
23 placement resources for these young people. So,  
24 they may not fall in any of those three criterias.

25 We try to utilize residential facilities

1 that will be funded through the Department of Human  
2 Services, Office of Behavioral Health. Actually,  
3 is that SAMSHA or OMSAS? I get the national and  
4 the state ones confused.

5 However, those are also challenging. So  
6 I do believe that there will be some of our youth  
7 in Allegheny County who will not be covered and who  
8 will be, frankly, costly to serve.

9 MAJORITY CHAIRWOMAN DELOZIER: Okay.  
10 All right. Thank you very much for that feedback.

11 We're looking to try and look down the  
12 road as well, you know, with the three years that  
13 we've done thus far and making sure where we're --  
14 what numbers we're going to see ahead of us and how  
15 our counties will be impacted. So thank you both  
16 for your time.

17 And as I mentioned earlier, for the work  
18 that you do for the youth in your areas and all  
19 across our state in the 67 counties.

20 So, with that, I want to thank all that  
21 attended, and this meeting is adjourned. Thank you  
22 very much.

23 (At 10:56 a.m., the virtual public  
24 hearing concluded).

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