



**Allegheny County  
Department of  
Human Services**

**Testimony Regarding Family First Implementation Planning**

**Testimony to be presented on 3/17/21 to the House Children and Youth Committee**

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Good morning Chairpersons Delozier and DeLissio, committee members, and staff.

My name is Jacki Hoover. Thank you for the opportunity to testify before this body and discuss the implementation of the Family First Prevention Services Act (Family First).

I am the Deputy Director of the Allegheny County Department of Human Services' (DHS) Office of Children, Youth, and Families. I have worked in child welfare for over 25 years. I started with Allegheny County DHS as a case worker and have risen through the ranks. I have served as the Deputy Director for nearly three years and immediately prior was the Assistant Deputy Director for over five years.

As the Deputy Director of the second largest child welfare agency in the Commonwealth, I lead a staff of over 700, that includes approximately 530 frontline workers. DHS conducts more than 6,000 investigations of suspected child abuse or neglect annually. We contract with private nonprofit organizations to support and stabilize families experiencing crisis to prevent foster care placement and to provide foster care services for children unable to safely remain at home.

Allegheny County DHS was very active nationally in advocating for child welfare financing reform, including through our involvement in national conversations and stakeholder convenings dating back to at least 2015. My colleagues and I joined other counties, states, advocacy groups and foundations in the early conversations that lead to Family First and have been excited by its promise: shifting how the federal governments invests in the safety, permanency, and well-being of children.

While not without limitations, Family First enables us to help fund what we believe in, both placing kids in family settings when an out-of-home placement is necessary and preventing the need for home removals when possible. My testimony that follows describes some specific aspects of our foster care and prevention approaches that are most relevant to Family First as well as the challenges surrounding implementation.

### **Foster Care**

Allegheny County DHS has approximately 1,500 children in an out-of-home placement on any given day, with approximately 67 percent living with relatives or close family friends, 25 percent in foster care with a non-relative, and six percent in congregate care. We have worked hard to reduce the use of group homes; in 2014, we had 272 youth in congregate care settings and today have 70 youth in such placements. We have been able to reduce the use of congregate care through a system-wide effort, working collaboratively with our child welfare providers, the court system, and the Pennsylvania Office of Children, Youth and Families (OCYF). While Family First limits federal reimbursement for congregate care settings to stop the overuse of congregate care placements, we feel that we are ahead of the curve on this and have focused on this goal for quite some time.

Allegheny County DHS has served as a national model for placing children with relatives and close-family members when an out-of-home placement is necessary. One of the ways we have been successful is through our Kinship Navigator Program that seeks to help locate, engage and support kin. Recognizing the importance of this program, Family First enables federal reimbursement for Kinship Navigation, but the program must be reviewed and favorably rated by the Prevention Services Clearinghouse. As you may be aware, no Kinship Navigation programs have been rated “favorably” so far. However, one of our providers has been very proactive in initiating an evaluation to start the process of making their Kinship Navigator Program eligible for reimbursement through Family First. We will hopefully be able to take advantage of this federal funding opportunity soon.

Given the unfortunate high need in the County, we are taking our own steps to establish a Congregate Care Specialized Setting that will provide a comprehensive inpatient residential facility program to provide treatment, intervention, therapeutic services and non-treatment supports for youth identified as potential victims of childhood sex trafficking. The certification through OCYF as a Specialized Setting allows us to continue to receive Title IV-E reimbursement when a placement is longer than 14 days, provided a youth is Title IV-E eligible. We recently went through a Request for Proposal (RFP) process to select a provider to design and implement this trauma-informed and victim-centered approach to serve a diverse population where all participants feel welcomed, well-served and supported. While other current providers are applying for certification by OCYF as a Specialized Setting, we are taking this specific action to establish a provider that is certified as a Specialized Setting from the outset.

### **Prevention**

DHS’s overriding commitment is to help reduce home removals by helping more children to remain safely with their families. In service of this goal, we have work underway to redesign prevention services across the county’s child welfare system during the next two years. These services aim to prevent harm to children and placement in out-of-home care (for the first time or again after having been returned home after a period in out-of-home care).

To ensure we are appropriately matching family needs to the best intervention, we are in the process of creating a new referral tool (a “decision support tool”) that combines a family’s voice and needs with reliable information about child welfare prevention programs and services that are known to help them most, and in turn, reduce the need for out-of-home placements.

Caseworkers will be able to use this tool to guide the best match between a family's needs and the services offered to them, including CYF prevention services (clinical, evidence-based programs and concrete assistance), in addition to Family Center-based services, home visiting and other community programs. This will have the added benefit of reducing burdens on caseworkers' time, since the tool will inform recommendations that considers a family's needs, program eligibility and geographic location.

Part of this work will be implementing new evidence-based programs and services, some of which will be eligible for the Family First Prevention Services Program. We are shifting to more evidence-informed and evidence-based practices that address families' most important needs and moving away from programs with unproven benefits. This initiative also includes the necessary investment in ongoing training of provider staff and comprehensive programmatic supports necessary to sustain quality implementation of new programs. The process of implementing evidence-based programs and services requires our engagement with model developers and is a resource intensive process, but one that ensures we are providing interventions to clients with proven benefits.

To highlight another prevention measure focused on the unique needs for babies and toddlers, Allegheny County DHS conducts intake investigations in partnership with a provider agency when there is a child between birth and age three in the home. This professional has a specialty lens on early intervention and is trained to determine unmet needs that a child welfare caseworker may not catch. While an important element of our foster care prevention array, this service will not be eligible for reimbursement through the Title IV-E Prevention Services Program.

In addition to the services for families within our Office of Children, Youth, and Families, Allegheny County DHS supports preventing child maltreatment and helping families thrive through other service offerings and capacities. For example, DHS funds 27 Family Centers that served over 4,300 families in calendar year 2020. These neighborhood centers offer programs for infants, toddlers and preschoolers that encourage learning, parenting support groups, home visits for pregnant women and families with infants and toddlers, and advocacy trainings for caregivers who want to contribute to their community. Chapin Hall at the University of Chicago conducted an observational study to investigate if Family Centers reduce maltreatment investigations in areas served by the Center. The study concluded that areas served by a Family Center had fewer maltreatment investigations once the level of social disadvantage and population size were considered. While it would be ideal to be able to receive federal reimbursement through Family First for the Centers that serve as a source of primary prevention, Family First's requirements do not align.

Additionally, Allegheny County DHS, distinct from CYF, has established the Healthy Start program within Hello Baby, a voluntary program for parents of new babies, designed to strengthen families, improve children's outcomes, and maximize child and family well-being, safety and security. We developed this initiative based on the need for services outside of child welfare. Specifically, from 2009 through 2016, almost 80% of Allegheny County children who suffered fatalities associated with child abuse and neglect were under the age of three, and in *half of all the cases* in which a child was seriously injured or died as a result of abuse and/or neglect,

child welfare was not aware of the family's needs because no referral had ever been made, meaning that there had been no opportunity to support the family or protect the child before the tragedy occurred. The children at highest risk of serious abuse and neglect are infants and babies.

Through Hello Baby, DHS can reach more families who can benefit from support, better match families and babies to the right services, and ensure that the most vulnerable families and babies have access to the best supports we can offer. Hello Baby's tiered prevention model offers a variety of supports designed to meet families' varied needs and interests through the child's third year. It builds upon the robust set of services and supports that already exist for Allegheny County families and introduces a more deliberate and differentiated approach to outreach for new parents.

The Hello Baby model was built to stratify families based on the likelihood that there may be future safety issues so significant that, before the child turns five, the courts will require the County to remove the child from the home. The accuracy of the model for predicting whether a child born in Allegheny County would experience a serious maltreatment event resulting in home removal within five years of birth is 92 percent. To put this in context, the Hello Baby model performs better than digital mammography in asymptomatic women.

The program works with universal outreach beginning either at Allegheny County's primary birthing hospitals or at obstetrician/gynecologist and pediatric practices. Every new Allegheny County mother is given information about Hello Baby and may receive an initial visit from a nurse to talk about the program in more detail. Hello Baby uses integrated data and a predictive risk model to screen Allegheny County families with new babies (except those who choose not to participate) and to tier and offer voluntary supports based on need. There are additional slots for community and self-referrals, to allow families identified by community partners as having complex needs to access Hello Baby services.

Families with higher and/or more complex needs will be offered the support of a two-person team (family engagement specialist and social worker). These Healthy Start care teams will work to engage families, learn about their needs and, together with the parents, develop a plan for leveraging their strengths, clearing barriers to appropriate services and providing them with wraparound assistance for as long as they wish or until the child turns three.

This system has the potential to engage a greater proportion of families facing the most challenges and to reduce the need for more intrusive and costly child welfare interventions. Allegheny County sees a potential alignment between the Health Start component of Hello Baby and the Family First Prevention Services Program. We are exploring with OCYF if our program can meet the Family First criteria to be eligible for Title IV-E reimbursement. OCYF has been very open to discussing and we look forward to continuing those conversations.

We have a multi-pronged approach to prevention, but due to the strict requirements and limitations of Family First, we expect that very few of these efforts will be eligible for Title IV-E reimbursement through Family First. Nevertheless, we are working with OCYF to ensure we are leveraging all potential federal funding opportunities.

### **Planning for Implementation**

Over the past two years, we have actively engaged with OCYF to help support and inform the implementation of Family First. Allegheny County DHS staff have participated in and co-lead a workgroup focused on the specifics of the Prevention Services Program, and during a series of statewide Family First education sessions, I participated on a statewide panel discussing our recruitment of foster family homes as a necessary component of being able to reduce the use of congregate care. We have reviewed and provided feedback on various OCYF planning documents and appreciate their communication channels and inclusive planning process.

### **Family First Implementation Challenges**

As you are aware, Family First formalizes the delivery of evidence-based services and institutes specific guardrails for when the Title IV-E Prevention Services Program is able to reimburse costs. The law stipulates the eligible population for reimbursement based on a determination by a child welfare worker that the child has a serious risk of removal. Additionally, Family First stipulates which services are eligible, that the service is being implemented with fidelity to the model and evaluated, and what specific information is documented about the child and family, and requirements must be met before reimbursement can be sought.

One of the main challenges we foresee to leveraging this federal funding is surrounding the federal Family First Prevention Clearinghouse and that a limited number of programs have been rated favorably and therefore eligible for reimbursement. While there have been significant federal investments in the Clearinghouse, the review process takes time. Additionally, Family First requires that Title IV-E is the payor of last resort, meaning that if Medicaid or another funding source can pay for the intervention, Title IV-E cannot be used. That means that there are services on the Clearinghouse that are not relevant in Pennsylvania for the Prevention Services Program.

Another challenge of Family First is the limited scope of service categories. While Family First provides reimbursement for trauma-informed, evidence-based parenting interventions, mental health treatment and substance use prevention services and programs, it does not cover other services that help support and stabilize a family, like concrete supports, services for survivors of intimate partner violence, and services that address food and housing insecurity.

While Family First implementation requires changes to our case management system, case practice, and training for frontline workers, we have two EBPs that could potentially qualify for reimbursement on day one. Through the prevention redesign process, we are aiming to bring on one more EBP that is on the Clearinghouse in the next year. In anticipation of the October go-live date, we are translating OCYF guidance released in January to inform the data elements that we need to add to our case management system. We understand from OCYF that additional guidance is coming and are eagerly awaiting that information.

While Family First is very complicated to implement, we do anticipate more funding and value over time.

In conclusion, we continue to believe in the critical nature of focusing on preventing the need for foster care and even more so, going upstream to prevent the involvement of our child welfare system through primary prevention services. While we are exploring if Family First can support this work, the federal funds will not replace the critical state funding that ensures our families are able to thrive.

I want to thank this committee for giving me the opportunity to discuss this issue.

Thank you.