

# The Future of Prevention Services in Allegheny County

## A Proposed Program Approach & Action Plan

The Allegheny County Department of Human Services (DHS) is committed to strengthening families, enhancing the strengths within families and communities that promote child and family well-being, and further reducing the use of out-of-home care.

To get there, DHS is planning to redevelop its CYF prevention services program across the child welfare system (currently known as “in-home services”). We present this Concept Paper to build a shared vision for the future of child welfare prevention services in Allegheny County and to communicate to the greater community, families and providers how we intend to fulfill this vision and promote child safety and family well-being. DHS seeks community, family and provider comments and feedback on the goals and planned activities presented in this paper. Thank you for your partnership in this work.

### What Will It Take - Our Priority Child Welfare Prevention Focus Areas:

- **Enhancing family collaboration** and **elevating the role of the Universal Assessment (UA)** in caseworker decision-making
- **Enhancing family’s customer service experience** by shortening the time for completing the UA and improving the **match** between families’ assessed needs and the services offered to them
- Offering the **right services to families** and ensuring those services are delivered in a manner consistent with families’ cultural, geographic and linguistic needs
- **Investing in supports for providers** to allow quality implementation of prevention programs known to make a difference for families

### What’s Inside – Key Points:

- [How DHS plans to change the child welfare prevention services system](#) to safely reduce the use of out-of-home care
- To actualize the future state of child welfare’s prevention services, [what new contracted prevention service programs and procurement activities](#) are being planned, and in what timeframe
- [Where comments and feedback](#) about this proposal and DHS’s planned actions can be sent, and [when will there be opportunities for in-person engagement](#) to further this discussion

# The Future of Prevention Services in Allegheny County: A Proposed Program Approach & Action Plan

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## Executive Summary

**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, the Allegheny County Department of Human Services (DHS), Office of Children, Youth, and Families (CYF) will redesign its prevention services program 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).

The planned changes arise from two important points:

- 1) **Our research and analysis show that our current approach to child welfare prevention services (currently referred to as "in-home services") is not reducing home removals, which is its primary goal.** This is because child welfare in-home services are not always the right ones for a given family's needs or delivered at the right time. Addressing these issues calls for CYF to:
  - ✓ enhance its family collaboration and assessment processes earlier in the process, to reliably understand families' needs.
  - ✓ base case-opening decisions on family need and risk, as documented in the Universal Assessment (UA).
  - ✓ improve the match between families' assessed needs and the supports and services for which they are referred.
  - ✓ ensure, through procurement activities, that the programs and services families need, including community-based resources, are available through CYF's prevention service array.
  - ✓ help families connect with needed programs and community supports.
  
- 2) Additionally, **we need to comply with the federal Family First Prevention Services Act (FFPSA).** FFPSA urges all child welfare departments to shift more resources from foster care to evidence-based prevention. While Allegheny County is a leader in reducing the use of foster care, not enough of our programs are evidence-based. Our families deserve smart investments in effective programs, and the FFPSA's new prevention funding requirements make investments in evidence-based prevention programs an imperative.

To accomplish these goals, DHS CYF plans to take these key actions:

- *Complete the UA early:* Recognizing that correctly assessing need is the single most important factor in making the right service referral to a family, caseworkers will receive the time and support they need to identify and document families' assessed and self-reported needs utilizing the UA. And, given the critical role of assessments in casework decisions, we will add a **quality assurance check** to ensure assessments are reliable.

- *Ground our case-opening decisions on the documented UA:* our mission is to partner with families requiring support to address barriers to safety and keep children safely in the home. Where assessments show that child welfare’s involvement is not necessary to ensure safety and well-being, we will not open a case; we want to reduce the number of active cases with families facing lower needs and risks and **commit instead to supporting robust community services that are accessible to families without open cases.** We expect that taking these actions will permit caseworkers **to work with families at high risk to reduce out-of-care placements and promote family preservation.**
- *Match family need to services:* We will also create a new referral tool (a “**decision support tool**”) that combines a family’s voice and needs with information about child welfare prevention programs and services. Caseworkers will be able to use this tool to guide the best match between a family’s needs and the services offered to them from the prevention service array. 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.
- *Offer good programs/services:* We think of the types of in-home services that child welfare purchases as **clinical** (increasingly **evidence-based programs**) and **concrete** (the critical and purchases and basic services to make a home safer). We will issue bids for all these services and work with providers, staff and the community to build clinical and community-based interventions and concrete services into a strengthened, well-connected prevention system. We hope and expect that many of our current providers will compete to be providers in this new system (in the interim, our current in-home program will continue).
- *Increase investments in supports for providers delivering evidence-based services.* The delivery of new program services with fidelity to the program’s model - as well as regulatory requirements - will require providers to collaborate closely with child welfare and model developers, to maintain quality practice while appropriately monitoring and planning for safety. This project also includes investing in ongoing training of provider staff and comprehensive programmatic supports necessary to sustain quality implementation of new programs.

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**We seek your feedback:** Are the proposed activities presented here the right ones to pursue to help more families keep children at home and further reduce the use of foster care? **Please email your feedback to [CYFPrevention@allegHENYcounty.us](mailto:CYFPrevention@allegHENYcounty.us) by March 10, 2021.** As an alternative to emailing feedback to DHS, you can anonymously submit comments using this [form](#) by March 10, 2021 Thank you for your interest in this work.

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## Introduction

### *Background*

The Allegheny County Department of Human Services (DHS) protects and promotes the safety and well-being of Allegheny County’s children and families by providing child welfare, community-based supports, and early care and education services. In child welfare specifically, DHS’s conducts more than 6,000 investigations of suspected child abuse or neglect annually. DHS contracts with private nonprofit organizations to support and stabilize families experiencing crisis to prevent foster care placement and to provide foster care services for children not able to safely remain at home.

During the next two years, DHS will improve child welfare programs and services across the system, including programs for prevention services, family-based foster care services and residential foster care services. These initiatives are an opportunity for DHS to build on the success of existing services for children and families, to rebuild a shared framework across prevention and foster care services, and to implement new approaches that can make a measurable improvement in safety, permanency and well-being outcomes for Allegheny County children and families. DHS is committed to realizing these goals in a manner that best supports the needs of families and children, including by considering their geographic, cultural and linguistic characteristics and preferences.

### *Prevention services*

The goal of prevention services—and DHS’s overriding commitment – **is to help families keep children safely at home and reduce the need for out-of-home care.** DHS currently offers an array of prevention services (called “in-home services”) through a network of contracted providers. These services aim to address the circumstances that pose risk of harm to children and their removal from home (for the first time or for an additional time after having returned home following a stay in out-of-home care). The main measure of whether we are achieving prevention goals is the rate of removals to out-of-home care (children with safety concerns serious enough to warrant removing them from their home). Unfortunately, our research tells us that our current approach to prevention services does not do enough to prevent home removals.<sup>1</sup>

In this Concept Paper, we present our plan for strengthening families and achieving a safe reduction in home removals. These strategies, detailed below, require us to enhance important processes and operations and re-procure services across the prevention system. The planned changes presented in this paper are also intended to align with federal and state policy changes and compliance with the federal

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<sup>1</sup> An analysis of active cases from FY2017-2018 indicated that: families who did not receive In-Home services and did not already have a child removed at the start of the analysis period experienced a 19% home removal rate; families who did receive In-Home services experienced an 18% home removal rate.

Family First Prevention Services Act (FFPSA), which urges child welfare systems across the country, including ours, to shift more funding away from lengthy stays in foster care to evidence-based prevention services. We have welcomed FFPSA, which aligns well with our prevention goals — but we acknowledge that many of our current prevention services are not yet evidence-based and need to be.

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This Concept Paper follows the release of DHS’s [Foster Care Services Concept Paper](#). Together, these concept papers launch DHS initiatives to strengthen program services across the child welfare system. The [Foster Care Request for Proposals \(RFP\) has been published](#) and new foster care services contracts are expected to be in place by the end of 2021. The first CYF Prevention Services RFP is expected to be released by spring 2021, with new contracts to be in place by the end of the 2021 calendar year. We also expect to release a second CYF Prevention RFP, for concrete goods and basic needs services, by the end of this calendar year.

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[We seek your feedback and suggestions on the action steps we plan to take to achieve our prevention goals of reducing home removals.](#) Please, send your comments by March 10, 2021 to [CYFPrevention@allegHENYcounty.us](mailto:CYFPrevention@allegHENYcounty.us). Alternatively, if you wish to submit feedback anonymously, you can use this [form](#). DHS will make feedback it receives regarding this concept paper publicly available without disclosing the name(s) associated with the submission. Thank you for your partnership in this work.

## Achieving the Vision

This section describes the proposed approach to building a new CYF Prevention Program and outlines what we are proposing to procure.

### CYF Prevention Program

#### Target families

DHS intends for its new child welfare prevention services system to apply to families working to enhance protective factors and prevent first-time removals as well as to families preventing re-entries into out-of-home care. We also want to prevent re-referrals and provide families with the best interventions for lasting success.

#### Overall Approach

To address families’ needs, promote children’s safety and well-being, and safely reduce removals, we are proposing to:

- *Complete the UA early:* Recognizing that correctly assessing need is the single most important factor in making the right service referrals, caseworkers will receive the time and support they need to identify and document families’ assessed and self-reported needs utilizing a comprehensive assessment (the UA).

- *Match family need to services:* We will also create a new tool (a **decision support tool**) that combines a family's voice and needs with information about CYF's prevention programs and services. Caseworkers will be able to use this tool to make the best match between a family's needs and the services offered to them from the CYF prevention service array. 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.
- *Offer good programs/services.* We categorize the types of in-home programs CYF purchases as **clinical** (increasingly evidence-based programs) and **concrete services** (the critical purchases and services to support and stabilize families). We will issue bids for all these services and work with providers, staff and the community to build clinical interventions and concrete services into a strengthened, well-connected prevention system. We hope and expect that many current providers will compete to be providers in this new system (in the interim, our current in-home program will continue).

The **seven specific strategies** DHS will undertake to achieve these objectives are listed below. Those that involve procurement activities are presented in blue.

- 1) Elevating the role of the UA in case-opening decisions and changing the time it takes to complete it. Shortening the child welfare need assessment and service referral timeframes means families can access the right services, if appropriate, quickly. We will end the practice of sending in a service if we haven't documented an assessment that says a family needs it.
- 2) Introducing a quality assurance check. Given the critical role of the UA in casework decisions, we will add a quality assurance check to ensure that the assessment, once completed, is reliable.
- 3) Making smart case-opening decisions and managing workers' caseloads. Where assessments show that CYF's involvement is not necessary to ensure safety and well-being, we will seek to reduce CYF's active involvement and commit to supporting robust community services accessible to families without CYF cases. We expect that taking these actions will permit caseworkers to spend more time with families at higher risk and reduce caseworkers caseloads overall.
- 4) Utilizing a decision support tool that highlights reliable matches between family needs and services offered to them, including CYF prevention services (clinical, evidence-based programs and concrete assistance), *in addition to* Family Support Center-based services, home visiting and other community programs. The tool will match families with the services that are known to help them most and, in turn, reduce the need for out-of-home placements.
- 5) Shifting to more evidence-informed and evidence-based practices that address families' most important needs and moving away from programs with unproven benefits. This project also

includes investing in ongoing training of provider staff and comprehensive programmatic supports necessary to sustain quality implementation of new programs.

- 6) [Delivering concrete goods in an efficient way](#), which includes re-establishing a regional approach to delivery of concrete goods and basic needs services. This will support more efficient processes for the identification and delivery of needed assistance, in a manner consistent with families' geographic, cultural and linguistic needs.
- 7) [Activating this prevention system when children are removed](#), to prepare families for their return, and when children return home, to prevent re-entry into out-of-home care.

These seven initiatives were identified through extensive research and planning. They are informed by interviews and listening sessions with critical stakeholders, child welfare staff, CYF Leadership Fellows, families, subject matter experts, advocates and clinicians. In further preparation, DHS conducted comprehensive data analysis, substantial literature reviews and learning visits to other jurisdictions. DHS is seeking feedback from families, providers and the greater community on the concepts outlined here.

We seek your feedback regarding the action steps summarized in the above section. Please email [CYFPrevention@alleghenycounty.us](mailto:CYFPrevention@alleghenycounty.us) and let us know whether the proposed actions presented here are the right ones to strengthen families and reduce removals. If you prefer to submit feedback anonymously, please use this [form](#). DHS will publicly post the feedback it receives on this paper without disclosing the name(s) associated with the submission.

## Procurement

To address several of the outstanding needs identified above, DHS is planning upcoming procurement actions. DHS encourages a diverse array of applicants to respond to upcoming RFPs so that we can ensure that services reflect the cultures, languages, communities and needs of families across the county. Contracts resulting from upcoming prevention RFPs will focus on two major types of services:

- 1) Clinical Interventions
- 2) Concrete and Basic Needs Services

In procuring services in these categories, DHS is seeking to build a continuum of services that strengthen families and promote child safety across varying risk levels and types of needs. The models identified below were chosen based on our track record of supporting Allegheny County families, their adaptability for a child welfare context and with a child safety lens, and a foundational evidence base that can be built upon over the coming years. DHS expects that contracted providers will collaborate with a DHS-funded implementation support team to ensure ongoing assessment of child safety and risk and delivery of new services in a manner consistent with the program model.



## Clinical Interventions

**Program Approach:** DHS is seeking providers to implement and sustain an in-home therapeutic and treatment model to support families with higher needs through clinical approaches to service delivery. As with all prevention programs, these providers will assess children's safety, promote their well-being and address risks as they emerge. Therapeutic and treatment service programs will be higher-intensity and lengths of service are expected to range from 5-7 months, based on the program model's prescribed measures to achieve intended impact. Providers will be expected to deliver clinical interventions with model fidelity and with adherence to CYF policies pertaining to child safety and well-being. In some cases, provider agencies may be expected to participate in juvenile court proceedings and family meetings involving CYF staff, and to communicate with families' existing or past service providers. **As we procure new services to enhance CYF's service array, CYF's current clinical intervention offerings, such as Homebuilders and Family-Based Recovery, will continue.**

The models listed below have demonstrated evidence of efficacy with CYF's identified target populations and in the domain of child welfare. Other models may be considered depending on evidence of model efficacy, responsiveness of the model to documented Allegheny County family needs, and available funding.

Additional information on each of the models can be found at the links listed below. The [California Evidence-Based Clearinghouse](#) provides information about research studies, model requirements and target populations. Interested providers are strongly encouraged to visit this website and read the relevant research prior to applying. In addition to meeting the model requirements as defined by developers, CYF requires providers to deliver services in a manner that meets all CYF requirements for assessment and monitoring of child safety and risk as well as policies and oversight measures. The delivery of services in alignment with model fidelity and other requirements will require providers to collaborate closely with DHS, as well as model developers, to maintain quality practice while appropriately monitoring and planning for safety.

### *Functional Family Therapy– Child Welfare (FFT-CW)*

FFT-CW is an adaptation of Functional Family Therapy and integrates a developmental focus for children ages birth to 18. FFT-CW has both a low-risk and a high-risk track. Families in the low-risk track meet with an Interventionist who provides case management and counseling. Families in the high-risk track meet with a Therapist and receive traditional therapeutic FFT services, focusing on familial relationships and risk factors. For both low- and high-risk tracks, sessions take place in the home. The average length of service is 5-7 months and face-to-face meetings with the family and child/youth occur for at least 1 ½ hours per week, although intensity is adjusted depending on assessed need and risk.

It is recommended that providers consult the national website for Functional Family Therapy for further information about this program, training and certification requirements, and team creation:

<https://www.ftllc.com/>

Following an analysis of family need at the county level, we anticipate that once at scale, approximately 600 families per year will be eligible for this program.

### Concrete Goods and Basic Needs Services

**Proposed program approach:** DHS will re-procure services for delivery of concrete goods and basic needs supports; these services will replace most of the existing “traditional in-home” suite of services. Community-based organizations in geographically diverse areas will be well-positioned to respond quickly to the concrete, basic services and well-being needs of nearby families. This includes delivering concrete assistance such as food, clothing, furniture or housing; providing services to address basic needs such as home cleaning, home organization and short-term childcare; and offering educational services for parents about trauma, stress and attachment.

DHS encourages a diverse array of organizations to apply to deliver these services. DHS is committed to delivering child welfare services in a socially just, family-focused and culturally competent manner and believes a community-based approach to service delivery furthers these goals.

Providers of concrete/basic needs services will be expected to work in partnership with the family’s caseworker or case manager in addition to the family’s direct clinical or therapeutic service provider.

### Procurement Timeline & Opportunities for Further Engagement

#### Timeline:

We expect to release the first new clinical intervention services RFP by spring 2021 and for new contracts resulting from this RFP to be in place by the end of 2021.

This timeline reflects DHS’s intent to leave the current suite of in-home services in place through FY2022 while we implement the new clinical intervention and concrete goods and basic assistance services. Once those programs are established, we plan to phase out current state suite of traditional in-home services (those that are not evidence-informed or promising practices, such as Homebuilders or Family Based Recovery) effective July 1, 2023.

#### Provider Townhall

We are planning a virtual townhall during which we can present the priorities outlined in this paper, address our expected procurement timeframe, engage with providers’ feedback and take questions. Exact date and time to be announced. This townhall will be recorded and posted online.

### Anticipated Payment Structure

For Concrete Goods/Basic Services contracts, DHS anticipates that reimbursement will be cost-based (that is, based on providers’ spending against approved line-item budgets). For Clinical Interventions contracts, the payment structure will be cost-based through implementation, start up and early program operations, and likely on an ongoing basis thereafter. To the extent that support services can ultimately be billed to Medicaid or third-party insurance in a manner that does not impede access to services to eligible families, contract funds will support services that cannot be billed to Medicaid or third-party insurance. All funding is subject to availability.

## Provider Performance Reporting Requirements

For performance assessment of clinical interventions services, providers will be required to submit model fidelity reports, electronic case records and program logs associated with direct service delivery, as requested by DHS and/or the appropriate model support organization, consistent with applicable law.

## Contact Information

Thank you for your review. Please send us comments, feedback, and concerns by March 10, 2021 to [CYFPrevention@alleghenycounty.us](mailto:CYFPrevention@alleghenycounty.us). To submit feedback anonymously, please use this [form](#). We expect to initiate action on this proposal by the end of the second quarter of 2021.