

**Allegheny County
Department of Human Services
CYF Prevention Concept Paper Community Comments**

All comments received in response to this Concept Paper are below. Please note that DHS is planning a townhall for a date and time to be announced; at that time we will respond to the questions that were submitted in response to the Concept Paper. We will record the townhall and post the link.

March 11, 2021

Comment 1

1. There needs to be change that includes the entire system instead of just parts of the current system. These changes need to be communicated clearly and consistently to anyone who is a stakeholder in the system.
2. Begin by reviewing the related programs that many current In-Home providers operate; can they be enhanced to complement In-Home?
 - a. For example, [our agency] provides the following evidence-based programs: Parent and Child Together (PACT), Stop Now and Plan (SNAP), Visit Coaching, and Safe Care. All are family-centric.
3. Reduce the number of providers working with a family and increase the quality of services that are provided. These services need to be tailored to the family and take into account individual differences to be effective. Programs were developed in the past in a team approach as to not overwhelm families with too many program-specific providers.
 - a. [Our agency] had teams of Masters-level clinicians and bachelors-level case managers. If a family needed both, then the team was utilized. If the family needed only case-management, the bachelor level person took the lead.
4. DHS offers strength-based family training. Our recommendation would be to encourage cohesion within in the system by having more providers and caseworkers trained.
5. Assessments are already in place but not being used effectively. Similarly, evidence-based programs are most effective when the fidelity of the model is followed. Providers and Caseworkers should be trained to connect assessments to existing program models at the initial assessment.
6. Better data should be compiled by providers to report as outcomes (e.g. percentage of out-of-home placements) based on the metrics that the County is using to measure success/increase funding.
 - a. What outcomes are we actually measuring and are they giving us a clear picture of the family functioning?
 - b. Out-of-home placements increase cost, but there are a lot of confounding variables that may impact this outcome.
 - c. When looking at data for FFT-CW, there was not a statistically significant difference in out-of-home placements between the FFT-CW group and the usual

care group when risk factors were accounted for in the calculations ([1] Turner et al., 2017). When risk factors were not considered, there was a statistically significant difference between the FFT-CW group and the usual care group, with the FFT-CW having a higher rate of placements. It was hypothesized in the study that this was due to the higher level of risk in the FFT-CW group, which was why they controlled for risk factors in the analysis.

- d. If we are planning to move forward with the FFT-CW model and are defining success by a smaller percentage of out-of-home placements, is this a realistic outcome based on the data we have from the model? Are we looking at the underlying variables that may contribute to the placement?

[1] Turner, C. W., Robbins, M. S., Rowlands, S., Weaver, L. S. (2017) Summary of comparison between FFT-CW and usual care sample from administration for children's services. Child Abuse and Neglect, 69, 85-85. <https://doi.org/10.1016/j.chiabu.2017.04.005>

Comment 2

[Our agency] is enthusiastic about the Prevention Services Concept Paper and we believe it will be transformative for the Allegheny County child welfare system. We understand the need for, and have been providing prevention services and research-based programs for decades.

The seven strategies outlined are impressive and very thought provoking.

1. We agree that a universal assessment will help to identify exactly what families need. Will the "Universal Assessment Tool" (UA) be developed or is a standardized tool going to be implemented? We see the value in each approach and have seen positive results from in-house tools and standardized ones.
2. We agree that a quality assurance check on the UA is imperative. We are eager to learn more about what that will look like.
3. Making smart case-opening decisions and managing worker caseloads will have great positive impact across the board, ideally including institutional racism bias.
4. We are also curious to learn more about a "decision support tool". How will that impact current and future services?
5. Shifting to research based programming is a smart investment. [Our agency] successfully applied to be one of DHS' Homebuilders® programs six years ago. We have found working with The Institute for Family Development (the developers of the FFT-CW® Model) to be effective and efficient. Implementing the FFT-CW® Model will undoubtedly improve the family preservation rate in Allegheny County. In addition to Homebuilders®, [our agency] offers evidenced-based programming across our portfolio of services. We have seen that evidenced-based programs are a smart investment and can

help individuals and families harness their strengths to overcome challenges when provided with a high-level of fidelity.

6. Delivering concrete goods with a regional approach makes sense. [Our agency] was one of the very first Family Preservation Programs in Pennsylvania 30 years ago. The program was based on Homebuilders® but over time the research-based model was phased out and replaced with “Crisis In-Home” and “Long Term In-Home”. [Our agency] provided Crisis In-Home for many years and came to be respected for our exceptional response time and ability to help families with a “whatever it takes” approach. The provision of concrete goods was part of that motto. [Our agency] understands the importance of concrete supports to keep families together. We are currently a key partner with the state and county to provide COVID Rental Relief funds to eligible families. We are brokering literally millions of dollars in tangible support to individuals and families in Allegheny County. We agree that infusing funds into families to address concrete issues can then stabilize them enough for them to participate in a needed intervention program, if needed. To that end, we are interested to learn more about the role of the concrete-services provider(s). We are curious about how the concrete goods providers will interact with the Clinical Intervention providers. We are interested to learn more about the rationale and program components of keeping the provision of basic needs separate from clinical services. In Homebuilders®, the model provides both clinical and concrete goods services. Will those elements of Homebuilders® be phased out?
7. Putting prevention services in place to help families in all phases of child welfare is absolutely needed.

We were surprised by the findings around current prevention services and the lack of impact on families staying together. A difference of only 1% is not acceptable. We applaud the effort that went into developing this concept paper and plan. We look forward to being a part of its implementation.

Comment 3

How does this new approach to prevention services advance racial equity in child welfare?

March 17, 2021

Comment 4

It is my hope that the future of prevention services will be more client led. That there wouldn't be a cookie cutter approach to working with clients. "Nothing about me without me" That the primary focus would be to build on client strengths, natural supports and community based organizations. That the work be through a trauma informed lens. Culturally sensitive programming that works for the client and not programming that the client works for . Example in many situations if a client doesn't initially prove to be cooperative we say the client is non compliant. Perhaps the program doesn't meet client needs

March 22, 2021

Comment 5

Child welfare has changed over the years. The priority back in the day was safety. And if every child ended up in a bubble where nobody could touch them, they'd be safe. That bubble ended up being "foster care" because taking kids away from parents and never giving them back would assure that the parent wouldn't hurt them again. Time went by and we were demolishing families so much....and we were leaving kids in placement for SO LONG. Then people started talking about safety and permanency. Our first adoption day had 500 adoptions of kids who were languishing in placement but never found permanency. And kids started to be reunited with families more often and placements started decreasing all around. The federal government started emphasizing family instead of placement and our work went more in that direction. But now...the name of the game is really wellbeing. Safety – Permanency – AND Wellbeing. Wellbeing can be defined as assistance with health, education, behavioral health, disability. And the point of all of it is that kids are safer and permanency is more attainable when you focus on wellbeing. So should the goal of in home services be to reduce out of home placements? Or should the goal of in home services be to increase well being outcomes and increase permanency outcomes. If root causes of safety concerns are addressed, in home placements should go down naturally, right?

We did a Fellows Program all about in home services which (I'm assuming) lead to this article. It was hard for us to really articulate what our service providers DID with families because we only asked them to help with "community resources" or "parenting" with very little direction or context. If we don't do an assessment that uncovers root causes.....then we can't tell the agencies who do in-home work WHAT we want them to do. If we aren't directive about what services should be provided, why would we assume that they would have outcomes that we're looking for? I'd recommend partnering with the service providers that we have. Create consistent training and learning expectations for them. They should understand how to access DHS supports. They should understand our communities. They should be held to a high standard. They should be well versed in diversity & inclusion.....language access, LGBTQ, race. They should be included in conferencing and teaming and they should be empowered to call & lead teaming meetings that actually coordinate services and move the needle towards strong outcomes for our families.

March 25, 2021

Comment 6

In reviewing the Key Action Goals for reduction of foster care, [our organization] has provided and believes in evidence-based models to enhance child welfare and with those models, levels of ensuring accountability are essential.

The decision making tool seems to provide a greater venue for sharing information to assist the families. It might be advantageous to provide a similar tool for families to access for services to empower the families and provide inclusion. a

Historically, families were only eligible for services if there was suspicion of child abuse or neglect. Enhancing community services permits families to be truly empowered to determine what services or needs they have prior to an emergency situation. Community services permit families to navigate through complicated service systems without fear or reprisal.

Comment 7

The concept paper was vague and did not include details on what would specifically be done for prevention. It listed what CYF already does but didn't describe what new processes would be enforced for prevention. As a previous caseworker, there is a lack of diversity in upper management, which has proven to be detrimental to the decision-making process.

Comment 8

The time is right to evaluate the services being offered to families to ensure they are effective and meeting the goal of keeping families together while ensuring safety, permanency and well-being. Family collaboration should be paramount. Providers should recognize and affirm culture and the impact of trauma while delivering services. Here are our questions and comments: Is the Universal Assessment (UA) already developed? Is it a standardized assessment? If not, can there be a collaborative effort with providers participating in the development of the tool? As the UA assesses family needs and risks to identify the right service, how does it help determine if it is the right time for services? What is the family's level of involvement in the assessment and determination of what services they need and if it is the right time? Will there be more than just FFT offered? We don't believe there should just be a one size fit all model. FFT might not be the right fit for all families. We think in home services should be comprised of multiple models to choose from to match with the needs identified through the assessment. We would support a collaborative approach to training. We see value in providing both clinical and concrete goods programs.

Comment 9

I am excited about the future focus of in-home services in Allegheny County. A comprehensive assessment of need that matches what the family says they need to provide safety and care of their children is a wonderful beginning. I am also excited about a renewed focus on prevention. I am concerned that the only clinical model listed is FFT-CW. There are many other clinical models approved by the Family First Act as evidence based. There are also many evidence informed models already in place that have provided great data driven outcomes for Allegheny County CYF families. I am also wondering about evidence based prevention models. My organization already has Triple P Parenting, Strengthening Families 10-14 and the Incredible Years built into our programming and they are also part of the CA Evidence Based Clearinghouse programs. Perhaps if families were able to receive these primary prevention

services at the onset they would not need the higher level of therapeutic intervention later. I am hopeful there will be other models to choose from.