

hello baby

Frequently Asked Questions

Table of Contents

Overview and Program Development 1

What is Hello Baby?	1
Why was Hello Baby developed?	3
How was Hello Baby developed?	3
What makes Hello Baby unique/different from other prevention models?	5
How was the local community involved in the development of Hello Baby?	5

Implementation 6

What impact has COVID-19 had on the implementation of Hello Baby?	6
When/how will Hello Baby be implemented?	7
Who is eligible for Hello Baby services and supports?	7
How will families learn about Hello Baby? How will they be approached to participate?	7
Are there other ways that families can be referred to Hello Baby services?	7
Who is responsible for managing Hello Baby?	8
How will you determine which tier of services is most appropriate for a family?	8
How will Hello Baby work with existing providers/services?	8

The Predictive Risk Model 9

What outcomes is the model designed to predict?	9
How accurate is the model?	9
Was the model externally validated?	10
What data does the Hello Baby analytic model use?	10
Does the predictive model use race as a factor?	10
What exactly will be generated and how and with whom will it be shared?	10
Is the Hello Baby stratification level assigned to a child/family permanently?	11
Can families opt out of the use of the predictive risk model to determine their eligibility for services?	11
How long will the information be kept?	11
Can the information be used to inform child welfare allegations or investigations?	11
How is DHS ensuring that the Hello Baby analytic model won't be used for other purposes?	12
What safeguards are in place to make sure the analytic model is working appropriately?	12
Will the Hello Baby program and analytic model be improved over time?	12

What Parents Want to Know 13

Are Hello Baby services truly voluntary?	13
Can a family be reported to child protective services for refusing to participate in Hello Baby services?	13
Does engaging with service providers increase the risk that the family will be reported to child protective services?	13
What happens if a family is already involved with child welfare at the time of birth?	13

Evaluation 14

Will there be an evaluation of Hello Baby?	14
How will the evaluation be used?	14



What is Hello Baby?

Hello Baby is 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. Through Hello Baby, DHS will 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 tiered approach is described below:

- **Universal outreach** begins either at Allegheny County's primary birthing hospitals or at obstetrician/gynecologist and pediatric practices through the County. Every new Allegheny County mother will be given information about Hello Baby and may receive an initial visit from a nurse to talk about the program in more detail. A few weeks later, a postcard will be sent to reiterate the introductory information and let families know about the Hello Baby warmline (available 24/7), the Hello Baby website, and other available community resources for parents such as NurturePA, a texting service staffed by volunteers who can answer questions about newborns and parenting issues. These services are available for all families regardless of need.
- **Hello Baby will reach families with moderate/higher levels of need** through the existing network of Family Centers (FCs). FC outreach workers will visit families in their neighborhoods, welcoming the new babies and attempting to engage and connect parents with the rich support and services at their neighborhood FC (e.g., home visiting, family support, childcare subsidy, Head Start, basic needs). In addition, any family can request services from an FC through the Hello Baby website, warmline or texting service.
- **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 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 assistance can take the form of concrete goods (e.g., diaper, formula, food), assistance with immediate needs such as transportation to the pediatrician and eviction prevention, and connections to community resources such as evidence-based parenting programs, mental health and/or substance use treatment, child care and emergency housing.

Why was Hello Baby developed?

Parenting is hard for everyone, especially for families with additional risk factors and less ready access to resources. Allegheny County is fortunate to be resource-rich, but these resources are not reaching the families that need them most. Prevention efforts aimed at reducing child welfare involvement have historically targeted families living in high poverty areas. This is based on the incorrect assumption that poverty is the singular driver for abuse. Rather, the root causes of maltreatment include untreated (or under-treated) mental illness, substance use disorder and intimate partner violence, all of which cut across economic lines and can place children at risk. Families struggling with these issues have complex, multi-system needs for services and, as isolation can accompany these issues, they also have a need for positive social connections and support. While there is evidence that FCs can reduce maltreatment risk in the communities they serve, not every community has an FC, nor are they reaching all high-risk and high-need families.

And the children at highest risk of serious abuse and neglect are infants and babies. 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. Furthermore, in half of all the cases in Allegheny County in which a child was seriously injured or died as a result of abuse and/or neglect, child welfare was not even 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. By not waiting for a crisis to occur - and by expanding our focus to prevention - we hope to prevent the need for future involvement in child welfare.

How was Hello Baby developed?

DHS undertook an extensive process to develop the tiered prevention strategy. In addition to drawing from decades of experience by DHS leadership, service workers and families, the process included a review of best practices identified in the literature as well as conducting dozens of individual and group meetings to gain a thorough understanding of what currently exists in Allegheny County and how it can be improved. A wide-ranging community and family engagement process with local service providers, families (including a special emphasis on fathers), social workers, clinical specialists and others informed us about what was working and what was missing from current engagement efforts and services. Case reviews with social workers and with local, national and international child development experts helped us to better understand the families that Hello Baby seeks to help, the challenges they face and the outcomes they experience. The case reviews illuminated how services could better partner with families to achieve improved outcomes for children

Knowing that families with multiple and complex needs have difficulty engaging with family support services, we turned to the literature to identify practices that improve engagement and retention and decrease attrition (Daro, McCurdy & Nelson, 2005). An extensive literature review focused on finding evidence of effective ways to engage and retain high- and complex-need families.

We found that high-risk families may be more likely to engage in a universal intervention and that group-based maltreatment prevention efforts are more effective when participants are of mixed socioeconomic status (Dodge, Goodman, Murphy, et al., 2014).

Research identified home visits, with the right people in the home visitor role, as the best form of outreach. Families tend to complete more home visits if their home visitor is from a similar background or culture. Culturally tailored models, flexibility in program delivery, community-level support and resources, and extrinsic rewards (e.g., gift certificates, money, transportation, food) were all highlighted as ways to increase engagement and retention. Our literature review reinforced the assumption that there is no one-size-fits-all model of prevention.

The literature also emphasized the difficulty that systems have in supporting families through to completion. Early participation and attendance do not necessarily predict completion and there are several reasons why attrition occurs. Families who have dropped out of services frequently cite time demands and scheduling conflicts, the need for childcare and transportation issues as barriers to program completion. Parents who are struggling to meet basic needs have limited time and energy, as well as difficulty accessing services on their own.

Rather than simply focusing on high-risk families, a tiered system of universal and targeted prevention services normalizes expectations around seeking assistance and creates a context more hospitable to this early engagement. This system also has the potential to engage a greater proportion of the most challenged families and to reduce the need for more intrusive and costly child welfare interventions.

The development of Hello Baby was largely shaped by these findings.

In addition, we commissioned two independent reviews conducted by Deborah Daro, Ph.D., Senior Research Fellow at the University of Chicago and Michael Veale, Ph.D., Lecturer in Digital Rights and Regulation at University College London. The results of these reviews, and DHS's responses, are available on the DHS website.

What makes Hello Baby unique/different from other prevention models?

Hello Baby uses a differentiated approach, with flexible program delivery that is based upon the understanding that each family is unique, with different levels of needs and barriers to support. The model includes a universal entry point designed to increase awareness of available support services for all new parents. It incorporates community level support and utilizes home visiting techniques, hiring culturally competent staff with lived experiences to support families with moderate to high needs.

Hello Baby's goal is to create an environment in which all families feel more supported after having a baby, families with moderate needs are linked to community level supports, and families with greatest needs have the opportunity to work with a service team to assess their individual needs, identify their priorities and work with community partners to address these priorities in the manner the family deems most appropriate. Hello Baby families will have diverse service experiences; the only consistency will be having someone work with them, for up to three years, to help them manage the social service marketplace and draw from it those interventions that best suit their needs and priorities. This model is based on the [Camden Coalition](#), which works to advance the field of complex care by implementing person-centered programs and piloting new models that address chronic illness and social barriers to health and well-being. The Camden Coalition will train staff and consult throughout the first year of the project.

In addition, Hello Baby will benefit from data analytics that can screen all babies born in Allegheny County to more precisely tier supports and prioritize families for services. Information about this analytic approach begins on page 8. Using analytics to support service prioritization offers several advantages over traditional approaches to prioritizing services, including improved accuracy, the ability to detect and adjust to previously unobserved relationships between variables, and importantly, the ability to screen large populations efficiently.

How was the local community involved in the development of Hello Baby?

Engagement with community groups and families was a significant component of Hello Baby development; in particular, discussions were held with groups of families, peer support professionals, child welfare workers and service providers about their comfort with the ways in which data would be used to proactively identify and reach out to families. Stakeholder groups were invited to discuss development of the project, as well as its implementation

and timelines, and DHS shared project updates with existing community networks including the Children’s Cabinet. All input was incorporated into the development process. Discussion groups/meetings were held with the following groups:

1. Families who had received community prevention services, with a specific focus on fathers
2. Local service provider agency direct line staff, supervisors and leadership
3. Clinical experts (pediatricians, developmental psychologists, academic social workers)
4. Family Court judges and advocacy agencies (KidsVoice, parent advocates)
5. Peer Support agencies (Allegheny Family Network and Youth Support Partners)
6. The DHS Children’s Cabinet
7. National child welfare and child development experts
8. Local funders
9. Civil liberties, civil rights and social justice advocacy organizations (e.g., African American Strategic Partnership, ACLU, Urban League)

Implementation

What impact has COVID-19 had on the implementation of Hello Baby?

The pandemic delayed the full launch of Hello Baby, but we quickly began to hear about a significant need on the part of new parents for support during this difficult time. In response, we launched a modified version of the program, Hello Baby Cares, which ran from April 22 through August 31, 2020.

Hello Baby Cares received 345 referrals from the birthing hospitals, for reasons ranging from lack of social support to food insecurity and need for help during a NICU stay. The Healthy Start team provided support to 239 families via phone and text interactions and delivered 207 care boxes (containing diapers, wipes, sanitary pads, sanitizer, face masks, a baby book and resource information). They also connected families to linguistically and culturally specific resources for parenting and family support, breastfeeding assistance and mental health treatment.

On September 1, 2020, Hello Baby was fully launched. Because of the success of the Hello Baby Cares experience, referrals to Hello Baby are being accepted directly from hospitals (in addition to the original strategy described on pages 7-8).

When/how will Hello Baby be implemented?

The full version of Hello Baby launched in September 2020. In the first year, universal services will be offered to all Allegheny County families with a baby born at any birthing hospital in the County.

Families with moderate needs will be contacted by outreach workers at a Family Center. We will begin by piloting at the five Children's Hospital's Family Care Connection Family Centers (for those living in neighborhoods served by one of the centers), and eventually will scale to all Family Centers in Allegheny County.

Families with the most complex needs will be offered more intensive services by Healthy Start, which was selected through a **Request for Proposals** as the community partner to provide this tier of service. Healthy Start teams (family engagement specialist and social worker) will reach out to these families to better determine their needs and to connect them to the best resources the County has to offer. Healthy Start will pilot the program in the Mon Valley; eventually, the services will be available countywide and will be offered to roughly 5% of families with new babies, or an estimated 650 families each year.

Who is eligible for Hello Baby services and supports?

All babies delivered in Allegheny County and their parents/caregivers are eligible to participate in Hello Baby services.

How will families learn about Hello Baby? How will they be approached to participate?

Every family will learn about Hello Baby at the hospital and/or their obstetrician/gynecologist or pediatrician's office after giving birth and will receive a postcard in the mail a few weeks later. The postcard will provide general information about Hello Baby and how to access support. The card will also allow families to opt out. If the family doesn't opt out, DHS will use a predictive risk model to determine if they are eligible for additional supports. Families eligible for additional supports will be contacted by Hello Baby or outreach staff to see if they are interested in these completely voluntary services. Families can also learn about Hello Baby from the Hello Baby website, which we expect to launch in the fall of 2020.

Are there other ways that families can be referred to Hello Baby services?

While the predictive risk model will be the primary mechanism to identify families eligible for more intensive services, community partners can also make referrals for families that they feel would benefit from additional

support. These community partners may include Family Center staff and other home visiting providers. In addition, any family that feels the need for additional support can contact Hello Baby staff to request services.

Who is responsible for managing Hello Baby?

Hello Baby will be overseen by a DHS senior manager and a coordinator who will manage the universal and family support components (provided by partners like NurturePA, 2-1-1 and FCs). DHS is contracting with Healthy Start to directly implement the case management services for families with the greatest needs. DHS staff will also convene regular, multi-system case reviews to identify ways of improving coordination among the systems that support families; developing action plans with the partners in those systems; and reporting on results to DHS and providers.

How will you determine which tier of services is most appropriate for a family?

Hello Baby will use integrated data and a predictive risk model to screen Allegheny County families with new babies (except those that choose not to participate) and to tier and offer voluntary supports based on need. There will be additional slots for community and self-referrals, to allow families identified by community partners as having complex needs access to Hello Baby services.

How will Hello Baby work with existing providers/services?

Hello Baby was designed to enhance the already rich and diverse array of services available in Allegheny County, and the success of the program will rely on strong partnerships with these providers. DHS does not want to duplicate any efforts; rather we strive to bridge the gap for families currently missing out on beneficial services. The most significant difference is that analytics will enable DHS and its partners to proactively connect with families to provide them with support and services they may need to prevent problems before they occur, rather than wait for someone to reach out for support or, worse, never find the supports they need. If the family is already working with an evidence-based home visiting program, the Hello Baby team will communicate and work with that partner. In the case of families with moderate level needs, referrals will be made to the already-existing Family Centers in their area. For those families with greater needs, referrals will be made to Healthy Start, which provides evidence-based home visiting models.

The Predictive Risk Model

What outcomes is the model designed to predict?

The model was built to stratify families based on the likelihood that there may be future safety issues so significant that, before the child turns three, the courts will require the County to remove the child from the home. Models predicting home removal have been found in Allegheny County, California and New Zealand to be consistently sensitive to picking up risk of serious abuse and neglect (Goldhaber-Fiebert & Prince, 2019). A full methodology report will be made available prior to the launch of Hello Baby.

How accurate is the model?

Measuring the accuracy of risk stratification models is not simple, but there are several metrics that can provide information about the accuracy of the algorithm, such as the area under the receiver operator curve (AUC), sensitivity and precision.

If measured by AUC, 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.

Unlike AUC, sensitivity and precision are defined for a specific threshold, for example, the top five percent of the highest risk children as predicted by the model. The threshold is often set to align with the percentage of individuals a given program has the capacity to serve. Sensitivity measures the proportion of children with a future adverse outcome who are correctly predicted as such; the selected predictive model has sensitivity of 54.1 (i.e., half the children who will be placed will be classified as in the highest risk 5% of newborns). Precision measures the proportion of children classified by the model as at high risk of the adverse outcome that will experience the outcome in the future. The precision of the selected model is 20% (i.e., around 1 in 4 newborns classified as highest risk by the Hello Baby model would have experienced a home removal).

Furthermore, newborns predicted to be at high risk for out-of-home placement were 14 times more likely than the rest of the population to experience any of the following adversities: a case opened for child welfare services, infant mortality, maternal mortality, homelessness or maternal jail booking.

Was the model be externally validated?

The purpose of external validation is to ask whether the families screened by the Hello Baby data model are also at similar risk of objective adverse events such as infant and maternal mortality. Fatality outcomes are, however, too rare to train a model on so we also defined a fairly broad set of adversity measures to establish the complex set of challenges facing families flagged by the PRM tool as eligible for the most intensive Hello Baby services.

The validation results support that the screening model is sensitive to the outcomes of concern. For example, 19% of post-neo natal infant deaths and 23% of accidental, violent and maltreatment deaths were of infants in the research data set stratified by the model as at high risk of home removal. A discussion of the validation study will be included in the methodology report.

What data does the Hello Baby analytic model use?

The Hello Baby analytic model relies heavily on data from county birth records, with additional data from child protective services, homeless services and the justice system. The model includes only universal (rather than means tested) data sources, i.e., those sources where the County has access to the full set of data regardless of race or ethnicity, employment and educational status, gender, age and other factors that might create a disproportionate result.

Does the predictive model use race as a factor?

The Hello Baby model does not directly include information on race because including race does not improve the accuracy of the model. This doesn't mean, however, that other variables in the tool aren't correlated with race. There are other predictors that may be correlated with race due to institutionalized bias. For this reason, we analyze the performance of the model with respect to the child's race in model evaluation and selection and will continue monitoring the impact of the Hello Baby program on racial disparities. A full discussion of the model performance for different racial groups will be provided in the methodology report.

What exactly will be generated and how and with whom will it be shared?

The DHS data team will have access to the raw data and will create outreach lists to support Hello Baby engagement and service delivery. Community partners will receive only a list of families who are eligible for the service as determined by the Hello Baby data model or through a referral by partner agencies. DHS will audit to ensure that the service level is only accessed by analysts who run the model and those who use it to support the Hello Baby program.

Is the Hello Baby stratification level assigned to a child/family permanently?

No, the service stratification level only applies at the time of birth and will not be run again unless another child is born to the family in Allegheny County.

Can families opt out of the use of the predictive risk model to determine their eligibility for services?

Yes, every family will receive a postcard in the hospital and again at home as soon as address data is available from the vital birth record generated by the state (DHS typically receives birth records a few times each month). Families will have two weeks upon receipt of the postcard to choose not to participate before any eligibility determination is made. This means that, in most cases, we expect scores will be run 4-6 weeks after birth. Families will also be able to proactively opt-out through the Hello Baby website or by calling the Director's Action Line at 1-800-862-6783. Additionally, because all services are voluntary, families can decide to end their participation at any time, even after initially participating. Conversely, they may later decide to participate even if they initially did not choose to do so, through the Hello Baby website or the Director's Action Line.

How long will the information be kept?

The information generated by the algorithm will not be kept on file either electronically or in hard copy. When appropriate, referrals will be made to Family Centers or Healthy Start; the providers will only know that DHS recommends the family for their services. And because there are many pathways by which families access their services, there will be nothing to indicate that they were identified through the PRM.

Can the information be used to inform child welfare allegations or investigations?

No, the information generated by the algorithm will never be used in the child welfare intake or investigative decision-making processes, or for any child welfare purpose. Child welfare staff will never have access to that information. It will be used only to determine the family's service eligibility level after birth (assuming the family has not opted out of the program).

It is possible that child welfare workers will infer the level of risk if the family has voluntarily agreed to participate in Hello Baby services and a child welfare worker learned that while gathering family history. But there are other referral pathways to Hello Baby services and certainly no score will be retained / available.

How is DHS ensuring that the Hello Baby analytic model won't be used for other purposes?

One of the reviewers suggested that we should examine options for creating a pledge in a binding and public manner to ensure that 1) the intended purposes of the system do not expand without a clear and accountable process and 2) that the safeguards do not diminish. DHS commits to this recommendation.

DHS pledges that this Hello Baby analytic model will only be used to provide voluntary supportive services as described here and updated over time.

DHS is also looking forward to the results of a **task force** under the leadership of David Hickton, former U.S. Attorney and founding director of the University of Pittsburgh Institute for Cyber Law, Policy and Security to set up local standards for use of algorithms. We are participating in the task force's work and will comply with its findings.

What safeguards are in place to make sure the analytic model is working appropriately?

DHS is committed to ensuring that the model is working properly and will engage in quality assurance, including seeking feedback from stakeholders, throughout implementation and maintenance. Additionally, given the large number of databases that are integrated to support the Hello Baby data model, quality checks and ongoing model maintenance are critical and will be implemented.

Will the analytic model and the Hello Baby program be improved over time?

DHS is committed to ongoing improvements in both the data model and the Hello Baby program. The Allegheny Family Screening Tool was modified several times as part of our commitment to updating the model. See [Allegheny Family Screening Tool](#) for more information about this process. Related policies are revisited and updated as source systems and variables change. DHS will publish regular data about the model and the program.

What Parents Want to Know

Are Hello Baby services truly voluntary?

The program is truly voluntary from start to finish. A family can choose to drop-out of the program and/or discontinue services at any time, even if they initially chose to participate.

Can a family be reported to child protective services for refusing to participate in Hello Baby services?

No, a family will never be reported simply for declining services suggested by an outreach worker, family engagement specialist or social worker.

Does engaging with service providers increase the risk that the family will be reported to child protective services?

Possibly, because professionals involved in families' lives are mandated reporters and obligated to report any maltreatment they may observe. In that situation, child welfare would be contacted to assess the possible maltreatment and the need for further investigation.

What happens if a family is already involved with child welfare at the time of birth or becomes involved in services?

Based on historical data, we anticipate that approximately 40% of families eligible for the most intensive tier of Hello Baby services will be active with child welfare at the time of the birth of the new baby and more will likely become active within the three-year timeframe. We intend to offer services to all highest need families (including those already involved with child welfare) except for those in which safety issues are so significant that protective custody of the new baby is warranted.

If the family so chooses, Hello Baby staff may participate in the assessment and goal-setting process or provide additional support behind the scenes. As appropriate, and based on the family's wishes, Hello Baby staff may work directly with the child welfare caseworker to ensure that the family is connected to the best services to meet their needs. In the pilot, these collaborations will be monitored, supported and continuously improved until the model is effective and efficient.

Evaluation

Will there be an evaluation of Hello Baby?

DHS solicited proposals for both a process and an impact evaluation of Hello Baby and intends to contract with Urban Institute and Chapin Hall, who will work in partnership on the process and impact evaluations. DHS and the evaluators will select an evaluation methodology that balances rigor with our responsibility to serve as many families as funding allows.

The impact evaluation will examine, among other things, whether the program reduces serious abuse and neglect and improves child and family well-being. The process evaluation will inform engagement and service delivery and will be critical to our understanding of the mechanisms by which Hello Baby works. It will also inform our ongoing quality improvement efforts and provide important information for the program manual we will use during the program's implementation.

The involvement of the evaluators during the planning and implementation phases will ensure a thorough and rigorous evaluation.

How will the evaluation be used?

As we have done in the past, we will use the results of these evaluations, as well as feedback from participants and providers, to make adjustments to the model. The evaluation reports, and updates about any changes to the model resulting from the evaluations, will be publicly available on the DHS website.

