Evaluation Findings from Hello Baby in Allegheny County, Pennsylvania

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Infants are the children most frequently in contact with child protection systems, which are a significant public health and social cost across the United States. Child protection agencies have been slow to build a prevention strategy around families with infants. With their Hello Baby initiative, the Department of Human Services in Allegheny County is working to change that. If the initiative reaches enough families and their outcomes improve, we have a template for solving one of America's most pressing family issues.

Background

Hello Baby is a countywide initiative in Allegheny County, Pennsylvania, designed to offer differentiated service tiers to match families with newborns at greatest risk of out-of-home placement with individualized supportive services intended to mitigate their needs and support their parenting. The initiative was designed to address the fact that many of the county's highest-need families were not using services that might be most beneficial to them. Yet resource constraints meant that intensive supports could not be offered to everyone who may be interested. The county also recognized that the

child welfare system was not set up to support families through preventive services. Hello Baby sought to meet the clear need for a new, comprehensive approach to prevention.

The county determined that families with the highest level of need would be offered intensive support. To identify infants in families with the greatest need, the Allegheny County Department of Human Services' (ACDHS) partners developed an algorithm that identifies families' risk of foster care placement within the first three years of their child's life. This algorithm is referred to as the predictive risk model (PRM) and is a core component of Hello Baby.

The level of risk and corresponding tier assignment is determined by a PRM score, which is calculated for each newborn in the county. Based on the PRM's identification of differentiated risk of removal, three tiers offer the following services:

- The **Hello Baby priority tier** provides intensive outreach to families at the highest risk for child removal, constituting the priority tier. These families are offered individualized intensive support, and they have access to a variety of basic needs supports plus rental assistance and support with child care.
- The **family support tier**—the less-intensive service tier, intended for moderate-risk families—is implemented by Family Centers in the county. Family Centers provide a variety of services include home visiting, play groups, socialization for parents, and support with basic needs.
- All new parents in the county are invited to participate in the **universal tier** of Hello Baby. A Hello Baby website[1] with a variety of county, state, and national resources for families with expectant and new babies, along with a 24-7 chat feature managed by PA 211 Southwest, is available to all families.

To document the implementation of Hello Baby and determine whether and how the effort is affecting families throughout the county, ACDHS contracted with the Urban Institute and Chapin Hall to conduct a process and outcome evaluation.

Approach

Our aim as evaluators is to understand how Hello Baby was rolled out and whether it has had an effect in the way county leaders intended. To answer that question, we collected two types of data: (1) data that tell us whether Hello Baby was a network of sufficient scale to generate a public health benefit; and (2) data that can demonstrate evidence of a change in contact with the child protection system.

The process study captures the evolution of Hello Baby from process, quality, and capacity perspectives between 2020 and 2024 from key informant interviews and parent focus groups; while the administrative (encounter) data capture year-over-year changes in service outreach, referral, and uptake—measured as both outreach by Hello Baby and level of family engagement with service

[1] Hello Baby, accessed April 1, 2025, https://www.hellobabypgh.org/.

providers. To test Hello Baby's impact, we considered contact with the child protection system, which was measured in three ways: the numbers of first investigations, first substantiated investigations, and first foster care placements. Each of the three outcomes was measured as a probability within one year of birth using the number of births each year as the denominator. Because Hello Baby is a universal network, we used an interrupted time series approach within a discrete time hazard model for birth cohorts 2016 through 2024 to measure changes in the outcomes in the Hello Baby era relative to before its launch in September 2020.

Key Findings

After controlling for the effects of COVID-19, we see strong evidence that Hello Baby resulted in a reduction of child maltreatment investigations and substantiated investigations compared with the pre–Hello Baby era. We did not find a reduction in out-of-home placements.

To test the strength of the conclusions, we considered case mix changes using information from the birth certificate attached to each child born. Although characteristics of the parent (i.e., education, marital status, and age), prenatal care, and insurance source were important risk factors, the core findings remained unchanged. We also looked to see whether there were implementation rollout effects. That is, although we treated September 2020 as the launch date, the process study showed that network scale evolved over time. We expected, therefore, to find that Hello Baby's effect would build over time. Results from the dose model showed that this was indeed the case. Finally, we adjusted the interrupted time series model for incomplete data (i.e., censoring). To do this, we truncated the observation window on June 30, 2023, so we would have at least 12 months of observation for each child born. Again, the core findings were unchanged. First investigations and first substantiated investigations declined. First placements in foster care were unchanged.

Beyond the core findings, we found that mothers and fathers with some college experience were less likely to be involved with child protection. The mother's use of prenatal care was also associated with child protection contact, with frequent prenatal care associated with lower contact rates. Mothers who were married and reliant on private health insurance were also less likely to be involved with the child protection system. Finally, the risk of involvement with the child protection system is highest in the month after birth. After the first month, the probabilities of becoming involved with child protective services sharply decline.

How did the county achieve the observed reductions in investigations and substantiated investigations? ACDHS set out to increase outreach and engagement, commensurate with the level of measured risk, and connect them with whatever services they need to help them parent. From the process study, we learned that a robust network of family-focused services was put in place, as evidenced by the following key observations:

- By 2023, Hello Baby outreach staff successfully contacted 79 percent of priority-tier families and 66 percent of family support–tier families.

- To accomplish this, the county fortified the outreach process in ways that have proved successful in both increasing the number of families reached and decreasing the time it takes to reach them.
  - » The county introduced the Hello Baby app, a technology tool that routes families to a limited number of staff who focus exclusively on outreach, making warm handoffs to the priority- and family support–tier providers.
  - » The county introduced a mechanism for community referrals to Hello Baby, particularly from birthing hospitals, which trigger a modified PRM that allows the county to identify families by risk tier within days of birth, thereby initializing the outreach protocols sooner as well.
- As a result, not only have more families been reached over time but more have chosen to enroll in Hello Baby. A large share of families (41 percent in the priority tier, 22 percent in the family support tier) reached decided to enroll in Hello Baby by 2023, exceeding the county's goal of enrolling 30 percent of priority-tier families.
- A substantial subset of enrolled families (36 percent in the priority tier, 30 percent in the family support tier) engaged further with their Hello Baby service providers, using services related primarily to case management and accessing concrete supports for basic needs. Hello Baby had additional success engaging priority-tier families in clinical relationships.
- These achievements are attributable to network and service expansion, adding a priority-tier provider, staffing capacity across both priority-tier providers, and staffing refinements like dedicated outreach teams.
- Initially developed using the Healthy Start model and to serve two areas of the county, Hello Baby priority-tier services expanded countywide in 2022, adding the Family Check-Up model. Both models are designed to flexibly meet families where they are. As a result, families have used a range of services, though basic needs are by far the largest use category, encompassing tangible goods like formula and diapers and food assistance.
  - » The county responded to feedback about the high levels of basic needs by increasing assistance with housing search and eviction prevention, diapers, formula, meals, and one-time financial assistance. ACDHS developed specific resources to address the need for housing.

Opportunities and Challenges

Having demonstrated that it is possible to put in place a universal and tiered initiative at scale, the county has the opportunity to refine their approach and increase the impact of their efforts:

- As a consequence of Hello Baby's successful reach, referrals and caseloads have continued to increase, straining providers. Priority-tier providers have made staffing changes to increase

capacity, and future service model planning will need to continue to address the growing caseloads.

- Like many jurisdictions, the county sees persistent unmet need for mental health and substance use disorder services. Many families are solely interested in support with basic needs. Hello Baby provider staff reported struggling to provide for families' basic needs when they perceive families to additionally need other services that they are reluctant to use. In addition, the county's resources for basic needs are limited and intended to help resolve acute incidents and alleviate hardship in the short term but cannot realistically resolve long-term poverty.

Finally, the innovative nature of Hello Baby as a network of pathways to resources makes it unfamiliar in a world of social service programs. These areas of confusion may lessen with time:

- Some families remain unclear about what Hello Baby is. In the initial years, we heard similar confusion from provider staff, although the message that Hello Baby is a network of resources rather than a single, predefined program became more prevalent by 2024.
- No prescribed number of engagements is expected for Hello Baby participants beyond the three initial meetings and annual follow-up for the Family Check-Up model. The county would like to continue making strides in both engaging more families and engaging priority-tier families more deeply in particular. However, it will take more time to understand whether deeper engagement is necessary to further the outcomes and, if so, whether it is necessary to impose a prescribed model of service provision.

About the Authors

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