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# STATE of the CHILD --- ACTION PLAN

A special report by **Auditor General Eugene DePasquale**

## Table of Contents

|   |           |
|---|-----------|
| <b>Executive summary .....</b>                      | <b>2</b>  |
| <b>Introduction.....</b>                            | <b>4</b>  |
| <b>For the governor and General Assembly .....</b>  | <b>6</b>  |
| Recommendation 1.....                               | 6         |
| Recommendation 2.....                               | 7         |
| Recommendation 3.....                               | 9         |
| Recommendation 4.....                               | 12        |
| Recommendation 5.....                               | 12        |
| Recommendation 6.....                               | 13        |
| MES program .....                                   | 14        |
| Recommendation 7.....                               | 14        |
| <b>For the Department of Human Services .....</b>   | <b>16</b> |
| Recommendation 8.....                               | 16        |
| Recommendation 9.....                               | 16        |
| Recommendation 10.....                              | 17        |
| Recommendation 11.....                              | 19        |
| Recommendation 12.....                              | 20        |
| Recommendation 13.....                              | 21        |
| Looking ahead.....                                  | 21        |
| Recommendation 14.....                              | 21        |
| <b>For county leadership and CYS agencies .....</b> | <b>23</b> |
| Recommendation 15.....                              | 23        |
| Recommendation 16.....                              | 24        |
| Recommendation 17.....                              | 25        |
| Recommendation 18.....                              | 27        |
| Recommendation 19.....                              | 28        |
| Recommendation 20.....                              | 29        |
| Recommendation 21.....                              | 29        |
| Recommendation 22.....                              | 29        |
| <b>For the Child Welfare Resource Center .....</b>  | <b>30</b> |
| Recommendation 23.....                              | 30        |
| <b>For Pennsylvania State Police .....</b>          | <b>32</b> |
| Recommendation 24.....                              | 32        |
| Recommendation 25.....                              | 32        |
| Recommendation 26.....                              | 32        |
| <b>For private service providers .....</b>          | <b>33</b> |
| Recommendation 27.....                              | 33        |
| <b>For the State Civil Service Commission .....</b> | <b>35</b> |
| Recommendation 28.....                              | 35        |
| <b>Conclusion .....</b>                             | <b>36</b> |
| <b>Acknowledgements.....</b>                        | <b>37</b> |

## Executive summary

When Auditor General Eugene DePasquale learned in 2016 that 58,000 phone calls to ChildLine, the state’s child-abuse hotline, had gone unanswered, he recognized he was seeing just a fraction of a massive, systemic problem.

After his audit of ChildLine – which made strong recommendations that the Department of Human Services quickly implemented, dramatically reducing the number of unanswered calls – Auditor General DePasquale turned his attention to the child-welfare agencies that were receiving those reports of child abuse and neglect and determining children’s safety.

*The time to intervene to break the cycle of child abuse and neglect is now, with this generation of children.*

In September 2017, Auditor General Eugene DePasquale released the “State of the Child” special report, which examined Pennsylvania’s complex child-welfare system and evaluated whether county children and youth caseworkers – among those on the front lines of making sure at-risk children are safe – have the necessary resources to adequately do their jobs.

“State of the Child” found lacking resources and identified five critical, interlaced challenges affecting how those caseworkers do their jobs. Having barely weathered the storm created after the 2015 changes to the Child Protective Services Law, most county children-and-youth

(CYS) agencies across the commonwealth agree they are struggling with those interlaced challenges, making it extremely difficult for them to maintain minimum standards for protecting at-risk children.

Auditor General DePasquale has crisscrossed the state, holding roundtable discussions in more than 20 counties and listening to CYS caseworkers, supervisors, managers, administrators, child-abuse pediatricians and other experts. Not only has he learned about what’s broken in the system, but he has also learned about programs showing promise as solutions for problems plaguing the beleaguered child-welfare system.

This report is a culmination of that listening tour. It includes 28 recommendations for change that will, if implemented, have an immediate impact on the amount of time CYS caseworkers can spend with at-risk children and families – and, in the end, help keep those children safer.

This review looks, from a high level, at state and county bureaucracy that must change. Many of the recommendations are technical but necessary to create the essential, overarching changes that will bring about a system that runs more smoothly and more efficiently.

As stated in “State of the Child,” child welfare is a complex, nuanced profession that requires skilled professionals working with other human-services agencies and service providers. Without community support, children will continue to die from abuse and neglect. The time to intervene to break the cycle of abuse and neglect is now, with this generation of children. This goal has never been more critical given the family-shattering effects of the opioid epidemic and the potential coming wave of a meth epidemic.

After taking the necessary steps to recoup as much of the \$140 million of federal money left on the table as possible, these five recommendations stand out as potentially having the greatest impact on child-welfare workers' time and, therefore, child safety:

- The General Assembly should increase funding to provide adequate resources for proven preventive and diversionary programs that help strengthen families and prevent children from formally entering the CYS and juvenile justice systems. (Recommendation 3, page 9)
- Where possible, the Department of Human Services' Office of Children, Youth and Families should reduce unnecessary mandated data that must be entered for each case into counties' case-management systems and should allow for an elongated timeline before all mandated data must be entered. (Recommendation 11, page 19)
- The Office of Children, Youth and Families should continue changes to the Child Welfare Information Solution (CWIS) which prevent incomplete forms from being submitted to ChildLine, then sent back to the CYS agency for correction. (Recommendation 13, page 21)
- County CYS agencies should improve partnerships with children's advocacy centers and child-abuse medical experts. (Recommendation 19, page 28)
- Private service providers should adapt programs as necessary to face the rising complexity of cases and should advocate for the necessary resources to provide those programs. (Recommendation 27, page 33)

The time is now to fix Pennsylvania's broken child-welfare system. This review highlights changes that can be made swiftly so that we can give child-welfare professionals the time they need to do their important, life-saving work.

## Introduction

In September 2017, Auditor General Eugene DePasquale’s “State of the Child” special report on Pennsylvania’s child-welfare system examined five critical, system-shattering problems preventing child-welfare workers from adequately protecting the commonwealth’s at-risk children. It also offered 17 recommendations to begin to address these serious systemic deficiencies.

For seven months after the “State of the Child” release, Auditor General DePasquale visited with children and youth service (CYS) caseworkers in nearly 20 counties, as well as with professionals from many related disciplines. That further review and discussion revealed a striking fact: Policy- and decision-makers *must intervene now*, with this generation of children, to see social benefits in the future.

Simply put, the time is now to end the cycle of abuse and neglect.

*“We are at ground zero on saving this generation from the same problems as the prior generation.”*



—DR. VALERIE ARKOOSH,  
MONTGOMERY COUNTY COMMISSIONER



To help policy- and decision-makers achieve that goal, this special report provides 28 recommendations that, if followed, would have an immediate positive impact on how Pennsylvania’s child-welfare system functions – and therefore will affect the lives of children touched by the CYS system.

One of the most critical issues that caseworkers identified was the opioid epidemic and its far-reaching effects on families throughout Pennsylvania. Just as governmental programs are beginning to catch up to the staggering impact of opioids, however, another drug is beginning to take hold: methamphetamines, which one CYS supervisor warned could “tear Pennsylvania families apart even more than opioids.”

This special report is focused on the 28 recommendations because they are so critically important to success. Most recommendations are followed by short narratives explaining the reasons behind them.

The recommendations are divided into categories based on these criteria:

- a. Whom the recommendations are directed toward. There are seven entities:
  1. Governor and General Assembly,
  2. Pennsylvania Department of Human Services,
  3. County leaders and CYS agencies,
  4. University of Pittsburgh: School of Social Work’s Child Welfare Resource Center,
  5. Pennsylvania State Police,
  6. Private service providers, and
  7. State Civil Service Commission.
- b. Whether the recommendations fall into any of the following categories:
  1.  designates no additional funding likely required
  2.  designates additional funding likely required

3.  designates a tie to the opioid epidemic
4.  designates a commonsense measure

The simple fact is that Pennsylvania’s child-welfare system is broken. And because that system is broken, children are at risk of abuse, neglect and death every day.

The need for change is dire, profound and immediate.

Yet hope exists that, if these 28 targeted recommendations are implemented by the key parties, Pennsylvania’s children can be kept safer – and its boots-on-the-ground employees, including the CYS caseworkers, can better perform their jobs to achieve that goal.

## For the governor and the General Assembly



**Recommendation 1:** The General Assembly should immediately pass legislation – and the governor should sign such legislation – that would bring Pennsylvania into compliance with federal regulations so that the commonwealth can receive all Title IV-E funds to which it is entitled.

Since 2004-05, Pennsylvania has lost out on nearly \$140 million in federal funding.

Beginning that fiscal year, Pennsylvania fell out of compliance with federal regulation on how private foster-care providers should bill the state for their services. Legislative action was required to bring the commonwealth into compliance, but none was forthcoming.

Of that nearly \$140 million, roughly \$45 million has been lost since 2008-09, according to data from the state Department of Human Services' (DHS) Office of Children, Youth and Families (OCYF). Here is a breakdown of the funds Pennsylvania has lost any chance of recovering, by year:

**Title IV-E Deferral Funds Lost**

| 2008-09     | 09-10       | 10-11       | 11-12       | 12-13       | 13-14       | 14-15       | Total        |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|
| \$7,925,323 | \$8,015,045 | \$6,916,515 | \$6,941,924 | \$5,503,210 | \$3,131,517 | \$3,383,217 | \$41,816,751 |

That money was due to the state through the federal Social Security Act,<sup>1</sup> which provides categories of funding through the Social Security Administration for needy recipients.

According to the U.S. Department of Human Services' Administration for Children & Families' Children's Bureau:<sup>2</sup>

"The Federal Foster Care Program helps to provide safe and stable out-of-home care for children until the children are safely returned home, placed permanently with adoptive families or placed in other planned arrangements for permanency. The program is authorized by [T]itle IV-E of the Social Security Act<sup>3</sup> ... It is an annually appropriated program with specific eligibility requirements and fixed allowable uses of funds. Funding is ... contingent upon an approved [T]itle IV-E plan to administer or supervise the program."

A task force of stakeholders participated in the Rate Methodology Task Force<sup>4</sup> in 2014-15 and created specific recommendations for the General Assembly to bring Pennsylvania into compliance. In 2015, those recommendations resulted in House Bill 1534,<sup>5</sup> which was introduced by Rep. Kerry Benninghoff. However, HB 1534 never made it out of the House Health Committee, and the bill expired when the two-year legislative session ended in 2016. As of April 18, 2018, it had not been reintroduced.

<sup>1</sup> 42 U.S. Code Chapter 7

<sup>2</sup> <https://www.acf.hhs.gov/cb/resource/title-ive-foster-care>. Accessed April 5, 2018.

<sup>3</sup> [https://www.ssa.gov/OP\\_Home/ssact/title04/0400.htm](https://www.ssa.gov/OP_Home/ssact/title04/0400.htm). Accessed April 5, 2018.

<sup>4</sup> The Rate Methodology Task Force was created pursuant to Act 55 of 2013, which required the then-Department of Public Welfare to convene a task force to recommend such methodology.

[http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c\\_084245.pdf](http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_084245.pdf). Accessed April 30, 2018.

<sup>5</sup> See Appendix A

The commonwealth does maintain a chance of recovering some federal funds for the last roughly eight quarters, which means it could recover up to about \$3 million, according to OCYF.

Here is a breakdown of the last eight quarters:

#### Potentially Recoverable Title IV-E Funds

| 2015-16 (4th quarter) | 2016-17 (all four quarters) | 17-18 (1st quarter*) | Total       |
|-----------------------|-----------------------------|----------------------|-------------|
| \$857,548             | \$2,989,937                 | \$13,851             | \$3,861,336 |

\*Second and third quarter estimates not available

However, the longer the General Assembly waits, the more money Pennsylvania loses.

The first two quarters of 2015-16 funding for the commonwealth, approximately \$1.7 million, are likely no longer recoverable. Pennsylvania has probably completely lost that money. The \$792,255 Pennsylvania was owed from the third quarter of 2015-16 was lost as of March 31, 2018.

And the final \$857,548, from the fourth quarter of 2015-16, will be lost as of June 30, 2018, if the General Assembly and governor do not take swift, proper action.

#### 2015-16 Title IV-E Funding Breakdown

(red signifies lost funds;  
yellow symbolizes potentially recoverable funds)

| 2015-16                                     | Title IV-E funding deferral amounts |
|---|-------------------------------------|
| 1 <sup>st</sup> and 2 <sup>nd</sup> quarter | \$1,693,114                         |
| 3 <sup>rd</sup> quarter                     | \$792,255                           |
| 4 <sup>th</sup> quarter                     | \$857,548                           |

At this point, assuming the federal government holds the line and reimburses Pennsylvania for only the most recent eight quarters, the commonwealth will recover only about \$3 million.<sup>6</sup>



**Recommendation 2:** Pennsylvania should pay for 100 percent of CYS caseworkers' salaries up front instead of requiring counties to do so.

## Section glossary

**CASA:** Court Appointed Special Advocate

**CYS:** Children and youth services

**DHS:** state Department of Human Services

**NFP:** Nurse-Family Partnership

**NOVA:** Network of Victim Assistance

**OCYF:** DHS' Office of Children, Youth and Families

**PCYA:** Pennsylvania Children & Youth Administrators, an arm of the County Commissioners Association of Pennsylvania

**RFP:** Restoring Families Program

**SCSC:** State Civil Service Commission

<sup>6</sup> The most recent eight quarters would be the first, second and third quarters of 2017-18; all four quarters of 2016-17; and the fourth quarter of 2015-16, which is the \$857,548 that will no longer be available as of June 30, 2018.

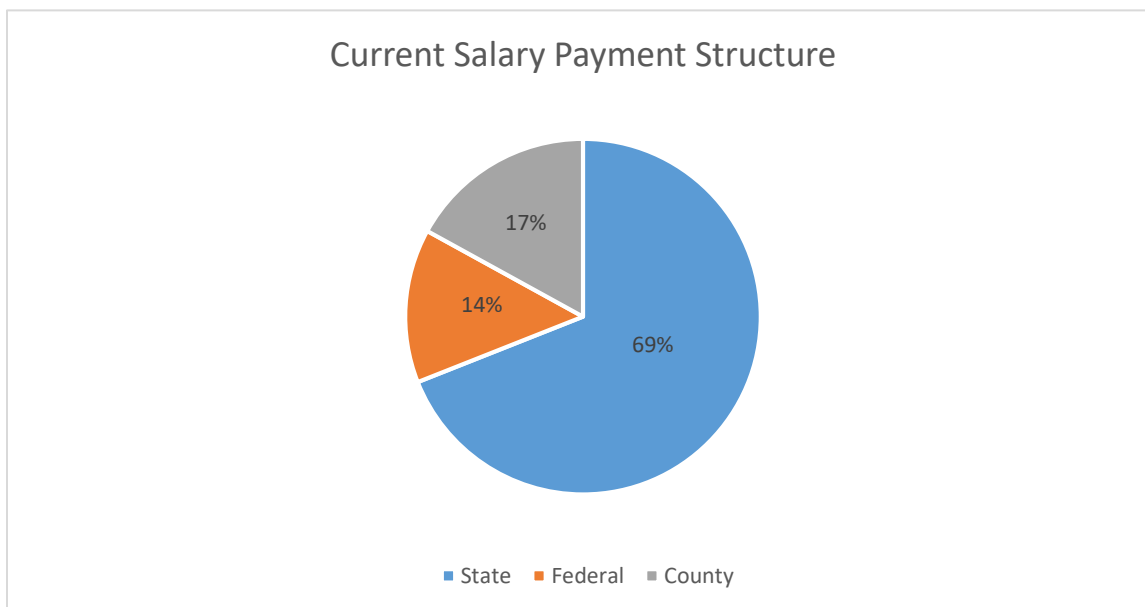


In Pennsylvania, child welfare is administered and paid for through a complex mix of federal, state and county resources. The overall structure is known as “state-supervised, county-administered” – which means, in essence, that each of the commonwealth’s 67 counties has its own CYS agency, all of which are overseen by DHS’ OCYF.

As pointed out in “State of the Child”:

“Many (CYS) administrators and experts stressed that one of the major problems (in hiring) is that the cost of salaries is split among the county, the state and the federal government. ... [T]he breakdown is roughly 17 percent paid by the county, 69 percent paid by the state and 14 percent paid by the federal government.

“(However), decisions on whether to fill vacant positions are often made by a county’s commissioners or executive board. ... [C]ounty commissioners sometimes see open caseworker positions as a way to potentially save money, so they will not allow the administrator to fill the caseworker spot for a given length of time.”

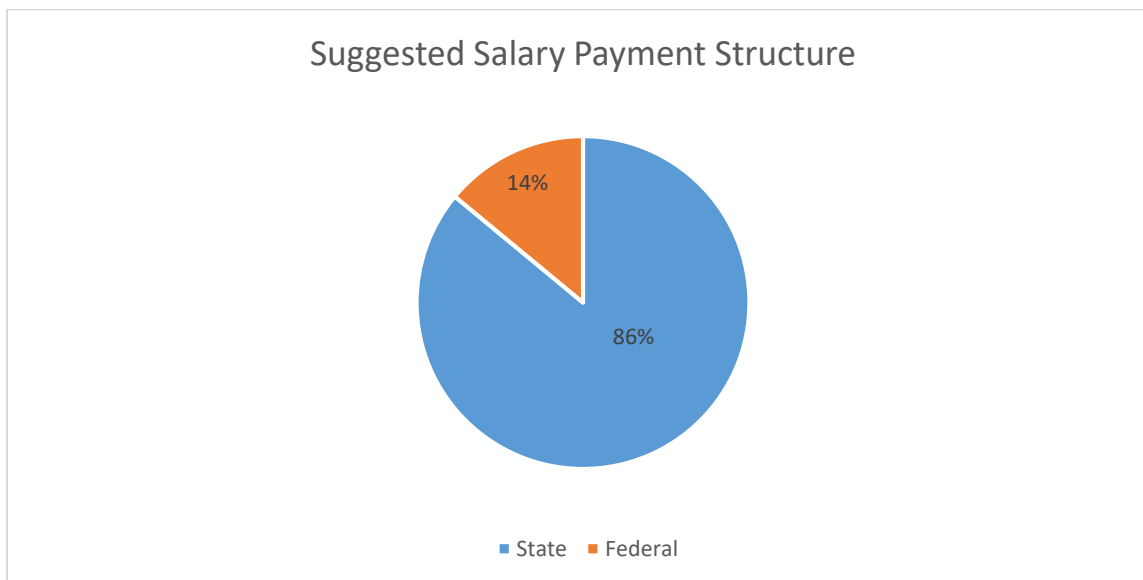


*\*Note: Counties currently pay 100 percent up front, then are reimbursed by the state, which is then reimbursed by the federal government.*

According to Brian Bornman, executive director of the Pennsylvania Children & Youth Administrators (PCYA) association, OCYF estimated about two years ago how much additional money it would cost the state to completely pay all CYS caseworkers’ salaries, and the final result was about \$90 million annually. That would require adding about 0.003 percent to the state’s more than \$30 billion annual budget.

“That \$90 million would cover all CYS caseworkers if all positions were filled continuously all year long,” Bornman said. “So the actual cost would be lower, because no company has 100 percent of its positions filled 100 percent of the time.”

It should be noted that the federal government would continue to reimburse Pennsylvania for roughly 14 percent of the total cost of caseworkers' salaries, meaning that the commonwealth would ultimately pay roughly 86 percent of the total cost of all salaries in the end:



Even if state government cannot financially afford to pay for the additional 17 percent that counties currently cover, then it should still pay for caseworkers' salaries up front instead of requiring counties to do so.



**Recommendation 3:** The General Assembly should increase funding to provide adequate resources for proven preventive and diversionary programs that help strengthen families and prevent children from formally entering the CYS and juvenile justice systems.

CYS administrators and caseworkers, as well as third-party private providers, presented an array of preventive and diversionary programs during the seven-month listening tour after "State of the Child" was released. Repeated national research has shown that preventive and diversionary programs provided to families in need of services can help strengthen the families and increase the caregivers' protective capacities, leading to safer home environments for at-risk children whose families participate in the programs.

During the listening tour, many of the programs presented offered strong statistics showing proof they work, including two that have outstanding track records:

### **Nurse-Family Partnership**

Established more than 40 years ago, the Nurse-Family Partnership (NFP) is an evidence-based program that "empowers first-time moms to transform their lives and create better futures for themselves and their babies,"<sup>7</sup> according to the nonprofit's website.

Founded by Dr. David Olds – a professor of pediatrics, psychiatry, public health and nursing at the University of Colorado at Denver – NFP focuses on low-income, first-time pregnant women from early

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<sup>7</sup> <https://www.nursefamilypartnership.org/about/>. Accessed April 10, 2018.

pregnancy through the child's second birthday. Bachelor's-level registered nurses<sup>8</sup> work one-on-one with the mothers, "providing them with education, guidance, support and connection to resources to help them build healthy and safe homes," according to Tiffany Grabinski, program manager for the St. Luke's NFP.

*"By the time CYS becomes involved, the damage to the child has already been done. If we are going to stop this abuse on the front end, this is where you have to start. ... We shouldn't wait until there is a problem."*

—KELLY BERK, NETWORK DIRECTOR OF COMMUNITY CARE COORDINATION FOR ST. LUKE'S UNIVERSITY HEALTH NETWORK

"We help recognize environmental safety hazards, provide communication tools and discuss topics like child development and positive discipline strategies," Grabinski said. "Programs like NFP are on the front lines of defense against (child) abuse even occurring."

The NFP model boasts impressive statistics among its clients, including a 48

percent reduction in child abuse and neglect.<sup>9</sup>

"We are at the heart of addressing the issues you've raised" in child welfare, Olds told Auditor General DePasquale in October 2017.

NFP also has been proven to save money. Every \$1 invested in NFP in Pennsylvania yields \$6.70 in return to society and \$3.10 savings to state and federal governments.<sup>10</sup>

"If we can get to families early on, we can keep down incarceration costs, foster care costs, health care costs" and more, said Kelly Berk, network director of community care coordination for St. Luke's University Health Network, which oversees the St. Luke's NFP program.

Originally funded in Pennsylvania by the state government in the 1990s under the Ridge administration, NFP has not received an increase in its \$11.9 million annual line item in a decade.

"By the time CYS becomes involved, the damage to the child has already been done," Berk said. "If we are going to stop abuse on the front end, this is where you have to start. ... We shouldn't wait until there is a problem."

Tina Wida, program manager for NFP of Bethlehem, paraphrased famous African-American writer Frederick Douglass during a roundtable discussion in October 2017: "We believe it is easier to build a healthy child than to fix a broken adult."

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<sup>8</sup> A bachelor's degree in nursing (BSN) is considered to be the standard background for entry into public health and provides the foundation needed for nurse home visitors to be successful. However, agencies might have difficulty finding BSN-prepared nurses or may find well-prepared nurses that do not have their BSN; in such cases, agencies consider each individual nurse's qualifications.

<sup>9</sup> <https://www.nursefamilypartnership.org/about/proven-results/>. Accessed April 10, 2018.

<sup>10</sup> Miller, T.R. (2015). Projected outcomes of Nurse-Family Partnership home visitation during 1996-2013, USA. *Prevention Science*. 16 (6). 765-777. State-specific return on investment calculator derived by T.R. Miller from published national estimates to project state-specific outcomes and associated return on investment. The calculator is revised periodically to reflect major research updates (latest revision: 3/27/2017).

## **Restoring Families Program**

An evidence-based program for youth with sexualized behavior problems, Restoring Families Program (RFP) is a joint collaboration between private providers Network of Victim Assistance (NOVA) and Ravenhill Psychological Services. Nonprofit NOVA has 15 sites nationwide, but its only site in Pennsylvania is in Bucks County, where RFP has been piloted for the last two-and-a-half years.

This innovative, community-based intervention program focuses on youth ages 7 through 14 who have engaged in problematic sexualized behavior with another child. Statistics show that children sexually acting out on other children is a problem: Roughly 25 percent of all sexual abuse interviews at children's advocacy centers nationwide involve child-on-child abuse, according to Kelly Hagenbaugh of NOVA.

*"This program keeps youth out of the child-welfare system and out of the juvenile justice system."*

—KELLY HAGENBAUGH  
OF NETWORK OF VICTIM ASSISTANCE

The 18-week RFP program first provides assessment, intervention, supervision and treatment services for the youth, their child victims and all involved family members. It then includes group sessions for both the youth and their caregivers, which focus on learning skills such as self-control and behavior management, abuse prevention and sex education, and feelings identification and expression.

RFP's group model is evidence based through the University of Oklahoma Center for Child Abuse.<sup>11</sup>

During its pilot in Bucks County, roughly 42 youth participated (12 youth ages 7-9, and 30 youth ages 10-14). The average graduation rate was about 70 percent. Of those who graduated:

- 100 percent of families reported that groups helped stop the sexual behaviors,
- 90 percent of families reported the group helped their family overall, and
- 14 out of 15 youth who were referred by CYS no longer required CYS involvement in their families.

"This program keeps youth out of the child-welfare system and out of the juvenile justice system," NOVA's Hagenbaugh said in March 2018.

The pilot was funded in Bucks County through the federal Office of Juvenile Justice and Delinquency Prevention, but that funding has run out, according to Lynne Kallus-Rainey, Bucks County Children & Youth administrator. Kallus-Rainey said she has included money in her budget request to the state to continue the program next year.

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<sup>11</sup> <https://www.oumedicine.com/departments-of-pediatrics/departments-sections/devbehav/center-on-child-abuse-and-neglect/programs-and-clinical-services/children-with-sexual-behavior-problems>. Accessed April 10, 2018.



**Recommendation 4: The General Assembly should allow county CYS agencies more flexibility in how state funding streams can be spent.**

This recommendation is certainly not advocating for block grants, nor is it a call for additional funding. Instead, the goal is twofold:

1. Maximize usefulness of current state spending, and
2. Allow CYS caseworkers more flexibility to find creative solutions that are tailored to each at-risk family.

This recommendation speaks to the problems of over-specialized state funding requirements. For example, one state funding stream might help reimburse great-grandparents who serve as foster- or kinship-care providers. However, the number of great-grandparents who serve in this capacity is limited.

Then, a separate state funding stream might help reimburse grandparents who are acting in the same role. If money is leftover in the first funding stream because the limited number of great-grandparents acting in that role, then the leftover money should be able to be moved to the grandparents funding stream, if needed.



**Recommendation 5: The governor must ensure that the Department of Human Services and the State Civil Service Commission complete their work to revise CYS caseworker job descriptions and requirements and create a CYS-specific Civil Service test.**

“State of the Child” specifically recommended updates to the State Civil Service Commission’s (SCSC) job descriptions for caseworkers and casework supervisors, as well as a review to determine whether the SCSC was meeting the needs of CYS agencies still using SCSC to hire caseworkers.

Since November 2017, DHS’ internal workgroup of county administrators has met monthly to assess exactly what changes are needed to the SCSC’s job descriptions and requirements, according to Cathy Utz, DHS’ deputy secretary for OCYF.

*“Part of the conversation was, ‘Are we going to maintain the status quo, or are we going to really elevate this profession?’”*

—CATHY UTZ, DEPUTY SECRETARY OF  
DHS’ OFFICE OF CHILDREN, YOUTH AND FAMILIES

Utz said in March 2018 that she, county administrators, SCSC representatives and members of DHS’ Human Resources department have used those workgroup meetings to begin identifying what changes must occur. For example, Utz said: “We started with some high-level conversation about the direction we wanted to head and had some

presentations by Civil Service ... which I think were extremely helpful.

“Then, as counties’ (CYS administrators) were talking about challenges that they were facing, we discovered that some of those challenges were county-level restrictions, not state-level issues,” Utz continued. “I think it was pretty eye-opening for some of the counties.”

Utz said they also had counties that no longer use SCSC to hire caseworkers provide presentations about the pros and cons of leaving the system. “We found that there were some pros, but a lot of challenges still remain,” she said.

The workgroup has also dived into the minimum education and training requirements for caseworkers. “Some members initially were a bit concerned about elevating (these) requirements because they thought ... that it would narrow the candidate pool,” Utz said. “Part of the conversation was, ‘Are we going to maintain the status quo, or are we going to really elevate this profession?’”

The workgroup has revised all three caseworker classifications, the casework supervisor classification and four administrator classifications, Utz said.

“We’ve had Civil Service at the table, so they are hearing what we’re saying,” Utz added.

Work has also begun on choosing the best format for evaluating potential candidates. “We’ve talked about what the testing should look like,” Utz said. “Is it that you do the multiple choice test you do now? Is an oral exam better? We’re engaging in conversations about the best test for Civil Service that’s going to get the most information we can about a particular candidate.

“We’ve really been focused on some of the workforce issues that have been identified across the board.”

All of this work is critical to fixing the hiring process so that high-quality, qualified candidates score best on the Civil Service test, thereby giving counties that use Civil Service the best opportunity to find, interview and hire those candidates.



**Recommendation 6:** The governor and the General Assembly must ensure Medicaid expansion continues so that caregivers struggling with addiction can continue to receive low- or no-cost treatment that can lead to lifelong recovery and safe, permanent living situations for children.

Kelly Gahan-Taylor has seen a lot of change in her nearly 20 years working at Bucks County Children & Youth Social Services Agency.

For approximately seven of those years, she has been managing caseworkers who deal directly with babies who are born substance-exposed. Under federal and state law, hospital staff must report to ChildLine any babies who show signs of being drug-exposed or of having Fetal Alcohol Spectrum Disorder. CYS caseworkers must then assess whether babies will be safe going home.

“We have seen a huge increase in parents needing recovery services,” Gahan-Taylor said in March 2018. “And those services are primarily funded through Medicaid dollars.

“If Medicaid expansion goes away, it’s devastating for the families (we help),” she continued.

Simply, Medicaid expansion allows individuals who need addiction treatment across the commonwealth to receive it. Doing away with it would expand the substance-abuse epidemic, particularly the opioid crisis, in all regions of the state.



**Recommendation 7: The General Assembly should give CYS caseworkers the authority to receive necessary medical, drug-and-alcohol treatment and school records without requiring releases, using language similar to Section 6342(d)(1) of the Juvenile Act, which provides Court Appointed Special Advocates with such powers.**

Over and over again during Auditor General DePasquale’s listening tour, caseworkers spoke of the overwhelming paperwork they must generate — especially for cases that go to the court system.

Among the most time-consuming, many agreed, is having parents agree to and sign the proper releases of information so that caseworkers can speak to schools, teachers, guidance counselors, therapists, psychiatrists, drug-and-alcohol treatment facilities, dentists, family doctors, pediatricians, emergency-room doctors and more.

Caseworkers often must be able to communicate with an inordinate number of other professionals to determine exactly what supports a family needs. And while doing that work should and does take time, the documentation time should not be so excessive that it takes away from working with the families.

One solution to this problem could involve available software that puts all of those paper forms together in one place and allows for electronic signatures, such as the Northwoods product Erie County Office of Children & Youth has been piloting for a few months.

Another solution could be that, for those cases that go to court, a judge could order that CYS caseworkers have access to all necessary records. The precedent for judges issuing such orders

## MES program

One initiative in Bucks County Children & Youth that has proven useful is the utilization of two Mobile Engagement Specialist (MES) positions.

Bucks’ Single County Authority for Drug and Alcohol Services assigned two Mobile Engagement Specialists, who are licensed drug-and-alcohol treatment workers, to CYS. They conduct home visits, including mobile drug-and-alcohol assessments in the home, and they arrange for treatment referrals when necessary. They also educate caregivers on the impact their substance use can have on the family, and they support the family over an average of six to eight months.

All of these efforts lessen the likelihood of a CYS case being opened and reduce the possibility of children being placed into out-of-home care.

exists already, in Section 6342(d)(1) of the Juvenile Act,<sup>12</sup> which grants Court Appointed Special Advocates<sup>13</sup> (CASAs) such power.

CASAs are volunteers who advocate on behalf of abused or neglected children during their court cases. Because the court recognizes CASAs as the voice for the best interest of the child, it is crucial that CASAs have access to all facets of a family's life so they can properly advocate for either continued placement for a child or reunification with the biological family.

While CASAs are well-trained volunteers, CYS caseworkers are professionals who deserve access to the same information without undue hindrance. When a child's life is at stake, adding layers of red tape is unconscionable.

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<sup>12</sup> 42 Pa.C.S. § 6342(d)(1)

<sup>13</sup> <http://www.casaforchildren.org/site/c.mtJSJ7MPisE/b.5301295/k.BE9A/Home.htm>. Accessed April 11, 2018.



## For the Department of Human Services



**Recommendation 8:** DHS should complete its work with the State Civil Service Commission to revise caseworker job descriptions and requirements and to create a CYS-specific test.

Please see Recommendation 5 (page 12) for a narrative on this topic.



**Recommendation 9:** The Office of Children, Youth and Families should allow county CYS caseworkers to determine the severity and designation of incoming cases instead of having lesser-trained ChildLine staff do so.

Many states, including Pennsylvania, have a binary track system of monitoring child-welfare referrals. As “State of the Child” pointed out, Pennsylvania designates its two major tracks as Child Protective Services (CPS), or those cases directly alleging child abuse; and General Protective Services (GPS), or those cases alleging neglect or other family issues that might require supportive services.

Currently, when a call comes into ChildLine, workers gather specific information, including a narrative of what the caller identifies as the problem. Then, based on information alleged in the call, a ChildLine worker – who is not trained as a CYS caseworker or social worker – then designates the referral as either a CPS or GPS case. This designation determines the timeline in which an investigation must take place.

Referrals then go to the correct county CYS agency, which begins its investigation within the state-mandated timeframe. In the case of CPS referrals, that’s a maximum of 24 hours.

However, as dozens of child-welfare workers said during the listening tour, they feel too many cases are being coded as CPS, meaning they are putting unduly strict time restraints on response and investigation times. Caseworkers and others shared story after story about cases that had been coded as CPS but were instead non-issues, such as lipstick on one child’s cheek (reported to ChildLine as facial bruising) and a skin indentation from a child safety seat because the straps needed to be loosened.

## Section glossary

**CPS:** Child Protective Service, or cases directly alleging child abuse

**CPSL:** Pennsylvania’s Child Protective Services Law

**CWIS:** Child Welfare Information Solution, the software the state uses to track all child-welfare calls

**CYS:** Children and youth services

**DHS:** Pennsylvania Department of Human Services

**GPS:** General Protective Service, or cases alleging neglect or other family issues requiring supportive services

**NCANDS:** federal National Child Abuse and Neglect Data System

**OCYF:** Department of Human Services’ Office of Children, Youth and Families

**SCSC:** State Civil Service Commission

“These calls waste our time,” Blair County Children & Youth Intake Supervisor Shannon Tucker said in April 2018. “Once a CPS comes in, there’s all this additional paperwork, and people have to be notified they are in fact under investigation for child abuse.”

Bornman, with the Pennsylvania Children & Youth Administrators (PCYA), succinctly identified his organization’s position in a January 2018 position paper:

“The decision regarding whether a case is handled as a GPS or a CPS should be made by the counties after some preliminary information is obtained. ChildLine should act as a clearinghouse for the reports, but should not assign the CPS/GPS designation as they have insufficient information with which to make those decisions. ...

“Additionally, counties should determine the response time to assure safety, as they are best trained in investigations and the provision of child welfare services. ChildLine staff have only the barest of information and are not trained or experienced in investigations or providing child welfare services.”

Making these changes could have many positive impacts, Bornman said, such as:

- Improving the image of child welfare with the general public,
- Giving caseworkers time to complete better assessments, and
- Providing better services to families being helped by the child-welfare system.

DHS’ Utz argues that having the CPS vs. GPS decision made at the state level ensures more consistency in what’s being designated as rising to the level of alleged child abuse. “Part of the challenge and concern is that you have 67 different counties making independent decisions that lead to characterization of reports,” she said. “A child, regardless of where they live in the state, if it’s the same allegation, it should be handled the same.”

Utz did acknowledge that she had heard similar concerns about too many referrals being coded as CPS cases. “We’re continuing to work with our staff at ChildLine so that we’re more appropriately identifying the driving GPS concerns,” she said. “They have a narrative that’s provided by the caller, and we recognize that we are putting a lot of allegations on the same report. We have worked with our staff to ... pick the ones that seem to be at the root cause of the concerns that are being identified and to document the remaining in a narrative format.

“We recognize that that continues to be a work in progress.”



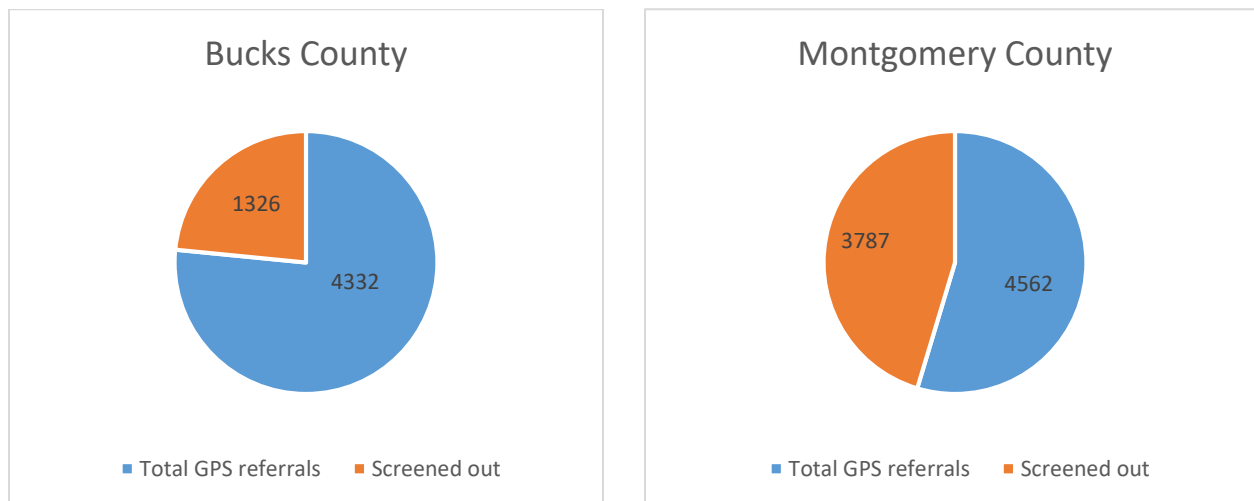
**Recommendation 10: OCYF should define the term “screen-out” to ensure consistent workflows across the state regarding referrals.**

Defining what constitutes a screen-out could save some CYS agencies hundreds of man-hours.

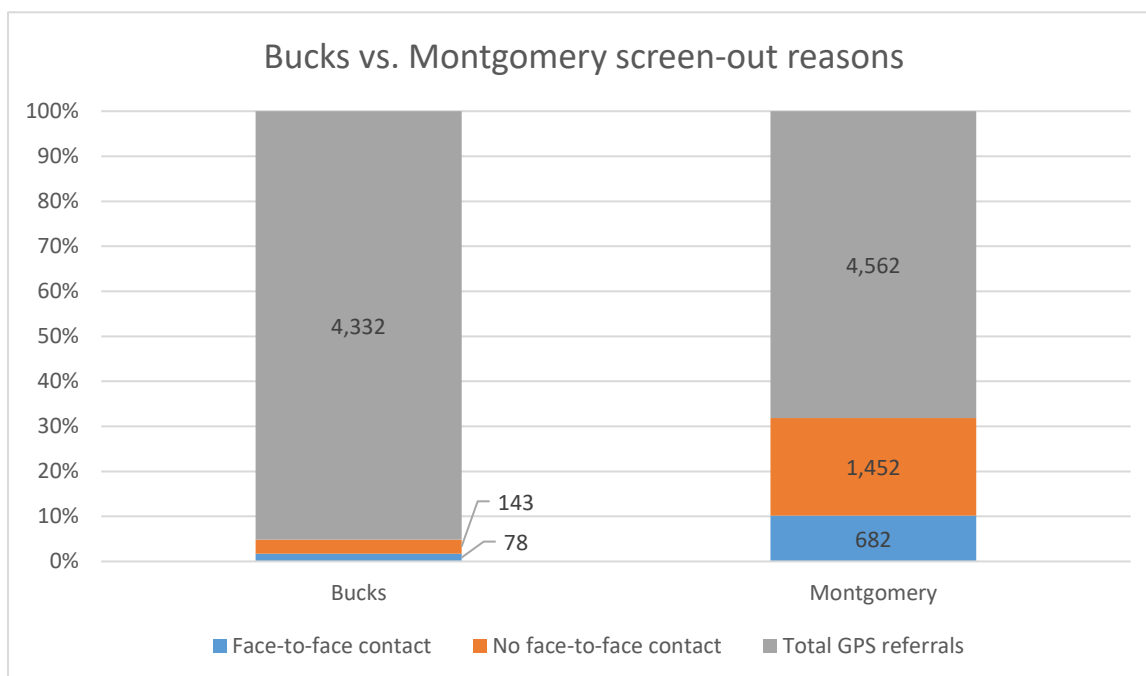
Currently, some counties consider a GPS referral screened out if the allegations do not rise to the level of requiring an investigation and the referral is closed without contacting the child or family.

Other counties, however, consider a GPS referral screened out only after making contact with the family and discussing the allegations.

One easy way to see the disparity is to look at Bucks and Montgomery counties' GPS referral data for 2016.<sup>14</sup> These two counties received roughly the same number of GPS referrals: 4,332 in Bucks, and 4,562 in Montgomery. Yet the percentage of what they counted as "screened out" varies widely:



When you look at the reasons given for the screen-outs, the disparity becomes even more apparent:



*\*Other reasons for screen-out exist, including insufficient information, law enforcement only and previously assessed for same concern.*

The graphs show that Bucks County considered roughly 31 percent of its GPS referrals as screened out, while Montgomery County considered roughly 83 percent screened out.

<sup>14</sup> Pennsylvania Department of Human Services. 2016 Annual Child Protective Services Report. [http://www.dhs.pa.gov/cs/groups/webcontent/documents/report/c\\_260865.pdf](http://www.dhs.pa.gov/cs/groups/webcontent/documents/report/c_260865.pdf). Accessed Apr 16, 2018.

Looking deeper, however, it's clear there's a difference in the level of work being put into qualifying some referrals as screen-outs: Bucks had no face-to-face contact with only about 11 percent of its screened-out referrals, while Montgomery had no face-to-face contact with 38 percent, instead using community-based diversionary programs to address low- to moderate-risk referrals so that county caseworkers can better respond to more-serious referrals.

In real terms, those numbers show that Montgomery caseworkers met face-to-face with 27 percent more families – a total of 604 more families – than Bucks in 2016 alone. That's caseworker time spent contacting families, setting up appointments, driving to meet them, spending the time meeting with them, then returning and filling out the necessary paperwork to identify the case as screened out.

As PCYA stated in its January 2018 position paper, "Presently, there is no specific guidance on how to define a screen-out of a referral and how they should be handled. ... As a result ... there is no consistency regarding what is considered a screen-out. What one county labels a screen-out may be identified as an assessment in another county."

DHS' Utz said her office became aware of this inconsistency only in 2015, when the Child Welfare Information Solution (CWIS) became the state standard for tracking all child-welfare calls. Until that point, DHS had kept data only on CPS reports, or those that directly allege child abuse, which means counties did not share their information regarding cases classified as GPS.

"Pre-CWIS, we didn't know counties were doing this with GPS (cases)," Utz said. "We had to work with our regional offices to look at some of the reports that were screened out, and to really look at that local practice. Because until (2015), we had no idea this was happening."

Utz said her office and the workgroup of CYS administrators have talked about creating a definition or some sort of guidance on what constitutes a screen-out, but there is no timetable for that guidance to be forthcoming.



**Recommendation 11:** Where possible, DHS' OCYF should reduce unnecessary mandated data that must be entered for each case into counties' case-management systems and should allow for an elongated timeline before all mandated data must be entered.

374 pages. That's how long the document is that details exactly what information caseworkers collect during the course of a CYS investigation. And that's just for the federal government.

Known as the National Child Abuse and Neglect Data System, NCANDS is a federal data-collection system that gathers information about child abuse and neglect reports.<sup>15</sup>

In addition to the federal data, Pennsylvania's Child Protective Services Law (CPSL) spells out exactly what information must be collected for each case, including each individual's Social Security number.<sup>16</sup>

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<sup>15</sup> <https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/ncands>. Accessed April 16, 2018.

<sup>16</sup> 23 Pa.C.S. § 6301 *et seq.* Section 6336 (relating to Information in the Statewide database) of the CPSL provides that the Statewide database "shall include and shall be limited" to a total of 23 items. The provision also notes that "no other information than that permitted in this subsection shall be retained in the Statewide central register." See 23 Pa.C.S. § 6336 (last amended by Act 29 of 2014).

It's not an exaggeration to say that unnecessary paperwork is leaving children in harm's way, as caseworkers are forced to spend hours behind computers doing data entry instead of in the field with their at-risk families.

CYS caseworkers across the commonwealth spoke ad infinitum about the burdensome and unnecessary information they must gather – and enter – within a tight timeframe for each case. Adding to the burden is the fact that one case could involve multiple children, meaning all the data must be collected for each child – plus each family member, each caregiver, each potential caregiver and each person who has regular contact with the family.

"It's a ridiculous amount of unnecessary work," Blair County's Tucker said. "It sounds like, 'Oh, you just click these 25 boxes and you're done.' But it's so much more than that.

"For each bit of information, you have to have built enough trust with the family for them to share it with you," she continued. "It takes time for people to be willing to give you their Social Security numbers, for example."



**Recommendation 12: DHS' OCYF should revise its outdated regulation on caseload sizes from 30:1 to a range of 12:1 to 15:1.**

PCYA's January 2018 position paper succinctly says, "It has been clear for many years that the current regulatory requirement of maintaining caseload sizes at 30 cases per caseworker is unrealistic. It is simply impossible for a caseworker to be able to effectively meet the requirements of providing services to families with these ratios."

As "State of the Child" pointed out, it's simple math:

"A 2007 study published in 2009 by the National Association of Social Workers looked at the number of available work hours per month (118.25) per caseworker, then determined the number of hours per case (6.84).<sup>17</sup> By dividing those two numbers, researchers determined that the maximum number of cases per caseworker should be 17."

Note that the 2007 study was done well before the explosion of the opioid epidemic, which has contributed to a rise in the complexity of cases. Now, there are often blended families, or several families living together, and all have substance-abuse problems. That issue alone often requires caseworkers to spend more time preparing for and testifying in court, not to mention trying to work with addicts' service providers to determine how they are doing in recovery, caseworkers said.

Also part of the debate is whether caseworkers' workloads should be based on caseload sizes or on a case-weighting system. Currently, one "case" for a caseworker can have one child, while another "case"

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<sup>17</sup> Yamatani, Hide; Engle, Rafael; Spjeldnes, Solveig. "Child Welfare Worker Caseload: What's Just Right?" *Social Work*, October 2009.

could have 10 children involved. Under the case-weighting system, workload is essentially determined by how many children one caseworker should be working with at a time.



**Recommendation 13:** OCYF should continue CWIS changes which prevent incomplete forms from being submitted to ChildLine, then sent back to the CYS agency for correction.

Since “State of the Child” was released, OCYF has worked to make upgrades to the CWIS case-management system. Among the biggest complaints caseworkers and supervisors shared was that specific forms could be submitted from the county-level case-management systems to CWIS, but CWIS would then vaguely identify missed or missing sections on the forms. CWIS would send the forms back to be revised – a process that required a full review of the forms to find the errors, leading to hours of lost work time.

In September, the case-management system used by most counties was upgraded. Now, when a CYS agency attempts to send that specific form to CWIS, CWIS will flag and identify missing items on the form so that they can be corrected easily and immediately and fully resubmitted.

This simple step has already saved potentially hundreds of hours of work, caseworkers and supervisors agreed.

“It’s a step in the right direction,” said Tucker, the Blair County intake supervisor.

Changes such as this one must continue within the county-level case-management systems to ensure they interface well with CWIS and prevent unnecessary strain on caseworkers’ and supervisors’ time.<sup>18</sup>



**Recommendation 14:** DHS should continue prioritizing and implementing changes in CWIS that will lead to better, more-efficient user experiences for caseworkers.

Utz and Amy Grippi, OCYF chief of staff, said in March 2018 that CWIS undergoes regular maintenance releases twice each year. A big release, Phase 1.3, is coming at the end of 2018 that will eliminate the back-and-forth rejections discussed above, as well as make other tweaks to improve the system, Grippi said.

## Looking ahead

As “State of the Child” recommended, DHS should also evaluate predictive risk modeling software, such as the Allegheny Family Screening Tool used in Allegheny County.

Such approaches could help screeners decide more objectively whether to accept a referral for investigation.

An independent evaluation of this tool, however, could take another year, as should any discussions and efforts to implement this approach statewide. Therefore, because this report focuses on impactful changes that could be made quickly, this recommendation is not repeated here.

<sup>18</sup> “State of the Child” recommended that DHS work with Avanco International, the vendor for CAPS, which is the primary county-level case-management system, to prioritize time-saving improvements. Those improvements are again recommended here. See “State of the Child” page 52, recommendation 6.

Also in development is a second phase of improvements, Utz and Grippi said; those changes will roll out in four different releases.

“We’re striving for a more automated way to reduce their paperwork,” Utz said. “That’s a vision we’ve continued to reiterate time and time again: it really should enhance their system and eliminate paperwork as much as possible.”

## For county leadership and CYs agencies



**Recommendation 15:** County CYs agencies should proactively work to improve partnerships with local law-enforcement agencies and the Pennsylvania State Police.

It's a case that will forever haunt those involved.

In a northwestern county, a CYs caseworker waited one day for law enforcement backup before entering a home to remove a child who was in such danger that he could not remain with his caregivers. Because the law-enforcement agency was so short staffed, it took approximately four hours for help to arrive.

And in that time, the family packed up their belongings and left with the child, going across state lines. To this day, that CYs agency has no idea what happened to the child.

Short-staffing of law enforcement agencies, particularly Pennsylvania State Police (PSP), will be discussed in Recommendation 25 (page 32). But even with the current resources available, county CYs agencies should proactively work to improve their partnerships and relationships with law enforcement.

Being proactive means making time to establish relationships during noncrisis moments.

Cambria County, for example, has a good line of communication with its law enforcement agencies, including Johnstown Police Department.

"In terms of investigations, the police here across the county are doing what they can," said Cambria County Children and Youth Services Administrator Betzi White. "Our children's advocacy center has really done the work of getting police to see the benefit of working together ... by leading the investigations that require multidisciplinary teams.

"You have to remember that there's so many other (issues) that the police have to deal with – murders, drug investigations, etc. – that they, like us, have to prioritize."

Centre County Children & Youth caseworkers also reported a "good rapport" with law enforcement in their county, saying law-enforcement will easily agree to back up caseworkers when needed.

## Section glossary

**CAC:** Children's advocacy center

**CYS:** Children and youth service

**D&A:** Drug and Alcohol Services

**GPS:** General Protective Service, or cases alleging neglect or other family issues requiring supportive services

**GSVUW:** Greater Susquehanna Valley United Way

**MH/ID:** Mental Health/Intellectual Disabilities

**NCA:** National Children's Alliance

**PSP:** Pennsylvania State Police

**SAM:** Service & Access Management

**SCA:** Single County Authority



“I consider us incredibly lucky in this county,” Centre County CYS Administrator Julia Sprinkle said of her agency’s interactions with law enforcement.

Please see Recommendations 25 and 26 (page 32) for further information.



**Recommendation 16: County CYS agencies should proactively work to improve partnerships with other county-level entities, including social-services agencies.**

Philadelphia County has become a national leader through its Safety Collaborative, according to Philadelphia Department of Human Services Commissioner Cynthia Figueroa.

Located within one state-of-the-art facility are Philadelphia DHS’ investigation unit, a district attorney unit, a Philadelphia Police Department special victims unit, and child forensic interviewers, Figueroa said. The facility, which opened in 2014, allows for constant collaboration and efficient care for abused children.

“It’s created a tremendous amount of efficiency,” Figueroa said in May 2018. “The child can be interviewed once by a forensic interviewer, and we can record it. We also have a medical suite with two exam rooms so that all of the child’s needs can be met. We can link any medical and behavioral health needs of the child on site.

“It’s all state-of-the-art equipment, and all recordings are admissible in court,” she continued.

This team approach to caring for abused and neglected children is centered on the victim’s needs, helping minimize the trauma – but it also benefits the system by saving time and money.

“This is an example of CYS agencies working proactively to improve partnerships,” she continued. “Part of our ability to do this comes from a longstanding relationship we’ve had with the Philadelphia Police Department.”

At Lycoming County Children and Youth Services, Administrator Mark Egly is proud that his agency aims to be proactive rather than reactive.

That’s part of the reason that, starting in 2002, CYS co-located a caseworker within one county school district building. By 2014-15, CYS had caseworkers located in every county school district.

“It took a fair amount of time,” Egly said in November 2017. “But as we’ve gone along and proven ourselves, we’ve gotten more buy-in from the districts.”

In many cases, teachers will notice that an elementary-school student is having truancy problems, or has worn the same clothes three days in a row, and will suggest that the caseworker in the district talk with the child and the family. Often, the caseworker will refer the family to needed services – all without the family ever becoming an official part of the system.

“Only the most serious stuff comes through our system now, so we don’t have to focus on the huge numbers of GPS referrals like other counties,” Egly said.

Indeed, Lycoming County received 1,837 GPS referrals in 2016; by comparison, similarly sized Franklin County saw 2,290 GPS referrals that year.

Lycoming also has the Lycoming-Clinton Mental Health/Intellectual Disabilities (MH/ID) office in the same building as its CYS agency, which Egly said “makes a huge difference” in the agencies’ ability to work efficiently with each other.

Several other counties, including Washington County, also have Drug and Alcohol Services (D&A) either located in the same building or, in some cases, have D&A caseworkers co-located within the CYS office. This arrangement in Washington County has led to a significant reduction in the time required to do drug-and-alcohol evaluations on families, according to Washington County Children & Youth Services Administrator Kimberly Rogers.

Given the rising number of families dealing with addiction, especially opioid addiction, allowing CYS caseworkers easy access to and good relationships with MH/ID and D&A is crucial to properly assessing and caring for the at-risk children in these situations.



**Recommendation 17: County leadership and county CYS agencies should create strong Head Start/Early Safe Start programs to best protect substance-exposed newborns.**

As of 2010, federal law required that hospital staff report infants born exposed to illegal substances or suffering from Fetal Alcohol Syndrome to child welfare. A 2014 state law change muddled the waters as to which infants younger than 1 year old must be reported, but work is ongoing to bring the state in line with federal law.

Regardless of the legal wording disparity, there is no question that county CYS agencies are dealing with more reports of babies born substance-exposed. In fact, the rate of newborns suffering from drug withdrawal increased more than 1,000 percent between fiscal years 2000-01 and 2016-17, according to a March report from the Pennsylvania Health Care Cost Containment Council.<sup>19</sup>

Many counties – including Blair, Lehigh and Bucks counties – now have caseworkers who deal solely with these infants.

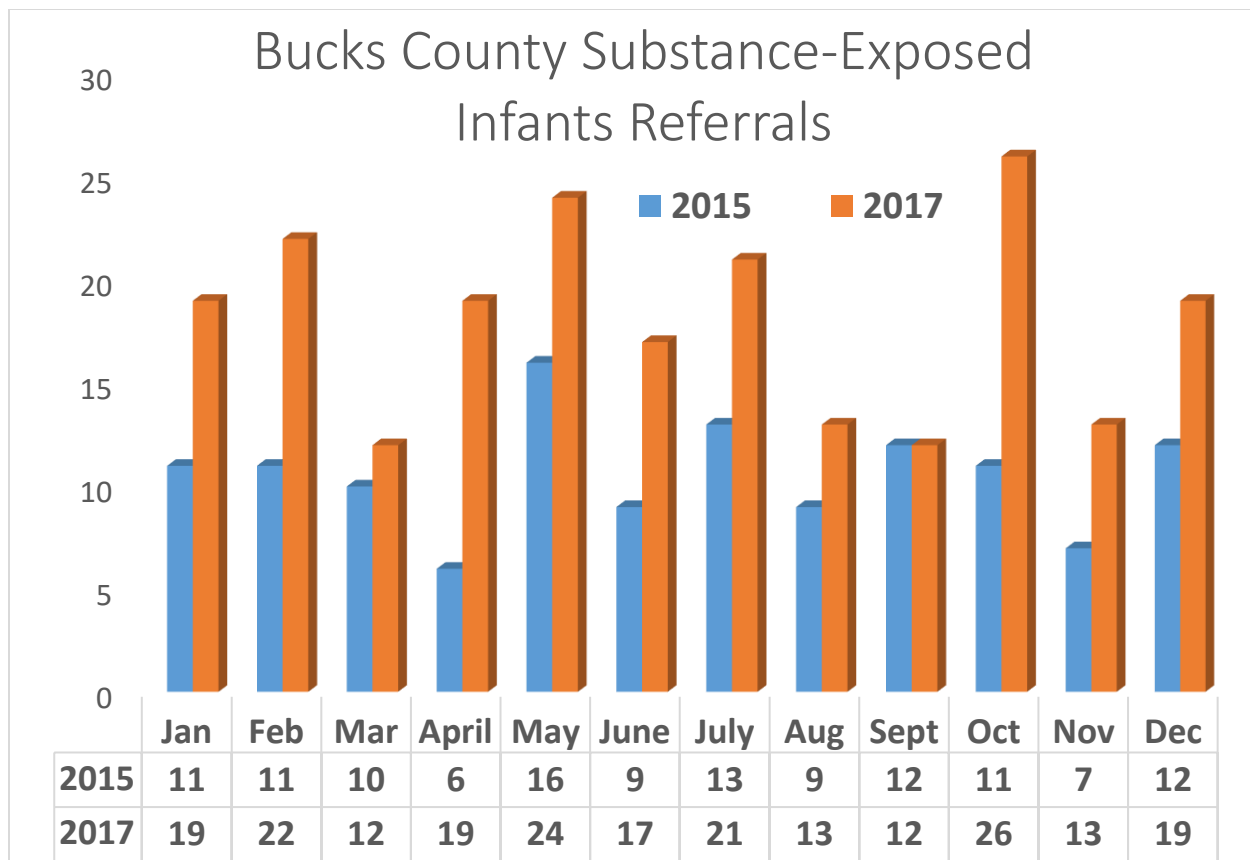
Blair County, for example, has one caseworker who handles the two to four referrals that come in each week regarding substance-exposed babies and another caseworker who handles the ongoing cases involving those babies. And in Bucks County, there’s been a 55 percent increase in these referrals from 2015-17.

Kallus-Rainey, Bucks County’s CYS administrator, said the opioid epidemic has had an extreme impact on the work her staff does. “Our GPS reports have increased tremendously because of opioids,” she said.

In fact, Kallus-Rainey said, over the last three years, her agency has seen a 55 percent increase just in reports received of babies born substance-exposed:

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<sup>19</sup> <http://www.phc4.org/reports/researchbriefs/neonatal/17/nr032818.htm>. Accessed May 2, 2018.



Source: Bucks County Children and Youth

As of March 2018, Kallus-Rainey’s workers were seeing about 20 new substance-exposed newborns each month. Each case is immediately assigned to one of four workers who specialize in dealing with these cases. Having four workers dedicated to these cases has allowed them to cultivate relationships with hospital personnel at area maternity units. It has also increased collaborative efforts for the care of these children.

“The opioid epidemic has changed our lives quite a bit,” Kallus-Rainey said.

Blair, Montgomery and Bucks counties also reported seeing a rising number of cases involving methamphetamines.

“It’s the next major drug,” Blair County’s Tucker said. “It’s going to overtake opioids, and it’s going to be even worse than the opioid epidemic.”

Properly caring for these drug- and alcohol-exposed newborns is key to helping a family that might be struggling with addiction, caseworkers and administrators agreed.

“We have to intervene at some point,” Montgomery County Commissioner Chair Dr. Valerie Arkoosh said in March 2018. “If we intervene now, with these kids, we will see benefits in the future. This is ground zero on saving this generation from the same problems as prior generations.”



**Recommendation 18: County CYS agencies should work with community partners who want to provide preventive or diversionary programs.**

Sometimes, it's not necessarily the job of the child-welfare system to help ensure children's well-being because child-welfare's main goal is child safety. As the saying goes, it takes a village to raise a child – and that means getting other people involved in assisting at-risk kids.

In Northumberland County, for example, the nonprofit Greater Susquehanna Valley United Way (GSVUW) has created an elementary after-school program in Sunbury designed to do exactly that. The reading program, modeled after a proven program in Wisconsin, began with about 10 children and has since doubled in size.

*"This is prevention, and that's what it's all about."*

—JOANNE TROUTMAN, PRESIDENT AND CEO,  
GREATER SUSQUEHANNA VALLEY UNITED WAY

"These are kids who had Head Start or were on the Head Start waiting list," GSVUW President and CEO Joanne Troutman said in November 2017, referring to the national program that provides early-childhood education,

health, nutrition and parent-involvement services to low-income families. "The program is highly referral based. Our vision is to work closely with social workers and guidance counselors to find those kids who have no other resources, who have exhausted all their resources.

"We want this to be a prevention program for those kids who would otherwise end up in the CYS system."

A visit to the program in March 2018 showed kids engaged with staff doing one-on-one or small-group instruction, then having a snack and enjoying hands-on sensory time with Play-Doh while continuing to interact with staff.

"We want this to be a proactive, outreach kind of initiative," Troutman said. "Each child gets an individualized plan that focuses on the skills they need to grow, and we track that growth with their teachers. Over five years, we want to improve the third-grade literacy rates, which is a statistic that we know significantly lowers their risk of being incarcerated as an adult."

Troutman stressed that the program is funded fully by the local United Way through private grants and donations, costing neither CYS nor the Shikellamy School District any money. The district donates space inside Grace S. Beck Elementary School for the daily hour-long program.

"This is prevention, and that's what it's all about," Troutman said.

Philadelphia DHS' Commissioner Figueroa said her department created Field Screening Units in September 2017 because of the huge increase in referrals from the child-abuse hotline.

Now, she said, when some GPS cases come in, members of the Field Screening Units can do a formal assessment. They determine whether that family needs any services at all, whether they should be formally accepted for CYS services or whether the issues within the family can be addressed through preventive and diversionary programs available through the community.



**Recommendation 19: County CYS agencies should improve partnerships with children’s advocacy centers and child-abuse medical experts.**

As “State of the Child” reports, children’s advocacy centers (CACs) are a community resource that can significantly help children who have been the victims of physical or sexual abuse. CACs are “child-focused centers that offer safe, neutral spaces for children to tell their experiences.

According to the [National Children’s Alliance](#), “CACs emphasize the coordination of investigation and intervention services by bringing together professionals and agencies as a multidisciplinary team.”

More than 750 NCA-accredited CACs exist nationwide, and the Pennsylvania Chapter of Children’s Advocacy Centers and Multidisciplinary Teams lists 35 such member centers.<sup>20</sup>

Not only can CACs help lead to better case outcomes for abused children, but they can also save up to \$1,000 per investigation by streamlining the process and creating efficiencies for multiple agencies, according to the National Children’s Alliance.

*“The first step to improving how we help children is improving how we collaborate with each other.”*

—DR. LORI FRASIER, DIRECTOR OF THE PENN STATE HERSHEY  
CENTER FOR THE PROTECTION OF CHILDREN

Involving child-abuse experts, particularly child-abuse pediatricians, goes a long way toward helping properly identify abused or neglected children. A group of 12 such pediatricians met with the Auditor General in February 2018 and described the challenges they face as they offer their services to child-welfare agencies.

General in February 2018 and described the challenges they face as they offer their services to child-welfare agencies.

“Laws are a good step” to correcting the problem, said Dr. Lori Frasier, director of the Penn State Hershey Center for the Protection of Children, “but you need a culture of cooperation. We want to be at the table to help make decisions.”

Dr. Rachel Berger, director of the Child Advocacy Center at the Children’s Hospital of Pittsburgh of UPMC, agreed. Berger was a member of the task force that rewrote the Child Protective Services Law after the 2011 Jerry Sandusky scandal.

“CYS and child-abuse pediatricians need to be partners, and right now they are not,” she said.

Dr. Debra Esernio Jenssen, medical director of the Child Advocacy Center at Lehigh Valley Children’s Hospital, said she is co-located within the same building as a CYS agency and is asked to evaluate children in roughly one-tenth of the cases she should be asked to help.

“It’s incredibly frustrating,” she said. “My office is literally right there – (CYS caseworkers) just have to go into the hall and swipe their badges and they can see me – but they aren’t doing it.”

All of the experts who took part in the discussion with the Auditor General also spoke of wanting to help train CYS caseworkers on what injuries should automatically be referred to a doctor for evaluation – or even what a starving or malnourished child looks like.

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<sup>20</sup> <http://penncac.org/about/find-a-pa-advocacy-center/>. Accessed April 17, 2018.

“The first step to improving how we help children is improving how we collaborate with each other,” Frasier said.

Please see Recommendation 23 on page 30 for further discussion.



**Recommendation 20:** County CYS agencies should improve or create partnerships with Single County Authorities and Centers of Excellence to better help caregivers dealing with addiction, especially opioid addiction, find treatment.

Single County Authorities (SCAs) are county program offices that administer community substance abuse programs. An SCA can assess adults’ and youths’ need for treatment or other services, determine their eligibility for service funding, and make referrals to appropriate programs that provide the right level of treatment.

When caseworkers encounter caregivers and children with substance use issues, they can refer the caregivers or children to their local SCA for evaluation and service referrals.

For more on SCAs, visit <http://www.dhs.pa.gov/citizens/substanceabuseservices/>.



**Recommendation 21:** County CYS agencies should create partnerships with their nearest social-work college(s) to provide more and better real-world experience for would-be caseworkers.



**Recommendation 22:** County CYS agencies should encourage participation biennially for all front-line CYS staff to attend advanced personal safety training, such as the Service & Access Management training.

One of the crucial ways to protect at-risk children is to protect the safety of the caseworkers who work with them and their families. As “State of the Child” reports, caseworkers who participated in advanced safety training offered by private company Service & Access Management (SAM) gave rave reviews to the training, which presents real-life, difficult scenarios for caseworkers to problem-solve through.

As Ronald Frederick, SAM’s personal safety director, said for “State of the Child,” “The caseworkers receive real-time feedback, and the biggest takeaway hopefully is that they need to be safe in order to help anyone else.”

For further discussion of personal safety training, see pages 26-28 in “State of the Child.”

## For the Child Welfare Resource Center



**Recommendation 23:** The Child Welfare Resource Center should provide access to training for all CYS staff on resources available through child-abuse medical experts and children's advocacy centers.

Since "State of the Child," the University of Pittsburgh: School of Social Work's Child Welfare Resource Center (CWRC) has made tremendous strides in revamping its training for new caseworkers.

The coursework, called "Charting the Course," will be piloted in summer 2018 with a redesigned curriculum called "Foundations of Pennsylvania Child Welfare Practice: Building Competence, Confidence, and Compassion."

The goal of "Foundations" is to teach new caseworkers the foundational competencies needed to achieve safety, permanency and well-being of at-risk children. To identify how best to achieve that goal, the CWRC held more than 15 sessions for more than 125 people in OCYF, county CYS agencies and CWRC staff.

Like "Charting the Course," "Foundations" will include approximately 126 hours of coursework. It will be presented in three ways:

- Online,
- In-person, and
- Fieldwork.

Individual topics will be presented in a variety of ways. So, for example, much of the previous in-classroom lecture learning will now be done online before new caseworkers go to the CWRC training sites across the state. Once there, they will engage in in-person practice of the skills they just studied. The new teaching approach will be focused on team-based learning, so that caseworkers can do the following:

- Learn to collaborate in solving significant, messy, real-world problems;
- Gain skills to critically think through and solve problems;
- Give and receive strengths-based feedback; and
- Experience effective teaming.

Four of the training sessions will involve simulations, where caseworkers actively practice the skills they've learned with specially trained actors who simulate real-life scenarios. Among the scenarios is a court setting for caseworkers to learn the basics of preparing for and presenting a case in court.

The last piece of the training will involve field practice, which means caseworkers must go back to their home county agencies and work with their supervisors to grow and improve the skills they've learned at the CWRC.

## Section glossary

**CAC:** Children's advocacy center

**CWRC:** University of Pittsburgh: School of Social Work's Child Welfare Resource Center

**CYS:** Children and youth services

“That’s that transfer of knowledge piece that we talk about so much,” CWRC Executive Director Mike Byers said in February 2018.

Among the changes is an online learning piece about the importance of using child-abuse pediatricians and CACs as resources when caseworkers suspect any kind of abuse. A podcast series is planned, and a webinar designed as ongoing training for established caseworkers is already available.

For more on the role child-abuse pediatricians and experts could and should play in the child-welfare system, see Recommendation 19 on page 28.



## For Pennsylvania State Police



**Recommendation 24:** PSP should explore, with its union, creating a specialty related to domestic abuse and child-welfare issues.



**Recommendation 25:** PSP should ask the General Assembly and the governor for additional resources as needed to ensure maximum ability to handle workloads so they are available to assist when needed with child-welfare-related visits in areas where they have primary jurisdiction.

### Section glossary

**CYS:** Children and youth services

**PSP:** Pennsylvania State Police

In March 2018, Col. Tyree Blocker, then PSP’s commissioner, testified before the House Appropriations Committee about PSP’s budget request for the 2018-19 fiscal year. As part of Blocker’s formal written testimony, he indicated that PSP had almost 500 enlisted position vacancies as of Feb. 13, 2018 – and that, even with four cadet classes being funded next year, that will produce only 380 graduates, about 120 fewer people than are needed right now.

Blocker also mentioned that the department “may see a significant number of retirements in the future, creating a condition where the influx of recent academy graduates does not keep up with attrition levels.” Both of those factors, Blocker said, produce “a level of uncertainty over our ability to maintain adequate staffing levels.”

CYS caseworkers across the commonwealth expressed concern during the roundtable discussions over PSP personnel being available when needed to assist with particularly dangerous situations.

“PSP doesn’t have enough people to help us when we need it,” said one caseworker who asked to remain anonymous. “They’re fighting their own battles trying to hire and retain good staff. So when we need help doing something like removing a child from a home, sometimes they’re just not available.”

As Blocker pointed out in his testimony, PSP provides full- or part-time police protection to almost 67 percent of the commonwealth’s 2,560 municipalities.



**Recommendation 26:** PSP and local law-enforcement agencies should proactively work with county CYS agencies to ensure caseworker safety during particularly dangerous visits.

Please see Recommendation 15 on page 23 for a narrative on what can happen when police are not available to timely assist CYS caseworkers in dangerous situations.

## For private service providers



**Recommendation 27:** Private service providers should adapt programs as necessary to face the rising complexity of cases and should continue to advocate for the necessary resources to provide those programs.

Independent, third-party private service providers play a key role in helping strengthen families and care for at-risk children.

In fact, about 80 percent of the services provided to children and families in the system are provided by these third-party providers, according to the Pennsylvania Council of Children, Youth and Family Services (PCCYFS), which represents a statewide network of almost 100 private provider agencies. Their services – many of which are court-ordered or legally mandated – are funded through contracts with counties and behavioral health managed care organizations and rely significantly on public funds.

Examples of private provider services include the following:

- Residential treatment for juveniles,
- Family-based therapy,
- Foster care and campus-based residential programs, and
- Independent- and transitional-living services for older youth.

*“There are simply not enough public dollars allocated at the state and county levels to enable private service providers to be competitive in recruiting and retaining qualified staff.”*

—TERI HENNING, EXECUTIVE DIRECTOR, PENNSYLVANIA COUNCIL OF CHILDREN, YOUTH AND FAMILY SERVICES

Teri Henning, PCCYFS executive director, said in December 2017 that private providers are facing many of the same challenges as CYS agencies. That includes difficulty recruiting and retaining staff, training challenges, duplicative paperwork and heavy caseloads, low pay, and high turnover rates.

“In some cases, these challenges exceed those identified for county caseworkers,” Henning said.

Henning added that the 2015 changes to the CPSL had a profound impact on private service providers, while at the same time federal and state laws significantly increased paperwork, training requirements and demands placed on the direct-service workers.

“All of these changes have happened as the level of need – and the complexity of treatment required – for many children, youth and their families ... has grown significantly,” Henning said.

Given the pervasive reach of the opioid crisis and the expanding use of meth, private providers have had to adapt programs to include substance abuse education for direct-service workers, as well as education on the resources available to help those struggling with addiction.

## Section glossary

**CPSL:** Child Protective Services Law

**CYS:** Children and youth services

**PCCYFS:** Pennsylvania Council of Children, Youth and Family Services

Henning also pointed out that rates paid for these critical, mandated services have not kept pace with actual costs. In many cases, because of the wide variation in practices and rates paid at the county level, some providers must negotiate up to 67 different county contracts each year.

“There are simply not enough public dollars allocated at the state and county levels to enable private service providers to be competitive in recruiting and retaining qualified staff to do this critically important and publicly mandated work,” Henning said.

## For the State Civil Service Commission



**Recommendation 28:** The State Civil Service Commission should complete its work with DHS to revise caseworker job descriptions and requirements and to create a CYS-specific test.

Please see Recommendation 5 (page 12) for a narrative on this topic.

## Conclusion

The child-welfare system is not the sole party responsible for keeping children in Pennsylvania safe; that process involves stakeholders across the broader community who see at-risk children on a regular basis, including pediatricians, teachers, day care workers, therapists, human services employees, family members and neighbors.

It is not enough for state government to simply point out the problems it helped create within the child-welfare system. Instead, the governor, the General Assembly and DHS must act now to better protect the children of this commonwealth. Immediate action is needed to ensure a brighter future for these innocent children who are victims of abuse and neglect.

It is also not enough for county-level agencies to identify problems within the child-welfare system. County leadership and county CYS agencies themselves must draft and then execute definitive plans to better protect both caseworkers and the families they strive to strengthen.

Finally, it is not enough for those organizations and agencies whose jobs touch the CYS system to simply point out that their available resources are not being used enough. Police, child-abuse experts and private providers must do their parts to advocate for use of their services so that the system working to ensure the safety of all children can function as it should.

Pennsylvania's child-welfare system is broken, but it certainly does not have to stay that way.

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**Lancaster**

**Lehigh**

**Luzerne**

**Lycoming**

**Montgomery**

**Northampton**

**Northumberland**

**Philadelphia**

**Washington**

**York**

*The dozens of families who contacted the Department of the Auditor General seeking to share their experiences with Pennsylvania's child-welfare system*

*Everyone else involved in speaking to Auditor General DePasquale during the listening tour or working with Department of the Auditor General staff on planning listening tour events*

# Appendix A



THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1534 Session of  
2015

INTRODUCED BY BENNINGHOFF, COHEN, FARRY, A. HARRIS, KILLION,  
MURT, NESBIT, SAYLOR, TOOHIL AND WATSON, SEPTEMBER 8, 2015

REFERRED TO COMMITTEE ON HEALTH, SEPTEMBER 8, 2015

AN ACT

1 Amending the act of June 13, 1967 (P.L.31, No.21), entitled "An  
2 act to consolidate, editorially revise, and codify the public  
3 welfare laws of the Commonwealth," in children and youth,  
4 providing for provider submissions and reimbursement rates.

5 The General Assembly of the Commonwealth of Pennsylvania  
6 hereby enacts as follows:

7 Section 1. The act of June 13, 1967 (P.L.31, No.21), known  
8 as the Public Welfare Code, is amended by adding a section to  
9 read:

10 Section 704.4. Provider Submissions and Reimbursement  
11 Rates.--(a) Effective July 1, 2016, a provider shall submit  
12 documentation of its costs of providing services in accordance  
13 with this section.

14 (b) A provider shall submit documentation of its costs to  
15 the department in the form of a cost report that is subject to  
16 agreed upon procedures established by the department. The  
17 department shall develop alternate procedures for providers who  
18 lack actual cost data.

19 (c) The agreed upon procedures shall:

1 (1) Include a requirement that a certified public accountant  
2 attest to the validity and accuracy of a provider's cost report  
3 prior to the submission of the cost report.  
4 (2) Conform to the requirements of section 475(4)(A) of the  
5 Social Security Act (49 Stat. 620, 42 U.S.C. § 675(4)(A)), 2 CFR  
6 Pt. 200 (relating to uniform administrative requirements, cost  
7 principles, and audit requirements for Federal awards), 45 CFR  
8 1356.60 (relating to fiscal requirements) and 55 Pa. Code Ch.  
9 3140 (relating to reimbursement requirements for county children  
10 and youth social service programs).  
11 (3) Include the following for use in determining allowable  
12 costs:  
13 (i) Reconciliation of the cost report to the provider trial  
14 balance.  
15 (ii) Cash disbursements for non-payroll and fringe benefits.  
16 (iii) Payroll and fringe benefits.  
17 (iv) Fixed assets.  
18 (v) Census statistics.  
19 (vi) Ancillary supporting documentation.  
20 (d) A rate adjustment factor shall be used in calculating  
21 total provider costs, costs under Title IV-E of the Social  
22 Security Act (49 Stat. 620, 42 U.S.C. § 301 et seq.), State  
23 reimbursement under section 704.1 and counties' share of costs.  
24 The rate adjustment factor shall be applied to the costs  
25 included in a provider's cost report to account for the twenty-  
26 four month period between the year that costs are reported and  
27 the year in which rates take effect. The rate adjustment factor  
28 shall be published annually by the department in the  
29 Pennsylvania Bulletin. The rate adjustment factor shall be  
30 calculated by:

20150H1534PN2168

- 2 -

1     (1) adding:  
2     (i) the amount equivalent to seventy percent of the  
3 employment cost index; and  
4     (ii) the amount equivalent to thirty percent of the Consumer  
5 Price Index; and  
6     (2) multiplying the sum under clause (1) by two.  
7     (e) The department shall develop and implement a training  
8 curriculum for certified public accountants and provider and  
9 county staff to ensure accurate completion of the required  
10 agreed upon procedures.  
11     (f) The department shall review cost reports submitted by  
12 providers to determine compliance with requirements for Federal  
13 funding and State reimbursement of allowable direct and indirect  
14 costs incurred in the provision of out-of-home placement  
15 services. The department shall develop, in conjunction with  
16 providers and counties, a dispute resolution process to address  
17 areas of disagreement with State review process findings.  
18     (g) The department shall develop a plan to implement a  
19 standardized time study process for provider staff to improve  
20 accuracy and timeliness related to submission of claims for  
21 Federal funds and elevated accountability for use of State  
22 funds.  
23     (h) The department shall convene a review committee  
24 comprised of representatives from the department, county child  
25 welfare agencies and providers to review the methodology used to  
26 determine reimbursement for costs of provider services. The  
27 review committee shall report its findings and recommendations  
28 to the General Assembly annually for the first three years  
29 following the effective date of this section and biennially  
30 thereafter.

20150HB1534PN2168

- 3 -



1     (i) As used in this section:  
2     "Agreed upon procedures" means the validation of costs  
3     procedures that providers are required to follow in submitting  
4     documentation of costs.  
5     "Consumer Price Index" means the Consumer Price Index for All  
6     Urban Consumers (CPI-U) for the Pennsylvania, New Jersey,  
7     Delaware and Maryland area, officially reported by the United  
8     States Department of Labor, Bureau of Labor Statistics.  
9     "Employment cost index" means the most recent official  
10    figures for the previous twelve-month period beginning July 1  
11    and ending June 30 for the Employment Cost Index, all workers,  
12    reported by the United States Department of Labor, Bureau of  
13    Labor Statistics.  
14    "Provider" means an entity licensed or certified to provide  
15    twenty-four-hour out-of-home community-based or institutional  
16    care and supervision of a child, with the care and supervision  
17    being paid for or provided by a county using Federal or State  
18    funds disbursed under this article.  
19    Section 2. This act shall take effect immediately.







Centre Opioids Northampton Services  
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Permanency

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