



PENNSYLVANIA
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2022 State of Child Welfare

A SYSTEM UNDER STRESS: EXAMINING HOW TO BETTER SUPPORT PENNSYLVANIA'S CHILD WELFARE SYSTEM AND THE CHILDREN AND FAMILIES IT SERVES



Our 13th annual State of Child Welfare report provides a 5-year analysis of how Pennsylvania fares with practices around child safety, placement, and permanency and includes county-level data and statewide and geographic trends to improve the child welfare system. We continue to analyze racial disparity and disproportionality across the child welfare system’s population (age 0-20).

A Note on Required Data Suppression Rules:

To ensure privacy and protect against identifying individuals, the Department of Human Services has data suppression requirements for counts of less than 11. This is also true for any percentage or rate that relates to a count of less than 11. When possible, a range is provided. In some instances, a percentage or rate related to a count greater than 10 must also be suppressed (or changed to a range) so that another rate cannot be determined through calculation. Additionally, some data was not provided in 2021, and those indicators are noted. Entities interested in these data points should contact DHS directly.

TABLE OF CONTENTS

- What the Data Reveals.....3-15**
 - o Structure of Pennsylvania’s Child Welfare System3-4
 - o Data Trends: Abuse and Neglect4-6
 - o Data Trends: The Foster Care System6-7
 - o Data Trends: Removal Reasons7-8
 - o Data Trends: Congregate Care Reduction.....8-9
 - o Data Trends: Transition Age Youth.....9-11
 - o Racial Disparity and Disproportionality in the Child Welfare System.....12-13
- Supporting Pennsylvania’s Child Welfare Workforce 14-15**
- Priorities for the Office of Children, Youth, and Families 16-19**
 - o Continued Implementation of the Family First Prevention Services Act 16
 - o Opioid Abuse Child Impact Taskforce16-17
 - o Update on the New Statewide Case Management System 17
 - o Ongoing Regulatory Revisions 18
 - o Supporting Children and Youth Experiencing Education Instability 19
- Policy Recommendations..... 20**
- Making the Case for Data and Policy Solutions21**

WHAT THE DATA REVEALS

Structure of Pennsylvania's Child Welfare System

The purpose of the child welfare system is to investigate allegations of child abuse and neglect, make determinations on the validity of reports, and provide in-home and community-based services to stabilize families and keep them intact. However, if a placement is necessary, the system should ensure children and youth are placed in a family-based setting or in a treatment program in a time-limited capacity to meet specialized needs.

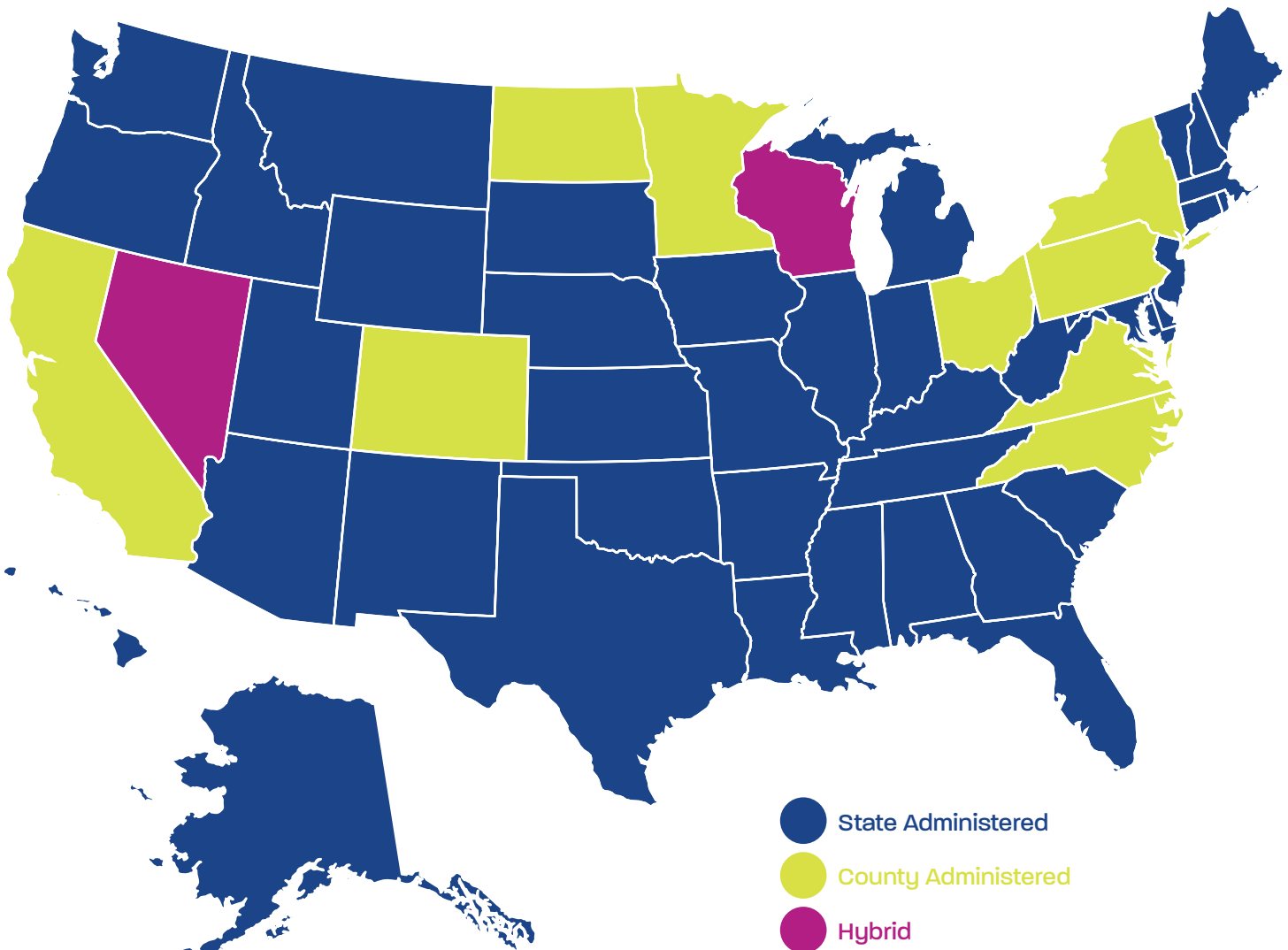
All states are required to have a child welfare system, but they operate differently to serve

children, youth, and families. There are three types of child welfare systems:

- State-administered – a centralized, state-provided system.
- County-administered – each county operates independently but is supervised by a state entity.
- Hybrid – a system administered partially by the state and by the counties.

Pennsylvania is a county-administered, state-supervised child welfare system. The Office of Children, Youth, and Families supervises the

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WHAT THE DATA REVEALS

67 independently operated county child welfare agencies. Mandated and permissive reporters disclose child abuse and neglect allegations by verbally or electronically providing information to ChildLine, the state's toll-free reporting hotline. ChildLine then determines the category of investigation and transmits the information to the appropriate county child welfare agency for investigation. These are defined by either a Child Protective Services report or a General Protective Services report. Pennsylvania is somewhat unique in having differentiation in reports, whereas other states have only one designation of reports.

CPS reports—defined by the Child Protective Services Law—include reports of abuse such as physical, sexual, and serious physical neglect, among others. Outcomes for CPS reports can either be substantiated as “indicated” or “founded” or unsubstantiated as “unfounded.”

GPS reports have less-severe findings, often focused on indications of neglect, and can include parental substance use disorders, truancy, and homelessness, among others. Outcomes for GPS reports can either be substantiated as “validated,” or unsubstantiated as “invalidated.”

A case can be “screened out”—meaning no formal investigatory action is taken—or accepted for ongoing services. Services provided to families should stabilize the family, decrease risk factors for ongoing abuse or neglect, meet specific treatment needs, or support placements in out-of-home care. Services can be community-based, in which there is no formal oversight or contracting by the county child welfare agency, and can be either preventative or on an intervention basis. Similarly, and more often, county agencies contract with providers to offer comprehensive services.

Whichever service the county provides, community or in-home supports is an important piece of practice that child welfare agencies deliver.

If a child cannot safely remain in their biological home, placement outside the home into a foster care setting is the next option. Preferably, children should stay in their homes and community with supportive services to ensure their safety and mitigate ongoing risks. However, when this cannot occur, children and youth should have the first option of being placed with kin, or someone they know, trust, or with whom they have a significant supportive relationship. Kin do not have to be blood-related and can be a teacher, counselor, family friend, or someone the child or family identifies as support. Only when kin placement is ruled out should a child be placed in a higher level of care, such as foster care. Congregate care settings, such as group homes or residential placements, must be the option of last resort and should only be utilized to meet specialized, time-limited treatment needs.

Once a child is in out-of-home placement, in most cases, every effort should be made to reunify them safely and quickly with their biological parents. A concurrent plan is needed to determine the next permanency option if reunification is unsuccessful. The goal should account for what is in the child's best interests and with their input if age appropriate. Other permanency options include adoption or permanent legal guardianship.

Data Trends: Abuse and Neglect

Child abuse referrals include allegations of suspected abuse defined in the child protective services law, including physical abuse, sexual abuse, or serious physical neglect. In 2020,

WHAT THE DATA REVEALS

there was a significant decline in child abuse referrals due to the impacts of the COVID-19 pandemic, including children having less contact with mandated reporters such as teachers, medical professionals, and coaches. With schools resuming in-person learning and children returning to more normalcy, referral rates began to climb slightly in 2021.

In 2021, there were 38,013 CPS reports, an increase of over 5,000 from 2020. However, the substantiation of reports declined somewhat from the previous year. Cases of repeat child abuse and neglect also slightly increased in 2021, with the highest rate of reports in the last five years.

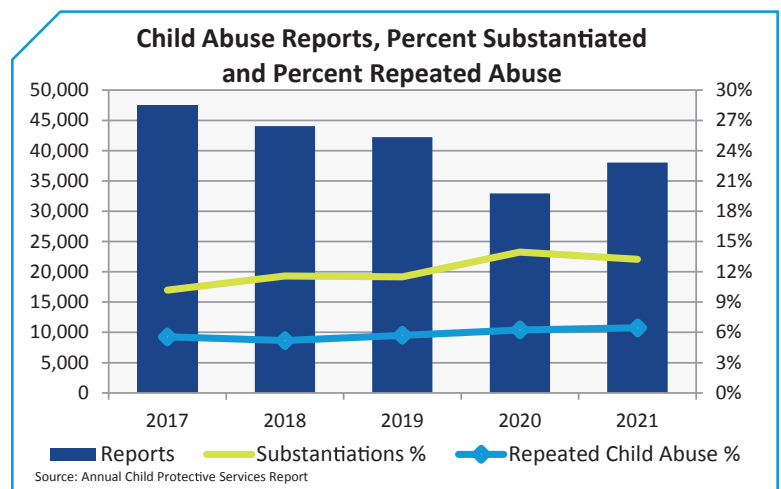
General protective services referrals are non-abuse allegations, such as truancy, homelessness, or parental substance use disorders. **In 2021, there were 161,709 GPS referrals marking an increase of over 9,000 reports from 2020. Additionally, the substantiation rate of GPS reports is the highest in five years, with 27.1% being valid.**

In-home services often refer to prevention and intervention-based programs that seek to mitigate safety or risk factors and help to keep families intact. However, if an out-of-home placement is necessary, services can help to reunify families or

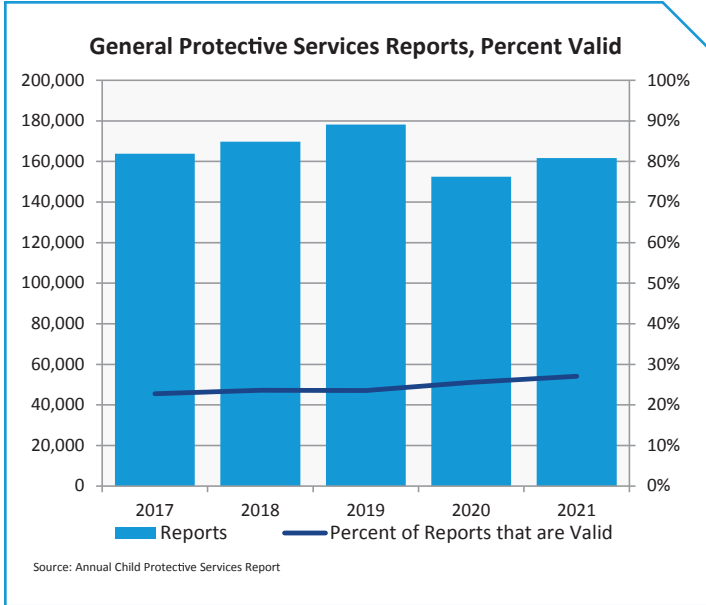
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“We know that parenting is stressful under the best circumstances. However, abuse and neglect are much less likely to occur when we eliminate the stressors that overwhelm parents, such as lack of affordable child care, food insecurity, or community violence. When we focus collectively on building safe, stable, and nurturing environments that children need to learn and flourish, we allow parents time and space to concentrate on providing their children with nurturing experiences. When we equip parents with the tools they need, such as strong communication skills and positive parenting techniques—those things offered through prevention programs—children benefit, and so do our communities.”

- Angela Liddle, President and CEO,
Pennsylvania Family Support Alliance



WHAT THE DATA REVEALS

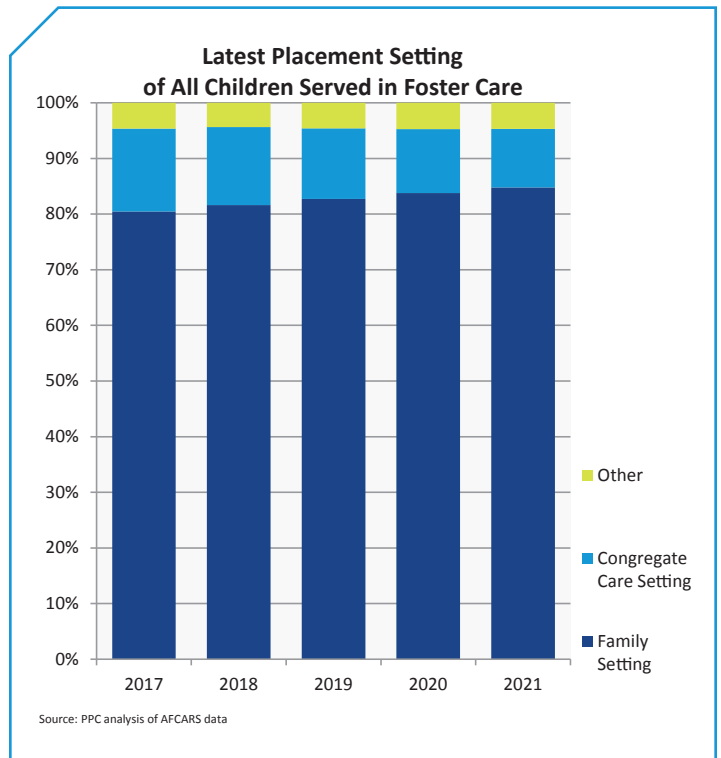


support permanency. **In 2021, 192,594 children and families were served through child welfare-funded services.** This is an increase of more than 9,000 children and families receiving child welfare-funded services compared to 2020 data. The number of children and families served does not include services provided through other DHS-funded programs in Office of Child Development and Early Learnin, Office of Child Development and Early Learnin, etc., or independent community providers, meaning that children and families could receive additional prevention or intervention services outside the child welfare system.

Data Trends: The Foster Care System

While county agencies offer services to increase safety and minimize risk and future harm, not all children can remain in their biological homes. Preferred placement is in a family-based setting, such as kinship or foster care. Congregate care, such as group homes and residential programs, should be the option of last resort and aimed at meeting the time-limited specialized treatment needs of a child or youth.

In 2021, 20,490 children were served in the foster care system, a decrease of more than 1,000 children from 2020 and the lowest rate in the last five years. A majority of children, or 84.8%, are placed in a family-based setting of either kinship, non-relative, or adoptive homes. Rates of placement with a kinship caretaker have also continued to increase, with 42% placed with someone they know, trust, and with whom they have a positive, supportive relationship. Rates of children placed in a congregate care setting are the lowest in 5 years, with a rate of 10.5%.



From 2020, there was a slight increase in first-time entries into the foster care system in 2021. A total of 5,635 children and youth entered placement for the first time in 2021, increasing by almost 100 children. Placement with kin was the highest in 5 years, with 45.8% being served in this setting as their first reported placement; conversely, placement with non-relatives and in

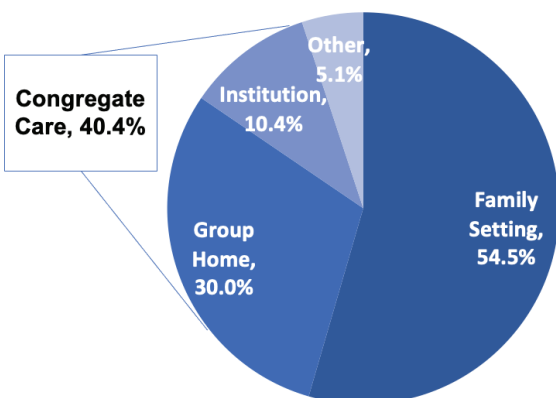
WHAT THE DATA REVEALS

congregate care decreased. **The most vulnerable population—children under the age of six—make up over half of all first-time entries.** This is a consistent trend, as children under age six cannot protect themselves. At risk of harm, they often require placement.

Some children experience multiple entries into the system, meaning they reunify or achieve permanency but are then placed in the system again due to new allegations or changes in circumstances. **Almost 1 in 4 children and youth in placement experienced a re-entry into care.**

Factors like inadequate transition and support services, failure to mitigate issues that lead to the initial placement, or premature reunification or permanency finalization can cause re-entry. **It is important to note that transition age youth, or youth ages 14 and older, make up almost half of the population re-entering placement.** When a child or youth re-enters care, they are less likely to be placed in a family-based setting and more frequently enter a congregate care setting. Approximately 71.1% of re-entries resulted in a family-based setting, with over 20% of placements resulting in congregate care.

Percent of All Youth (14+ years) at First Time Entry by First Reported Placement Setting



Source: PPC's analysis of data provided by Public Consulting Group for Pennsylvania DHS, OCYF.

Data Trends: Removal Reasons

For the first time in our State of Child Welfare report, PPC can include information on why children and youth are in placement. County child welfare agencies are required to report the reasons for which a child experiences a placement episode. The Adoption and Foster Care Analysis and Reporting System (AFCARS) technical bulletin, issued by the Administration for Children and Families, identifies 15 factors that are federally required data elements the state must track and report. While there are 15 independent factors, a child can have more than one placement reason. The top 5 placement reasons for all children served from October 2020 to September 2021 were (including first-time entries and re-entries into placement):

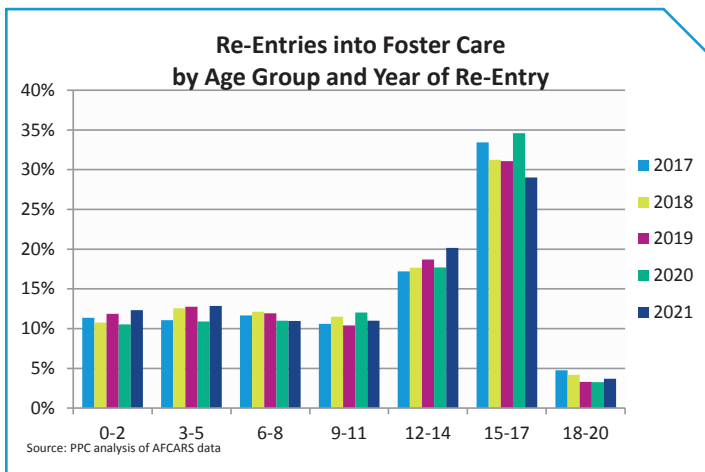
1. Parental drug abuse
2. Neglect
3. Caretaker's inability to cope
4. Inadequate housing
5. A child's behavioral problems

This data leads to many questions and concerns on the appropriate use of placement, specifically for allegations under General Protective Services. Allegations of general neglect, including inadequate housing, are issues that could be alleviated more appropriately by community-based interventions and supportive services rather than disrupting families and communities by separation. The formal child welfare system can be avoided through community collaboration because of improved referral processes, expansion of poverty-related programming, braided and blended funding, and other prevention strategies.

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WHAT THE DATA REVEALS

Similarly, we can support child behavioral problems (often due to mental health concerns) and parental substance use disorders through the mental health and drug and alcohol systems. While GPS allegations can present a risk to a child's safety, with community-based support and intervention, a child can remain safely in their own homes without the need for placement. Addressing these issues requires county child welfare agencies, mental health, drug and alcohol, and community providers to partner and strategically plan with each other.



Data Trends: Congregate Care Reduction

When a child enters placement, they are experiencing a traumatic event in addition to the circumstances that precipitated the placement. They often are torn away from everything familiar: schools, sports, extracurricular activities, religious affiliations, communities, and most importantly, family and natural supports. That is why placement with relatives or kin is critically important for children's well-being and trauma reduction. Placement in a congregate care setting, such as a shelter, group home, or residential setting, should be the option of last resort, and only to meet the time-limited treatment needs of children and youth.

“Identification of kin and placement with kin is critically important to children who are facing entry to the child welfare system. The extended family of kin members can not only provide much-needed emotional support during challenging times but also avoid the need for placing children in congregate care settings. Research shows we can improve a youth’s life outcomes by reducing the number of youth placed in congregate care settings. Kinship placements improve stability for youth as well as improved physical and mental outcomes.”

- Lucy Johnston-Walsh, Clinical Professor, Director of Children's Advocacy Clinic, Penn State Dickinson Law

Overall rates of children placed in congregate care have decreased in the last five years for the population served, including first-time entries and re-entries—a positive trend. However, we should look deeper at the congregate care population to identify underlying factors for why these children are not in their communities or with kin.

One in 10 children placed in foster care, or 10.5%, are placed in a congregate care setting, including first-time entries. Even more concerning is that 21.2%, or more than 1 in 5 children and youth re-entering care, were placed in congregate care. For children and youth entering congregate care for the first time, an astonishing 68% enter due to the “child’s behavioral problem.” Secondly, 23% enter due to a “caretaker’s inability to cope.” Similarly,

WHAT THE DATA REVEALS

73% of children re-entering congregate placement after a return to their community is due to the “child’s behavioral problem” and 15% are due to the “caretaker’s inability to cope.” Over 80% of the congregate care population are older youth over the age of 13.

While counties work hard to reduce their congregate care populations, achieving them is challenging. Congregate care placements at residential treatment facilities, for example, offer necessary supports for children with mental health concerns, intellectual disabilities, or co-occurring disorders where specialized treatment is required, or the children cannot safely remain in their communities. However, it is unclear how many children and youth receive these services and supports through mental and behavioral health systems instead of formal child welfare placement. Further, barriers such as insurance approvals and lack of community services often lead to the inability to serve children and youth with more complex needs adequately. These barriers underscore the need to focus on preventative or intervention services before placement; how mental and behavioral health case management services have supported parents; what gaps in medical assistance or insurance approval may impact service delivery; and what services and supports require further state investment. Additionally, more research is needed on children placed in shelter care or group homes.

One way to reduce congregate care placement is to increase family-based care and support. In partnership with several other state and national partners, PPC released [Kinship Care in Pennsylvania: Creating an Equitable System for Families](#) in early 2021 about reducing barriers for children and youth placed with kin. Many of

“When I receive a call from a kinship family, they are typically overwhelmed. I listen to their story and then share my similar story of being a kinship family. After realizing I am traveling on the same path, I sense their guard, fear, and embarrassment are lessened. They open up to me with concerns and questions. That is the beauty of peer support.”

- Deborah Willett, Program Coordinator, GRANDFamily Connections of Chester County

the recommendations are cost neutral but could significantly impact placing children with kin and keeping them in their natural communities. PPC will continue to elevate the suggestions and work with the administration and lawmakers on eliminating barriers to kinship placement.

Data Trends: Transition Age Youth

Transition age youth are ages 14 and older who have been served in the foster care system and are a population that continues to need targeted and specialized support.

Older youth made up more than one-quarter of the overall foster care system, nearly 20% of first-time entries, and over 40% of all re-entries.

Unfortunately, transition age youth have poorer outcomes than their peers in the general population and often struggle with exiting placement and entering adulthood successfully.

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WHAT THE DATA REVEALS

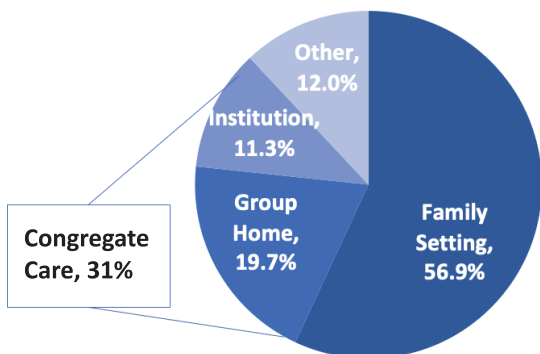
Minimal statewide data on outcomes for this population is publicly available. According to a [2018 transition age youth report](#), indicators were compared for older foster youth to the general population across several indicators, including education, employment, and homelessness, finding that only:

- 44% have part-time or full-time employment
- 75% have obtained their high school diploma or GED
- 63% have stable housing

This report also highlighted the significant challenges foster youth face as they transition to adulthood.

PPC disaggregated data for the first time in 2021 on the transition age youth population to look further at their experiences in the system in 2021, analyzing the following indicators:

Percent of All Youth (14+ years) in Foster Care During the Year by Placement Setting



Source: PPC's analysis of data provided by Public Consulting Group for Pennsylvania DHS, OCYF.

Of the transition age youth population served in foster care in 2021, only 56.9% were in a family-based setting. Almost one-third were served in a congregate care setting, such as a shelter, group home, or residential facility. Similarly, first-time entries into placement had comparable outcomes, with 54.5% placed in a family-based setting and over 40%, or 2 in 5 youth, placed in congregate care. However, rates of youth placed in family-based settings decreased for re-entries, with only 43.3% placed in a family-based setting.

The top four reasons transition age youth are placed in care are child behavioral problems, caretakers' inability to cope, neglect, and parental drug use. The top four reasons for first-time youth entry were the same as the overall population.

While this new disaggregated data helps start to identify the needs of older youth better, a stronger focus on outcome data collection and youth lived experiences is needed. OCYF currently offers no publicly available data on indicators and outcomes for any foster care population. PPC's State of Child Welfare report is the only mechanism, and even in the data sets available, there are limitations due to the amount and type of data the state collects. However, none of these outcomes are surprising or provide new information from what has been vocalized by older youth for several years. Policy

“We must believe in the power of youth voice. Youth voices, experience, and expertise must be at the forefront of systemic reform at the local, state, and national levels to ensure we are developing targeted policies that effectively respond to the needs of youth. By supporting youth to share their expertise to develop and advance reforms, youth can help influence key policy priorities by working to affect policy change through advocacy and education to the public.”

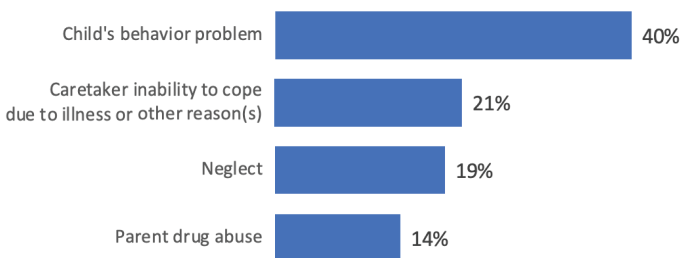
- Marcia Hopkins, Senior Manager, Juvenile Law Center

WHAT THE DATA REVEALS

solutions for transition age youth are clear and well documented. These include:

- Improved transition planning, such as the inclusion of youth and their support in formal transition plans
- Placement and connections to kin, siblings, and natural community
- Increased services and supports that assist with discharge from placement and transition to adulthood
- Assistance linking to mental health and behavioral health services, eliminating barriers to access, and improved insurance coordination
- School supports, including assistance with accessing higher education supports and financial assistance

**Top Four Placement Reasons for Youth (14+ years) in Foster Care
October 2020-September 2021**



Source: PPC's analysis of data provided by Public Consulting Group for Pennsylvania DHS, OCYF.

To better identify the gaps in policy for transition age youth, PPC has partnered with provider associations to develop older youth feedback sessions. The sessions include youth ages 18 and older who have had experience with the child welfare system (either through referral or in-home or placement services) and have exited the formal system. During these informative sessions, youth offer strengths, concerns, opportunities for change in the system, and insight on solutions on how their experiences could have been more positive. Participating youth were courageous, challenging

themselves and reliving traumatic events from their histories. As advocates, we must harness these experiences and keep them top of mind as we work with policymakers and stakeholders to improve the system for transition age youth.

“The phrase ‘nothing about us without us’ has animated reform movements across the country. Yet, in child welfare, the voices of parents and children are routinely excluded from policy and legislative conversations. Even when we listen to impacted families, we rarely invite these voices to lead us. The results of this approach are apparent in our stagnant rates of reunification, persistent racial disparity, and alarming outcomes for older youth. We have so much to learn from parents and children who have experienced this system, and we can transform families’ experiences by recognizing whose expertise matters most. Let’s heed the growing calls to elevate, center, and empower the voices of families at every level of policy and practice, and make sure that ‘nothing about us without us’ is reflected in everything we do.”

- Kathleen Creamer, Managing Attorney, Family Advocacy Unit, Community Legal Services

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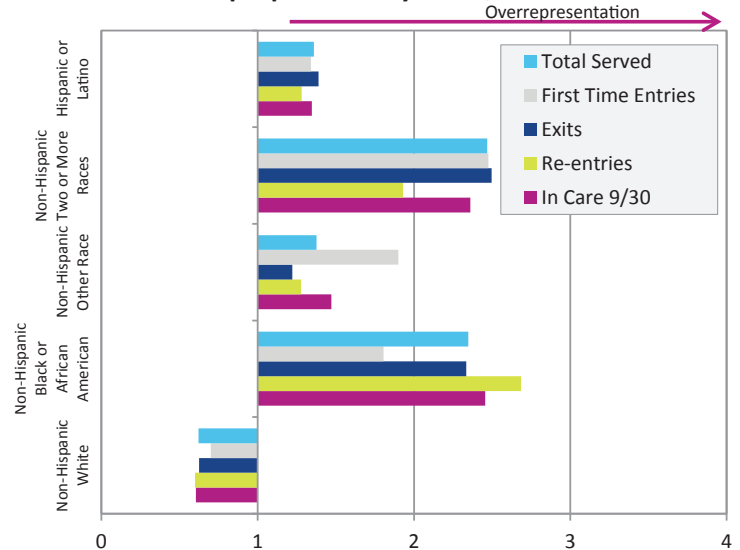
WHAT THE DATA REVEALS

Racial Disparity and Disproportionality in the Child Welfare System

PPC continues to elevate the need for ensuring the equitable treatment of every child youth served by the child welfare system. Far too often, Black, Hispanic, and children and families of multiple races are over-surveilled, investigated, and represented in all aspects of the system. Addressing potential disparities and disproportionality in CPS and GPS investigations and foster care outcomes, including first-time entries, exits, and re-entries starts with analyzing data by race and ethnicity.

Disproportionality is apparent at the level at which groups of children are present in the child welfare system at higher or lower rates than in the general population. As exposed through the data, children who are Black, Hispanic (of any race), or of multiple races had higher than expected rates of CPS referrals, including those that were ultimately substantiated, as well as valid GPS allegations.

Racial Disproportionality Index, 2021

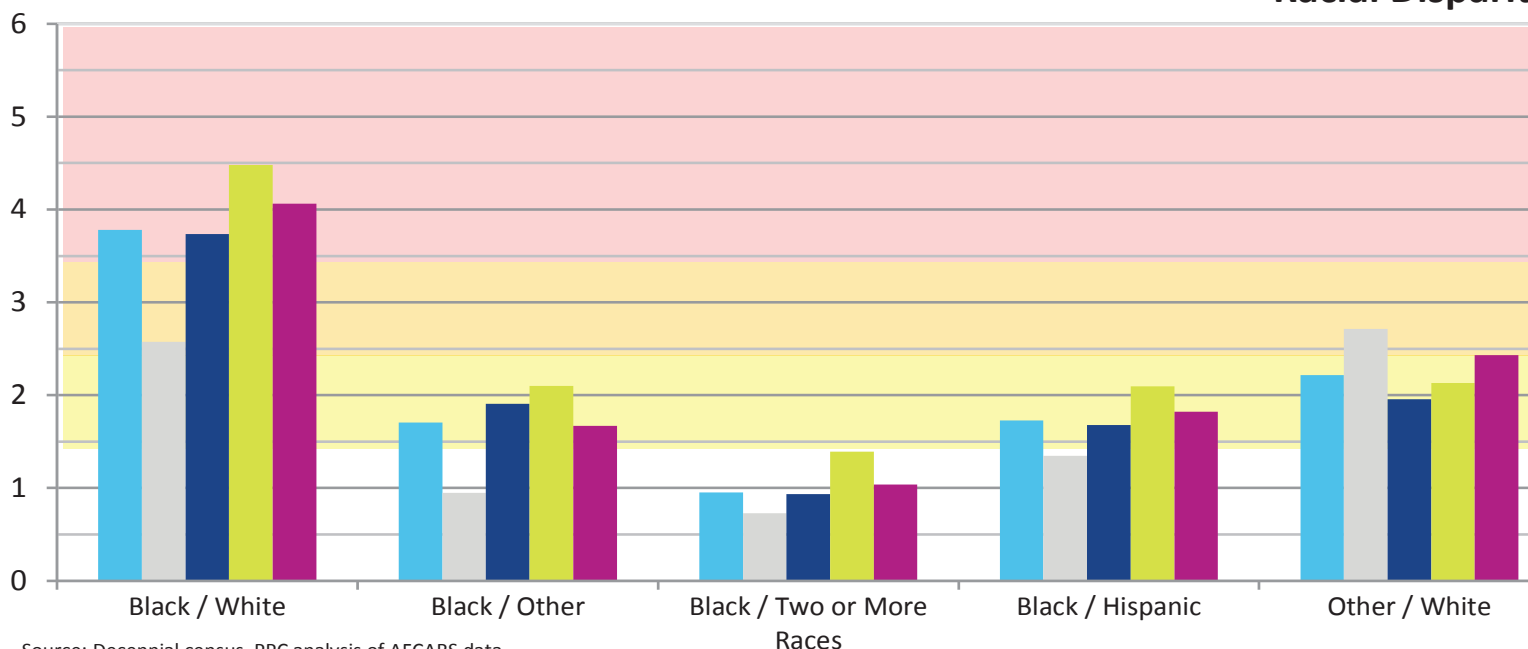


Source: Decennial census, PPC analysis of AFCARS data
Scores less than 1.0 are indicative of underrepresentation, scores of 1.0 indicate no disproportionality and scores of 1.1 and greater indicate overrepresentation.

Regarding foster care rates, Black children are represented in re-entries 2.7x more than their rate in the general population. Additionally, Black children were disproportionately placed in pre-adoptive homes and institutions.

Disparity demonstrates the lack of equality between two racial groups in the child welfare system. This data reflects a significant difference

Racial Disparit



Source: Decennial census, PPC analysis of AFCARS data
Unless noted, all races shown are non-Hispanic.
Scores near 1.0 are indicative of no disparity between the race or ethnicity shown.

WHAT THE DATA REVEALS

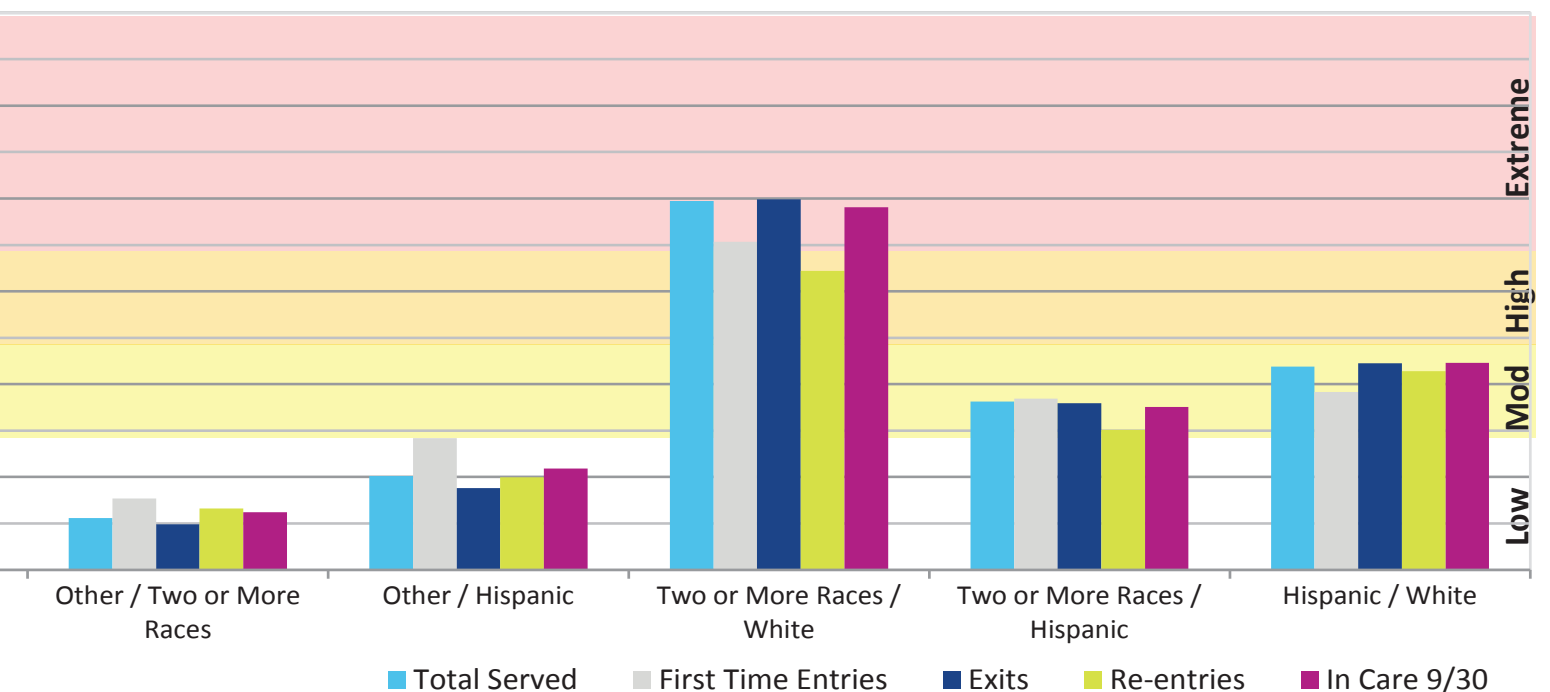
between white children, Black children, and children of two or more races. **Specifically, Black children were nearly 4.5x more likely to re-enter foster care and more than 4x more likely to remain in foster care than white children. Children of two or more races additionally experienced significant disparity compared to white children, including being 4x more likely to be in foster care and 3.5x more likely to have a first-time entry.**

While DHS released a 2021 Racial Equity Report that focused on ways to promote intentional equity and inclusion, there has been slow movement on forwarding its work. One step that OCYF has taken includes creating an internal race equity workgroup and identifying ways to disaggregate data. For the first time, OCYF included some disaggregation of child abuse data in the [2021 Annual Child Abuse Report](#). PPC will continue to elevate the need for a more intentional focus on equity and inclusion in meetings with the administration.

“There is a huge need to invest in prevention to reduce risk factors associated with child abuse and neglect, particularly in the Black community. More than half of Black children will be subjected to an investigation at some point before they reach the age of 18. The child welfare system tends to over-surveil Black families, often resulting in unnecessary separations among these families. Structural racism can get in the way of this system’s intended process, which consequently causes unintentional harm. There is no easy fix for the flaws in the child welfare system, but each jurisdiction and agency must evaluate their systems to identify where and how disproportionalities and disparities are occurring to ensure their practices use an antiracist approach”

- Heather Wilkes, Policy Manager, Allies for Children

by Indices, 2021



SUPPORTING THE CHILD WELFARE SYSTEM AND WORKFORCE

Supporting children and families requires federal and state investments in the child welfare system and other DHS deputates, including adequately funding the system from the state to the county agency level and with contracted private providers. Essential to promoting positive outcomes is ensuring that agencies are adequately staffed and supported to effectively carry out the duties of keeping children safe, families intact and promoting permanency, and a successful transition to adulthood.

The annual child welfare budget is \$1.5 billion, supports the state, county agencies, and contracted providers, and includes other specialized initiatives. For the 2022-23 budget, child welfare received an additional \$160.4 million in state investments, totaling a 12% increase from the prior fiscal year. However, this is \$20 million less than what the governor called for in his proposed budget in February 2022. The child welfare budget is complex and nuanced. One component challenging to understand is counties must submit a Needs Based Plan and Budget outlining their proposed needs for the next fiscal year in carrying out the initiatives set by the federal and state governments. A county-based proposal, the NBPB does include rate increases for contracted providers and requests for funding for new initiatives. However, county allocations are all determined by the enacted state budget, which means requests for increased staff, increased provider rates, and new programs being are set off of this amount after this time period.

One of the most concerning pieces in the child welfare budget includes a reconciliation process implemented in the 2015-16 budget

“The current staffing issue is more concerning than ever before. Without adequate staffing, agencies will struggle to meet their responsibilities of protecting children. Pennsylvania, as a whole, must take recruitment and retention of child welfare professionals more seriously to ensure the safety and protection of children.”

*- Brian Bornman, Executive Director,
Pennsylvania Children and Youth
Administrator*

year. Through this process, a rollover of approximately 12.5% annually is not paid out in the current fiscal year. This means counties are never entering into a fiscal year with their total allocations but rather receiving an I.O.U. from the legislature to pay it in the next year. Balancing the budget and ensuring counties receive their total allocations are essential to better understanding the system’s needs and having an accurate picture of expenditures. Having a budgeting process between the state and counties that is perpetually in flux across fiscal years due to this rollover process, in addition to the added complexity of the NBPB process, makes this a difficult task to ascertain the exact fiscal health of a county’s system, let alone the state’s as a whole.

Also challenging is the cost of implementing the Family First Prevention Services Act (FFPSA). The Independent Fiscal Office conducted a

SUPPORTING THE CHILD WELFARE SYSTEM AND WORKFORCE

[fiscal analysis](#) of the initial and ongoing costs for implementation, projecting a loss of over \$46 million in 2023. This would not be effectively offset by new funding for prevention services, as that amount accounts for only a projected \$3 million increase in 2021 and no further projections in future years. This is critical, as a loss of federal support will either require additional state investments or counties being required to pick up the costs. Little discussion has occurred on the overall financial impact of the FFPSA to the state budget since the IFO released its analysis over two years ago. The continued delay in its implementation further clouds the overall effect on child welfare budgets.

For several years, Governor Wolf's budget proposals have included funding specific to supporting the child welfare workforce, such as minimum wage increases and new specialized statewide positions. Casework and provider staff are critical in keeping children safe, families intact, and ensuring positive outcomes

"As public and private partnerships continue growing to better serve children, youth and families, providers are focused on recruiting and retaining staff who play important roles in the changing needs of families as the most important consumer of their services."

*- Terry L. Clark, President and CEO,
Pennsylvania Council of Children, Youth,
and Families*

as required federally and statewide. Often thankless roles, child abuse and neglect workers deal with high-stress, traumatic, unsafe, and complex factors that come with the day-to-day job. Recruitment and long-term retention issues have plagued the child welfare system for decades. Still, they have become an increasing crisis in the last two years due to the pandemic and related economic shifts in the job market. Significant publicity has come from county agencies, providers, and advocacy organizations in articulating the need for recruitment and retention in the workforce. Stakeholders are calling on policymakers to address this workforce crisis strategically. Solutions include:

- Making compensation packages, including salary and benefits, consistent across counties
- Reducing high caseloads through increased staffing levels
- Improving efforts to diversify the child welfare workforce to represent better the communities they serve and reduce bias
- Redesigning education and training requirements for caseworkers and examining practices around promotions to leadership positions in the field
- Promoting legislation allowing for loan forgiveness for child welfare workers
- Addressing impacts from the CPSL changes enacted nearly a decade ago, including redefining what constitutes a General Protective Services referral and how to serve those cases with a community-based approach rather than the formal child welfare system

Continued Implementation of the Family First Prevention Services Act



One of the most significant child welfare legislative reforms in recent history, the FFPSA—part of the omnibus, sweeping Bipartisan Budget Act of 2018—aims to promote evidence-based programs to support families and avoid formal foster care placement. One critical provision incentivizes family-based care while reducing federal support for congregate care placements. Other components include extending supports for transition age youth and addressing specialized issues, like parental substance use.

A public [website](#) houses updates, including the state's current [5-year Title IV-E Prevention Plan](#), which outlines the implementation plan submitted to the Administration for Children and Families in October 2021. Currently, the state is negotiating with ACF on the proposed plan, which includes answering questions and providing additional information, with modifications occurring as a result. Hopefully, ACF will approve the plan soon. In the interim, counties are in different stages of implementation and are working with OCYF on technical assistance.

To support counties in implementing FFPSA, OCYF has developed the Building Strong Communities and Healthy Families workgroup, tasked with providing strategic direction related to the state's implementation of the 5-year plan. Additionally, counties are receiving technical assistance for establishing innovation zones, with learning collaboratives as part of ongoing planning. Innovation zones allow counties to partner with contracted evidence-based



providers to assist with assessments and designation of foster care candidacy instead of requiring county caseworkers to conduct those pieces. This will allow providers to preventatively serve families without the need for formal child welfare involvement.

Opioid Abuse Child Impact Taskforce



[Act 2 of 2022](#) established the Opioid Abuse Child Impact Task Force and directed the Joint State Government Commission, DHS, and the Department of Health to support staff. The purpose of the task force is to:

- Examine and analyze the existing practices, processes, procedures, and laws relating to the diagnosis and treatment of substance-exposed infants
- Review and analyze the existing practices, processes, procedures, and laws relating to the safety, well-being, permanency, and placement of children at risk due to their parent's substance abuse disorders

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- Hold public hearings for the taking of testimony and the requesting of documents
- Make relevant recommendations for improving the safety, well-being, and permanency of substance-exposed infants and children adversely affected by their parent's substance abuse disorders

The 11-member committee must submit a report to the Governor and General Assembly by November 22, 2022, and will formally dissolve on January 26, 2023. Task force information, including live streaming of meetings and materials, including agendas and minutes, are provided through the Joint State Government Commission [website](#).

Update on the New Statewide Case Management System



[House Resolution No. 119 of 2021](#) directed the Joint State Government Commission to study the development and

implementation of the integrated child welfare information system and to analyze its progress. The commission's [final report](#), released in April 2022, includes research findings and community outreach results. Each county child welfare agency currently utilizes one of six designated case management systems to collect required data elements and feed that information into the state's Child Welfare Information System (CWIS). Counties must report specific data elements through their independent systems to CWIS at specific reporting timelines. Outside the state and federal requirements, counties can choose to collect additional data elements

as determined by their agencies, which creates variances between counties on what they collect, with some counties having access to significant amounts of data and others having limited information. Some of the challenges in the current data collection process include:

- A lack of quality data, including historical data and only having access to point-in-time data
- The inability of data sharing between counties
- Duplication of IT services with high costs
- Lack of designated definitions that can impact decision-making

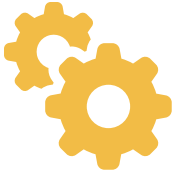
An integrated, statewide case management system will ensure more consistency across counties in data collection and analysis.

However, the timeline for completion is lengthy and complex. As outlined in the study, the project started in 2019 by developing a steering committee and other child welfare workgroups. Due to the COVID-19 pandemic, there were some project delays. However, DHS released an updated timeline in February, noting that the system's implementation will begin in 2024 with a goal of completion in 2026 and ongoing maintenance continuing beyond.

A standardized system will allow better data analysis and policy reform at the state level; however, implementation will be highly complex. DHS must collaborate with counties and providers throughout the process to ensure adequate training and technical assistance with the system rollout. Additionally, the report recommends DHS minimize risk by ensuring the effective transfer of all data and good transition planning.

Continued on next page

Ongoing Regulatory Revisions



Formally updating outdated regulations that oversee policy and practice for child welfare agencies and providers has stagnated.

Several regulations have been under OCYF revision over the past several years, specifically Title 55, Chapter 3130 regulations governing the operation of child welfare agencies, and Chapter 3800 regulations that govern the operations of child residential and treatment centers.

Critical revisions to Chapter 3130 regulations are needed to improve casework practice, including reducing staff-to-supervisor ratios and

expanding staff to lower caseload sizes, which can help improve overall service delivery. The modifications to the 3800 regulations aim to solidify some of the provisions included in the specialized settings within the implementation of the FFPSA and, more broadly, focus on ensuring that congregate care settings are high-quality and meet the time-limited treatment of children and youth. These regulations provide specific, licensure-based requirements that can have a positive long-term impact on service delivery.

In March, the Wolf Administration released its [regulatory agenda](#) to finish the end of the administrative term, including child welfare regulations. While hopeful the announcement



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that the 3130 and 3800 regulations changes would occur in the spring of 2022, public release of the proposed changes has yet to happen. Time is limited to make this achievable before the end of the administrative term.

Supporting Children and Youth Experiencing Education Instability



[Act 1 of 2022](#) codified education provisions to ensure timely graduation and access to academic support and promote access to extracurricular activities. Schools must identify students experiencing educational instability, defined as students who experience one or more education disruptions during a school year:

- Homelessness, as defined in the McKinney-Vento Homeless Assistance Act and as determined by the school entity
- An adjudication of dependency under 23 Pa.C.S. Ch. 63 (relating to child protective services) and 42 Pa.C.S. Ch. 63 (relating to juvenile matters)
- An adjudication of delinquency under 23 Pa.C.S. Ch. 63 and 42 Pa.C.S. Ch. 63 as disclosed at the discretion of the parent or guardian of the student; or
- An adjudication as part of court-ordered services under a voluntary placement or custody agreement

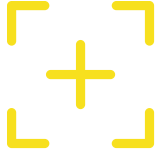
Each school entity must establish a point of contact to identify and ensure that students experiencing education instability know their rights and assist with navigating the provisions.

The duties for points of contact include:

- Expediting consultation with a school counselor or mental health professional
- Ensuring quick placement into needed courses for grade achievement or graduation
- Connecting the student with education support services to meet their needs
- For students transferring schools, ensuring that prior records are received promptly and that IEP/504 services are in place
- For students in grades 9-12, working with the student and other supports to develop an on-time graduation plan
- Waiving fees and eliminating barriers to participating in extracurricular activities, school trips, school lunches, etc.
- Ensuring that students are awarded full or partial credits for work satisfactorily completed at prior school entities, including those issued from a school associated with a residential placement
- For students who may not graduate on time, working with the Pennsylvania Department of Education to determine if the student is eligible for the Keystone Diploma

Foster, homeless, and Juvenile Justice youth often experience challenges in their education due to trauma, placement, frequent moves, and other factors specific to their population. This often results in poorer outcomes than their peers in the general population. The provisions of Act 1 will level the playing field and better support vulnerable youth in having equal access and opportunities to education support and services. PDE has issued [guidance](#) to local education agencies to implement the provisions.

POLICY RECOMMENDATIONS



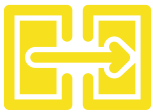
- ✔ Focus investments on building out community-based interventions to mitigate non-abuse factors leading to formal child welfare intervention. This includes addressing allegations of general neglect, such as homelessness, mental and behavioral health, parental substance use, and meeting basic needs. Solutions must emphasize cross-system collaboration between OCYF with other DHS offices (including the OMHSAS, OCDEL, and the Office of Medical Assistance Programs) to build models with evidence-based or research-informed programming, while also considering opportunities for joint policy development and braided/blended funding.



- ✔ Prioritize kinship care as the primary placement option for children in out-of-home placement. This includes amending policies that focus on eliminating arbitrary barriers to licensure, having a seamless waiver process, a fair appeal protocol, and addressing policies that reduce subjectivity and bias in decision-making.



- ✔ Continue to reduce the number of children and youth in congregate care placement for reasons not associated with time-limited, specialized treatment needs. Disaggregate and further analyze population data and factors leading to placement to understand better why it is the primary placement entity. Emphasize how to serve children and youth through community-based support or placement through other DHS services such as mental and behavioral health systems. This would include the identification of barriers, such as insurance denials and authorization processes, and ensuring all communities have programs to serve special populations. Additionally, look at the population placed in shelter care or group homes for non-treatment purposes to identify ways to increase opportunities for community placement, including increased access to interventions that keep families intact.



- ✔ Ensure transition age youth can successfully exit the system by producing quality transition plans, consistently offering permanency services and community-based supports, and ensuring youth do not enter into homelessness.



- ✔ Expand and make data more publicly available from DHS. As OCYF builds a new state information system, increase data sets required from county agencies and ensure that all data is disaggregated by age, gender, race, ethnicity, and county. In developing the new statewide system, DHS should ensure that advocates, researchers, and families are engaged in the development process and provide feedback on outcomes to track.



- ✔ Develop community feedback forums—both within the state and with external advocates—to obtain the lived experiences of children and youth involved with the child welfare system to help shape practice and enact policy change. This should include special populations, such as approved or denied kinship caregivers, adoptive parents, or county and provider staff.



- ✔ Invest in our child welfare system at the state and county levels to ensure adequate system funding. This involves supporting the child welfare workforce, including private contracted providers, by promoting recruitment and retention policies and developing an understanding of the federal and state funding options to support needed changes.

MAKING THE CASE FOR DATA AND POLICY SOLUTIONS

A review of the available child welfare data coupled with the policy recommendations outlined in this year's State of Child Welfare report can improve outcomes for children, youth, and families. There is an excellent opportunity to strategize legislative and administrative policy that focuses on better primary prevention, increasing opportunities for placement in a family-based setting, supporting transition age youth, and adequately supporting the system and workforce. These recommendations will require a deep root cause analysis, including lifting the voices of consumers involved with the system, by the administration, agencies and advocates. Further, it is incumbent upon DHS to increase the collection of data measures and produce them publicly and in real time. Together, all stakeholders can be a part of advancing system change.

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- Pennsylvania Children and Youth Administrators
- Pennsylvania Council of Children, Youth and Family Services
- Pennsylvania Family Support Alliance
- Penn State Dickinson Law
- PNC Financial Services Group

CLICK [HERE](#) FOR STATEWIDE GEOGRAPHIC AND COUNTY-SPECIFIC DATA TABLES



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200 North Third Street, 13th Floor
Harrisburg, PA 17101-1589

717-236-5680 | www.papartnerships.org

