



**TESTIMONY ON
CCAP COMPLEX CASE WORK GROUP REPORT**

Presented to the House Children and Youth Committee

By

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Thank you for the opportunity to provide comments to the House Children and Youth Committee on the County Commissioners Association of Pennsylvania's Complex Case Work Group Report. My name is Jean Foschi, and I am a county commissioner from Cumberland County in central Pennsylvania. I serve as Vice-Chair of the Cumberland County Board of Commissioners and also serve as a member of the CCAP Human Services Committee and Complex Case Work Group.

I am joined today by Brian Bornman, Executive Director for the PA Children and Youth Administrators Association, an affiliate of the County Commissioners Association. His association consists of all 67 county child welfare agencies and a number of associate members, primarily provider agencies and technology companies that work in the human services sphere. He has worked in the field of social work since 1988 in various roles, including as a child therapist, a child welfare caseworker, and legal counsel representing both parents and a county child welfare agency.

Across the country, child welfare systems are serving children and youth with increasingly complex behavioral health needs. Recognizing a growing problem in Pennsylvania, counties made it an association priority in 2023 to address these needs. CCAP created the Complex Case Work Group consisting of county commissioners, a county executive, a county solicitor, and county human services staff. This work group met from July 2023 to February 2024 to examine the issue and create the final report provided as an addendum to today's testimony.

There is no universal or standard definition of what constitutes a "complex case" in child welfare. The CCAP Work Group recognized the wide scope of possible needs that children may have, and that many systematic issues combine to create what we believe is a crisis. While historically, a youth with complex needs may have required more time for county staff to locate a placement or treatment regime, recent years have seen many youth in the custody of the county sleeping in hotels and child welfare offices, regardless of the extensive efforts expended to locate appropriate treatment and/or placement. The work group defined complex cases as the following:

Minors who are in the custody of the county for whom there is not a level of care sufficient to meet their mental, behavioral, or physical needs. This includes dependent and/or delinquent youth for whom there is not an appropriate level of care available, such as those sleeping in a CYS office or hotel. This also includes those for whom a higher level of care is recommended, but for whom that level of care cannot be located, is unavailable, or simply does not exist.

The number of youth sleeping in hotels and children and youth offices is unconscionable. For the period January 1, 2023, until June 30, 2023, 45 counties were able to provide data on the number of youth forced to sleep somewhere other than a licensed child placement facility. This may be the child welfare office, a hotel, or a hospital ready for discharge, but there is no facility to which they can be moved. This includes youth placed in a lower level of care than needed.

- 255 youth slept somewhere other than a licensed placement facility.

- 772 nights sleeping in offices, hotels, cottages, and hospitals
- 175 youth were forced to stay in a hospital beyond their discharge date.
 - At least 2,651 nights unnecessarily spent in the hospital.
- 99 youth did not receive mental health services needed because the hospital could not provide the level of care and simply discharged them.
- 284 youth who were placed in a lower level of care than what was recommended
 - 3,161 nights during which youth were in a lower level of care than needed.
- 33 youth placed outside of Pennsylvania when in state placements couldn't be located

These are deeply troubling statistics, because the lack of appropriate placement creates negative outcomes for children and staff. At best, there is an inappropriate placement during which youth receive none of their needed treatment and care; at worst, it is a situation dangerous to all involved. In our report, you will find detailed the very serious consequences that have occurred not just in Pennsylvania, but nationwide when staff are forced to keep children in an office, hotel, or other setting that is not meant to be used for the care and treatment of children. Unfortunately, this includes threats, physical and sexual assaults against other children and staff, and the death of a youth absconding from a child welfare office.

We therefore present a number of recommendations which are designed to address the most immediate crisis where children and youth are left without placement options. In addition to the full report, a brief executive summary has also been provided as an addendum for ease of reference to each policy area.

Our primary recommendation is the development of a no eject/no reject program to ensure youth have a safe place to stay when there are no other options. While there are such programs in the delinquency system, there is no such equivalent for dependent youth. A diagnostic and/or stabilization program, that will accept any youth for stabilization and testing, would be appropriate to ensure youth stay in a safe program until a more long-term program can be located. This could take the form of regionalized programs to enable youth to remain closer to their families and prevent extensive travel costs.

The second area of recommendations center on more organized concerted efforts to develop programs which accept challenging behaviors, co-occurring medical and mental health issues, and other complex patterns of diagnosis. Because counties and Behavioral Health Managed Care Organizations may individually see only a small number of complex situations, it would be best to look at a statewide level to determine the type and number of specialized programs that would be needed. Additionally, there is an opportunity to collaborate on how decisions are made to accept children into a program at the provider level to ensure assessments are both comprehensive and current.

We recommend that collaboration across the human services system and between levels of government would benefit from collaborative cross-systems trainings. Because of the complexity of need, children may be served by mental health, intellectual and developmental disability, drug and alcohol, and a variety of other services as well as Children and Youth. It's

imperative that we reduce silos and barriers between the various agencies and between counties and the state level counterparts. This is also reflected in two recommendations from the Blueprint workgroup. Blueprint recommendation 15 is to create multi-disciplinary teams of treatment professionals who are well equipped to treat and coordinate services and supports for youth with intensive multi-system needs. Blueprint recommendation 6 is to develop guidance to counties with funding to support an Integrated Child and Family Team. Relatedly, we recommended that the Complex Case Bulletin be revised to require state offices to participate sooner in the process than is currently occurring.

Along with that network of relationships comes a network of funding that often has to braid across multiple sources. We need to ensure that regulation and policy enable existing funding streams to better address complex cases. As each system is waiting to be the funding of last resort, it leads to situations where only county general fund money can be used for very complicated and specialized services. Counties must currently try to develop programs on an individual basis. This area was addressed by Blueprint workgroup recommendation 2 to establish a single, dedicated funding stream outside of the human services block grant that addresses all of the developmental, physical, and mental/behavioral health requirements of youth with complex needs. It makes sense to address the statewide aggregate of youth with acute needs, which will also assure consistent and better options for those youth.

We further recommend that Pennsylvania revise the nature of the licensing system for Children and Youth. Pennsylvania is the only state where the oversight body licenses the county child welfare agency, and this has not created differences in outcomes compared to other states. The current dynamic of licensing creates friction as counties spend substantial time and effort on technical compliance rather than being able to focus on improving practices. Accountability can be improved while also increasing public transparency. In the full report, we share examples from Colorado, California, Florida, and Arizona.

There are opportunities where technology could be leveraged statewide or at a county level to free staff time and improve outcomes. We recommend that the state should purchase or develop a program to enable a single referral and an improved identification of program matches for all available placement resources statewide. In the Blueprint workgroup recommendation 14, they suggest a comprehensive needs gap analysis across all child serving systems. A program to enable referrals would create a body of data over time that reflects the individual incoming needs and how well those could be matched to programs. This would effectively build a gap analysis as referrals occur. Counties can also use technology to streamline daily tasks. Reductions in administrative burden will help staff reduce burnout and increase time of direct service to the families and children.

Workforce shortages and turnover continue to be high throughout state, county, and providers in child welfare. The Blueprint workgroup acknowledges this in their recommendation 10 to create strong incentives to build a qualified workforce willing to enter and remain in human service fields. We propose steps to build a strong and resilient workforce capable of meeting the needs of children and families. Creating a strong pipeline of people interested in this work must

begin at universities, and even high schools, with outreach and paid internship opportunities. Recruitment of county caseworkers would benefit from a strong advertising campaign, standards for minimum salaries, and full state reimbursement of those salaries. To retain competent, experienced staff, there should be regulations promulgated which lower caseload sizes over time to 10-12 cases per caseworker. Research shows that this is the most realistic caseload size to provide effective case management.

Finally, we recommend that Pennsylvania develop a mental health resource navigation system to assist families with locating needed services and navigating the mental health system. A centralized resource line for families seeking services for children and youth with significant and complex needs, similar to the KinConnector resource could help families connect to services before needs escalate further. Depending on the level of need, the resource line could link families to Resource Navigators, existing warm/hotlines for informal assistance, and specialized guidance to begin the process of accessing care. Additional examples from Washington, Massachusetts, New Jersey, and Colorado can be found linked in the full report. The Blueprint workgroup recommendation 4 supports a similar approach, recommending a statewide, comprehensive and holistic clearinghouse of information on supports, services, and program availability in Pennsylvania. They reference the then-recently launched PA Navigate as a possible platform.

The CCAP work group was kept informed about the Blueprint Workgroup's efforts and final report. We appreciate the Department of Human Service's collaboration as both efforts were underway simultaneously. Some county staff were participating in both efforts due to their expertise. We are pleased that many of the final recommendations align well together, though the Blueprint work took a more broad and systematic approach. While the areas of focus for DHS's Blueprint are also important, counties urge attention be paid to the immediate crisis of the lack of appropriate placements as a priority.

In closing, I want to thank the House Children and Youth Committee for its attention to this critical issue. Counties play a crucial part in providing for the welfare of children and youth in our Commonwealth. The child welfare system is facing many challenges. We believe solutions are urgently required to ensure children with complex needs are receiving safe and adequate care. Counties appreciate the opportunity to comment today and stand ready to continue this important dialogue.

Thank you for your time and consideration of these comments. We are happy to answer any questions you may have