The Workforce Crisis Affecting Behavioral Health & Child Welfare Services: Analysis & Recommendations

PCCYFS
PA COUNCIL OF CHILDREN YOUTH & FAMILY SERVICES
A UNITED VOICE FOR PROVIDERS

About PCCYFS

The Pennsylvania Council of Children, Youth and Family Services (PCCYFS) is the collective voice for private agencies that serve Pennsylvania's most vulnerable children and their families. PCCYFS represents nearly 100 private agencies employing more than 10,000 professionals statewide. Services include foster care/kinship care, adoption, residential treatment, behavioral health services, education, counseling, independent living/transitional living services and others.

Background

A strong and well-experienced workforce is the backbone of the human service field. Pennsylvania children and family service providers have been crippled by challenges with finding quality staff and retaining staff.

Work in the field of children, youth and families is not easy. Staff face demanding caseloads, uncertainty, life and death decisions, trauma for children and families, traumatic stress, a bureaucratic system, and external oversight and scrutiny[1]. These factors, compounded with low pay and limited benefits, can lead to lower interest from recent, qualified graduates. Perceptions of agencies that work with children, youth and families propagated by the media can reduce the eagerness of qualified graduates to enter the field. Coverage by the media can be powerful and can lead to reactionary changes and a "blame game" that further stigmatizes workers and their supervisors[2]. Those who have worked hard for a bachelor's or advanced degree may look for a lower stress job for a comparable wage to pay off their student loans. Alternatively, some workers who remain in the human services field find themselves working multiple jobs in order to pay off their loans.This limits the pool of qualified applicants interested in this area of work.

Even with marketing and school-based relationships, agencies experience limited numbers of applicants for posted positions and even less who are qualified for the job. There continues to be a significant number of vacancies at agencies intensified by staffing and regulatory strains. When agencies are able to hire new staff, they may have to invest significantly in training and professional development as workers are not as skilled, educated or experienced as required by the demands of the field. Providers have stated that the quality of applicants has seemingly decreased, or applicants want a salary which agencies are unable to provide. The staff shortages have placed an overwhelming amount of work on the employees who have stayed, adding necessary overtime hours.[3] As a result, many long-time children and service workers are becoming burned out and may leave the field soon themselves, further exacerbating the shortages of staff. While Casey Family Programs estimates that annual turnover rates for child welfare workers below 10–12 percent are considered optimal or healthy, for the past 15 years, child welfare turnover rates have been estimated at 20–40 percent. A separate survey of our members showed individual agency turnover rates as high as 65 percent and as low as 6 percent with an average of about 30 percent. Even higher average rates of turnover have been noted among child welfare trainees: 46–54 percent. In a system that is already financially limited, Casey further estimates that every time a caseworker leaves his or her position, the cost to a child welfare agency is 30-200% of that employee's annual salary.

> "The pandemic has led to several more unemployment claims and more importantly, our agency lost more than 400 days due to staff being off work due to covid-related absence."

Similarly, the U.S. Department of Health and Human Services Health Resources and Services Administration Bureau of Health Workforce National Center for Health Workforce Analysis found that by 2025, shortages will be projected for psychiatrists, clinical, counseling and school psychologists, mental health and substance abuse social workers, school counselors and marriage and family therapists. They projected shortages of more than 10,000 full time employees[4].

Pennsylvania's providers have made significant time and resource investments in attempting to mitigate or at least decelerate their workforce challenges. Many have offered retention or referral bonuses, flexibility in work hours, remote work opportunities, loan repayment assistance, increased salary or hourly rates, and have conducted staffing surveys and offered enhanced professional

[1]NCWWI. (2016). Why the workforce matters. National Child Welfare Workforce Institute.
[2]Laliberte, T. L., Larson, A. M., & Johnston, N. J. (2011). Child welfare and media: Teaching students to be advocates. Journal of Public Child Welfare, 5, 200-212.
[3]Casey Family Programs. (2017). How does turnover affect outcomes and what can be done to address retention? (Casey Family Programs Healthy Organizations Information Packet). https://caseyfamilypro-wpengine.netdna-ssl.com/media/HO_Turnover-Costs_and_Retention_Strategies-1.pdf

development opportunities, among other creative solutions. However, the per diem or hourly rates providers receive do not adequately meet the genuine costs of running a program, due to the existing funding structure.

Providers are funded through state and federal funding mechanisms that include:

- Title IV-E of the Social Security Act (Title IV-E) provides funding to states for child welfare-related activities that meet certain eligibility criteria. Providers submit a Title IV-E packet of information to the state on an annual basis which outlines and justifies their anticipated costs and expenditures to run a quality program. The state reviews the submission and identifies a maximum allowable rate in light of their anticipated costs. Providers are then able to negotiate their rate with counties based on the maximum allowable rate that the state approves. In most cases, counties pay providers substantially less than the maximum allowable rate, resulting in provider funding deficiencies. This compression of rates over many years means that county-provided funds are not meeting the cost of care.

- Medicaid funding is another funding stream on which providers rely. This is a combination of federal and state funding from the Governor's annual mental health budget. The budgeting process determines the amount each county in PA will receive based on needs submitted by each county. Each county works with a Behavioral Health Managed Care Organization (BH-MCO), which is overseen by a HealthChoices program, to ensure funds are being expended appropriately. BH-MCOs develop contracted rates for services with providers and providers are reimbursed that rate as long as they meet all the requirements put forth by the BH-MCOs. Again, these contracted rates oftentimes are not enough for providers to enhance their existing programs that would make the job more attractive to potential employees.

Many providers also have to rely on independent fundraising to cover the disparity between their actual program costs and their reimbursement amounts. Fundraising intent is not to make up the difference of county underfunding.

"(This PRTF) has had to reduce bed capacity solely because of the struggles to hire and retain staffing. We relate this to a lack of people willing to apply for jobs and the extremely high wages that are now being paid by other businesses.

Unfortunately, we are unable to increase the cost of services to cover wage increases due to contracted low per diem rates received by the MCOs. We could be serving at least 30 more children if we were able to afford to increase wages and hire/retain the necessary staffing."

Effects of Workforce Challenges on Programming, Children, and Families

Regulations and overall quality standards require certain staffing ratios to sustain safe and effective programming, in both congregate and home-based settings. As a result of difficulties in hiring staff, providers in all areas of children and family services have had to downsize or readjust programs. Rather than limitations due to lack of beds or capacity, providers identify staffing as the driving challenge for accepting additional young people into their programming. Often, youth are not able to be served at the appropriate lower level of care and need to be hospitalized. This in turn causes waste in state spending on costly inpatient programs when a young person qualifies for a less restrictive setting. The American Psychological Association stated that, 'A growing number of children are 'boarded' in hospital Emergency Departments awaiting treatment because there are no alternative placement options. Exacerbated by shortages of mental health professionals across disciplines, there is insufficient capacity to provide the level of care needed and to support the more effective

[4]National Projections for Supply and Demand for Selected Behavioral Health Practitioners: 2013-2025, (November 2016) U.S Department of Health and Human Services Health Resources and Services Administration Bureau of Health Workforce National Center for Health Workforce Analysis, https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/behavioral-health-2013-2025.pdf

integration of services across the continuum[5]." Counties may be unable to obtain needed services for youth, which may cause youth to sleep at county agencies or languish at home despite much needed interventions. Similarly, providers are less willing or prepared to accept certain complex cases when staff are undertrained or underqualified. Ultimately, this results in more unnecessary trauma for a young person, mistrust in the system, and greater costs for the state.

Pennsylvania officially implemented the Family First Prevention Services Act[6] on October 1, 2021. This legislation leverages federal funding to limit the time in which a child remains in certain types of congregate care settings, among other provisions. The legislation also seeks to improve the quality of services available to children and families within the child welfare system by implementing and targeting funding toward specific evidence-based programs. While using rigorously evaluated evidence-based programs to promote child well-being is a laudable practice, it can often require a better-trained and a more qualified workforce to offer these types of programs. Recruitment and retention challenges will continue to limit provider ability to sustain these practices and require ongoing investment in professional development as positions experience turnover.

In his 2017 report, *State of the Child,* the Pennsylvania Auditor General reviewed county child welfare agencies, and the impact workforce shortages have on quality of service. “Turnover creates a ripple effect: one caseworker leaves, creating increased workloads for other caseworkers, which results in more resignations. Increased

"Our staff have worked hard and done great work during covid. But with all the limitations and the needed overtime, folks are more job fatigued than any time in the last 10 years."

continuances in court because a new caseworker does not have the knowledge or information readily available during the hearing. Continuances can lead to children staying in care longer. . . and difficulty filling positions with qualified staff.” More importantly, however, is the impact this can have on children and families. “Having to relive the trauma by telling their story over and over again; delays in reunification; information getting lost in translation or lost completely; delays due to newer caseworker’s time to familiarize themselves with the case; a new caseworker taking a different approach to the case, which requires children and parents to have to learn the rules all over; and delays in a family sharing their needs and struggles with someone unfamiliar[7].”

On a macro-level, children and family services providers have a significant impact on Pennsylvania’s neighborhoods and communities. Provider agencies reach individuals in an attempt to interrupt cycles of abuse, neglect, criminality, extreme poverty, undereducation, and other related social determinants of health. Pennsylvania usually sees an average of over 40,000 cases of child abuse per year when referencing the 2018 and 2019 Child

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From David a 9-year-old-foster child:*

"I miss Miss Dana. She was there for me when no one else was. She talked to me about my mum and grandma, my friends, my school, all kinds of stuff. But she moved away and doesn’t work with me anymore. I miss her. The last few months there have been a bunch of different people seeing me. They’re nice, but they ask a lot of questions that Dana already knew about."

From Sarah a family-based 15-year-old client:*

"Chris and Alex knew everything about me. I would see them twice a week and they would coach me through my toughest moments. I felt really comfortable with them. I know my parents and sister loved them, too. Alex left to go back to school in the summer, but at least we still have Chris. But now it seems like Chris can’t find a new person to help him."

*Their names have been changed to protect their identity."

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[5]Putting Kids First: Addressing COVID-19’s Impacts on Children, Arthur C. Evans, Jr. PhD. CEO, American Psychological Association, September 22, 2021
[6]FamilyFirstAct.org. About the Law. (2020). https://familyfirstact.org/about-law
[7]Pennsylvania Auditor General Eugene D. Pasquale. (2017). State of the Child: A look at the strengths and challenges of Pennsylvania’s child-welfare system and the safety of at-risk children. https://www.paauditor.gov/Media/Default/Reports/RPT_CYS_091417_FINAL.pdf
[8]Pandemic masks ongoing child abuse crisis as cases plummet. (March 29. 2021). https://apnews.com/article/coronavirus-children-safety-welfare-checks-decline-62877b94ec68d47bfe285d4f9aa962e6

A statement from a surveyed provider: they typically manage with a 10-15% position vacancy rate for a 200-capacity youth program. About 50 staff walked off the job last year to stay home during the pandemic, from which they have not fully recovered.

In addition, the staff they do hire leave within 90-120 days to collect sign on bonuses elsewhere or to take a less stressful job (such as in retail or food delivery services).

Protective Services Reports for Pennsylvania. These cycles and factors negatively impact individual mental and physical well-being, thereby affecting a wide range of health outcomes for every neighborhood and community in Pennsylvania. Providers take action to improve the conditions in people's environments, hoping to intervene and overcome the adverse social determinants of health where Pennsylvanians live, learn, work, and play. When providers close programming due to insufficient staff or the overall workforce is underequipped, this safety net for Pennsylvania's communities is vulnerable.

COVID-19 Pandemic Impact on Children and Family Service Providers

The Coronavirus Disease (COVID-19) pandemic has had a significant impact on the workforce everywhere. On a day-to-day basis, consumers see limited merchandise as a result of supply chain shortages combined with shortened hours, advertisements highlighting higher wages, and other efforts as businesses attempt to stay afloat with limited staff. The pandemic has empowered workers to leave their jobs in search of more money, greater flexibility, and overall improved quality of life. The difference, however, is that the behavioral health and child welfare fields have struggled with staffing challenges even prior to COVID-19; the pandemic has brought this issue to crisis levels. Behavioral health and child welfare workers were considered "essential" during the pandemic. As a result, they had to look for creative, safe, and compliant methods to continue operating. In an effort to recognize the critical importance of their staff, despite their own financial limitations, providers sought ways to offer recognition of their workers such a hazard pay or more flexible scheduling. The pandemic also brought on new challenges such as procuring personal protective equipment at a time when it was extremely scarce. Providers were also forced to adapt to surges in overtime requests, and flexibility in scheduling time off and sick leave due to staff either contracting COVID-19, filling in for someone who did, or supporting dependents when childcare or other options were no longer available.

Specifically, congregate care providers were further confronted by quarantine requirements. Because of the need to close off a specific area of their grounds or dedicate staff to a particular unit for quarantined children, their capacity became more limited at a time when it was already strained. Providers were not permitted to offer in-person visits, which impacted child and family well-being. Overall, staff were also unwilling to place themselves or their families at risk of contracting COVID-19 by working in settings where virtual work was not an option.

Both congregate care and foster care providers were also strapped by an unprecedented decrease in referrals. Nationally, the Associated Press "found more than 400,000 fewer child welfare concerns reported during the pandemic and 200,000 fewer child abuse and neglect investigations and assessments compared with the same time period of 2019. That represents a national total decrease of 18% in both total reports and investigations." Pennsylvania saw a 16% drop in reports of abuse and neglect in 2020 compared with the previous year, according to the Pennsylvania Human Services Department. More serious reports meeting the definition of abuse dropped 22% over the previous year. Reports of abuse plummeted dramatically when Gov. Tom Wolf ordered the closure of schools in March 2020. In January 2021, reports of abuse and neglect dropped more than 22% compared with January 2020, before the emergence of the pandemic[9]." According to the Child Protective Services Report from 2020, there were 32,919 reports of suspected child abuse which is down from previous years[10]. Every child welfare professional knew that the decrease was not because instances of abuse decreased. Mandated reporters such as teachers and healthcare professionals were not seeing children and families in-person; they were unable to report signs of abuse because they were unable to witness them to the same degree as prior to the pandemic. Given the temporary nature of these numbers, providers struggled to balance staffing knowing that once schools and other services began to reopen, they would begin to see an uptick in referrals again but that their public funding could

not adequately support operations when referrals were not at the same volume. However, given the challenges in recruiting and retaining quality staff, laying off staff did not feel like a viable option. While some funding sources were able to offer flexible funding opportunities such as Alternative Payment Arrangements to help sustain operations, others were not.

For those referrals that did take place, resource parents were also wary of taking in children, making it harder to find a home for many children. The number of individuals who were interested in becoming foster parents was lower than in the past as well. Families were not willing to take risks when there were too many unknown factors related to the pandemic. Similar to the challenge in congregate care settings, in-person visits were unable to take place with birth parents, which impacted reunification.
Finally, as the vaccine is now readily available and the economy is eager to reopen, many children and family service providers, as recipients of government funding, must mandate workers to be vaccinated. For a myriad of reasons, this type of mandate is also driving workers away.

Although COVID-19 exacerbated issues related to the human services workforce, all of these issues were pre-existing and are not likely to recover once the pandemic and its effects progress. The human services field is not one where employers can offer some of the benefits that others can in order to try to appeal to the priorities of workers post-pandemic. Children and family service providers cannot offer completely virtual work options, some are limited in shift flexibility, raises in pay are limited by the per diem rates set by government partners, and the work itself continues to be taxing.

"Staffing has been very difficult to find and retain. We have increased our starting wage by $4 in the last year with moderate success. People can work in fast food and make about $14/hr.

The increased costs due to COVID-19, an unwillingness for per diem increases based on non-programming enhancements, and a reduction of skilled people in the workforce will have a dramatic effect on quality of the programs across the state. We have operated our programs on a limited basis for nearly a year and have still not been able to hire enough staff to operate fully."

Survey Results Analysis

In fall of 2021, in an effort to gather concrete data around the workforce challenges that exist among children and family service providers, PCCYFS issued a survey to its membership. Of the 62 provider members of PCCYFS at the time of the survey, 51 responses were recorded. Providers that were surveyed covered a full spectrum of services ranging from smaller to larger sized programs. These programs represented both congregate and community-based resources. The survey results indicated several areas of concern that should be highlighted given the current workforce crisis. Of the providers surveyed, more than 25% of the providers had more than 30 vacant full time equivalent (FTE) positions working directly with

[9]Pennsylvania has seen fewer child abuse reports; is abuse not being reported because children aren't in school? (March 22, 2021). https://www.mcall.com/news/pennsylvania/mc-nws-pa-child-abuse-20210322-56hjimwlffcqffvjdgpngtvdd4-story.html
[10]2020 Child Protective Services Report, (2020). https://www.dhs.pa.gov/docs/Publications/Documents/Child%20Abuse%20Reports/2020%20Child%20Protective%20Services%20Report_FINAL.pdf

children and youth. More than 75% had multiple positions vacant. Providers are seeing a significant number of people leave this profession with over 50% of the reporting providers stating they had more than 10 people leave in one year with 20 providers stating they had more than 40 people leave.

This crisis affects youth being able to get the adequate care they need and places financial hardships on the providers. Turnover rates for providers are much higher due to lack of funding to pay staff at a higher rate. Survey results indicate that 18 out of 51 providers had a waiting list, 3 providers had 10-20 youth on their waiting list and 5 providers had 40+ youth on their waiting list. More than 80% of the respondents stated that they were unable to keep up with their hiring needs for both FTE and part-time employees. Information suggests that waiting lists are due to not having enough staff to meet demand or ratio requirements due to regulations. Youth are waiting for treatment and their needs are not being met. Providers are not able to create new programming for complex youth given the staffing shortages. Programs are being reduced or closed. More than half of the providers stated that they had to delay expansion of programs and 32 said that they had to consider readjusting or downsizing programs due to lack of staff, therefore, experiencing financial losses. The financial health of the private provider system is dire, and legislative, state, and county officials need to respond.

Recommendations

Staff are leaving employment with providers to go to better paying opportunities. This staffing shortage has been a concern for years, which had been stated previously, but COVID-19 has accelerated this crisis to a point where more and more youth are not able to receive the help they so greatly need. Assisting with this staffing shortage now would not only help providers with obtaining quality staff but would ultimately reduce recidivism and trauma for youth as well as help the state reduce funds by utilizing lower, less costly levels of service rather than inpatient centers/ hospitals.

- Providers should receive the state maximum allowable rate and projected rates from the counties to be able to recruit and retain quality staff. Adequate funding will provide the appropriate level of services to youth. Department of Human Services (DHS) should capture and analyze data regarding reimbursement from BH-MCOs and Title IV-E funds to better illustrate the ways in which the rate/per diem disparity impacts provider operations.

- The state should explore the possibility of offering loan forgiveness options for child and family service providers and/or human services providers as long as they work at a provider for a minimum two-year time frame. These types of incentives are critical to retaining staff in the Human Services field, especially considering child services work is extremely challenging and providers are competing with larger retail companies who can pay higher salaries.

- State and county agencies should offer Alternative Payment Arrangements for a period to assist providers in recovering from the impact of the pandemic on their workforce.

- The state should offer waivers to reduce labor demands and offer safe, but flexible options when agencies are unable to meet staffing requirements. Similarly, while certain measures were attainable previously to help providers, given the challenges facing providers today, new regulatory requirements should be examined carefully to make sure they are realistic and attainable.

- Providers should compile data from exit surveys to examine why staff are leaving and develop plans on how to recruit and retain from both an individual provider perspective, as well as a from a system perspective.

- DHS should establish partnerships with higher education to establish and/or build a more effective curriculum that prioritizes consumer outcomes and raises awareness of professional opportunities within community-based organizations.

- Funders should explore opportunities to support a post-graduate pipeline or fellowship/internship placement opportunities within provider agencies with guaranteed employment for a specified amount of time to help build exposure and hands-on learning.

- All partners must do their part in offering greater flexibility for employment qualifications without compromising on quality. For example, in light of psychiatrist shortages, PCCYFS recommends the use of physician extenders as stand-alone entities to assist with prescription and medication management to be able to serve youth, thereby precluding further trauma by expediently meeting their needs. Balancing the need for safeguards with reasonable access, Pennsylvania should consider physician extenders such as Certified Registered Nurse Practitioners (CRNP), Certified Nurse Practitioners (CNP), Psychiatric Mental Health – Advanced Practice Registered Nurses (PMH-APRN), Physician Assistants (PA), and/or Psychologists.

3425 Simpson Ferry Road, Suite 201
Camp Hill, PA 17011
717-651-1725
hbgoffice@pccyfs.org

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