

Performance-Based Budget

DEPARTMENT OF HUMAN SERVICES

Part 2



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INDEPENDENT FISCAL OFFICE

March 25, 2021

The Honorable Members of the Pennsylvania Performance-Based Budget Board:

Act 48 of 2017 specifies that the Independent Fiscal Office (IFO) shall "review agency performance-based budget information and develop an agency performance-based budget plan for agencies subject to a performance-based budget review." This review "shall be completed in a timely manner and submitted by the IFO to the board for review."

For the purposes of Act 48 of 2017, the Department of Human Services will be reviewed over a three-year period. This report contains the second part of the review for the department. All performance-based budget (PBB) reviews submitted to the Board contain the following content for each activity or service provided by the agency:

- a brief description of the activity, relevant goals and outcomes;
- a breakdown of agency expenditures;
- the number of full-time equivalent positions dedicated to the activity;
- select currently available metrics and descriptive statistics;
- any proposed metrics that the review recommends; and
- observations that should allow agencies to more effectively attain their stated goals and objectives.

The IFO submits this review for consideration by the PBB Board. The agency received a draft version of this review and was invited to submit a formal response. If submitted, the response appears in the Appendix to this review. The IFO would like to thank the agency staff that provided considerable input to this review.

Sincerely,

A handwritten signature in blue ink that reads "Matthew J. Knittel".

Dr. Matthew J. Knittel
Director

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Background on Performance-Based Budgeting

Act 48 of 2017 is known as the Performance-Based Budgeting and Tax Credit Efficiency Act. The act requires the Independent Fiscal Office (IFO) to develop performance-based budget (PBB) plans for all agencies under the Governor’s jurisdiction once every five years based on a schedule agreed to by the Secretary of the Budget and the Director of the IFO. The act directs the IFO to evaluate and develop performance measures for each agency program or line item appropriation. As determined by the IFO to be applicable, the measures shall include the following: outcome-based measures, efficiency measures, activity cost analysis, ratio measures, measures of status improvement of recipient populations, economic outcomes or performance benchmarks against similar state programs or similar programs of other states or jurisdictions.

The act requires the IFO to submit plans to the PBB Board for review and approval. The PBB Board reviews plans at a public hearing at which agency heads or their representative must attend to offer additional explanations if requested. The PBB Board has 45 days after submission to approve or disapprove plans.

A performance-based budget differs from a traditional budget in several key respects. The main differences are summarized by this table:

Traditional versus Performance-Based Budget		
Criteria	Traditional Budget	Performance Budget
Organizational Structure	Line Items or Programs	Agency Activities
Funds Used	Appropriated Amounts	Actual Expenditures
Employees	Authorized Complement	Actual Filled Complement
Needs Assessment	Incremental, Use Prior Year	Prospective, Outcome-Based

The plans track funds based on agency activities because they can be more readily linked to measures that track progress towards goals, objectives and ultimate outcomes. Activities are the specific services an agency provides to a defined service population in order to achieve desired outcomes. Activity measures can take various forms: inputs (funding levels, number of employees), outputs (workloads), efficiency (cost ratios, time to complete tasks), outcomes (effectiveness), benchmark comparisons to other states and descriptive statistics. The final category includes a broad range of metrics that provide insights into the work performed by an agency and the services provided. Those metrics supply background, context and support for other metrics, and they may not be readily linked to efficiency or outcome measures. The inclusion of such measures supports the broader purpose of the PBB plans: to facilitate a more informed discussion regarding agency operations and how they impact state residents.

Note: Unless otherwise noted, performance metrics used in this report were supplied by the agency under review. Those data appear as submitted by the agency and the IFO has not reviewed them for accuracy. For certain years, data are not available (e.g., due to a lag in reporting). In those cases, "--" denotes missing data. All data related to expenditures and employees are from the state accounting system and have been verified by the IFO and confirmed by the agency.

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Department of Human Services Overview

Mission Statement

The mission of the Department of Human Services (DHS) is to assist Pennsylvanians in achieving safe, healthy, and productive lives while being an accountable steward of commonwealth resources.

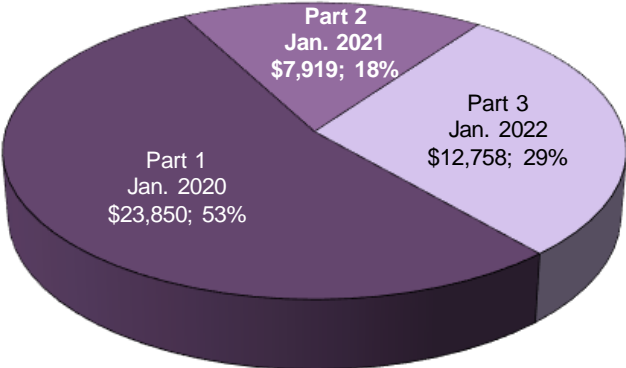
Services Provided

For Part 2 of the DHS report, activities relating to the Office of Children, Youth, and Families (OCYF), the Office of Developmental Programs (ODP) and the non-Medical Assistance portion of the Office of Mental Health and Substance Abuse Services (OMHSAS) are classified into 12 activities. An additional activity related to the Medical Assistance portion of the Office of Medical Assistance Programs (OMAP) is also updated from last year’s report. Other services that DHS provides are addressed in separate reports.

Department of Human Services: Activities and Primary Services Provided	
Activity	Primary Service
1 MA - Physical Health Services.....	Manage delivery of physical health services
2 County Child Welfare.....	Regulate county-administered child welfare programs
3 SWAN	Develop and support permanency services for children
4 ChildLine.....	Handle reports of suspected child abuse and neglect
5 Child Abuse Clearances.....	Process clearances for those who work with children
6 Youth Centers and Camps.....	Treat delinquent youth in the juvenile justice system
7 Community ID/Autism Waivers.....	Administer Medicaid waivers for persons with ID/autism
8 County ID/Autism Programs.....	Fund county-administered, ID/autism programs
9 State Centers.....	Provide residential services to persons with ID/autism
10 Private ICFs (ID/Autism).....	Finance services in private intermediate care facilities
11 County Mental Health Programs.....	Fund county-based mental health services
12 State Hospitals.....	Treat and support those with severe mental illnesses
13 Licensing.....	License human services entities for children and adults

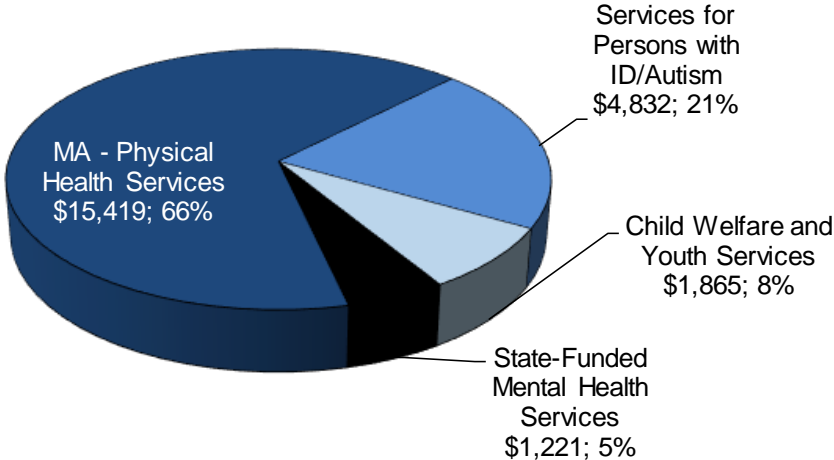
Pennsylvania is one of the nine states that rely on a county-administered system to provide services related to child welfare, mental health and/or non-Medical Assistance intellectual disability (ID) and/or autism. These states include the border states of New York and Ohio as well as Virginia. County-administered states employ a decentralized approach that allows for a higher level of local control compared to states that opt for a more centralized, statewide approach. Throughout this report state benchmarks are provided that compare Pennsylvania to other county-administered states as well as the national average on metrics related to DHS activities.

**Department of Human Services
Part 2 PBB Schedule Review of FY 2020-21 Budgeted Expenditures**



Note: Expenditures in dollar millions. Part 1 includes Medical Assistance, income maintenance programs and other program eligibility and benefits. Part 2 includes services for persons with ID/autism, child welfare and youth services, state-funded mental health services and an update for MA-Physical Health Services. Part 3 includes child development and early learning, long-term living and other grant programs.

**Department of Human Services
FY 2020-21 Budgeted Expenditures: Part 2 Activities**



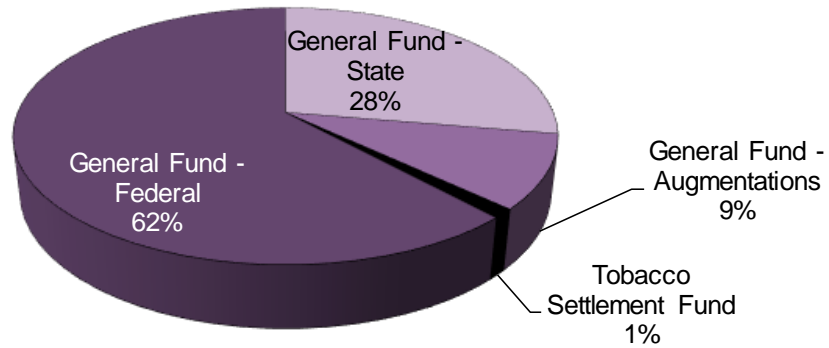
Note: Expenditures in dollar millions.

Department of Human Services Expenditures by Fiscal Year

	15-16 Actual	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Actual	20-21 Budget
Expenditure by Activity						
MA - Physical Health Services	\$13,590.0	\$16,171.1	\$13,417.6	\$15,317.7	\$18,641.7	\$15,419.3
County Child Welfare	1,372.1	1,492.7	1,590.7	1,581.7	1,634.2	1,724.0
SWAN	30.7	37.9	40.0	37.8	43.6	47.1
ChildLine	4.2	5.5	4.8	5.6	5.6	5.5
Child Abuse Clearances	8.1	8.2	7.1	7.1	7.7	7.6
Youth Centers and Camps	70.9	70.3	66.6	69.1	70.4	75.5
Community ID/Autism Waivers	2,505.2	2,692.1	3,028.3	3,406.8	3,973.7	3,948.7
County ID/Autism Programs	199.6	196.4	206.4	206.9	214.9	213.8
State Centers	316.3	322.2	307.2	291.1	281.3	296.8
Private ICFs (ID/Autism)	305.9	324.9	373.5	342.4	372.5	371.0
County Mental Health Programs	625.1	640.3	657.4	683.6	703.5	742.8
State Hospitals	401.4	409.9	424.0	443.5	451.1	474.4
Licensing	<u>6.8</u>	<u>7.2</u>	<u>9.8</u>	<u>11.0</u>	<u>10.6</u>	<u>11.7</u>
Total	19,436.5	22,378.7	20,133.4	22,404.4	26,410.9	23,338.1
Expenditures by Object						
Personnel Services	\$708.7	\$724.2	\$708.8	\$725.3	\$725.4	\$758.0
Operational Expenses	211.8	225.9	240.3	248.2	198.8	253.2
Grants	18,407.6	21,287.0	18,996.8	21,265.4	25,481.3	22,292.5
All Other	<u>108.5</u>	<u>141.6</u>	<u>187.5</u>	<u>165.4</u>	<u>5.3</u>	<u>34.4</u>
Total	19,436.5	22,378.7	20,133.4	22,404.4	26,410.9	23,338.1
Expenditures by Fund						
General Fund (State)	\$7,261.1	\$8,000.9	\$7,456.9	\$7,977.8	\$9,342.9	\$6,456.4
General Fund (Augmentations)	1,573.7	1,434.2	1,540.6	2,152.8	1,770.5	2,165.3
General Fund (Federal)	10,337.4	12,687.3	10,879.5	11,982.4	15,029.4	14,445.1
Tobacco Settlement Fund	<u>264.3</u>	<u>256.3</u>	<u>256.3</u>	<u>291.4</u>	<u>268.1</u>	<u>271.3</u>
Total	19,436.5	22,378.7	20,133.4	22,404.4	26,410.9	23,338.1

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

**Department of Human Services
Part 2 Funding by Source for FY 2020-21**



Department of Human Services FTE by Fiscal Year

	15-16 Actual	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Actual	20-21 Budget
Average Weekly FTE Positions by Activity						
MA - Physical Health Services	190	199	186	184	162	162
County Child Welfare	61	68	76	77	74	74
SWAN	-	-	-	-	-	-
ChildLine	31	40	40	42	42	42
Child Abuse Clearances	58	61	61	56	63	63
Youth Centers and Camps	682	667	634	606	608	629
Community ID/Autism Waivers	106	111	111	115	121	121
County ID/Autism Programs	1	1	1	1	1	1
State Centers	3,225	3,163	2,975	2,745	2,619	2,653
Private ICFs (ID/Autism)	6	5	6	5	3	3
County Mental Health Programs	28	30	29	29	27	27
State Hospitals	3,364	3,374	3,377	3,404	3,425	3,477
Licensing	<u>51</u>	<u>52</u>	<u>75</u>	<u>79</u>	<u>79</u>	<u>79</u>
Total Part 2 FTE	7,803	7,771	7,571	7,343	7,224	7,331
Part 1 and 3 FTE	9,117	9,253	8,546	8,582	8,746	8,639
Total Agency FTE	16,920	17,023	16,117	15,925	15,970	15,970
Part 2 Personnel Cost/FTE (\$ thousands)	\$90.8	\$93.2	\$93.6	\$98.8	\$100.4	\$103.4

Note: FTE stands for Full-Time Equivalent.

Performance-Based Budget Plan: Key Metrics and Observations

This report includes numerous performance metrics, but certain metrics are critical to the overall operation of the agency. Notable metrics that policymakers should monitor closely include the following:

In measurement year 2019, five out of 12 quality measures included in the department's pay for performance (P4P) initiative met or exceeded specific targets at the statewide level. The P4P measures focus on preventative services (e.g., prenatal and well child visits) and control of chronic conditions such as high blood pressure, diabetes and asthma. Improvements in these key performance measures are associated with better health outcomes and lower costs realized over individual lifespans. Over the time period covered in the report, all of the P4P quality measures have improved on a statewide basis and the rate of emergency department utilization decreased from 74.0 visits per 1,000 member months to 66.1.

Child welfare services are shifting focus to prevention services in combination with the reduction in out-of-home care for children. The foster care rate per 1,000 children has declined from 6.1 in FY 2015-16 to 5.3 in FY 2019-20. This reflects a shift towards prevention services instead of out-of-home care. For children in out-of-home care, the share of children in congregate care (one of the most restrictive placement settings) declined from 15.5 percent in FY 2015-16 to 11.3 percent in FY 2019-20. Additionally, the federal Family First Prevention Services Act shifts funds from out-of-home placements (e.g., congregate care) to services in order to prevent entry of children into foster care and improve outcomes for children.

Counties are not currently required to track and report outcomes related to the state funds they receive. In addition, there are inefficiencies in information and data sharing between county systems and the department. Due to many different information technology systems used by counties, the department receives little information about the utilization and outcomes of disbursed funds, which makes it difficult to assess program effectiveness for child welfare, services for persons with intellectual disabilities and/or autism and mental health programs.

The current case management system for child welfare results in substantial additional work and delays to collect data for counties and the department. The replacement system is currently in phase one of the development lifecycle. The Child Welfare Case Management (CWCM) initiative will result in a single case management system used by all County Children and Youth Agencies (CCYA) and the Commonwealth and will decommission eight separate information technology systems. The future CWCM system will provide a single platform to facilitate data sharing and analysis among child welfare stakeholders. The implementation of the CWCM system is scheduled to occur in FY 2023-24. The IFO recommends that the department incorporate standardized, real-time reporting of county-level outcome data as part of the new system design.

Expanded collaboration with other agencies would facilitate the development of key performance measures. As part of a 2018 Legislative Budget and Finance Committee program evaluation of Youth Development Centers and Youth Forestry Camps (YDCs/YFCs), the Juvenile Court Judges Commission (JCJC) developed a method to report recidivism rates for youth served at YDCs/YFCs. In order to track and evaluate longer-term outcomes, the IFO recommends that DHS work with JCJC to annually collect and report recidivism data for youth served at these facilities. The Pennsylvania Department of Education provides educational programs for YDC/YFC youth and this report includes outcome measures for these programs. DHS continues to work with the Department of Labor and Industry to collect and track employment

outcomes related to various activities, including the individuals served by county mental health programs. These types of opportunities to share data between agencies can provide valuable feedback to improve program efficiencies and outcomes.

Two state centers, Polk and White Haven, are expected to close by August 2022, and residents will be moved to alternative care settings. As more individuals with intellectual disabilities and/or autism are moved out of institutional settings, such as state centers, there will be greater demand for community-based services. The share of persons with intellectual disabilities and/or autism served in the community is about 95 percent, and the remainder reside in institutional settings. Of those receiving community-based services, roughly 70 percent reside in a private home, or non-provider settings.

State hospitals face growing demand for forensic services. From FY 2015-16 to FY 2019-20, the share of forensic patients in state hospitals increased from 29.5 percent to 43.6 percent. This increase in demand was due in part to a lawsuit that required more timely access to forensic services in a state hospital. These forensic services are more expensive than general civil or long-term care services, with per diems in FY 2018-19 that averaged over \$1,000. By comparison, civil and long-term care per diems were \$868 and \$570, respectively. The two state hospitals that provide these services (Norristown and Torrance) have the lowest frontline staff per patient ratios.

Activity 1: MA — Physical Health Services

The Office of Medical Assistance Programs (OMAP) oversees the delivery of physical health (PH) and pharmacy services for all eligible Medical Assistance (MA) beneficiaries. These services are provided through the fee-for-service (FFS) and mandatory managed care delivery systems. Most beneficiaries receive coverage through the managed care delivery system known as HealthChoices. In HealthChoices, OMAP contracts through a competitive procurement process with at-risk, Pennsylvania-licensed PH insurers known as managed care organizations (MCOs). OMAP monitors these PH-MCOs for access to care, service provisions and quality-based health outcomes. In FFS, OMAP pays each provider that delivers services to MA recipients enrolled in the FFS program. This activity does not include Community HealthChoices, which manages the delivery of physical health services for those who require long-term services and supports. Community HealthChoices will be included in Part 3 of the DHS Performance-Based Budget.

Over the last three years, the average cost per member per month increased by 2.4 percent per annum. Due to cost shifting and various one-time measures, expenditures can fluctuate from year to year. For the latest three federal fiscal years (FFY), the federal medical assistance percentage (FMAP) rates, which provide a federal match to state spending, were as follows:

- Traditional enrollees: 51.82 percent (2018), 52.25 percent (2019), 52.25 percent (2020).
- Newly eligible enrollees through Medicaid expansion: 94 percent (2018), 93 percent (2019), 90 percent (2020).

The primary goal of this activity is that MA beneficiaries receive timely access to medically necessary services. The intended outcome is that beneficiaries will be able to live healthy lives and manage their chronic physical health conditions.

Resources for MA - Physical Health Services						
	15-16	16-17	17-18	18-19	19-20	20-21
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$19.3	\$20.6	\$19.6	\$20.0	\$17.7	\$18.1
Operational Expenses	41.8	53.0	54.6	74.0	24.0	60.5
Grants	13,422.5	15,958.3	13,157.9	15,060.1	18,595.1	15,340.7
Non-Expense Items	<u>106.5</u>	<u>139.1</u>	<u>185.5</u>	<u>163.6</u>	<u>4.8</u>	<u>0.0</u>
Total	13,590.0	16,171.1	13,417.6	15,317.7	18,641.7	15,419.3
Expenditures by Fund						
General Fund (State)	\$3,663.5	\$4,206.6	\$3,401.1	\$3,748.9	\$5,044.4	\$2,295.3
General Fund (Augmentations)	1,508.5	1,373.1	1,443.1	2,059.0	1,677.1	2,068.8
General Fund (Federal)	8,153.8	10,335.0	8,317.1	9,218.5	11,652.2	10,784.0
Tobacco Settlement Fund	<u>264.3</u>	<u>256.3</u>	<u>256.3</u>	<u>291.4</u>	<u>268.1</u>	<u>271.3</u>
Total	13,590.0	16,171.1	13,417.6	15,317.7	18,641.7	15,419.3
Average Weekly FTE Positions	190	199	186	184	162	162
Personnel Cost/FTE (\$ thousands)	\$101.7	\$103.6	\$105.2	\$108.5	\$109.5	\$112.0

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

Performance Measures for MA - Physical Health Services

	2015	2016	2017	2018	2019	2020
Workload						
# Enrollees (000s) ¹	2,717	2,853	2,908	2,886	2,882	3,192
Pay-for-Performance (P4P) Measures^{2,3}						
% Potentially preventable admissions ⁴	9.6%	11.7%	10.4%	11.9%	11.3%	--
% Diabetics w/ poor control A1c ⁵	37.5%	36.4%	34.7%	34.7%	33.7%	--
% Controlled high blood pressure ⁶	61.0%	63.2%	64.4%	66.4%	68.3%	--
% Asthma medically managed ⁷	40.7%	42.9%	44.5%	44.4%	45.3%	--
% Annual dental visits (ages 2-20)	59.9%	60.8%	63.0%	64.0%	65.8%	--
% Receiving postpartum care ⁸	64.1%	68.1%	67.7%	67.7%	79.3%	--
% Receiving prenatal care in first trimester	86.9%	88.1%	86.6%	87.0%	91.7%	--
% 6+ Well child visits in first 15 mo. ⁹	69.5%	68.7%	69.9%	71.6%	73.5%	--
% Well child visits (ages 3-6) ¹⁰	75.8%	77.5%	77.6%	77.7%	79.6%	--
% Adolescent well care visits ¹¹	55.7%	56.0%	62.0%	62.4%	64.3%	--
% Lead screening in children ¹²	81.0%	80.1%	80.3%	81.6%	83.6%	--
% Developmental screening ¹³	51.3%	54.3%	55.8%	57.3%	61.0%	--
Non-P4P Measures²						
% Breast cancer screening	60.8%	59.4%	58.4%	57.3%	57.4%	--
% Cervical cancer screening	62.8%	60.8%	60.8%	63.0%	64.3%	--
Emergency department visits ¹⁴	74.0	72.3	68.9	66.9	66.1	--
% Value-based purchasing (unweight avg.) ^{3,15}	--	--	24.7%	38.5%	55.5%	--
Statewide Indicator						
% Uninsured ¹⁶	7.6%	6.8%	6.6%	6.7%	6.8%	--
% Not seeing doctor due to cost ¹⁷	11.6%	11.1%	10.4%	9.4%	10.0%	--

Notes: Shaded values indicate results that meet or exceed the 75th percentile national benchmarks or the statewide goals.

1 Data by fiscal year. 2015 represents FY 15-16.

2 Data reported by measurement year and will not match the HEDIS report year. Data for 2019 represents report year 2020.

3 See Notes on Measures.

4 Potentially preventable admissions is the percentage of inpatient acute care discharges with subsequent readmission to inpatient acute care within 30 days of the initial discharge. A lower percentage is better. Goal is 8.5% or less.

5 Share of diabetics with poor control of hemoglobin A1c (>9%). A lower percentage is better.

6 Share of individuals age 18-85 diagnosed with hypertension whose blood pressure was adequately controlled.

7 Share of individuals with asthma ages 5 to 64 that have a medication compliance of 75% or higher.

8 Share of mothers that receive postpartum care. The measure definition changed in 2019, which increased the number of days postpartum a mother could receive follow up care.

9 Share of children receiving 6+ well child visits in their first 15 months of life.

10 Share of children aged 3 to 6 who had at least one well child visit in the year.

11 Share of adolescents aged 12 to 21 who had at least one comprehensive well-care visit in the year.

12 Share of children who have had a lead screening by their second birthday.

13 Share of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding or on their first, second or third birthday. Goal is 57% or higher.

14 Number of emergency department visits per 1,000 member months.

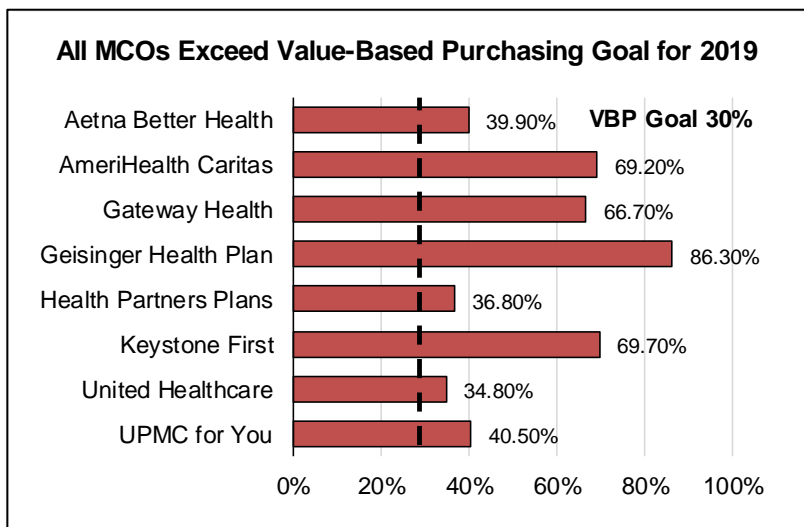
15 IFO calculation based on the unweighted annual average percent of value-based purchasing by PH-MCOs.

16 2019 uninsured rate estimated by the IFO. Source: Small Area Health Insurance Estimates, U.S. Census Bureau.

17 Kaiser Family Foundation analysis of the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) 2015-2019 Survey Results.

Notes on Measures

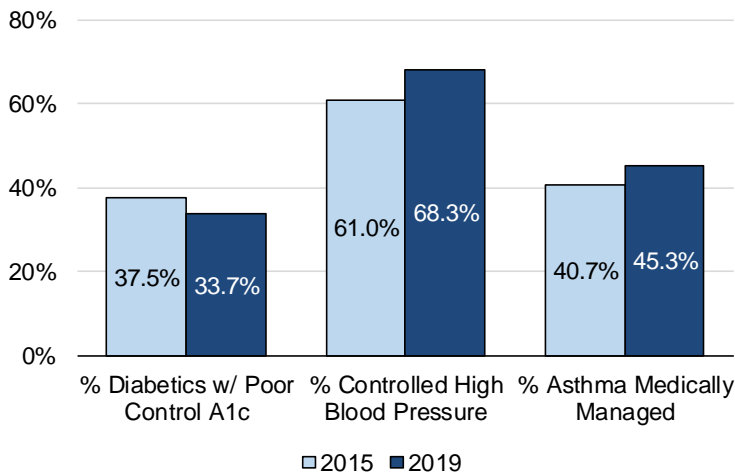
- The Department offers a P4P program that provides financial incentives to the Physical Health Managed Care Organizations (PH-MCOs) that meet certain quality measure goals. The quality measures include broad categories that encompass all age groups with a focus on preventative care and chronic conditions to control costs and minimize emergency department visits and other costlier forms of care.
- There are three ways for PH-MCOs to receive incentive payments: (1) benchmark performance in which the PH-MCOs achieve a rate at or above the 75th percentile benchmark nationwide, (2) incremental improvement from the previous year and (3) benchmark bundle performance in which the PH-MCOs achieve a rate at or above the 75th percentile in all benchmarks that are bundled together, such as the prenatal and infant care measures. A fourth type of incremental incentive payment was introduced in 2021. The Health Equity incentive payment provides payouts to PH-MCOs that have incremental improvement in prenatal care within the first trimester and well child visits in the first 15 months of life for African American recipients.



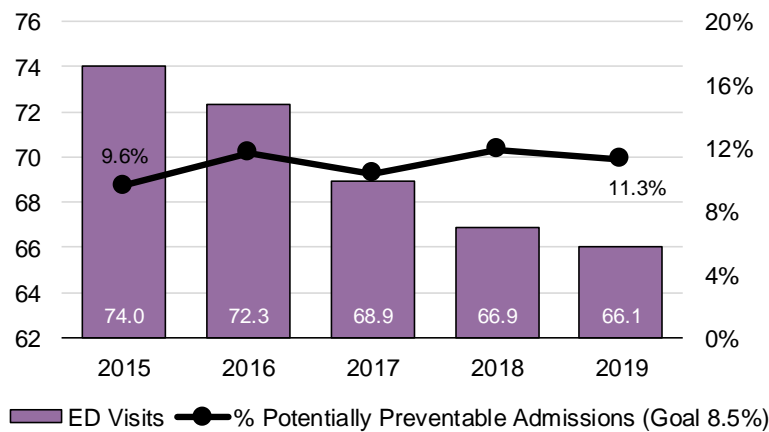
Value-based purchasing

(VBP) links provider payments to patient outcomes as the department shifts away from the traditional fee-for-service payment system. The VBP goals were as follows: 7.5% of PH-MCO payments to providers must be based on patient outcomes (2017), 15% (2018) and 30% (2019). In each year, all PH-MCOs exceeded the VBP goals. The VBP goal increases to 50% for 2020. In 2018, VBP was expanded to behavioral health MCOs.

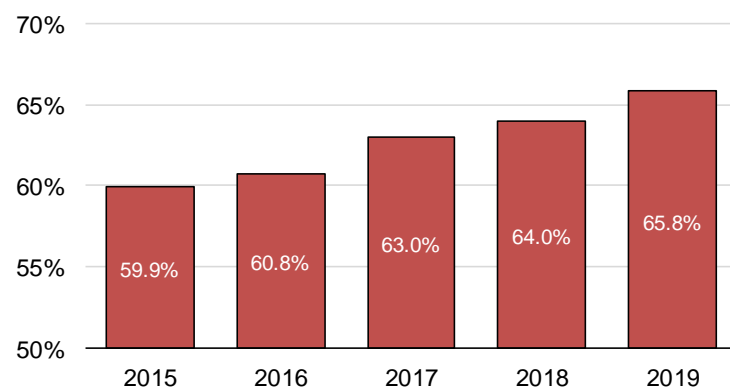
Health Trends for Chronic Conditions Improve Since 2015



Emergency Department Visits Decline but Preventable Readmissions Do Not Meet Goal



Annual Dental Visits (Ages 2 to 20) Increase Since 2015



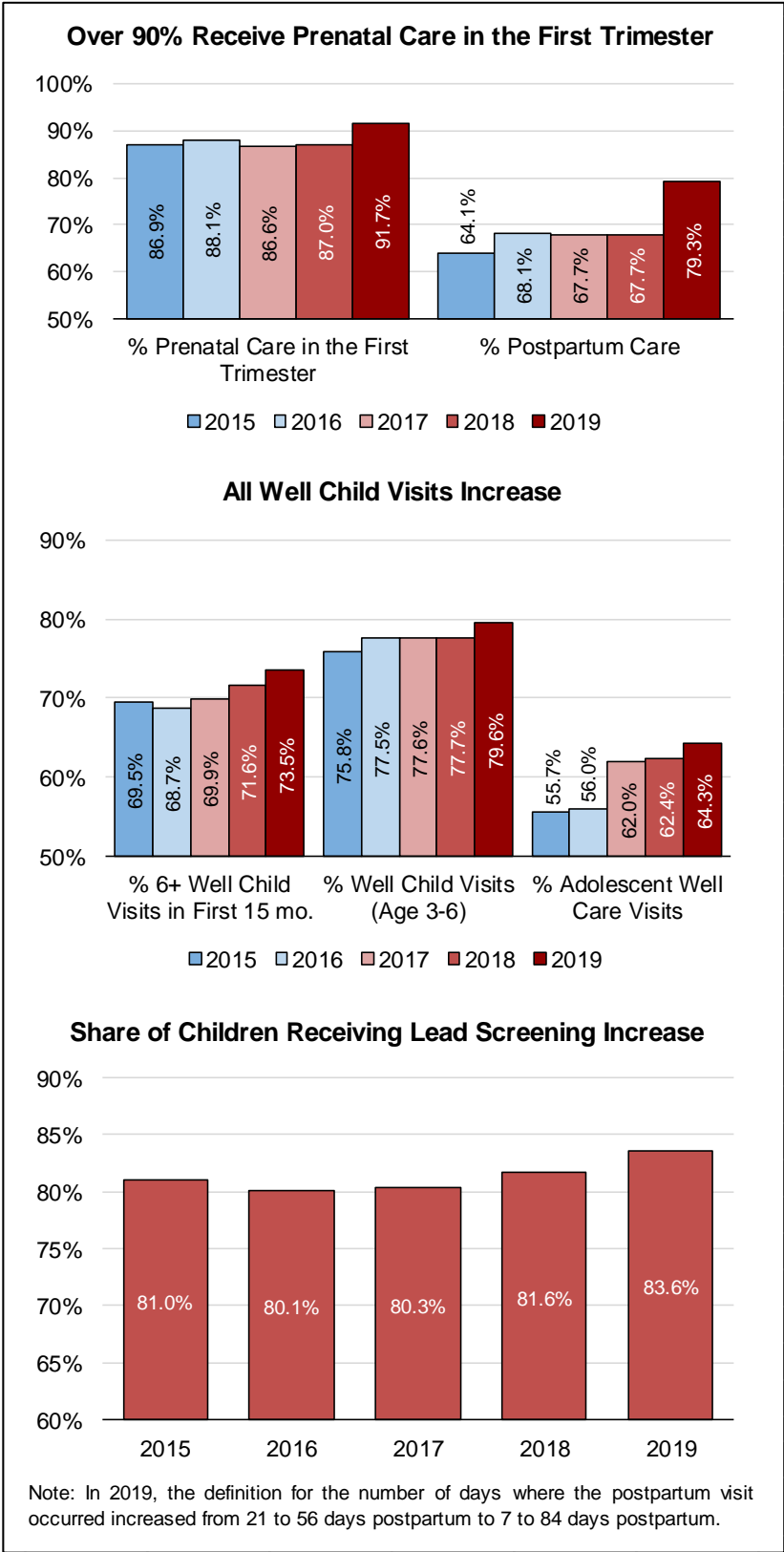
Note: Emergency department visits are per 1,000 member months.

Health conditions for key chronic conditions

have improved since measurement year (MY) 2015. The share of individuals with poor control of A1c declined from 38% to 34% in MY 2019. Controlling A1c prevents costlier diabetic complications, such as vision problems, amputations and cardiovascular problems. The share of individuals with controlled high blood pressure increased from 61% to 68% in MY 2019. Controlled high blood pressure can prevent an individual from having a stroke, heart attack and/or other costly cardiovascular events. The share of individuals with asthma medically managed (taking asthma medication as prescribed) increased from 41% to 45% in MY 2019.

Managing these key chronic conditions can reduce **emergency department (ED) visits**, which is the costliest form of treatment of medical conditions. Emergency department visits per 1,000 member months fell since MY 2015.

The share of children and youth aged 2 to 20 who have an **annual dental visit** increased from 60% to 66% since MY 2015. Regular dental visits are essential for the maintenance of healthy teeth and gums. Early detection of tooth decay and/or gum disease can prevent severe pain and infection that negatively impact quality of life, children's growth, school attendance and performance.

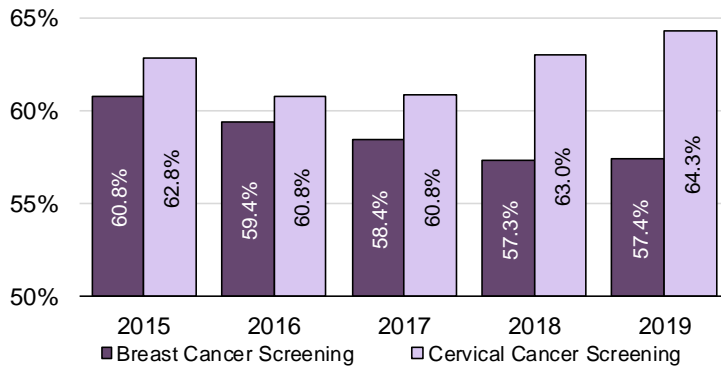


The share of women receiving **pre-natal care in their first trimester** is 92% for MY 2019. Members that attend prenatal visits have improved birth outcomes with less maternal morbidity and mortality. Postpartum care increased significantly to 79% in MY 2019 due a change in the measure, which expanded the definition of the number of days postpartum a mother could receive follow up care. Postpartum visits monitor the mother’s recovery from pregnancy, labor and delivery in a proper manner and ensure the mother and child are doing well.

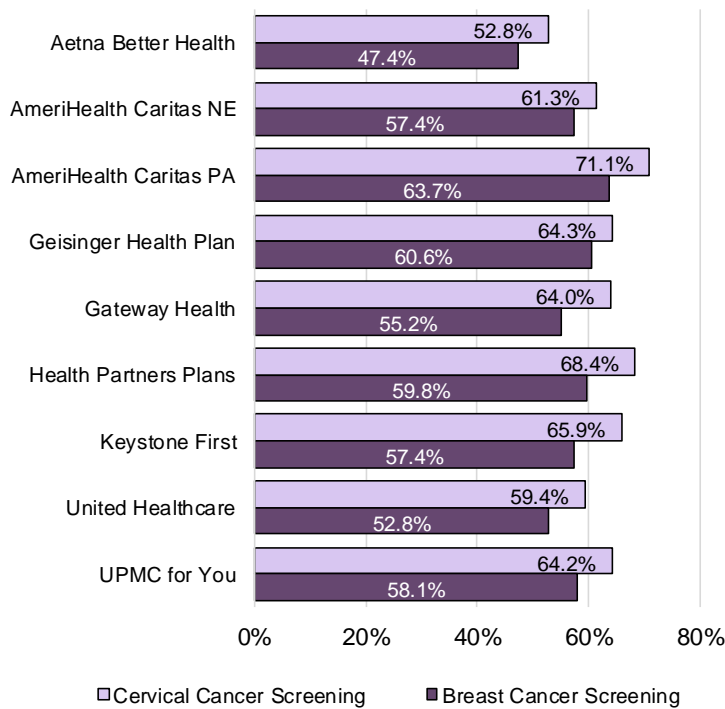
Well child visits for infants, young children and adolescents increased since MY 2015. The share of children who received six or more well child visits in the first 15 months of life increased from 70% in MY 2015 to 74% in MY 2019 while annual well child visits for children age 3 to 6 increased from 76% in MY 2015 to 80% in MY 2019. While annual adolescent well child visits had the lowest rate overall, the measure increased from 56% in MY 2015 to 64% in MY 2019. These visits are especially important to promote healthy behaviors, prevent risky ones, and detect conditions that can interfere with physical, social and emotional development.

Lead screening in children increased from 81% in MY 2015 to 84% in MY 2019. Elevated blood lead levels can cause behavioral and learning difficulties, anemia, seizures and other medical problems, such as hearing problems and impaired growth.

Women's Health Screenings Diverge



Screening Rates Differ by MCO (2019)



Note: Breast cancer screening between the ages of 52 to 74. Cervical cancer screening between the ages of 21 to 64. NE is Northeast. PA is Pennsylvania.

Women's health screenings have diverged. Breast cancer screenings declined from 61% in MY 2015 to 57% in MY 2019. Mammograms play an important role in early detection of breast cancer. The National Institute of Health recommends women between the age of 50 and 70 receive mammograms biennially. Cervical cancer screenings increased from 63% in MY 2015 to 64% in MY 2019. Screening aids in early detection and can prevent most cervical cancer by finding abnormal cervical cell changes (pre-cancers) so that the cells can be treated before they turn into cervical cancer.

Screening rates differ by each managed care organization (MCO). In MY 2019, breast cancer screening rates ranged from a low of 47% to a high of 64% for the nine PH-MCOs operating in Pennsylvania. Similarly, cervical cancer screenings ranged from a low of 53% to a high of 71%. AmeriHealth Caritas Pennsylvania ranked first for both screening measures while Aetna Better Health ranked last for both measures. In general, PH-MCOs with higher rates for cervical cancer screenings had higher rates for breast cancer screenings as well.

Activity 2: County Child Welfare

The Office of Children, Youth and Families (OCYF) regulates the degree and scope of children and youth services provided at the county-level by setting minimum standards for service delivery and administration. OCYF monitors county agencies to ensure compliance and reimburses counties for department-approved services provided in accordance with state laws and regulations. Each of the 67 counties administer a program of children and youth services that includes (1) services to prevent abuse, neglect and exploitation; (2) temporary, substitute placement in foster family homes and residential child-care facilities; (3) reunification and permanency services and (4) dependency or delinquency services. Eight other states provide county-administered child welfare services. The primary funding sources for this activity are state (58 percent), federal (21 percent) and local (20 percent) funding.

Recent changes to federal law through the Family First Prevention Services Act have shifted the focus of federal Title IV-E funding from reimbursement to states for placement-related costs towards prevention services intended to strengthen families and prevent entry of children into foster care. In particular, federal funding for congregate care (a form of group care) is shifted to prevention services for the child and family, and states must meet certain evidence-based program spending targets to qualify for the Title IV-E funding. Pennsylvania is scheduled to opt-in on October 1, 2021. From FY 2013-14 to FY 2018-19, six Pennsylvania counties opted into a waiver demonstration program that shifted funding to evidence-based, preventative programs. The outcomes of the waiver demonstration program were generally positive, although some outcomes were mixed depending on the county and programs.¹

The primary goal of this activity is to ensure that each child in the Commonwealth is protected from abuse and neglect and has a permanent, legally assured family. The expected outcome is increased safety, permanency and well-being for children, youth and families.

Resources for County Child Welfare						
	15-16	16-17	17-18	18-19	19-20	20-21
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$6.83	\$7.83	\$7.65	\$8.18	\$7.95	\$8.49
Operational Expenses	7.57	9.68	9.47	9.44	9.41	11.03
Grants	<u>1,357.73</u>	<u>1,475.20</u>	<u>1,573.60</u>	<u>1,564.13</u>	<u>1,616.84</u>	<u>1,704.45</u>
Total	1,372.14	1,492.71	1,590.71	1,581.75	1,634.20	1,723.97
Expenditures by Fund						
General Fund (State)	\$1,044.52	\$1,064.20	\$1,157.85	\$1,146.72	\$1,188.27	\$1,127.12
General Fund (Augmentations)	0.63	0.77	1.95	0.95	0.95	2.29
General Fund (Federal)	<u>326.99</u>	<u>427.73</u>	<u>430.92</u>	<u>434.07</u>	<u>444.98</u>	<u>594.56</u>
Total	1,372.14	1,492.71	1,590.71	1,581.75	1,634.20	1,723.97
Average Weekly FTE Positions	61	68	76	77	74	74
Personnel Cost/FTE (\$ thousands)	\$112.0	\$115.1	\$100.6	\$106.2	\$107.5	\$114.7
Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.						

¹ See http://www.pacwrc.pitt.edu/CWDP/PA_CWDP_Final%20Evaluation%20Report.pdf.

Performance Measures for County Child Welfare

	15-16	16-17	17-18	18-19	19-20	20-21
Workload						
# Children served in-home ¹	190,413	186,855	194,761	187,280	200,000	200,000
# Children in out-of-home care	16,297	17,055	16,627	15,486	14,070	--
Total entries into foster care	11,215	11,139	10,309	9,663	7,151	--
Total exits from foster care	11,620	10,695	10,988	11,056	8,625	--
# CPS reports received ^{2,3}	42,023	44,356	47,485	44,063	42,252	--
# GPS reports received ^{2,3}	141,974	151,176	163,852	169,723	178,124	--
% GPS reports assessed	53.4%	51.5%	49.2%	47.3%	46.3%	--
Staff turnover (county)		-- Recommended Performance Measure	--	--	--	--
Cases per case worker		-- Recommended Performance Measure	--	--	--	--
Outcome						
Foster care rate per 1,000 children ⁴	6.1	6.4	6.2	5.8	5.3	--
% Funding for evidence-based programs ⁵	1.5%	2.0%	3.7%	3.8%	4.3%	4.3%
Median length in foster care (months)	12.9	13.0	13.9	14.0	16.4	--
% Children w/ 2 or less placements ⁶	86.8%	87.1%	87.9%	--	--	--
% Children in congregate care	15.5%	14.3%	13.7%	12.6%	11.3%	--
% Caseworker visits in child's home ⁷	99.0%	99.0%	99.0%	97.0%	--	--
# Children with reabuse within 6mo		-- Recommended Performance Measure	--	--	--	--
# Child fatalities ^{3,8}	39	46	40	47	51	--
# Child near fatalities ^{3,8}	78	79	88	89	93	--
Activity cost per child receiving services ⁹	\$6,638	\$7,320	\$7,525	\$7,801	\$7,634	--
Statewide Indicator						
Rate of child abuse per 1,000 children ^{3,10}	1.6	1.7	1.8	1.9	1.8	--

Notes: Data reported on a federal fiscal year basis unless otherwise stated.

1 Data reported on a state fiscal year basis. FY 19-20 and FY 20-21 are estimates.

2 See Notes on Measures.

3 Data reported on a calendar year basis.

4 IFO calculation based on the number of children in foster care and the population of children ages 0 to 17.

5 The percent of funding for evidence-based programs is based upon budgeted expenditures for in-home services related to Act 148 and special grant initiatives.

6 Children with two or less placements who are in care for less than 12 months. Source: Administration of Children and Families, U.S. HHS.

7 The percent of caseworker visits for children in out-of-home care that occur in the child's residence. The federal visitation requirement is at least 50% of total caseworker visits must occur in-home. It should be noted that there may be other visits outside the child's home.

8 Data include fatalities or near fatalities due to child abuse.

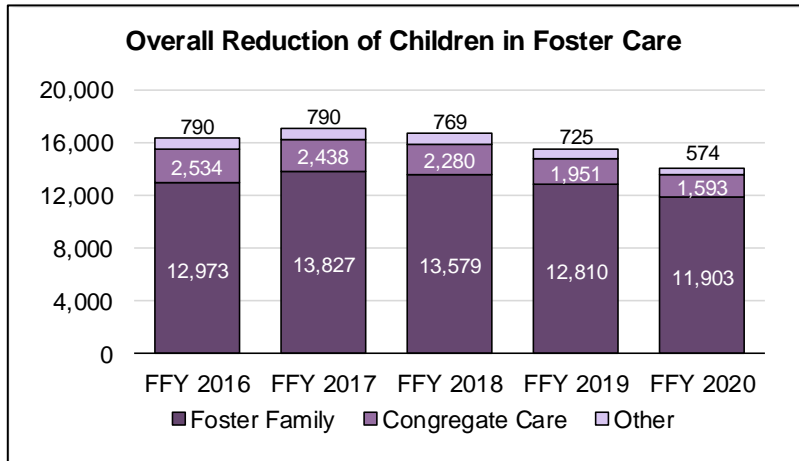
9 IFO calculation. Total activity cost divided by the number of children receiving in-home and out-of-home services.

10 Data based on the number of reports of substantiated child abuse in the Commonwealth.

Notes on Measures

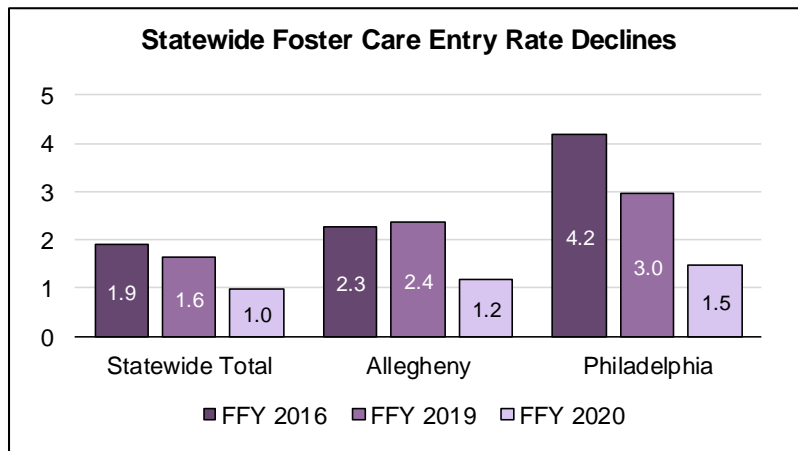
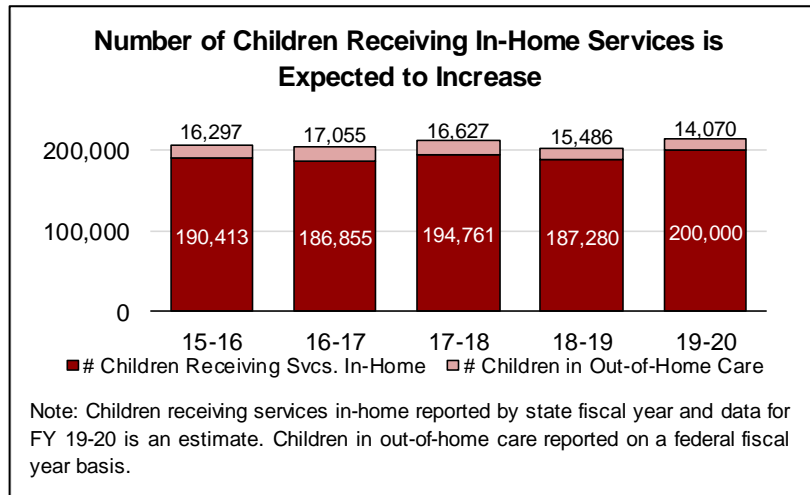
- General protective services (GPS) reports involve matters that do not rise to the level of suspected child abuse, but may require an intervention to prevent harm to children. Child protective services (CPS) reports involve suspected child abuse. All CPS reports must be investigated, while GPS reports have a screening process to determine which reports are assessed.

- Keeping children in home and united with their birth parents is preferred, but if that option is unavailable, federal law requires children to be placed in the least restrictive setting available. The placement order of least restrictive to most restrictive placement is: (1) kinship care, (2) foster care, (3) group or congregate care.

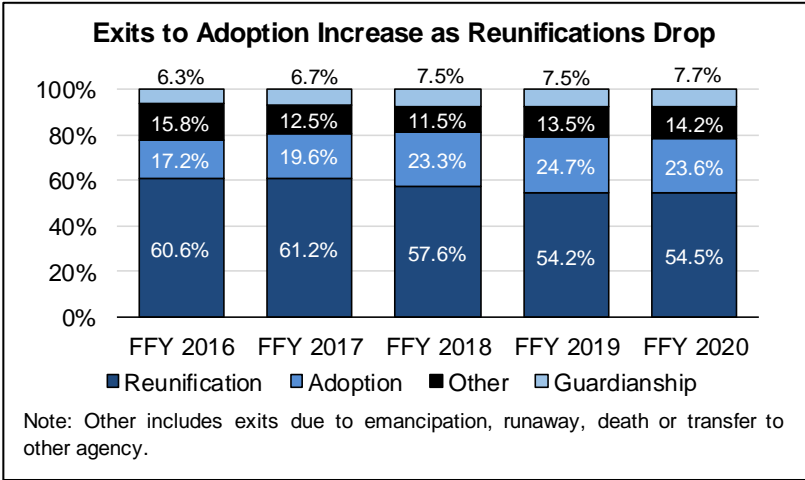


Since FFY 2016, the **number of children in the foster care system** declined by over 2,200 from 16,297 to 14,070 in FFY 2020. The share of children in congregate care declined from 15.5% in FFY 2016 to 11.3% in FFY 2020. The number of children in congregate care is expected to decline as utilization of prevention services and foster families increase, which is linked to better outcomes for children.

The **number of children that receive in-home services** is expected to increase. This reflects the shift in priorities towards prevention services instead of out-of-home care. The Family First Act of 2018 shifts federal funding towards prevention services, which generally have better outcomes than removing a child from the home.

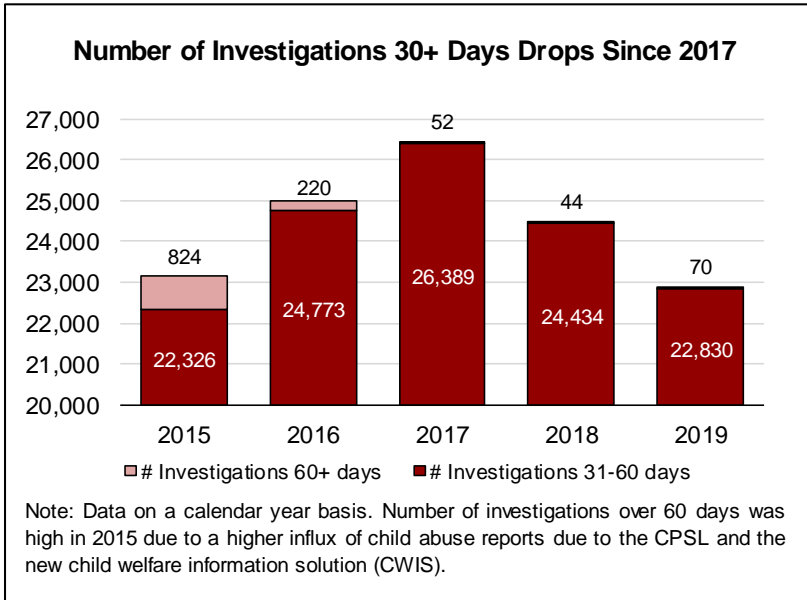
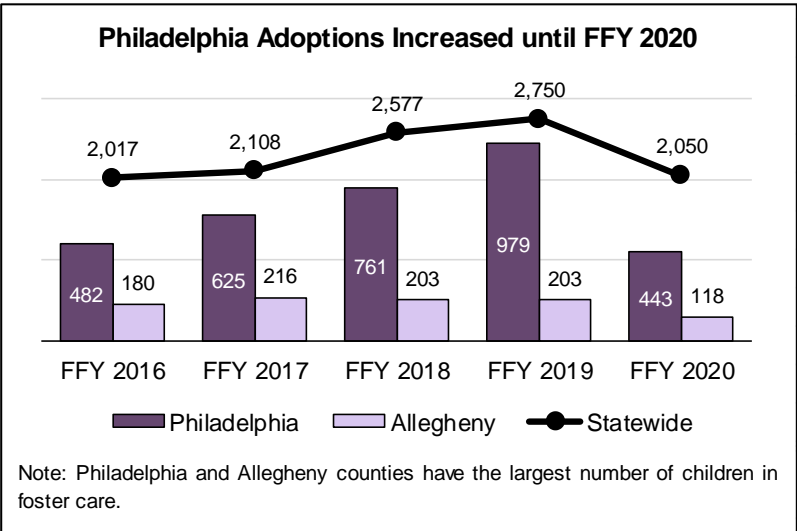


The statewide **foster care entry rate** declined from 1.9 per 1,000 children in FFY 2016 to 1.6 in FFY 2019, reflecting the lower number of children entering foster care. The foster care entry rate in Philadelphia County had a large decline; however, Allegheny County recorded a modest increase in the rate from FFY 2016 to FFY 2019. The COVID-19 pandemic likely contributed to the sharp decline in the foster care entry rate in FFY 2020.



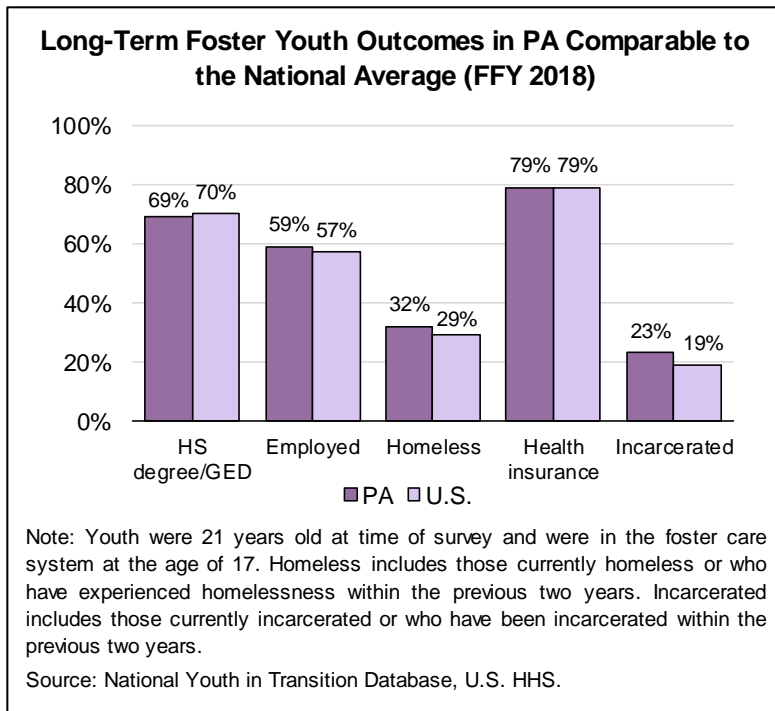
The total **number of exits from foster care** declined in FFY 2020 to 8,625, reflecting the smaller number of children in foster care. Of the children that exited care, a declining share reunited with their family while a larger share exited care through adoption or guardianship.

The increase in the **number of adoptions** between FFY 2016 to 2019 was driven primarily by Philadelphia County, which more than doubled the number of adoptions from foster care in that period. Allegheny County recorded a modest increase over those four years. In FFY 2020, the COVID-19 pandemic likely caused a sharp decline in the number of adoptions.

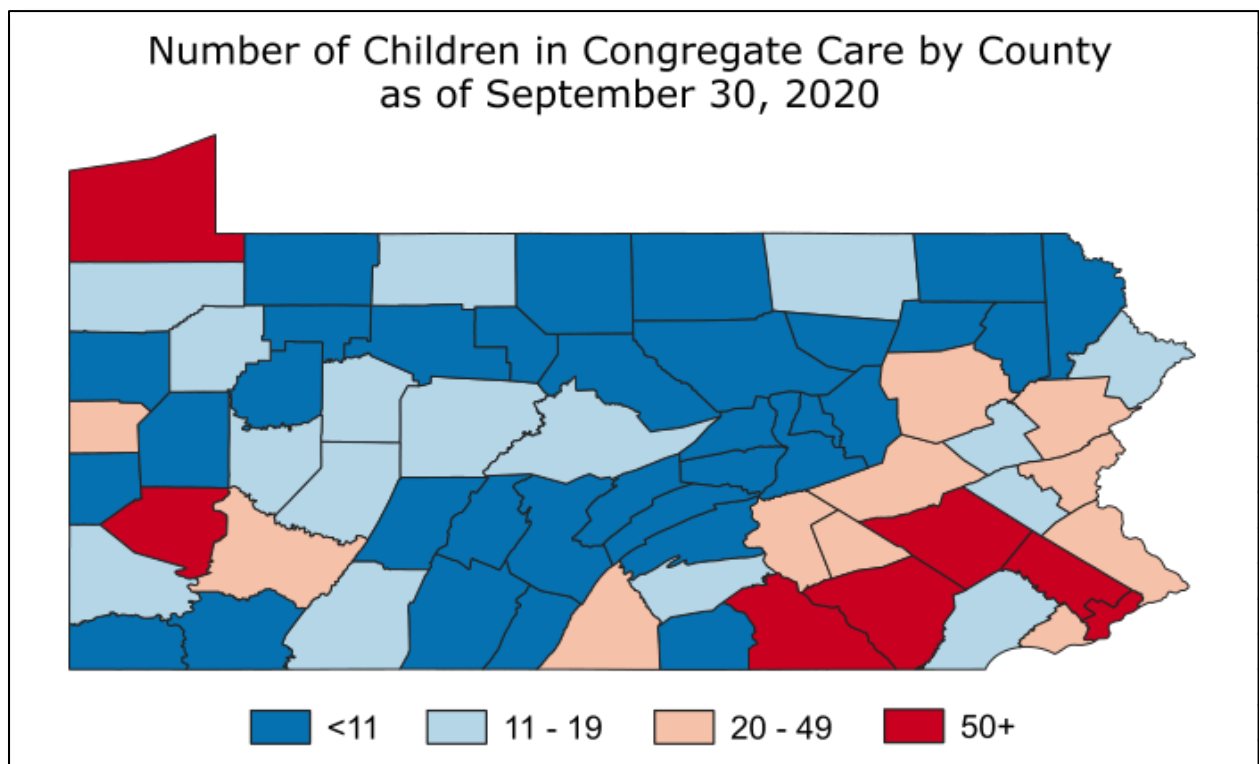


The **number of CPS investigations longer than 30 days** showed improvement over the time period, dropping from a high of 26,441 investigations in 2017 to 22,900 in 2019. Child abuse investigations must be completed within 30 days unless there is a reason that the investigation cannot be completed (e.g., waiting for medical test results), in which case the investigation may take up to 60 days. Investigations are also permitted to last longer than 60 days if the investigation cannot be completed within 60 days because of criminal or juvenile court action.

State Benchmarks

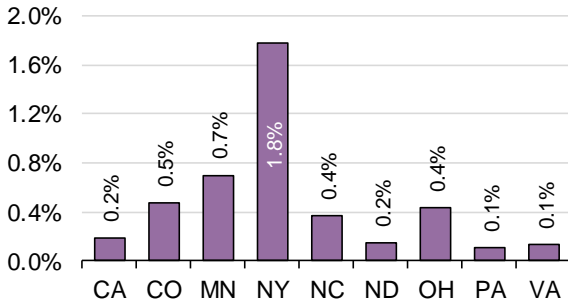


Long-term outcomes for former foster care youth in Pennsylvania are comparable to the national average. The share that have health insurance (Medicaid or other health insurance) and the share with a high school degree or GED are roughly equal to the national averages. The share of former foster care youth employed (part- or full-time) in Pennsylvania (59%) is higher than the national average (57%). However, a high share of former foster youth in Pennsylvania experienced homelessness (32%) and/or incarceration (23%).

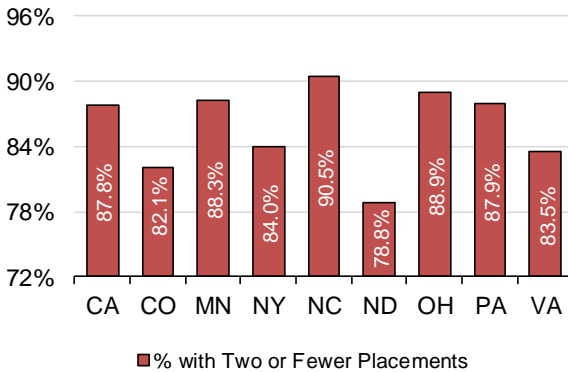


The **number of children in congregate care** generally follow the population distribution throughout the state and totals 1,593 as of September 30, 2020. Philadelphia (377), Allegheny (155) and Lancaster (83) counties have the largest number of children in congregate care.

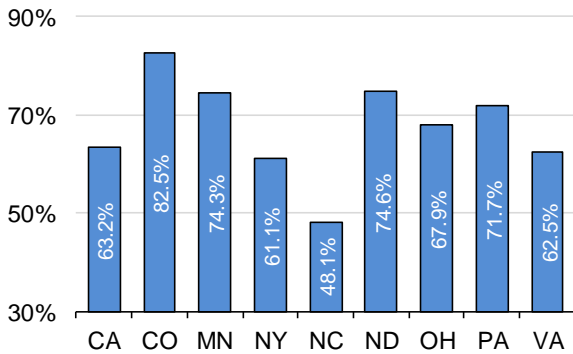
Pennsylvania Lowest for Percent of Children Maltreated in Foster Care



Majority of Children Placed in Foster Care Remain in Stable Placements



Over 70% of Children in PA are Reunited in 12 months or Less¹



Note: Data from FFY 2018. States have different definitions of child abuse, which may cause some differences in child abuse rates between states.

¹ Percent of children with two or fewer placements within 12 months of removal.

Source: Administration for Children and Families, U.S. HHS.

Maltreatment of children in foster care

remained low for Pennsylvania (0.1%) in 2018 as compared to other county-administered states. Compared to the nation, Pennsylvania ranked 41 (50 is best) for maltreatment in foster care. For county-administered states, New York had the highest child maltreatment rate (1.8%), which was the second highest rate nationally.

Stability for children placed in foster care

among other county-administered states. Stability is defined as two or fewer placements for a child in foster care. A lower number of placements indicates that the child was properly placed in a setting that is a good match for the child’s needs. It should be noted that children’s needs of placement setting can evolve during the child’s time in care. When this occurs, a placement change may be positive for the child, such as a youth requiring the level of service in congregate care for six months, then becoming eligible for a foster family setting. Pennsylvania ranked 10 in the country with a stability rate of 87.9%. The county-administered state with the highest stability rate was North Carolina (90.5%).

Timeliness of reunification

Pennsylvania ranked 14 in **timeliness of reunification** compared to all states in the country. More than one-half of children exit foster care through reunification in Pennsylvania, and of those over 70% were reunited within 12 months. Compared to other county-administered states, Pennsylvania had the fourth highest timeliness. Colorado recorded the highest rate of 82.5% of children reunited within 12 months, while North Carolina ranked 46 in the country with a rate of 48.1% of children reunited within 12 months.

Activity 2: County Child Welfare (Addendum)

The following data shall serve as an addendum to the initial Performance-Based Budget report for the Department of Human Services Part 2 delivered to the General Assembly on March 25, 2021. This addendum was requested by the Performance-Based Budget Board during a hearing on April 27, 2021. The following data are to be used in conjunction with the initial report, and not serve as a replacement for the original measures provided.

As part of this addendum, the Performance-Based Budget Board requested information on staff turnover and average wage for contracted or third-party direct care workers for child welfare services. DHS responded that these metrics are not available. The available data from the U.S. Bureau of Labor Statistics Occupational Employment and Wage Statistics on average wage of select occupations related to County Child Welfare are detailed below.

	2015	2016	2017	2018	2019	2020
Occupation						
Child, family, and school social workers	\$18.07	\$18.15	\$19.04	\$19.63	\$20.34	\$20.64
Mental health and substance abuse social workers	17.31	17.08	16.91	17.75	17.97	18.15
Social workers, all other	29.10	28.79	31.13	31.69	28.35	31.36

Source: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics, 2015-2020.

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Activity 3: Statewide Adoption and Permanency Network

The Statewide Adoption and Permanency Network (SWAN) supports and enhances timely permanency services for children in Pennsylvania who are in the custody of county children and youth agencies (CCYAs) and provides post-permanency services to adoptive, custodianship and formal kinship families. SWAN is a collaboration between the public and private sectors and includes the 67 CCYAs and approximately 80 private agencies, referred to as SWAN affiliates, the legal community, advocates and adoptive parents working together on behalf of children and youth. The SWAN program is overseen by DHS and is managed by a prime contractor. The prime contractor maintains subcontracts with SWAN affiliate agencies who provide direct services to children in care and the families who serve them. As of September 30, 2020, there were 3,007 children in out-of-home care with a goal of adoption in Pennsylvania. Of the children with a goal of adoption, 82.5 percent received SWAN services.

The primary goals and outcomes of this activity are as follows:

- Reduce the length of time children spend in out-of-home care by providing direct services that prepare them to achieve permanency in a timely manner.
- Develop permanent and resource families by providing direct and supportive services to families who provide children with permanency including family profile, placement, finalization and post-permanency services.
- Provide post-permanency services such as case advocacy, support groups and respite care to adoptive, formal kinship and permanent legal custodianship families who have provided permanency to a Pennsylvania foster child.

No costs associated with DHS staff are included in the Resources for SWAN table below.

Resources for SWAN						
	15-16	16-17	17-18	18-19	19-20	20-21
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Grants	<u>\$30.69</u>	<u>\$37.87</u>	<u>\$39.97</u>	<u>\$37.79</u>	<u>\$43.61</u>	<u>\$47.05</u>
Total	30.69	37.87	39.97	37.79	43.61	47.05
Expenditures by Fund						
General Fund (State)	\$28.66	\$35.86	\$38.37	\$35.65	\$41.42	\$43.55
General Fund (Federal)	<u>2.02</u>	<u>2.01</u>	<u>1.60</u>	<u>2.14</u>	<u>2.19</u>	<u>3.50</u>
Total	30.69	37.87	39.97	37.79	43.61	47.05
Average Weekly FTE Positions	-	-	-	-	-	-
Personnel Cost/FTE (\$ thousands)	-	-	-	-	-	-

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

Performance Measures for SWAN

	15-16	16-17	17-18	18-19	19-20	20-21
Workload						
# Children in care w/ adoption goal ¹	2,859	3,488	3,499	3,222	3,007	--
% Receiving SWAN services	--	--	--	--	82.5%	--
# Children receiving direct services ²	6,898	8,680	9,099	9,237	9,425	8,668
# Children receiving post-permanency svcs.	--	--	1,037	1,106	1,244	1,129
# Families eligible to foster ²	13,047	13,076	12,708	9,164	7,545	--
# SWAN units of service ²	23,814	24,817	25,991	26,947	28,699	26,054
% Funding permanency services	--	--	--	--	88.2%	--
% Funding post-permanency service	--	--	--	--	11.8%	--
# SWAN Helpline calls	13,170	14,934	17,475	18,272	18,056	--
# LSI services rendered ³	69,343	145,077	161,484	120,709	151,447	--
Efficiency						
Avg. cost per child served	-- Recommended Performance Measure --					
Outcome⁴						
# Finalized adoptions	2,017	2,108	2,577	2,750	2,050	--
% Receiving permanency w/n 24mo ^{1,5,6}	32.9%	31.6%	31.6%	29.2%	31.3%	--
# Fail to maintain permanency w/n 2yr ⁷	-- Recommended Performance Measure --					
Median time to adoption (mo.)	28.7	29.2	30.4	31.1	29.8	28.6
<u>% Children reporting progress²</u>						
CAFAS	46.0%	45.7%	50.4%	52.3%	53.3%	--
FACES	46.5%	40.6%	37.5%	30.6%	37.0%	--

Notes:

1 Data reported on federal fiscal year basis.

2 See Notes on Measures.

3 LSI is Legal Service Initiative, which is a pro-bono paralegal assistance service for adoptions through SWAN.

4 Data include all children served in foster care regardless if the child received SWAN services.

5 Data from U.S. HHS.

6 Time to adoption is measured from the child's last removal from home to adoption.

7 Number of children that fail to maintain permanency in adoptive home within 2 years of adoption.

Notes on Measures

- SWAN may provide permanency services to all children in out-of-home placement. Children with the goal of adoption may be provided all direct services including adoption services, while children with other permanency goals may be provided child specific recruitment, child preparation and child profile services. In FY 2019-20, SWAN provided a total of 28,699 direct units of service, of which about 43 percent were post-permanency services and 57 percent accounted for all remaining direct services relating to permanency. Based on the unit of service rates and dollars expended, approximately 12 percent of expenditures supported post-permanency services and 88 percent supported all remaining direct services relating to permanency.
- Eligible foster families include those approved in any foster care designation which includes foster, adoption/foster, adoption/foster/kinship and foster/kinship. The decline in the number of families eligible to foster was due to (1) the removal of inactive families from the Resource Family Registry

and (2) prioritization of reunification, placement with relatives and adoption over non-relative foster homes.

- SWAN units of service refer to the number of direct services that affiliate agencies provided as requested by CCYA's. Direct services include: child profile, child specific recruitment, child preparation, family profile, placement, finalization, case advocacy, support groups and respite care.
- Child and Adolescent Functional Assessment Scale (CAFAS) is an assessment tool that tracks child and youth functioning over time. The assessment can be used to inform decision-making about type and intensity of treatments and other services related to a child's well-being, as well as measure progress of a child or youth over time. This measure reports the share of children who had taken the CAFAS assessment at least twice and showed improvement.
- The Family Adaptability and Cohesion Evaluation Scale (FACES) is an assessment that measures family adaptability and cohesion to differentiate ranges of family behaviors from a healthy balance to problematic. This measure reports the share of families who had taken the FACES assessment at least twice and showed improvement.

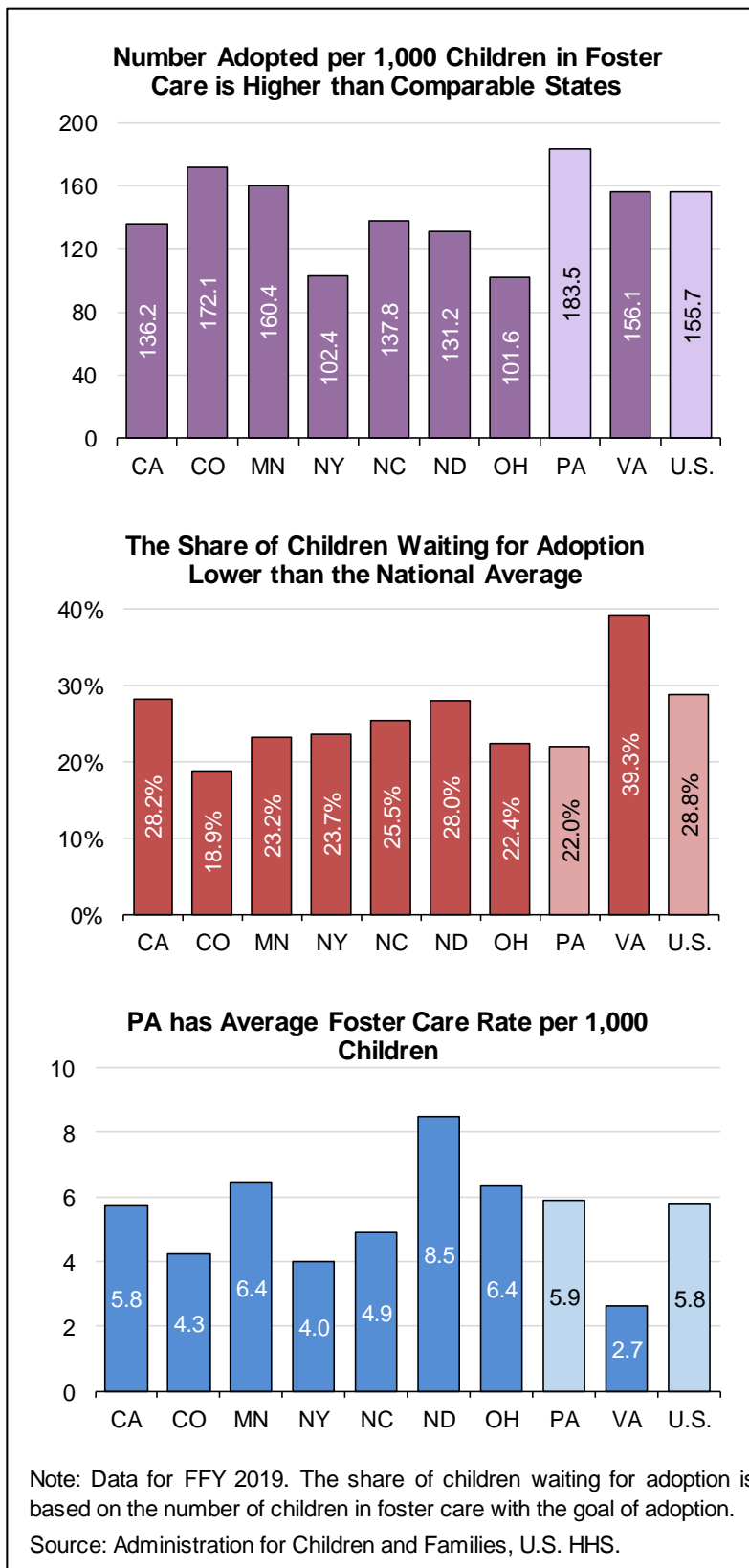
County Benchmarks

County	Permanency Services	Adoptions	Post-Perm. Services	County	Permanency Services	Adoptions	Post-Perm. Services
Philadelphia	2,159	443	78	Westmoreland	184	27	23
Allegheny	1,145	118	136	Cumberland	180	48	15
Berks	468	177	45	Bucks	178	63	22
Luzerne	440	103	39	Delaware	171	18	25
Erie	430	103	35	Butler	153	45	49
York	340	79	22	Montgomery	121	41	59
Lancaster	312	86	202	Clearfield	119	36	0
Dauphin	259	35	28	Northampton	109	32	18
Lehigh	229	11	16	Northumberland	102	47	10
Washington	210	65	15	All Other	<u>1,923</u>	<u>442</u>	<u>381</u>
Schuylkill	193	31	3	Total	9,425	2,050	1,244

Note: Adoption data from FFY 2020 for children adopted from foster care, including children who have not received SWAN services. Total post-permanency services include 23 children whose families did not indicate a county.

In FY 2019-20, there were 9,425 children that received SWAN permanency services and 1,244 that received post-permanency services. Philadelphia County accounted for the highest number of children receiving permanency services (2,159) but ranked third for the number of children/families receiving post-permanency services (78). Allegheny County recorded the second highest number of children receiving permanency services (1,145) as well as the number of children receiving post-permanency services (136). Philadelphia recorded the highest number of adoptions (443).

State Benchmarks



Pennsylvania's **number of children adopted per 1,000 children in foster care** is 183.5 (ranked 16), compared to the national average of 155.7 in FFY 2019. This indicates that Pennsylvania exceeds the national average in placing children in permanent homes, if adoption is the child's goal to permanency.

The **share of children with the goal of adoption** is lower in Pennsylvania (22.0%) than the national average (28.8%). This measure demonstrates the effectiveness of adoption programs and the permanency goals of children and foster care programs in each state.

The **foster care rate** in Pennsylvania (5.9 per 1,000 children) is roughly equal to the national average. Of county-administered states, North Dakota has the highest rate (8.5) while Virginia has the lowest (2.7).

Activity 4: ChildLine

ChildLine is the central clearinghouse for all reports of suspected child abuse and general protective services reports. In FY 2018-19, the hotline received nearly 194,200 calls and around 65,200 electronic submissions. The majority (85.0 percent) of child abuse reports are received from mandated reporters, of which school employees (34.5 percent), social services employees (23.4 percent) and peace officers/law enforcement (10.8 percent) are the most common mandatory reporters. ChildLine staff ensure that reports are transmitted to county children and youth agencies, law enforcement officials or the appropriate Office of Children, Youth, and Families (OCYF) regional office for investigation or assessment. If the report is made directly to the county, the county is required to transmit those reports to ChildLine, of which nearly 60,300 referrals were made by counties in FY 2018-19. Additionally, county children and youth agencies and OCYF regional offices submit the outcome of child abuse investigations and general protective services assessments to ChildLine. Substantiated reports of child abuse and valid general protective services reports are recorded in the statewide database and maintained in accordance with the Child Protective Services Law.

The goal of ChildLine is to promote child safety by providing a means for individuals to report suspected child abuse and neglect at any time and ensuring reports are forwarded promptly to the appropriate investigating agency. The expected outcome is that reports of child abuse and neglect are investigated in a timely manner.

Resources for ChildLine						
	15-16	16-17	17-18	18-19	19-20	20-21
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$3.23	\$3.73	\$4.01	\$4.49	\$4.23	\$4.45
Operational Expenses	0.73	0.74	0.79	1.11	0.99	1.04
Fixed Assets Expense	0.00	0.97	0.00	0.00	0.39	0.00
Grants	0.05	0.00	0.00	0.00	0.00	0.00
Non-Expense Items	<u>0.23</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
Total	4.24	5.45	4.81	5.60	5.60	5.49
Expenditures by Fund						
General Fund (State)	\$0.69	\$2.25	\$1.61	\$1.29	\$0.70	\$0.71
General Fund (Augmentations)	3.06	2.04	2.13	3.57	4.41	4.25
General Fund (Federal)	<u>0.49</u>	<u>1.16</u>	<u>1.07</u>	<u>0.73</u>	<u>0.49</u>	<u>0.54</u>
Total	4.24	5.45	4.81	5.60	5.60	5.49
Average Weekly FTE Positions	31	40	40	42	42	42
Personnel Cost/FTE (\$ thousands)	\$104.3	\$93.3	\$100.4	\$106.8	\$100.6	\$105.9

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

Performance Measures for ChildLine

	15-16	16-17	17-18	18-19	19-20	20-21
Workload¹						
# Calls received ²	174,253	173,993	182,898	194,181	127,831	--
# Self-service referrals received	48,276	47,254	55,418	65,223	64,945	--
# Referrals from counties received	65,585	65,889	65,183	60,252	51,044	--
% Mandatory reporters using self-service	-- Recommended Performance Measure --					
% Calls answered	84.5%	97.1%	94.8%	91.9%	96.4%	--
# Annual referrals per FTE ³	9,294	7,178	7,587	7,611	5,805	--
Outcome						
# Child abuse investigations ^{2,4}	42,023	44,359	47,485	44,063	42,252	--
Total reports per 1,000 children ⁴	15.4	16.3	17.6	16.4	15.8	--
Substantiated reports per 1,000 children ⁴	1.6	1.7	1.8	1.9	1.8	--
# Cases substantiated abuse ⁴	4,203	4,597	4,836	5,102	4,865	--
# Cases substantiated reabuse	-- Recommended Performance Measure --					

Notes: Only mandated reporters may use the online, self-service reporting tool. All others must call ChildLine to report child abuse.

1 Data for FY 19-20 include impacts from the COVID-19 pandemic, which impacted data collection for ChildLine calls.

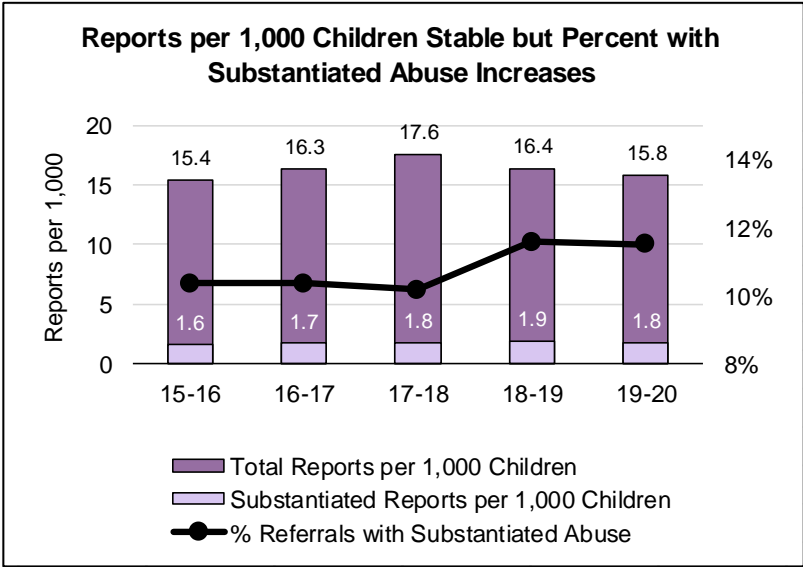
2 See Notes on Measures.

3 IFO calculation.

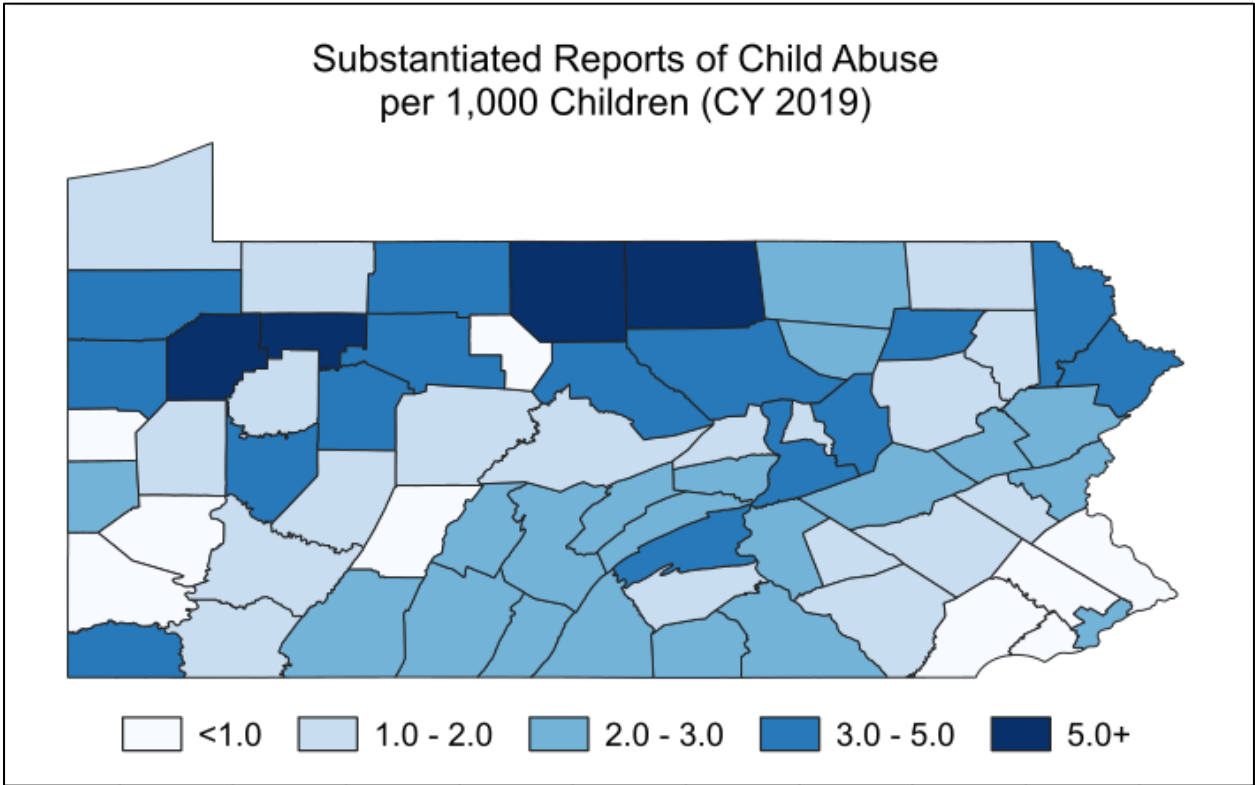
4 Data reported by calendar year.

Note on Measures

- Reports through ChildLine include: General Protective Services (GPS) reports (55 percent of all reports), informational (14 percent), Child Protective Services (CPS) reports (13 percent), supplemental information (9 percent), reports from law enforcement (7 percent) and other reports (2 percent). All CPS reports must be investigated, while GPS reports have a screening process to determine which reports are assessed. The child abuse investigations measure includes only CPS reports.



Total child abuse reports per 1,000 children peaked in FY 2017-18, then declined over the remainder of the time period, while substantiated cases of abuse increased from 1.6 to 1.8 reports per 1,000 children. The share of reports with substantiated abuse rose from 10.4% to 11.5%.



Substantiated child abuse reports per capita for CY 2019 vary widely across Pennsylvania. Rural counties in the northern portion of the state tend to have a higher per capita rate of substantiated child abuse reports, which may be due to a lower population in those counties.

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Activity 5: Child Abuse Clearances

The Child Protective Services Law (CPSL) requires certain individuals to obtain clearances in order to be employed, be a resource parent (foster or adoptive), or be a volunteer with children. A clearance requirement provides employers and organizations that utilize volunteers with information to use as part of their selection process. The Clearance Verification Unit under the Office of Children, Youth, and Families (OCYF) processes the Pennsylvania Child Abuse History clearance, Federal Bureau of Investigation (FBI) Criminal History clearance and the National Sex Offender Registry (NSOR) verifications. In CY 2019, volunteers (29 percent), employees over the age of 14 working with children (25 percent), school employees (18 percent) and child care employees (17 percent) were the most common individuals requesting a child abuse clearance. The CPSL was expanded in 2015 to include clearance requirements for volunteers and other jobs involving direct contact with children. The clearances and verification are valid for five years in accordance with the CPSL. Approximately 1.4 million child abuse history clearances were processed in FY 2015-16, and the number processed fell to an average of 825,000 for subsequent years. In FY 2019-20, a portion of those who received a child abuse history clearance in 2015 are now required to renew this clearance, which increased the number of child abuse history clearances processed to 1.3 million.

The primary goal of this activity is to process clearances in a timely and accurate manner in accordance with the CPSL. The expected outcome is the increased safety of children.

Resources for Child Abuse Clearances						
	15-16	16-17	17-18	18-19	19-20	20-21
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$6.35	\$6.61	\$6.00	\$5.85	\$6.44	\$6.17
Operational Expenses	1.29	1.19	1.05	1.25	1.25	1.45
Grants	<u>0.48</u>	<u>0.42</u>	<u>0.03</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
Total	8.12	8.22	7.07	7.10	7.69	7.61
Expenditures by Fund						
General Fund (State)	\$0.06	\$2.09	\$1.52	\$0.80	\$0.21	\$0.21
General Fund (Augmentations)	6.83	3.94	3.72	5.02	6.14	5.91
General Fund (Federal)	<u>1.24</u>	<u>2.20</u>	<u>1.83</u>	<u>1.29</u>	<u>1.34</u>	<u>1.49</u>
Total	8.12	8.22	7.07	7.10	7.69	7.61
Average Weekly FTE Positions	58	61	61	56	63	63
Personnel Cost/FTE (\$ thousands)	\$109.4	\$108.4	\$98.3	\$104.4	\$102.2	\$97.9
Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.						

Performance Measures for Child Abuse Clearances

	15-16	16-17	17-18	18-19	19-20	20-21
Workload						
<u>Child abuse clearances</u> ^{1,2,3}						
# Clearances processed	1,382,373	842,347	802,373	832,878	1,300,000	--
# Self-service received	--	--	697,445	730,006	853,027	--
# Manual received	--	--	120,186	100,372	89,539	--
Manual clearances per FTE ⁴	--	--	1,970	1,792	1,421	--
# FBI record requests ⁵	591,964	359,802	317,437	339,912	368,349	--
Efficiency						
Avg. # days to process ⁶	-- Recommended Performance Measure --					
% Self-service clearances ⁴	--	--	85.3%	87.9%	90.5%	--
Outcome						
# Clearances w/ child abuse ^{7,8}	2,224	2,272	2,292	2,302	2,450	--
# FBI results with a record	44,938	34,735	31,776	33,200	34,466	--
# With a disqualifying record ⁹	902	836	746	831	923	--
<u># Reports of abuse by perpetrator</u>						
School staff	105	72	113	78	75	--
Child care employee/volunteer	--	41	51	43	64	--
Employee/volunteer	--	27	26	36	28	--

Note: Data reported on a calendar year basis unless otherwise stated.

1 A child abuse clearance is valid for five years. After the five-year period, the clearance must be renewed. The CPSL was expanded in 2015 to require more individuals to obtain a clearance, and the first renewal period for those individuals occurs in 2020.

2 The number of self-service and manual child abuse clearances received will not total the number of child abuse clearances processed.

3 Data reported by fiscal year.

4 IFO calculation.

5 The number of FBI record requests was higher in 2015 due to a 2014 change of the CPSL that requires additional individuals to obtain background checks.

6 The department is working to improve the accuracy of the average number of days to process.

7 Data include substantiated abuse and allegations pending investigation or outcome of criminal or juvenile court.

8 See Notes on Measures.

9 Number of criminal history records with crimes that disqualify an applicant from working/volunteering with a child.

Notes on Measures

- Child abuse history clearances outcomes indicate if an applicant has any founded, indicated or pending child abuse records but does not include unfounded child abuse allegations. Pending child abuse reports are those cases awaiting an outcome via the juvenile or criminal courts. Child abuse history clearances that report an indicated child abuse record do not necessarily bar an individual from working or volunteering in a setting around children whereas a founded report of child abuse, within the five-year period preceding the clearance request, prohibits an individual from working or volunteering with children. Additionally, employers or designees may not hire or approve for services an individual if their criminal history clearances indicate that they have been convicted of one or more crimes, specified in section 6344 of the CPSL, in Pennsylvania, equivalent crime under federal law, or law of another state.

Activity 6: Youth Development Centers and Forestry Camps

The Bureau of Juvenile Justice Services (BJJS) within the Office of Children, Youth, and Families (OCYF) operates the youth development center (YDC) and youth forestry camp (YFC) system. This system consists of five facilities that provide treatment to adjudicated delinquent male and female youth via an individualized system of treatment services that value strong child, family and community partnerships; promote competency development and victim awareness; and enhance the quality and coordination of Pennsylvania’s juvenile justice system. Total bed capacity is 321 beds with 222 beds in the YDCs and 99 beds in the YFCs. In FY 2019-20, approximately 700 youth were served in YDCs and YFCs.

The goal of this activity is to provide treatment to adjudicated delinquent male and female youth. The expected outcome is for these youth to return to the community as productive, law-abiding citizens.

Resources for Youth Development Centers and Forestry Camps						
	15-16	16-17	17-18	18-19	19-20	20-21
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$58.29	\$57.80	\$56.32	\$57.76	\$58.69	\$63.36
Operational Expenses	11.44	11.34	9.16	9.96	10.32	10.80
Fixed Asset Expense	0.17	0.19	0.06	0.28	0.25	0.16
Grants	<u>1.00</u>	<u>1.00</u>	<u>1.04</u>	<u>1.14</u>	<u>1.13</u>	<u>1.22</u>
Total	70.89	70.33	66.58	69.14	70.39	75.54
Expenditures by Fund						
General Fund (State)	\$60.37	\$59.84	\$56.03	\$58.63	\$59.84	\$34.88
General Fund (Augmentations)	0.02	0.01	0.05	0.01	0.02	0.01
General Fund (Federal) ¹	<u>10.51</u>	<u>10.49</u>	<u>10.50</u>	<u>10.50</u>	<u>10.53</u>	<u>40.65</u>
Total	70.89	70.33	66.58	69.14	70.39	75.54
Average Weekly FTE Positions	682	667	634	606	608	629
Personnel Cost/FTE (\$ thousands)	\$85.5	\$86.7	\$88.8	\$95.3	\$96.5	\$100.7
Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.						
¹ FY 20-21 includes federal Coronavirus Relief Fund dollars.						

Performance Measures for Youth Development Centers and Forestry Camps

	15-16	16-17	17-18	18-19	19-20	20-21
Workload						
# Youth served ¹	791	803	815	807	708	600
Days of care ²	100,462	106,751	106,291	104,234	93,406	77,500
Avg. length of stay YDC (mo.) ³	8.4	8.0	7.9	7.8	7.9	7.9
Avg. length of stay YFC (mo.) ³	3.9	4.2	4.7	4.5	4.5	4.6
Staffing ratio ^{4,5}	1.1	1.0	1.0	1.0	1.1	1.0
Staff turnover	3.6%	3.8%	4.0%	4.9%	4.4%	4.4%
Efficiency						
Interim per diem ^{1,6}	\$482	\$510	\$577	\$549	\$516	\$542
Outcome						
Recidivism rate ¹	-- Recommended Performance Measure --					
% Released into community ^{1,3}	76.4%	76.4%	76.4%	76.7%	75.0%	76.0%
% Served in work experience	52.5%	63.3%	54.0%	51.0%	47.9%	50.0%
% Earning credits ^{1,7}	74.3%	78.9%	80.3%	80.2%	86.0%	82.0%
% Earned HS degree/GED ^{1,7}	33.4%	38.1%	42.6%	37.5%	31.8%	37.0%
% Preparedness for reentry ^{4,8}	88.1%	90.7%	90.2%	92.1%	87.7%	90.0%
Avg. # family engagements/month ^{4,9}	5.3	5.4	5.3	5.8	5.5	5.5
# Physical assaults at facilities ^{3,10}	117	229	227	264	273	255

Notes:

1 See Notes on Measures.

2 Total number of days of care provided to all youth in YDC/YFC facilities.

3 Data for FY 15-16 only includes January to June.

4 Data from Performance-based Standards are collected in October and April.

5 Average daily ratio of direct care staff to youth.

6 FY 15-16 per diem only includes secure facilities (YDCs). The per diem rate for YFCs in that year was \$476.

7 Source: PA Department of Education.

8 Percent of youths confined for more than 60 days who have finalized and concrete written aftercare treatment plans within 30 days of release from the facility.

9 Average number of contacts (phone, email, and/or visit) between family and facility staff or youth in the last full month of current placement.

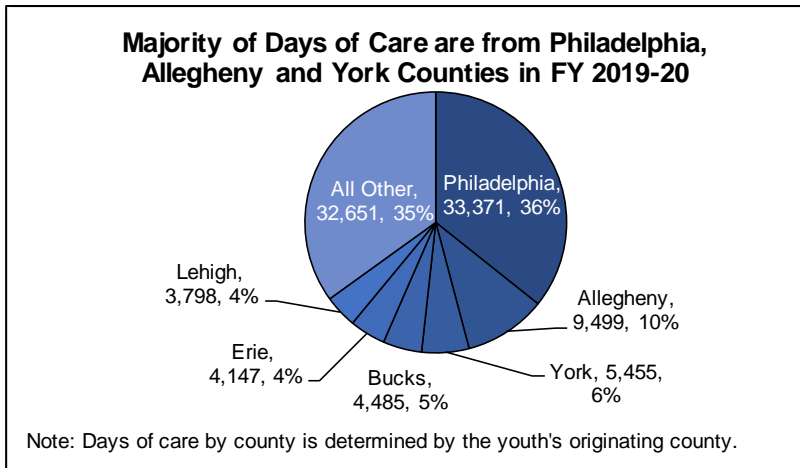
10 Physical assaults include assaults on youth and staff.

Notes on Measures

- Data for FY 2015-16 include Cresson Secure Treatment Unit, which closed in August 2015. In FY 2015-16, the unit served 26 youth prior to its closure.
- Interim per diems are set prior to the start of the fiscal year based on factors such as expected treatment, food and medical expenses for youth in the YDC/YFC facilities. The state pays 60 percent of the per diem, while counties pay 40 percent. In FY 2015-16, DHS set separate interim per diems for YDCs and YFCs, but in future years the per diems were combined into one rate. Per diem rates

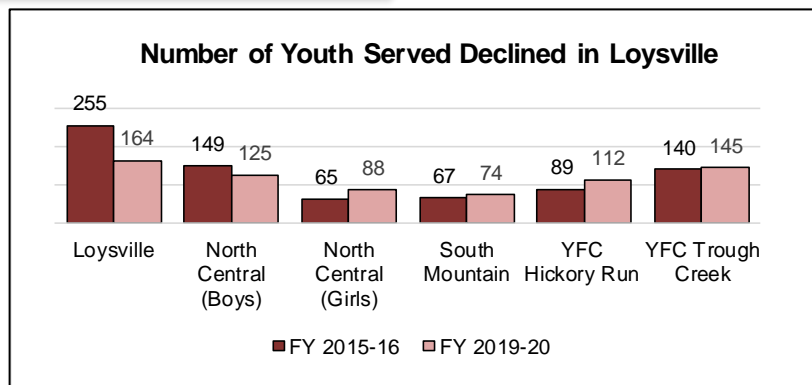
are certified by the Pennsylvania Department of the Auditor General. The certified per diems may differ significantly from the interim per diem and counties are reimbursed (billed) for the difference. The audit to certify per diems for FY 2016-17 to FY 2018-19 is ongoing.

- The Juvenile Court Judges Commission (JCJC) and the Legislative Budget and Finance Committee (LBFC) developed a method to report recidivism for youth served at YDC and YFC facilities in a 2018 program evaluation for the YDC and YFC system.² In the report, recidivism is defined as a subsequent adjudication of delinquency or conviction in criminal court within two years of discharge from a YDC or YFC facility. The report studied youth cohorts served in a YDC or YFC facility in FY 2014-15 and FY 2015-16 and found recidivism rates of 51.6 percent and 55.9 percent, respectively. While the recidivism rates are high, the youth served at YDC and YFC facilities have risk factors that may lead to higher rates of recidivism than the general population. The IFO recommends that BJJIS work with JCJC to annually collect and report the recidivism rates for YDC and YFC facilities.
- Youth released to the community applies to those who exit YDC/YFC facilities to community living arrangements (e.g., family member, foster care, military, shelter or self-supporting) as opposed to being released to another restrictive environment or other placement setting.
- Measures provided by the Pennsylvania Department of Education include the percent of youth enrolled in a YDC/YFC school and released during the school year who (1) earned education credits and (2) earned a high school degree or GED, excluding those who earned a degree or GED prior to entering the YDC/YFC facility.



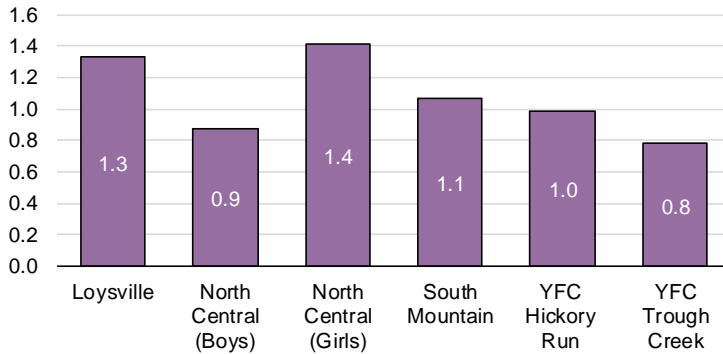
Philadelphia County has the highest **number of days of care** for youth in YDC/YFC facilities in FY 2019-20. Youth from Philadelphia had 33,371 (36%) youth days of care, while Allegheny (9,499, 10%) and York (5,455, 6%) counties are the next highest by days of care.

The number of youth served at Loysville Youth Development Center declined from 255 youth in FY 2015-16 to 164 in FY 2019-20. Other facilities recorded stable or increasing number of youth served annually.

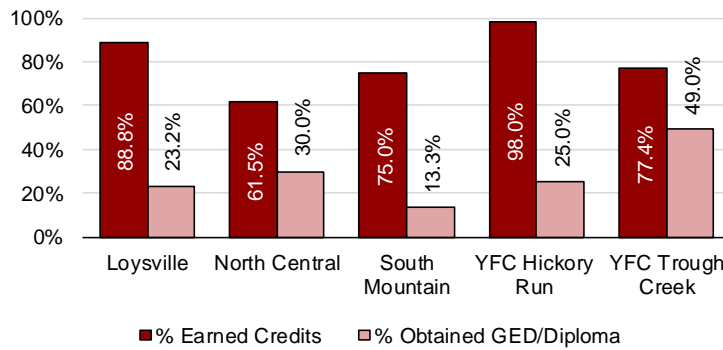


² See <http://lbfc.legis.state.pa.us/Resources/Documents/Reports/636.pdf>.

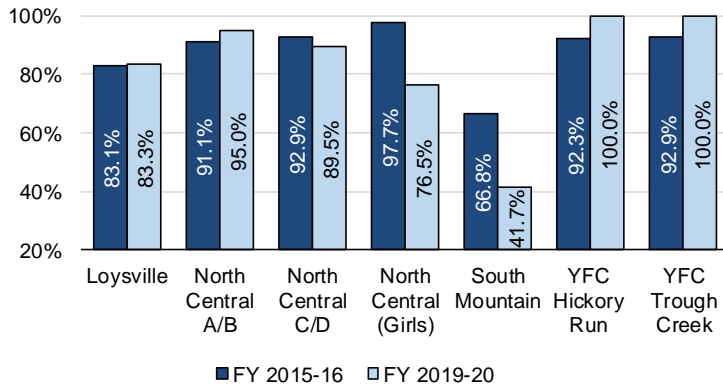
Staffing Ratios Hover Around 1 Staff to 1 Youth for Most Facilities in FY 2019-20



Most Youth Enrolled in YDC/YFC School Earned Credits in FY 2019-20¹



North Central (Girls) and South Mountain Record Declines in Preparedness for Reentry²



Note: North Central Secure Treatment Unit may be separated by admissions A/B and C/D due to data reporting in the Performance-based Standards system.

¹ Data includes youth enrolled in a YDC/YFC school who have exited the YDC/YFC system during the school year.

² Share of youths confined for more than 60 days who have finalized and concrete written aftercare treatment plans within 30 days of release from the facility.

Staffing ratios are generally consistent among facilities, with YFC Trough Creek recording the lowest direct care staff to youth ratio (0.8) and North Central Secure Treatment Unit (Girls) recording the highest ratio (1.4). Staff ratios do not take into account the number of shifts or overtime worked.

The majority of youth that were enrolled in a YDC/YFC school prior to release **earned educational credits**, and 86% of enrollees earned credits in FY 2019-20. Nearly all youth in YFC Hickory Run (98%) earned credits, while North Central Secure Treatment Unit has the lowest rate of youth earning credits (61.5%). Overall, 32% of youth in YDC/YFC facilities have earned a high school degree or GED while in the facility. Nearly half of all youth in YFC Trough Creek facilities earned a degree or GED, while South Mountain Secure Treatment Unit recorded the lowest attainment (13.3%).

Preparedness for reentry is generally high, in particular YFC Hickory Run and YFC Trough Creek recording 100% preparedness in FY 2019-20. However, North Central Secure Treatment Unit (Girls) and South Mountain Secure Treatment Unit experienced a decline in the percentage of youth that have finalized aftercare plans once released from the facility.

Activity 7: Community ID/Autism Waivers

The Office of Developmental Programs (ODP) administers four Medicaid home and community-based waivers to provide a wide range of services to individuals with intellectual disabilities (ID) and/or autism. This activity provides necessary disability-related services for Medicaid-eligible individuals who require intermediate care facility level of care in home and community-based settings. The four programs are as follows:

- The Consolidated Waiver (CW) serves approximately 18,600 (50 percent) persons of all ages. It provides uncapped benefits and can be used in an emergency capacity for immediate care.
- The Person/Family Directed Support (PFDS) Waiver serves about 14,600 (39 percent) persons of all ages subject to a \$33,000 annual cost limit. This limit can be extended to \$48,000 per fiscal year for those who receive certain employment services.
- The Community Living Waiver (CLW) began in FY 2017-18 and serves approximately 3,600 persons (9 percent) of all ages subject to an annual cost limit of \$70,000.
- The Adult Autism Waiver (AAW) supports adults 21 years or older with autism spectrum disorder. The Adult Community Autism Program (ACAP) is an additional waiver program available in four counties (Dauphin, Lancaster, Cumberland and Chester). When combined, the programs serve roughly 900 individuals (2 percent).

The primary goals and outcomes of this activity are as follows:

- Provide necessary services in homes and communities to prevent or minimize institutionalization so more individuals can reside in their communities.
- Increase employment among the service population and help them lead an everyday life.

Resources for Community ID/Autism Waivers

	15-16	16-17	17-18	18-19	19-20	20-21
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$12.3	\$13.2	\$13.4	\$13.8	\$14.6	\$13.5
Operational Expenses	2.8	3.9	4.0	2.4	1.5	1.5
Grants	<u>2,490.2</u>	<u>2,675.0</u>	<u>3,010.8</u>	<u>3,390.6</u>	<u>3,957.7</u>	<u>3,933.7</u>
Total	2,505.2	2,692.1	3,028.3	3,406.8	3,973.7	3,948.7
Expenditures by Fund						
General Fund (State)	\$1,250.7	\$1,366.1	\$1,536.6	\$1,709.7	\$1,773.1	\$1,678.7
General Fund (Federal)	<u>1,254.5</u>	<u>1,326.1</u>	<u>1,491.7</u>	<u>1,697.1</u>	<u>2,200.6</u>	<u>2,270.0</u>
Total	2,505.2	2,692.1	3,028.3	3,406.8	3,973.7	3,948.7
Average Weekly FTE Positions	106	111	111	115	121	121
Personnel Cost/FTE (\$ thousands)	\$115.8	\$119.1	\$121.0	\$119.9	\$120.3	\$111.3

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

Performance Measures for Community ID/Autism Waivers

	15-16	16-17	17-18	18-19	19-20	20-21
Consolidated Waiver (CW)						
# Persons served	18,085	18,267	18,396	18,530	18,630	18,812
Avg. cost CW services (\$000s)	\$123	\$125	\$142	\$160	\$162	\$177
% Receiving employment services	--	--	8.6%	8.7%	9.1%	6.2%
% Employed ¹	--	--	7.0%	7.5%	6.6%	--
PFDS Waiver						
# Persons served	13,647	13,721	14,658	14,594	14,594	14,594
Avg. cost PFDS services (\$000s)	\$19	\$20	\$23	\$20	\$20	\$21
% Receiving employment services	--	--	15.3%	15.4%	16.2%	12.4%
% Employed ¹	--	--	18.5%	21.6%	20.4%	--
Autism Services Waivers (ASW)²						
# Persons served	695	818	882	900	909	909
Avg. cost ASW services (\$000s)	\$47	\$49	\$52	\$58	\$53	\$56
% Receiving employment services ³	--	--	14.3%	15.2%	18.5%	12.3%
% Employed ¹	--	--	32.2%	34.1%	34.7%	--
Community Living Waiver (CLW)						
# Persons served	--	--	1,006	2,801	3,566	4,300
Avg. cost CLW services (\$000s)	--	--	\$32	\$28	\$38	\$47
% Receiving employment services	--	--	9.3%	8.4%	10.4%	6.4%
% Employed ¹	--	--	5.8%	7.2%	7.2%	--
Outcome						
% Served in community vs. institution	94%	95%	95%	95%	96%	--
# Waiting for services	13,812	13,421	13,458	13,062	12,634	--
Avg. days from allocation to service ⁴	7.7	7.5	6.3	6.2	9.2	7.2

Notes: PFDS is Person/Family Directed Support Waiver.

1 See Notes on Measures.

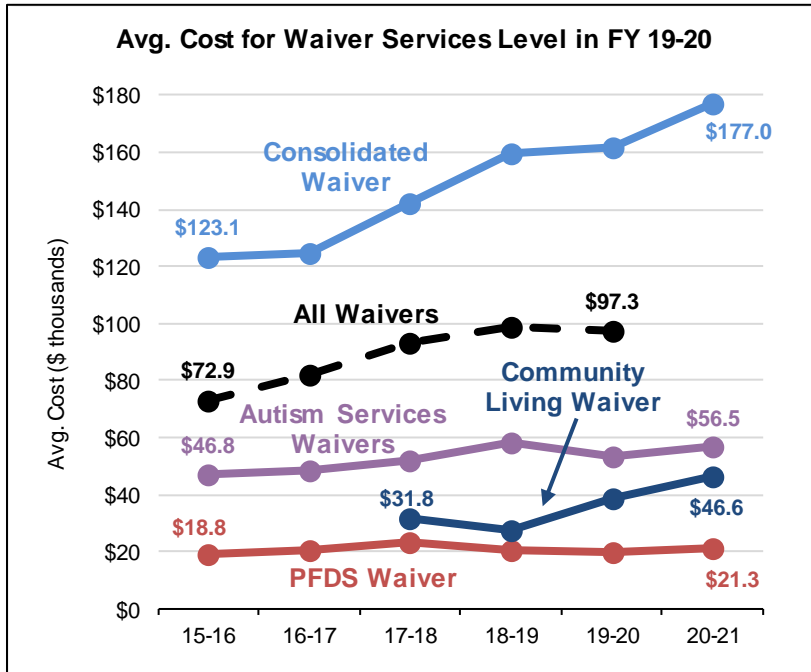
2 Includes the Adult Autism Waiver and Adult Community Autism Program (ACAP), unless stated otherwise.

3 Adult Autism Waiver only.

4 The number of days it takes to fill an available waiver slot and the person begins to receive services.

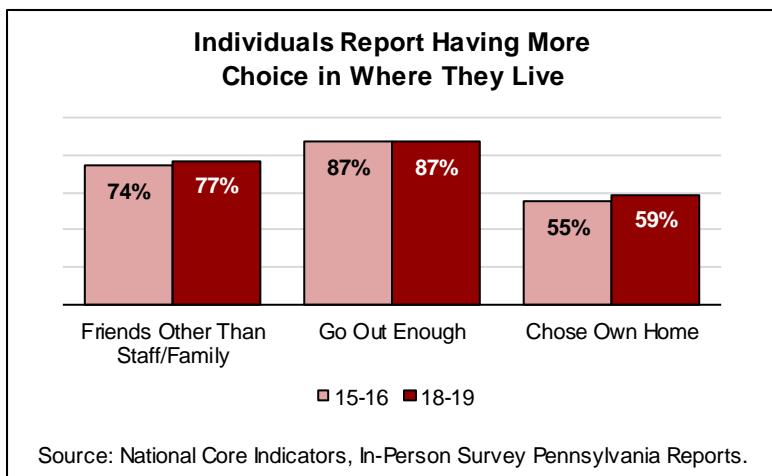
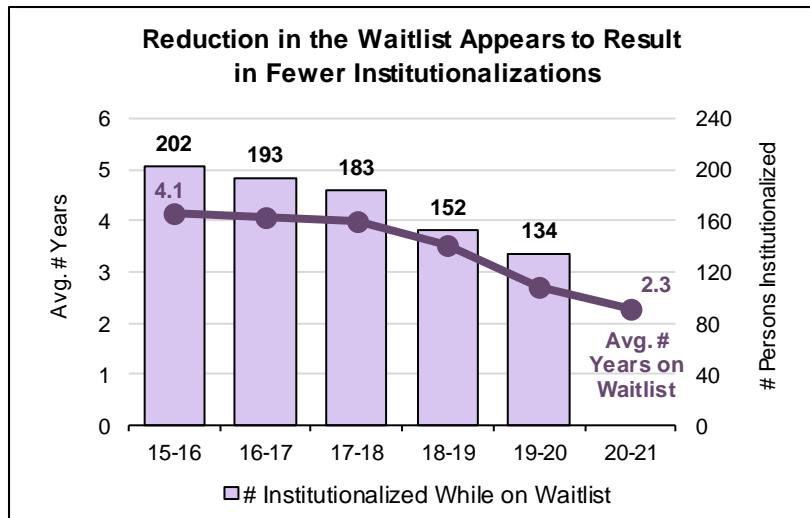
Note on Measures

- Those represented as employed must have competitive, integrated employment for work performed on a full- or part-time basis (includes self-employment) for which they are (1) compensated at not less than the customary rate paid by the employer for the same or similar work performed by persons without a disability, (2) at a location where the employee interacts with others without a disability and (3) is appropriately presented with opportunities for similar benefits and advancement like other employees without a disability.



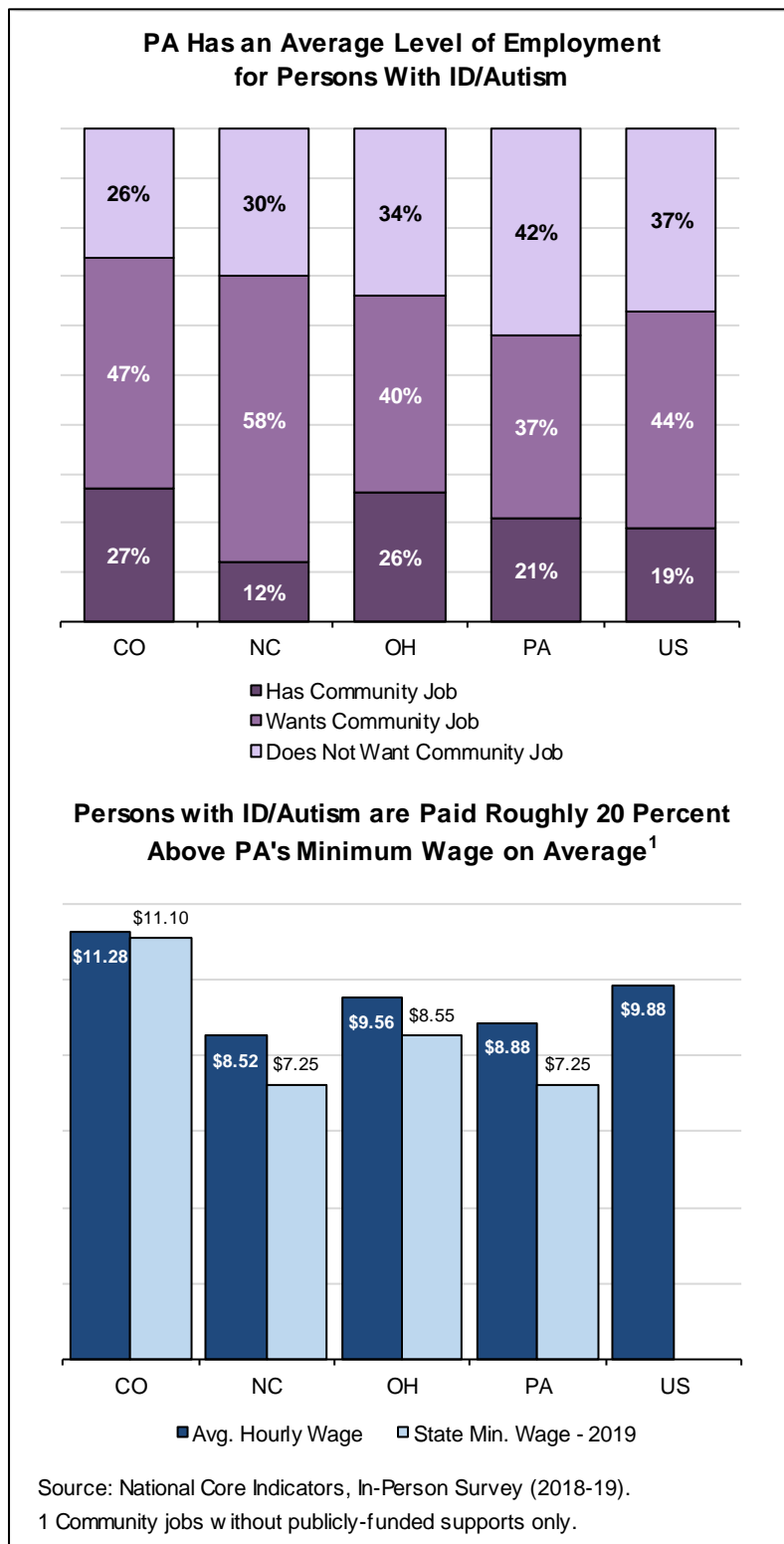
The **average cost per person served on a waiver program** varies considerably due to factors such as annual service caps, the level of care of the population served and types of benefits covered. Since the start of the Community Living Waiver, which has a higher annual cap compared to other capped programs, the average cost per person for all waivers has started to level off. This results from more individuals served under the Community Living Waiver rather than the uncapped Consolidated Waiver.

The **number of persons institutionalized while on the waitlist** declined from 202 in FY 2015-16 to 134 in FY 2019-20, which suggests that the less time a person spends waiting to receive services the less likely they will be institutionalized. Institutional services are often provided in an emergency or crisis and generally cost more than supportive services that are provided in the community.



The National Core Indicators is a national survey of those who received at least one paid service from the department during the relevant year. The share of persons with intellectual disabilities and/or autism who received services from the department and **reported they had a choice in where they lived** increased from 55% in report year 2015-16 to 59% in report year 2018-19.

State Benchmarks



Of the 23 states that reported these data to the National Core Indicators' In-Person Surveys, Pennsylvania was slightly above-average in the **share of persons with intellectual disabilities and/or autism employed in the community**. Connecticut (42%) recorded the highest employment rate, while Hawaii (4%) recorded the lowest. Comparison states shown in graph have county-administered human services programs.

Those who are employed **receive an hourly wage slightly above the state's minimum, on average**. Average hourly wages for reporting states ranged from \$12.60 (Washington) to \$6.69 (Oklahoma). Individuals who resided in states with higher minimum wages tended to receive a higher wage themselves on average, as many of the typical jobs are in lower wage sectors such as building or grounds maintenance (28%, nationally), food service (24%) and retail (21%). For Pennsylvania, roughly 75% work in these sectors, slightly above the national average (73%).

Activity 7: Community ID/Autism Waivers (Addendum)

The following data shall serve as an addendum to the initial Performance-Based Budget report for the Department of Human Services Part 2 delivered to the General Assembly on March 25, 2021. This addendum was requested by the Performance-Based Budget Board during a hearing on April 27, 2021. The following data are to be used in conjunction with the initial report, and not serve as a replacement for the original measures provided.

As part of this addendum, the Performance-Based Budget Board requested information on staff turnover and average wage for contracted or third-party direct care workers for ID/Autism services. DHS responded that the average wage metric is not available. The available data from the staff turnover rate of contracted or third-party direct care workers and data from the U.S. Bureau of Labor Statistics Occupational Employment and Wage Statistics on average wage of select occupations related to ID/Autism services are detailed below. The data included in this section may also be relevant to activities 8, 9 and 10.

PA Median Wage for Select Occupations (ID/Autism Services)

	2015	2016	2017	2018	2019	2020
Occupation						
Healthcare support occupations	\$13.08	\$13.62	\$14.23	\$14.45	\$13.53	\$13.81
Home health and personal care aides	10.26	10.97	11.75	11.72	11.99	12.40
Nursing assistants	13.46	13.79	14.13	14.46	15.00	15.51
Healthcare social workers	23.18	23.62	24.07	25.30	25.80	26.87
Social workers, all other	29.10	28.79	31.13	31.69	28.35	31.36

Source: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics, 2015-2020.

PA Direct Support Professional Turnover Rate for ID/Autism Activities

Staff Turnover	July 2019	July 2020
Open Position Rate	19%	18%
Turnover (annualized)	31%	56%

Barriers to Work for Direct Support Professionals	Percent
Heightened COVID-19 Risk	64.5%
Wages	42.1
Schooling/education children at home	39.5
Poor health/higher risk	36.8
Child care	35.5
Family care	27.6
Family instability	17.1
Food insecurity	15.8
Other ¹	25.0

¹ Other includes healthcare and insurance, transportation and housing.

Note: Staff turnover and open position rate was collected through a survey of ID/Autism provider organizations, in which 123 provider organizations responded. The responses represent approximately 58% of Direct Support Professionals in Pennsylvania. Barriers to Direct Support Professionals add to more than 100% and represent answers from 306 respondents. Responses add to more than 100% because respondents could select more than one category.

Activity 8: County ID/Autism Programs

The Office of Developmental Programs (ODP) provides state funding to county-level programs that support individuals with intellectual disabilities (ID) and/or autism. These support services are typically case-management, family support, employment support or crisis services for some individuals on the waiting list or individuals who do not qualify for the federal home and community-based services under Activity 7.

In FY 2019-20, 23,200 people received county-based services, which represents roughly 42 percent of those who received services in the community. Roughly 900 (3.9 percent) recipients of county-based services are enrollees on a waiver program and are either waiting to begin those services or need additional services not covered by the waiver. In FY 2015-16, \$3.7 million was spent for these waiver enrollees to receive necessary services. Those expenditures fell to \$2.2 million in FY 2019-20.

The primary goal of this activity is to assist individuals with intellectual disabilities and/or autism in the navigation of opportunities and resources available to them. The intended outcome is to reduce the need for crisis services, such as institutionalization.

Resources for County ID/Autism Programs						
	15-16	16-17	17-18	18-19	19-20	20-21
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$0.13	\$0.13	\$0.14	\$0.13	\$0.15	\$0.14
Operational Expenses	20.05	15.94	16.43	13.67	19.24	22.57
Grants	<u>179.46</u>	<u>180.35</u>	<u>189.82</u>	<u>193.10</u>	<u>195.46</u>	<u>191.08</u>
Total	199.64	196.43	206.39	206.90	214.86	213.79
Expenditures by Fund						
General Fund (State)	\$145.68	\$144.85	\$147.63	\$147.39	\$149.59	\$144.71
General Fund (Federal)	<u>53.96</u>	<u>51.57</u>	<u>58.76</u>	<u>59.51</u>	<u>65.26</u>	<u>69.08</u>
Total	199.64	196.43	206.39	206.90	214.86	213.79
Average Weekly FTE Positions	1	1	1	1	1	1
Personnel Cost/FTE (\$ thousands)	\$129.0	\$131.0	\$140.0	\$126.0	\$150.0	\$143.0
Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.						

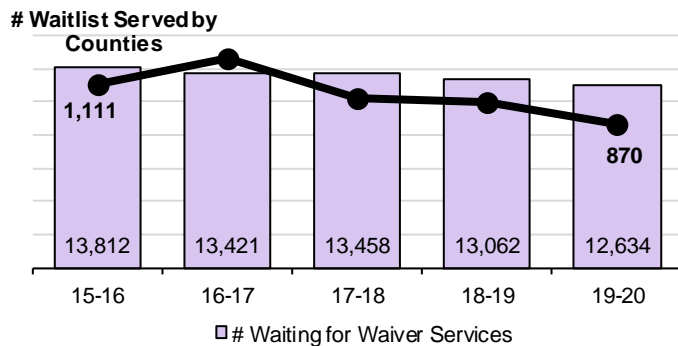
Performance Measures for County ID/Autism Programs

	15-16	16-17	17-18	18-19	19-20	20-21
Workload						
# Served under county-based programs	23,613	23,446	23,601	23,198	22,567	23,190
# Waiting for waiver services ¹	1,111	1,261	1,029	997	870	--
# Recipients provided respite services	165	173	173	159	138	--
Efficiency						
Average cost per recipient (\$000s)	\$10.8	\$12.1	\$13.1	\$16.2	\$21.6	--
Outcome						
% Employed	--	--	14.5%	17.4%	18.1%	--
% Employed working over 20 hrs weekly	--	--	42.9%	43.3%	44.2%	--
# Recipients institutionalized	540	469	317	225	76	--

Notes:

1 Persons on the waiver waitlists (Activity 7) receiving county-based services.

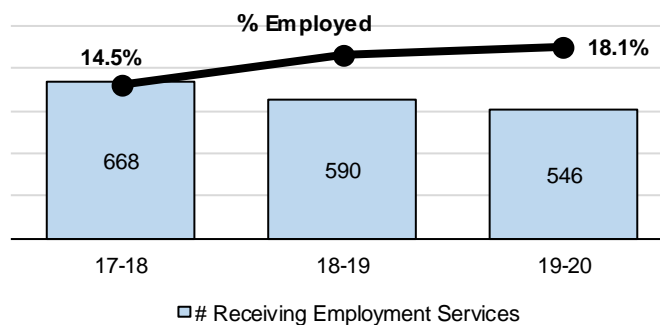
Persons on Waiver Waitlist Receiving County-Based Services Declines Faster Than Total Waitlist



The **number of individuals on a waiver waitlist receiving county-based services** peaked (about 1,260) in FY 2016-17. Of the 1,180 individuals moved off the waitlist, roughly 240 (20%) received services from the county-based programs. This reduces costs at the county level as individuals are moved to Medicaid (federal) programs.

Although the share employed has increased over time, **those who received employment services** declined from 668 in FY 2017-18 to 546 in FY 2019-20. These measures are expected to decline for FY 2020-21 due to retail and food service closures in response to the COVID-19 pandemic, as these individuals tend to work at those establishments.

Share of Recipients Employed Rises as Those Receiving Employment Services Falls



County Benchmarks

Employment Rates for Persons With ID/Autism Served Only by County-Based Programs					
	# Served ¹	% Employed		# Served ¹	% Employed
Columbia	6	100%	Tioga	25	16%
Montour	6	67	Lehigh	279	15
Snyder	3	67	Wayne	52	15
Chester	109	48	Erie	1,081	14
Allegheny	228	46	Beaver	52	13
Philadelphia	119	44	Warren	63	13
Lancaster	55	42	Bedford	24	13
Montgomery	117	39	Clinton	32	13
Cumberland	49	39	Lackawanna	171	11
Centre	31	39	Westmoreland	94	11
Lebanon	58	36	Adams	104	11
Jefferson	23	35	Northampton	192	10
Blair	9	33	Somerset	34	9
Fulton	3	33	Fayette	166	8
Monroe	22	32	Mifflin	12	8
McKean	13	31	Bradford	74	8
Northumberland	37	30	Crawford	115	8
Clearfield	17	29	Indiana	56	7
Susquehanna	18	28	Mercer	108	6
Schuylkill	71	25	Cambria	19	5
Forest	4	25	Washington	154	5
Franklin	55	24	Lawrence	139	5
Luzerne	115	23	Clarion	24	4
Berks	168	21	Armstrong	60	2
Delaware	71	21	Cameron	3	0
Bucks	154	20	Carbon	7	0
Huntingdon	5	20	Elk	33	0
Pike	5	20	Greene	1	0
Butler	191	20	Juniata	6	0
Lycoming	91	20	Perry	3	0
Dauphin	171	19	Sullivan	2	0
Pennsylvania	5,757	18	Union	2	0
York	482	17	Venango	49	0
Potter	6	17	Wyoming	6	0

¹ Enrollment in county-based programs only as of June 30, 2020. Excludes recipients enrolled under other programs.

County-based employment rates for individuals with intellectual disabilities and/or autism show that high-population counties tend to have the highest employment rates among those who receive only county-based services. Cameron, Carbon, Elk, Greene, Juniata, Perry, Sullivan, Union, Venango and Wyoming Counties had no persons employed for the period observed. For some small population counties, the share employed is high because the number served is very low (2 or 3 individuals).

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Activity 9: State Centers

The Office of Developmental Programs (ODP) operates four state centers (public intermediate care facilities) which serve approximately 700 individuals with intellectual disabilities and/or autism on a round-the-clock basis, utilizing approximately 2,700 staff, over half of whom work in direct care positions. These state centers provide nursing and physician services, residential living, recreational and vocational services and dietary or nutritional needs for all residents. ODP also maintains the critical infrastructure at each state center.

Admissions to state centers have declined in the last five years from a high of 16 admissions in FY 2016-17 to zero admissions for FY 2019-20. Discharges to community settings have grown steadily, with a total of 129 residents discharged to the community since FY 2015-16. Discharges to other facilities have remained relatively flat and totaled 10 for FY 2019-20. Since 1976, 18 state centers have closed, most recently Hamburg State Center in FY 2017-18. When a state center closes, discharges will increase as residents move to other care settings. In 2019, the department announced that Polk and White Haven state centers will close, and the closure process is expected to complete by August 2022.

The primary goal of this activity is to provide all the necessary supports and services to ensure residents' needs for daily life are met while protecting their health and safety and encouraging opportunities to transition to more inclusive, community environments. The expected outcome is to improve the quality of life for residents at the facilities and, if preferred by the resident, enable them to transition to community-based settings.

Resources for State Centers						
	15-16	16-17	17-18	18-19	19-20	20-21
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$264.85	\$268.08	\$249.75	\$241.65	\$233.67	\$244.73
Operational Expenses	50.84	53.67	57.13	48.97	47.49	51.85
Fixed Assets Expense	0.37	0.44	0.32	0.46	0.18	0.24
Non-Expense Items	<u>0.22</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
Total	316.28	322.19	307.20	291.08	281.34	296.82
Expenditures by Fund						
General Fund (State)	\$131.43	\$137.62	\$127.98	\$113.88	\$97.03	\$101.60
General Fund (Augmentations)	28.59	28.91	28.98	26.53	25.78	25.71
General Fund (Federal)	<u>156.26</u>	<u>155.66</u>	<u>150.23</u>	<u>150.68</u>	<u>158.54</u>	<u>169.51</u>
Total	316.28	322.19	307.20	291.08	281.34	296.82
Average Weekly FTE Positions	3,225	3,163	2,975	2,745	2,619	2,653
Personnel Cost/FTE (\$ thousands)	\$82.1	\$84.8	\$83.9	\$88.0	\$89.2	\$92.2
Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.						

Performance Measures for State Centers

	15-16	16-17	17-18	18-19	19-20	20-21
Workload						
# Residents	951	915	869	779	716	635
# DSPs per resident	1.8	1.9	1.9	2.0	2.0	2.0
# Staff overtime hours worked (000s)	382	355	414	446	451	--
Efficiency						
Avg. cost per resident (\$000s)	\$277	\$338	\$379	\$393	\$397	--
Outcome						
# Transferred to community ¹	9	20	51	19	30	--
Staff turnover rate	12%	11%	12%	13%	14%	--
Physical restraint incident rate ²	0.05	0.10	0.19	0.15	0.11	--

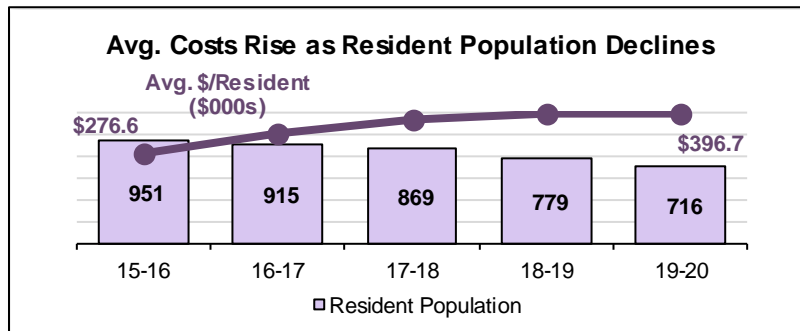
Note: DSP is direct support professional.

1 Residents transferred to community-based services in Activities 7 (waivers) and 8 (county-based programs).

2 See Notes on Measures.

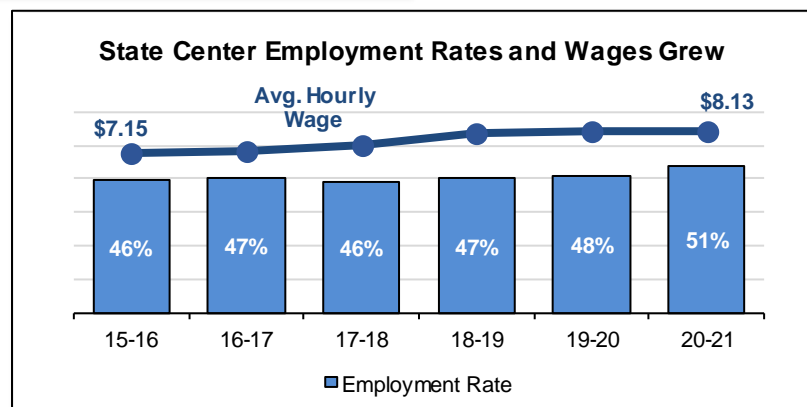
Note on Measures

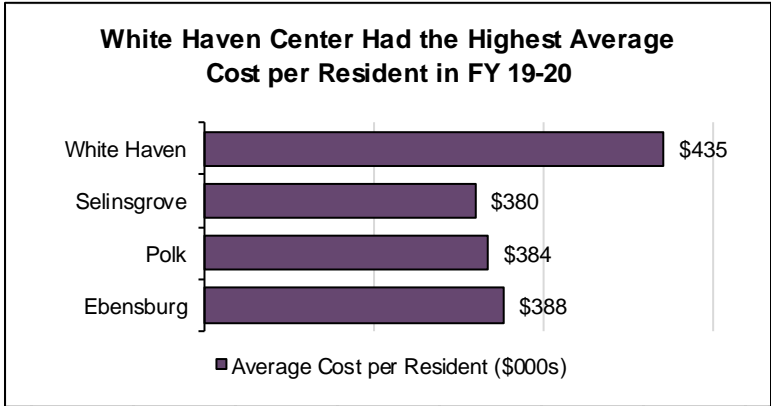
- The rate at which physical restraints are used measures the general health and safety of residents and the adequacy of treatment services provided at the facility. It is calculated as the number of restraint incidents reported at state centers for that year divided by the total resident population.



The **average cost per resident** grew over the last five fiscal years at an average annual rate of 9.4%. For the same period, resident population fell by 6.8% per annum.

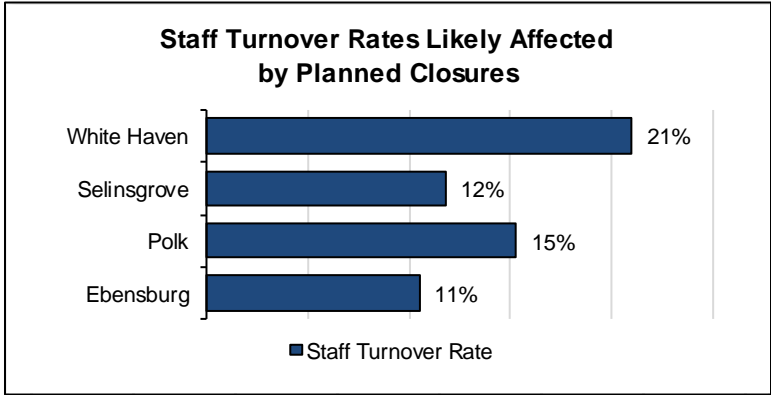
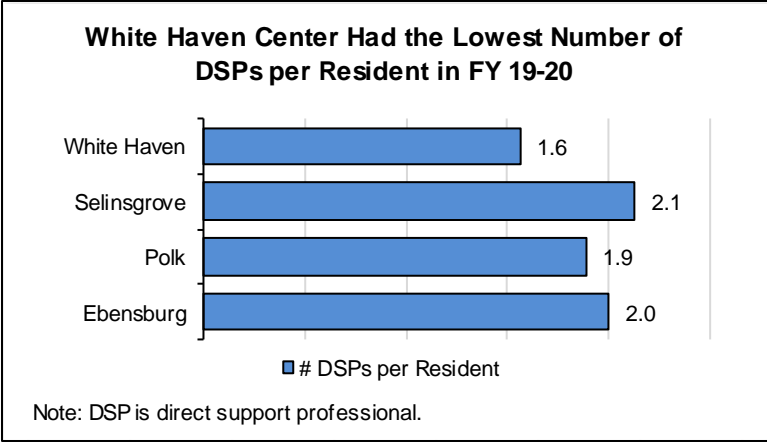
In FY 2020-21, about 51% of residents are **employed at the state centers** in which they live. The share of residents employed has increased as the number of residents has declined. Additionally, the average hourly wage grew for that same period by 98 cents (\$7.15 to \$8.13).





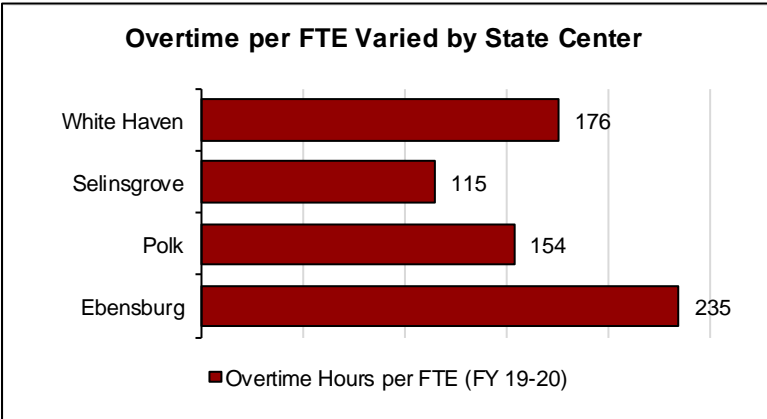
The **average cost per state center resident** ranged from \$380,000 to \$435,000 in FY 2019-20. White Haven State Center’s cost per resident exceeded the average for the other three centers as the number of residents declined to 101 for FY 2019-20 in anticipation of the center closing by August 2022.

Staffing ratios are an important measure for safety and adequacy of resident care. The data show a relatively uniform distribution of staff ratios. White Haven State Center had the fewest direct support professionals (DSP) per resident in FY 2019-20, while Selinsgrove State Center had the most DSPs per resident.

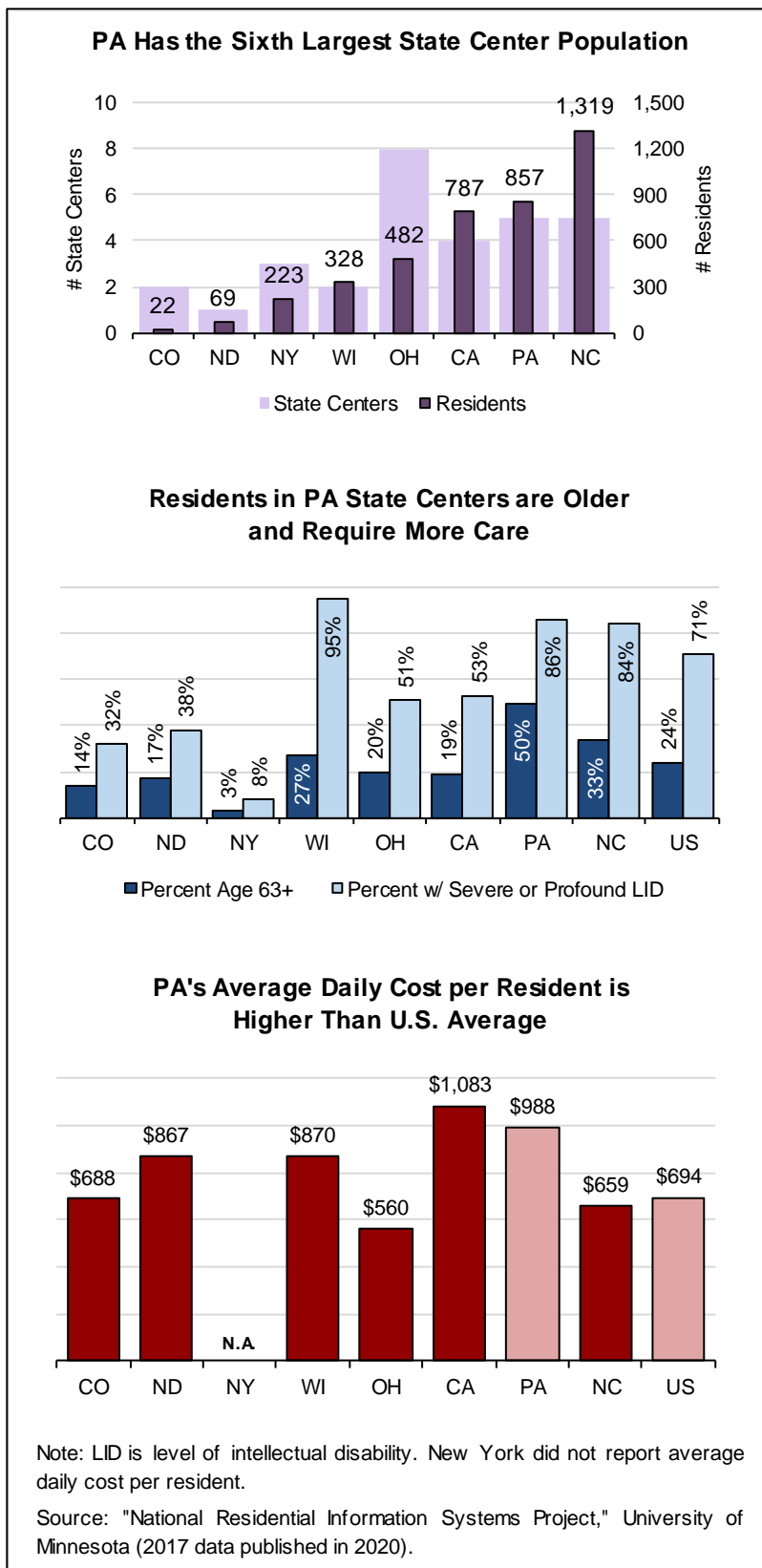


The **average staff turnover rate** for all state centers was about 14% in FY 2019-20. White Haven and Polk, which are scheduled to close within the next two years, have higher staff turnover rates than the other two centers.

Ebensburg and White Haven State Centers recorded the highest amount of **overtime per full-time equivalent (FTE)**. Overtime hours per FTE at Ebensburg were more than two times the rate at Selinsgrove.



State Benchmarks



For 2017, Pennsylvania had the sixth largest **state center population** for all reporting states. State center populations across the nation ranged from 3,019 (Texas) to 22 (Colorado) residents. Sixteen states do not operate any state centers for persons with developmental disabilities. Since 2017, Pennsylvania's state center population has declined to 635.

Residents in Pennsylvania state centers tend to be **older and have a higher level of disability (LID)**. In 2017, about half of the residents were age 63 or older, compared to the U.S. weighted average of less than one quarter. That same year, 86% of residents were reported with levels of severe or profound disability and therefore require acute care, which is 15 percentage points above the national average.

Finally, Pennsylvania had the fifth highest **average daily cost per resident** among states that reported state center cost data in 2017. Those data ranged from \$1,481 (Tennessee) to \$343 (Mississippi) per resident, with the U.S. weighted average at \$694 per resident.

Activity 10: Private ICFs (ID/Autism)

The Office of Developmental Programs (ODP) funds services at private intermediate care facilities (ICFs) for roughly 2,000 individuals with intellectual disabilities (ID) and/or autism through a cost-based, reimbursement system. The Commonwealth is one of 49 states that include ICF services in the Medicaid State Plan. These Medicaid ICFs are considered institutions under the 2014 Medicaid Waiver rule, which states that ICF services may only be available for individuals in need of consistent, specialized treatment and health services. Access to ICF services is an entitlement for persons with intellectual disabilities and/or autism who meet the level-of-care eligibility criteria. Because states may not limit access to ICF services or maintain waiting lists for them, they are generally more accessible than other long-term care options.

ODP reviews cost reports, sets per-diem rates and performs cost-settlement activities to comply with federal standards. Each ICF has quality management goals and objectives, and the Department of Health performs annual regulation surveys and audits of these facilities. The wide scope of services provided under the ICF benefit includes day and community programs, where residents may work or participate in vocational or other activities outside of the facility. Nearly all ICF residents receive day or community services each fiscal year (94 percent).

The primary goal of this activity is to manage the ICF appropriation to establish adequate and timely rates. The expected outcomes are to maximize the services provided at ICFs at the lowest cost and to effectively care for persons with high-acuity intellectual disabilities and/or autism.

Resources for Private ICFs (ID/Autism)						
	15-16	16-17	17-18	18-19	19-20	20-21
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$0.67	\$0.59	\$0.71	\$0.66	\$0.28	\$0.27
Operational Expenses	0.06	0.07	0.11	0.09	0.03	0.03
Grants	<u>305.20</u>	<u>324.27</u>	<u>372.69</u>	<u>341.66</u>	<u>372.23</u>	<u>370.73</u>
Total	305.93	324.93	373.50	342.40	372.54	371.02
Expenditures by Fund						
General Fund (State)	\$130.09	\$140.53	\$159.62	\$150.30	\$147.58	\$135.20
General Fund (Augmentations)	16.87	15.88	21.99	20.93	19.48	18.42
General Fund (Federal)	<u>158.98</u>	<u>168.51</u>	<u>191.88</u>	<u>171.17</u>	<u>205.47</u>	<u>217.40</u>
Total	305.93	324.93	373.50	342.40	372.54	371.02
Average Weekly FTE Positions	6	5	6	5	3	3
Personnel Cost/FTE (\$ thousands)	\$111.8	\$117.4	\$118.2	\$131.6	\$93.0	\$89.7
Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.						

Performance Measures for Private ICFs (ID/Autism)

	15-16	16-17	17-18	18-19	19-20	20-21
Workload						
# Residents	2,155	2,071	2,028	1,956	1,950	1,920
Efficiency						
Avg. cost per resident (\$000s)	\$148	\$155	\$160	\$180	\$190	\$194
Outcome						
Per diem rate	\$404	\$426	\$439	\$494	\$519	\$532
# On waiver waitlist	63	59	61	55	50	--
% Residents w/ community access ¹	--	--	--	--	94%	--
# Transferred to community ²	76	13	12	59	6	87
Physical restraint incident rate ¹	0.12	0.15	0.13	0.12	0.05	--

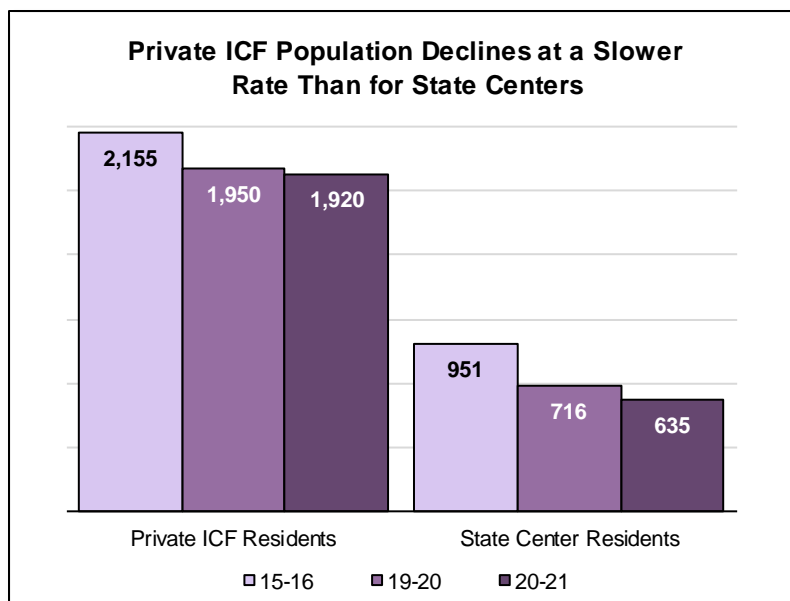
Notes:

1 See Notes on Measures.

2 Residents transferred to community-based services in Activities 7 (waivers) and 8 (county-based programs).

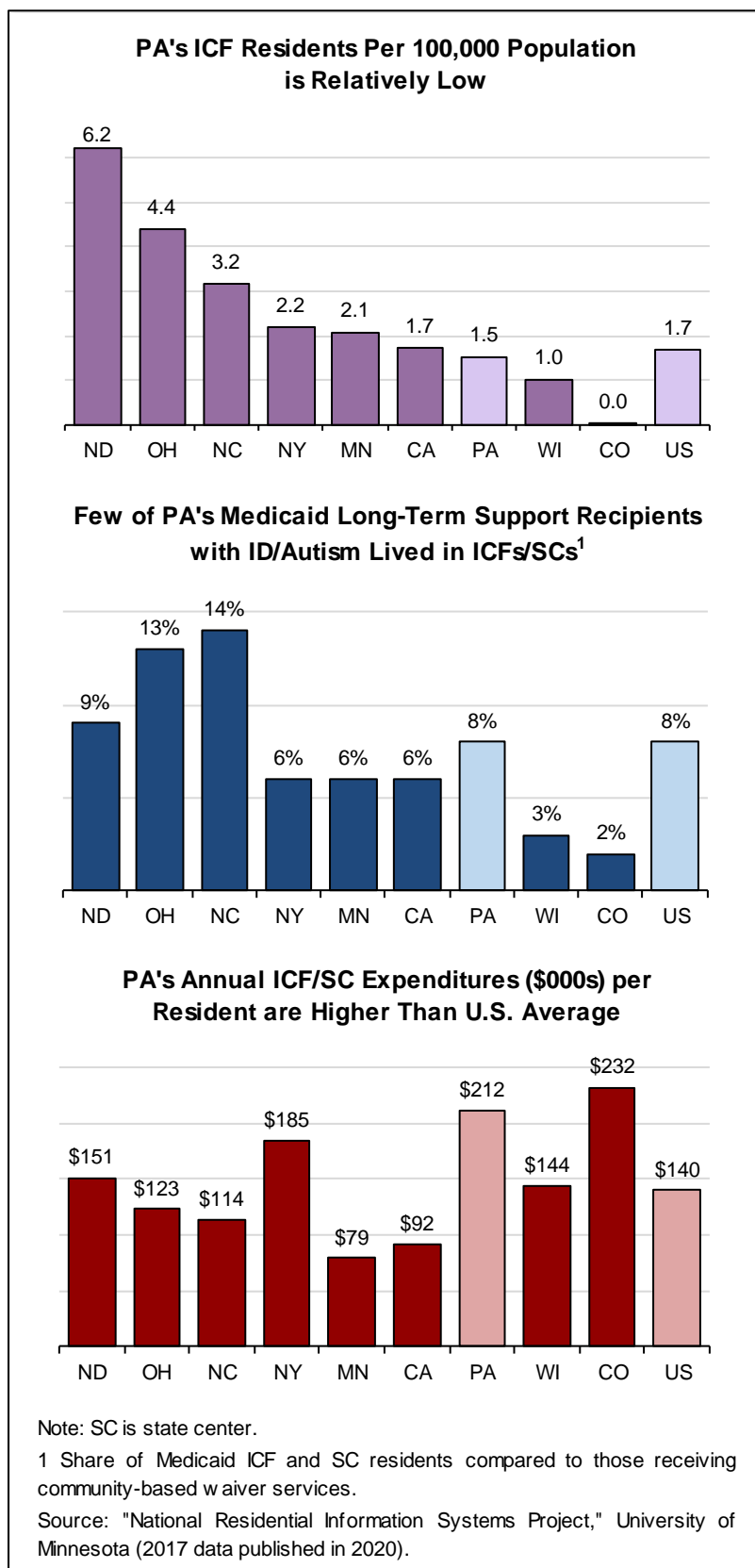
Notes on Measures

- Residents with community access attend day or other community services, which may include supported work programs or engagement in community interests of the individual's choice. These data began to be collected for FY 2019-20.
- The rate at which physical restraints are used measures the general health and safety of residents and the adequacy of treatment services provided at the facility. It is calculated as the number of restraint incidents reported at ICFs for that year divided by the total resident population.



Although fewer persons with intellectual disabilities and/or autism have been served in institutional settings over time, **the rate of decline in the number of residents** varies considerably between ICFs and state centers. From FY 2015-16 to FY 2019-20, resident populations in ICFs and state centers declined at average annual rates of 2.5% and 6.8%, respectively.

State Benchmarks



Based on 2017 data from the 2020 Residential Information Systems Project (latest available), Pennsylvania ranked third lowest among county-administered states for **the number of private ICF residents per 100,000** of the state's population. However, this was only slightly below the U.S. average.

Seven states (Alaska, Georgia, Maryland, Massachusetts, Montana, Oregon and Wyoming) did not fund services in ICFs in 2017, and some of these did not operate state centers (i.e., public intermediate care facilities).

All states, except Michigan and Oregon, opted to include ICF services in their Medicaid State Plan. Although the majority of Medicaid-funded services are provided via community-based waiver supports, **roughly 8% of Pennsylvania Medicaid recipients lived in an ICF** on June 30, 2017. Estimates suggest that share has declined to 7% for FY 2019-20. That percentage ranged from 36% (Mississippi) to 1% (Maryland).

States spent an average of **\$140,000 per facility resident in 2017 (private and public)**. Montana (\$411,400) recorded the highest annual expenditures per resident, while Hawaii (\$56,200) recorded the lowest. Estimates by the IFO suggest the average annual expenditures for Pennsylvania in FY 2019-20 were \$233,200.

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Activity 11: County Mental Health Programs

The Office of Mental Health and Substance Abuse Services (OMHSAS) distributes state funds to counties and single-county authorities in conjunction with the Bureau of Financial Operations (BFO) for a variety of mental health (MH) services for children and adults. These services include community MH services which include base funding for community programs, such as supported housing, administrative case management and the statewide Community Housing Integration Project (CHIPP) and regional Southeast Integration Project (SIPP) programs. OMHSAS also issues Act 152 and the Behavioral Health Special Initiative funds to single-county authorities to support drug and alcohol treatment services at the local level. Counties hold contracts with providers to deliver services and the costs of these services are reported back to the department.

Approximately 190,000 adults and children receive state-funded, county-based MH services annually. By comparison, about 567,000 receive Medicaid-funded community-based MH services each year. Individuals may receive MH services that are covered under both county-based MH funds and Medicaid funds. The department estimates that 4.3 percent of the state population is eligible for county-based services, while 22.9 percent is eligible for Medicaid-funded behavioral health services.

The goals of this activity are to (1) help individuals obtain the mental health services they need to live safely within the community and without repeated hospital or residential admissions and (2) transition clients from the state hospital environment to the least restrictive community-based setting. The intended outcome is to improve the quality of life and reduce institutionalization for vulnerable populations.

Resources for County Mental Health Programs						
	15-16	16-17	17-18	18-19	19-20	20-21
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$3.30	\$4.09	\$3.66	\$3.78	\$3.20	\$3.98
Operational Expenses	1.45	1.67	2.81	3.42	2.59	2.32
Grants	620.38	634.60	650.92	676.85	699.29	703.63
Non-Expense Items	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>-0.44</u>	<u>-1.53</u>	<u>32.86</u>
Total	625.13	640.35	657.39	683.62	703.55	742.78
Expenditures by Fund						
General Fund (State)	\$583.14	\$600.32	\$591.97	\$607.40	\$615.48	\$630.14
General Fund (Augmentations)	0.00	0.00	28.62	28.51	28.37	32.86
General Fund (Federal)	<u>41.99</u>	<u>40.03</u>	<u>36.79</u>	<u>47.71</u>	<u>59.70</u>	<u>79.79</u>
Total	625.13	640.35	657.39	683.62	703.55	742.78
Average Weekly FTE Positions	28	30	29	29	27	27
Personnel Cost/FTE (\$ thousands)	\$117.7	\$136.2	\$126.0	\$130.3	\$118.5	\$147.4
Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.						

Performance Measures for County Mental Health Programs

	15-16	16-17	17-18	18-19	19-20	20-21
County MH Programs						
# Received MH services (000s)	196	182	186	190	193	193
# S&R calls received ^{1,2}	--	--	--	--	--	15,670
% S&R calls referred to crisis ^{1,2}	--	--	--	--	--	5%
Avg. cost per client served	--	\$1,435	\$1,284	\$1,208	\$1,233	--
% Employed ¹	-- Recommended Performance Measure --					
CHIPP¹						
# CHIPP beds	3,040	3,087	3,181	3,207	3,229	3,229
Avg. cost per bed (\$000s) ³	\$74.9	\$77.8	\$78.0	\$77.5	\$77.7	\$77.8
% Rehospitalized	-- Recommended Performance Measure --					
% Incarcerated	-- Recommended Performance Measure --					
% Experienced homelessness	-- Recommended Performance Measure --					

Note: S&R is the Support and Referral Line. CHIPP is Community Hospital Integration Project Program. FY 20-21 data are estimates, unless stated otherwise.

1 See Notes on Measures.

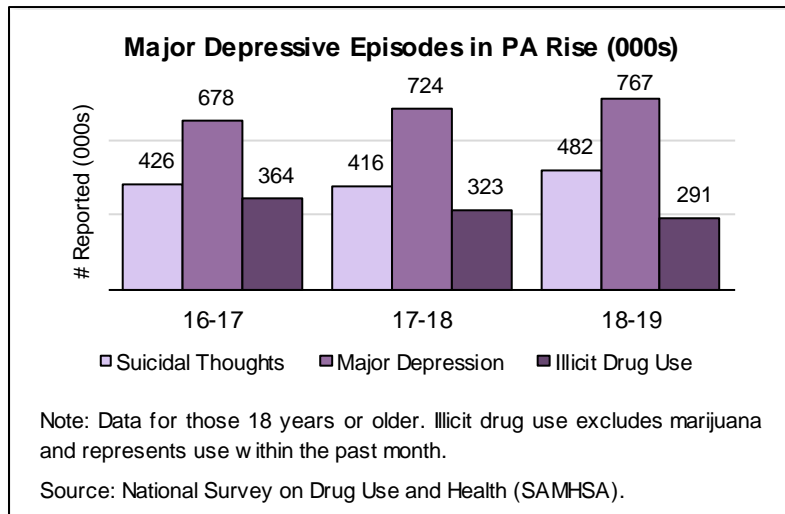
2 Data from April 1 to December 31, 2020.

3 Calculated by the IFO. Represents the total CHIPP funds divided by the number of beds. Amounts per CHIPP were capped at \$105,000 from 2011 to 2016 which results in a slightly lower average cost per CHIPP bed. Current funds per CHIPP are \$125,000.

Notes on Measures

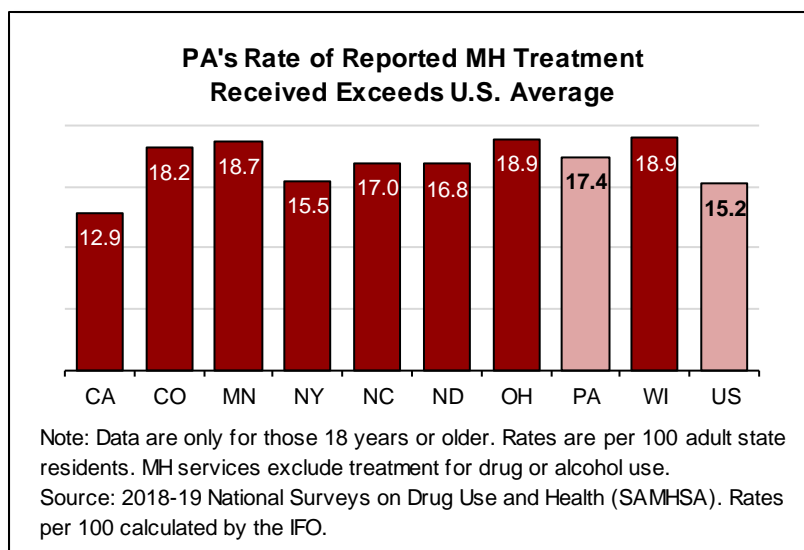
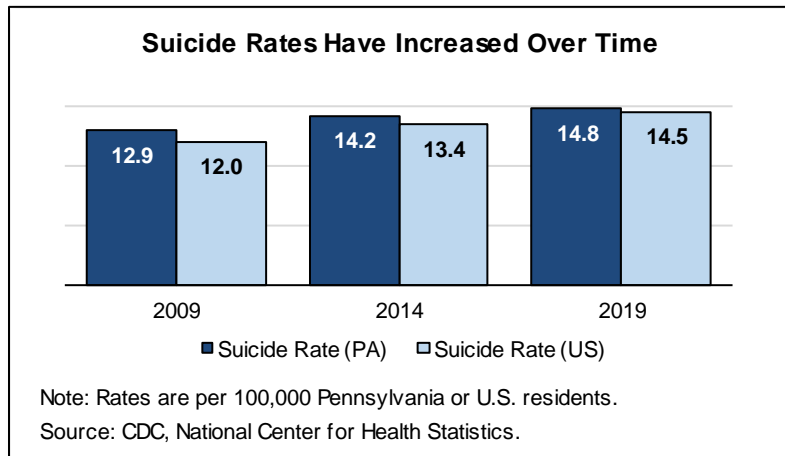
- DHS launched the Support and Referral Line on April 3, 2020 to counsel Pennsylvanians who struggle with anxiety and other mental health concerns from the COVID-19 pandemic.
- DHS and the Department of Labor and Industry signed a memorandum of understanding to share employment data to determine accurate information related to the employment of individuals that receive services or are enrolled to receive behavioral health services. This effort was delayed due to the current public health emergency. Once completed, DHS will have access to accurate employment data that can be used to report outcomes.
- CHIPP supports selected individuals discharged from state hospitals (see Activity 12) by creating community-based services for them at the county level. Counties receive an annual allocation to support a set number of service slots to provide community-based support services to CHIPP participants upon discharge. OMHSAS monitors all CHIPP placements and expenditures, and the counties actively assess participant well-being and ensure that needed services are provided. Service development and discharge of CHIPP participants must be accomplished by June 30 of the first fiscal year the CHIPP participant is funded.

Statewide Indicators and Benchmarks



Reports of state residents (not just recipients of county-based services) who **experienced a major depressive episode within the last year** have increased over time. From report year 2016-17 to 2018-19, cases of major depressive episodes increased from 678,000 to 767,000. Although these data show continued decline in illicit drug use, they also suggest an increase in suicidal thoughts.

Data from the Centers for Disease Control and Prevention (CDC) show that the **all-ages, suicide rate per 100,000 people in the Commonwealth** went from 12.9 in 2009 to 14.8 in 2019, the latest year of available data. These data show that the Pennsylvania rate exceeds the national average each year.



The **rate at which Pennsylvania residents reported receiving mental health (MH) treatment** is slightly above the U.S. average. As shown, Pennsylvania is similar to most county-administered states. Across the U.S., states varied significantly in their rates of MH treatment for report year 2018-19. Vermont (22.0) and Massachusetts (20.7) recorded the two highest rates, while Texas (11.7) and Hawaii (9.9) had the lowest.

County Benchmarks

Expenditures per Client Vary by County (FY 19-20)			
	Avg. \$ ¹		Avg. \$ ¹
Delaware	\$6,285	Crawford	\$1,320
Philadelphia	5,190	Lawrence	1,271
Bedford ²	3,790	Washington	1,249
Somerset ²	3,790	Pennsylvania	1,233
Carbon ²	2,755	Montgomery	1,177
Monroe ²	2,755	Berks	1,127
Pike ²	2,755	Cumberland ²	1,040
Fayette	2,616	Perry ²	1,040
Dauphin	2,491	Schuylkill	1,038
Allegheny	2,403	Wayne	1,022
Chester	2,106	Clearfield ²	984
Mercer	1,951	Jefferson ²	984
Lycoming ²	1,938	Northampton	920
Clinton ²	1,938	Lebanon	905
Bucks	1,928	Forest ²	841
Bradford ²	1,908	Warren ²	841
Sullivan ²	1,908	Lancaster	819
Centre	1,838	Franklin	756
Westmoreland	1,787	Blair	667
Northumberland	1,677	Venango	654
Cameron ²	1,551	Butler	575
Elk ²	1,551	Beaver	516
Clarion	1,522	Fulton	509
Columbia ²	1,520	Potter	471
Montour ²	1,520	Wyoming	459
Snyder ²	1,520	Lehigh	438
Union ²	1,520	Lackawanna ²	386
Armstrong ²	1,450	Susquehanna ²	386
Indiana ²	1,450	Cambria	362
Huntingdon ²	1,365	Luzerne	307
Mifflin ²	1,365	Greene	260
Juniata ²	1,365	McKean	249
York ²	1,365	Erie	200
Adams ²	1,365	Tioga	91

Notes:
 1 Average expenditure per MH and drug and alcohol client for FY 19-20.
 2 Data represent the county's region or program area.

For FY 2019-20, **roughly \$1,200 was spent per mental health (MH) and drug and alcohol client served** in non-Medical Assistance, community-based county MH programs. Delaware County recorded the highest average spend per client, while Tioga County had the lowest.

Activity 11: County Mental Health Programs (Addendum)

The following data shall serve as an addendum to the initial Performance-Based Budget report for the Department of Human Services Part 2 delivered to the General Assembly on March 25, 2021. This addendum was requested by the Performance-Based Budget Board during a hearing on April 27, 2021. The following data are to be used in conjunction with the initial report, and not serve as a replacement for the original measures provided.

As part of this addendum, the Performance-Based Budget Board requested information on staff turnover and average wage for contracted or third-party direct care workers for mental health services. DHS responded that these metrics are not available. The available data from the U.S. Bureau of Labor Statistics Occupational Employment and Wage Statistics on average wage of select occupations related to mental health services are detailed below.

PA Median Wage for Select Occupations (Mental Health Services)						
	2015	2016	2017	2018	2019	2020
Occupation						
Child, family, and school social workers	\$18.07	\$18.15	\$19.04	\$19.63	\$20.34	\$20.64
Community and social service occupations	18.59	18.72	19.41	19.99	20.78	21.40
Community and social service specialists, all other	22.03	23.15	25.32	21.76	23.31	25.12
Healthcare practitioners and technical occupations	29.08	29.53	30.01	30.43	31.25	32.27
Healthcare support occupations	13.08	13.62	14.23	14.45	13.53	13.81
Healthcare support workers, all other	19.03	19.39	20.10	20.03	20.24	20.77
Psychiatric aides	15.46	16.07	16.04	16.27	16.56	17.84
Psychiatric technicians	15.39	15.70	15.09	14.76	14.93	15.14
Substance abuse, behavioral disorder, and mental health counselors	19.64	19.62	20.32	21.06	21.74	22.31
Healthcare social workers	23.18	23.62	24.07	25.30	25.80	26.87
Mental health and substance abuse social workers	17.31	17.08	16.91	17.75	17.97	18.15
Social workers, all other	29.10	28.79	31.13	31.69	28.35	31.36

Source: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics, 2015-2020.

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Activity 12: State Hospitals

The Bureau of Community and Hospital Operations (BCHO) in the Office of Mental Health and Substance Abuse Services (OMHSAS) operates and oversees the State Hospital System. State hospitals provide inpatient, behavioral health (BH), skilled-nursing and forensic and sexual responsibility and treatment services. These services are provided through the use of the Community Support Planning (CSP) process that is person-centered and identifies the needs for each individual to be safely and appropriately served in the home community. This process includes family members (if desired by the patient), the individual's entire treatment team and representatives from the home county.

Patients at state hospitals fall into four general categories: (1) civil patients who receive inpatient treatment for serious mental health conditions, (2) forensic patients who must be evaluated for or require the restorations of their mental competency, (3) long-term care patients who require high-level, skilled nursing care (South Mountain only) and (4) Sexual Responsibility and Treatment Program (SRTP) participants who must undergo treatment services for sexual offenses they committed as a youth (Torrance only).

The primary goals of this activity are to support those with serious mental illness and coordinate with the criminal justice system to effectively treat and care for patients, as applicable. The intended outcome is to move individuals onto the path of recovery and enable them to return to their home community in the shortest time possible or manage the continued treatment for individuals deemed not competent to stand trial or who otherwise require long-term care.

Resources for State Hospitals						
	15-16	16-17	17-18	18-19	19-20	20-21
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$327.60	\$335.26	\$339.20	\$359.94	\$369.46	\$384.91
Operational Expenses	72.85	73.76	83.22	82.04	80.42	88.37
Fixed Asset Expense	0.83	1.24	1.18	1.49	1.24	1.11
Grants	0.00	0.00	0.05	0.00	0.00	0.00
Non-Expense Items	<u>0.16</u>	<u>-0.36</u>	<u>0.40</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
Total	401.44	409.89	424.05	443.47	451.12	474.39
Expenditures by Fund						
General Fund (State)	\$217.33	\$235.00	\$229.67	\$249.21	\$217.66	\$256.16
General Fund (Augmentations)	9.17	9.59	10.06	8.35	8.28	7.05
General Fund (Federal)	<u>174.94</u>	<u>165.31</u>	<u>184.32</u>	<u>185.91</u>	<u>225.18</u>	<u>211.18</u>
Total	401.44	409.89	424.05	443.47	451.12	474.39
Average Weekly FTE Positions	3,364	3,374	3,377	3,404	3,425	3,477
Personnel Cost/FTE (\$ thousands)	\$97.4	\$99.4	\$100.4	\$105.7	\$107.9	\$110.7
Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.						

Performance Measures for State Hospitals

	15-16	16-17	17-18	18-19	19-20	20-21
Workload						
# Patients served	2,221	2,192	2,156	2,409	2,471	--
# Frontline staff per patient ¹	--	0.88	0.86	0.86	0.83	--
Efficiency						
Avg. cost per patient (\$000s)	\$197	\$204	\$218	\$238	\$260	\$265
% OFCEs completed w/n 30 calendar days ²	--	53%	56%	62%	47%	--
Outcome						
Median length of stay (days) ³	266	301	286	224	169	--
# Discharges ³	705	694	666	882	988	--
Physical restraint incidents ^{2,4}	--	814	661	923	853	--
% Restorations completed w/n 365 days ²	--	--	--	67.3%	68.9%	--
% Readmitted w/n 30 days	0.2%	1.4%	0.5%	5.3%	4.0%	--
% Readmitted w/n 180 days	3.8%	9.0%	5.3%	7.7%	4.0%	--

Notes: OFCE is outpatient forensic competency evaluation.

1 Data are a snapshot at fiscal-year-end. Frontline staff include aide trainees, psych aides, forensic security employees, licensed practical and registered nurses, forensic registered nurses and SRTP aides.

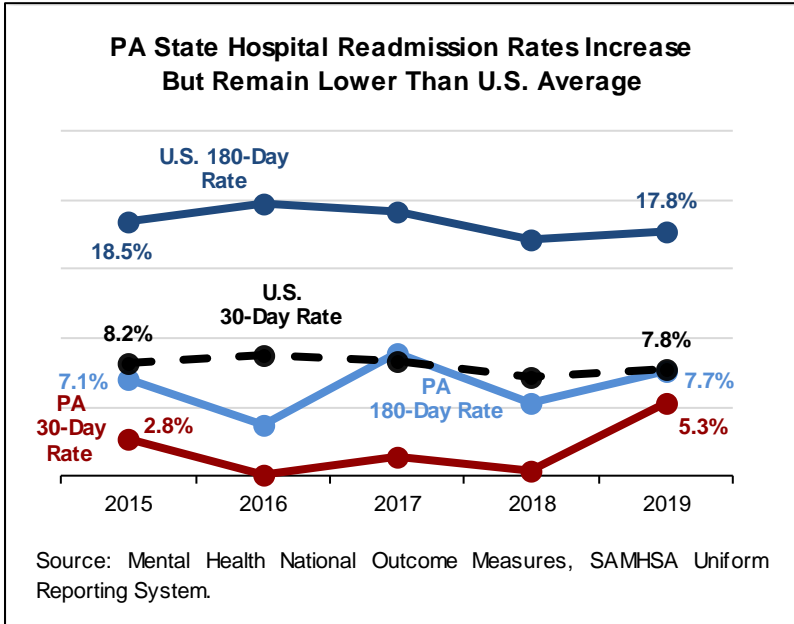
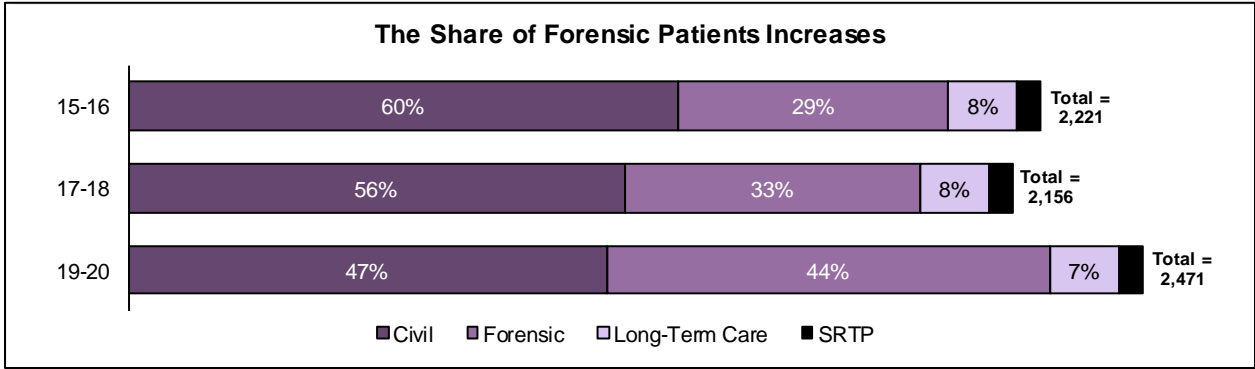
2 See Notes on Measures.

3 Excludes Sexual Responsibility and Treatment Program participants and long-term care population.

4 Data by calendar year.

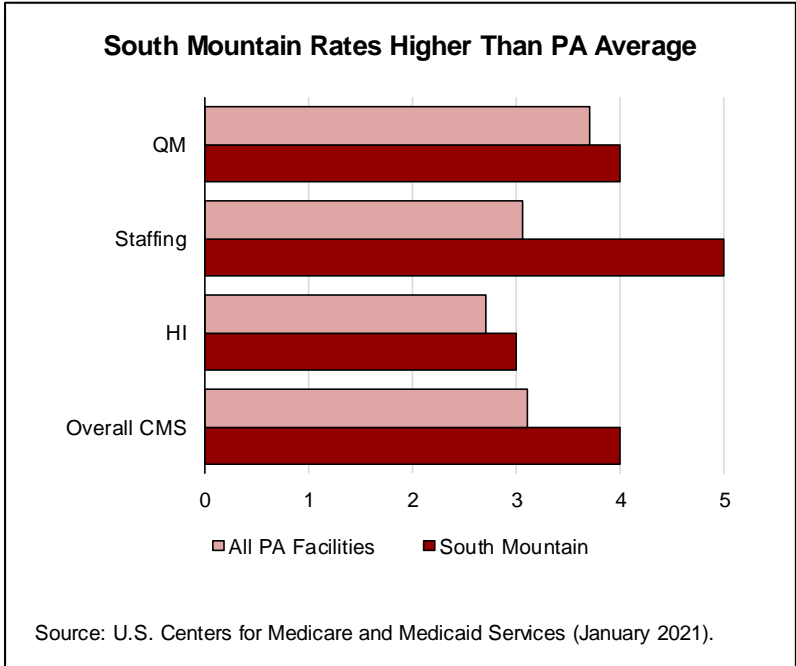
Notes on Measures

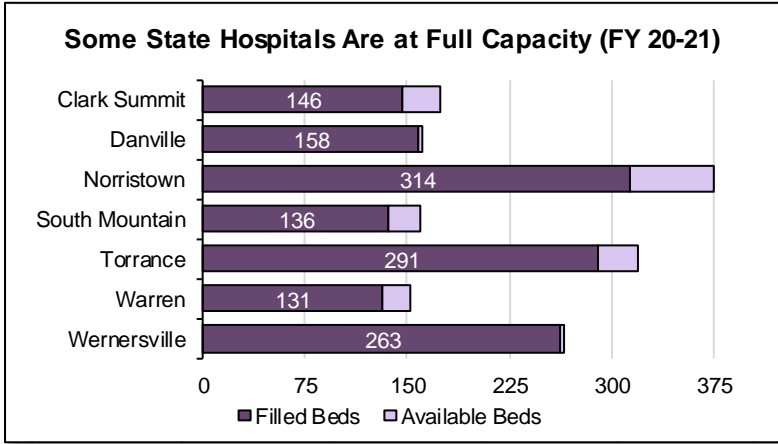
- Outpatient forensic competency evaluations are conducted for Pennsylvania defendants to provide judgement of competency (i.e., fitness to stand trial) and criminal responsibility. These evaluations are performed by the state hospital system to assist in criminal justice proceedings and are conducted on an outpatient basis to determine if the individual needs to be admitted. When performed in a timely manner, this reduces the amount of time a defendant has to wait in a jail or prison.
- The number of physical restraints used may indicate issues with patients and staff. In the state hospitals, any contact with a patient (even if it is initiated by the patient) that lasts more than 15 seconds is considered a restraint use and the incident is reviewed to determine whether the contact was appropriate and whether there are safety concerns or other factors that require further attention.
- Restorations are forensic services provided to persons found not guilty by reason of insanity and are committed by a court to undergo treatment to restore their competency. The data for FY 2018-19 represent restorations completed between November 2018 to June 2019. It should be noted that patients may still reside at the state hospital post-restoration if the court has yet to make a placement determination.



The Substance Abuse and Mental Health Services Administration (SAMHSA), through the Uniform Reporting System, reports that Pennsylvania has a lower **average rate of readmission** compared to the U.S. Data for 2019 show increased 30- and 180-day readmission rates for the Commonwealth. This is due in part to an increased number of forensic patients receiving court approval for discharge after a competency evaluation who are then immediately readmitted for treatment services.

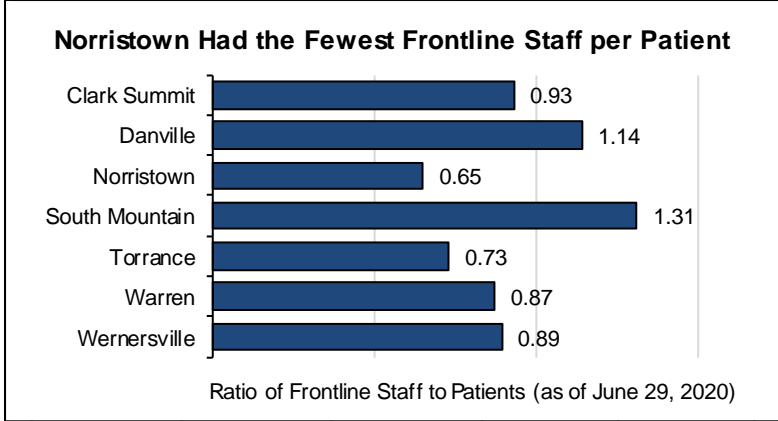
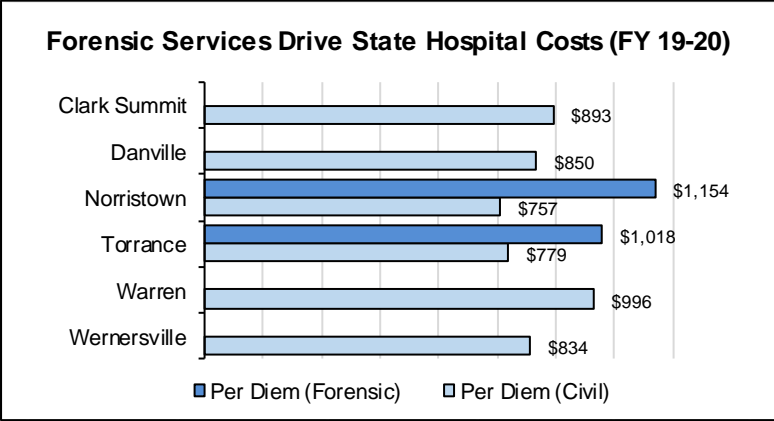
South Mountain Restoration Center is the state skilled nursing facility that provides long-term care to persons with serious mental illness or other conditions who have exhausted other placement options. It is certified by the U.S. Centers for Medicare and Medicaid Services (CMS) which produces monthly facility ratings. South Mountain rates high (4 to 5 stars) for staffing and quality of care (QM). In all areas, South Mountain rated higher than the Pennsylvania average, and achieved a higher overall rating (4 stars). This rating reflects significant improvement since the prior rating in 2017 due to a higher health inspection (HI) rating.





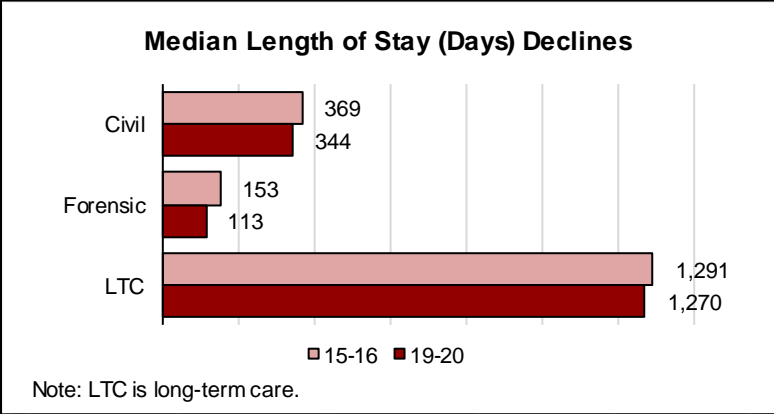
The **occupancy rate at state hospitals**, or the ratio of filled to available hospital beds, is around 90% and ranges from 83% to 99% for Clark Summit and Wernersville State Hospitals, respectively. COVID-19 mitigation efforts resulted in a higher occupancy rate due to lower rates of admissions and discharges.

Norristown and Torrance are the only facilities that provide forensic services. The **per diem rates** are higher for these services compared to civil and long-term care services. South Mountain, which only serves long-term care patients, had a per diem of \$570 in FY 2019-20.



The **ratio of frontline staff to patients** was lowest for Norristown State Hospital at the end of FY 2019-20. Norristown and Torrance are the only facilities that provide forensic care. For facilities that only provide civil care, Warren state hospital had the lowest staff ratio, while Danville had the highest.

The overall median length of stay has steadily decreased over time across levels of care. When the **median length of stay** is broken out by level of care, a 40-day (-26.1%), five-year reduction in forensic median length of stay appears to drive that trend.



Activity 13: Licensing

The Offices of Children, Youth, and Families (OCYF), Developmental Programs (ODP) and Mental Health and Substance Abuse Services (OMHSAS) license agencies, facilities and programs that provide care to their respective service populations. Annual, onsite inspections and investigations of complaints and incidents are conducted to ensure the health and safety of individuals served and that individuals receive services according to program regulations and standards.

Providers in violation are cited and must submit an acceptable plan of correction. The offices then verify the implementation of those plans of correction. Action is taken against a provider's license for serious violations and may include issuing a provisional license, license revocation or non-renewal of a license. In the case where a complaint is received or an incident is reported, the corresponding office completes an investigation. Complaints may come from a variety of sources, including Adult Protective Services, ChildLine and the Patient Safety Authority related to licensed services.

The primary goal of this activity is to complete onsite inspections of all licensed providers on an annual basis. The expected outcomes are (1) the timely completion of these inspections, (2) assure compliance with promulgated regulations to ensure the health and safety of program participants and (3) avoid preventable harm to vulnerable adults and children.

Resources for Licensing						
	15-16	16-17	17-18	18-19	19-20	20-21
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services (OCYF)	\$3.21	\$3.60	\$4.01	\$4.44	\$4.17	\$4.37
Personnel Services (ODP)	0.00	0.00	1.61	1.80	1.83	1.75
Personnel Services (OMHSAS)	2.63	2.66	2.78	2.94	3.08	3.83
Operational Expenses	<u>0.93</u>	<u>0.91</u>	<u>1.42</u>	<u>1.86</u>	<u>1.56</u>	<u>1.70</u>
Total	6.77	7.17	9.82	11.04	10.64	11.65
Expenditures by Fund						
General Fund (State)	\$5.03	\$5.60	\$6.97	\$7.98	\$7.65	\$8.18
General Fund (Federal)	<u>1.74</u>	<u>1.57</u>	<u>2.85</u>	<u>3.06</u>	<u>2.98</u>	<u>3.35</u>
Total	6.77	7.17	9.82	11.04	10.64	11.53
Average Weekly FTE Positions (OYCF)						
Personnel Cost/FTE (\$ thousands)	29	32	40	42	39	39
	\$110.8	\$112.4	\$100.2	\$105.7	\$106.9	\$112.1
Average Weekly FTE Positions (ODP)¹						
Personnel Cost/FTE (\$ thousands)	--	--	13	15	15	15
	--	--	\$124.0	\$120.0	\$121.9	\$116.5
Average Weekly FTE Positions (OMHSAS)						
Personnel Cost/FTE (\$ thousands)	22	20	22	22	25	25
	\$119.5	\$133.1	\$126.2	\$133.5	\$123.2	\$153.2

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

¹ Prior to FY 17-18, this activity was managed by the Bureau of Human Services Licensing under the Office of Administration.

Performance Measures for Licensing

	15-16	16-17	17-18	18-19	19-20	20-21
Child Welfare Programs (OCYF)						
# Licenses ¹	--	67	67	1,389	1,364	--
# Inspections per inspector	--	--	--	17	12	--
# Complaints received	-- Recommended Performance Measure --					
# Provisional licenses	--	--	--	9	15	--
% Licenses that pass inspection	--	--	--	99%	99%	--
% LIS issued w/n 15 business days ²	--	--	--	46%	67%	--
% POC accepted/rejected w/n 10 business days ³	--	--	--	75%	79%	--
Facilities Serving Persons With ID/Autism (ODP)⁴						
# Licenses	--	1,015	1,035	1,079	1,092	--
# Inspections per inspector	117	138	151	146	124	--
# Complaints received	-- Recommended Performance Measure --					
# Provisional licenses	--	6	11	23	35	--
% Licenses that pass inspection	43%	47%	50%	49%	51%	--
% LIS issued w/n 15 business days ²	--	--	79%	72%	67%	--
% POC accepted/rejected w/n 10 business days ³	--	--	52%	56%	73%	--
Behavioral Health Agencies (OMHSAS)						
# Licenses	--	--	1,401	1,383	1,521	--
# Inspections per inspector	--	--	89	115	123	--
# Complaints received	-- Recommended Performance Measure --					
# Provisional licenses	--	--	34	35	19	--
% Licenses that pass inspection	--	--	97%	98%	99%	--
% LIS issued w/n 15 business days ^{2,5}	--	--	--	81%	83%	--
% POC accepted/rejected w/n 10 business days ^{3,5}	--	--	--	37%	93%	--

Notes:

1 Data for FY 16-17 and FY 17-18 reflect licenses for county child welfare agencies only. Foster care and residential licensing data are unavailable prior to FY 18-19.

2 LIS is Licensing Inspection Summary. DHS issues LIS to licensees within 15 business days if, at the completion of an on-site inspection, they are found to be in violation of applicable statutes or regulations.

3 POC is Plan of Correction. DHS accepts or rejects POCs submitted by licensees to correct violations outlined in LIS within 10 business days.

4 Prior to FY 17-18, this activity was managed by the Bureau of Human Services Licensing under the Office of Administration.

5 Data for FY 18-19 from February to June only.

Appendix

Performance-Based Budgeting and Tax Credit Review Schedule

Year		Performance-Based Budgets				
1	Corrections	Board of Probation and Parole	PA Commission on Crime & Delinquency	Juvenile Court Judges' Commission	Banking and Securities	General Services
2	Economic & Community Development	Human Services – Part 1	Health	Environmental Protection	PA Emergency Management Agency	State
3	PennDOT	Human Services – Part 2	State Police	Military & Veterans Affairs		
4	Education	Human Services – Part 3	Aging	PA Historical & Museum Commission	Agriculture	Labor and Industry
5	Drug and Alcohol Programs	Insurance	Revenue	Executive Offices	Environmental Hearing Board	Conservation and Natural Resources
Year		Tax Credits				
1	Film Production	New Jobs	Historic Preservation Incentive			
2	Research and Development	Keystone Innovation Zones	Mobile Telecom and Broadband	Organ and Bone Marrow		
3	Neighborhood Assistance	Resource Enhancement and Protection (REAP)	Entertainment Economic Enhancement Program	Video Game Production	Keystone Special Development Zones	
4	Educational Tax Credits	Coal Refuse and Reclamation	Mixed Use	Community-Based Services		
5	Resource Manufacturing	Brewers'	Computer Data Center	Manufacturing and Investment	Waterfront Development	Rural Jobs and Investment



Agency Response



January 12, 2021

Dear Director Knittel:

I want to thank you and your staff for the comprehensive work it has done in completing the Department of Human Services' (DHS) second phase of a performance-based budget. As with last year, we appreciate the level of detail in this plan and how it shows where DHS is accomplishing our mission of improving the lives of Pennsylvanians and where opportunities exist for improvement and progress.

At DHS we continue to emphasize and monitor performance management through regular meetings, called PeopleStat, where DHS staff review performance data. These meetings provide me and other DHS executives an objective view of how our programs are operating, opportunities for improvement, where program success is occurring, and progress towards DHS and the Wolf Administration's goals. We will, where possible, include the measures and observations in this report as part of our ongoing PeopleStat meetings and appreciate the opportunity to broaden the work happening through those meetings.

This year's report focuses on how DHS supports the lives and needs of vulnerable populations, including children involved in the child welfare system, persons with intellectual disabilities/autism and individuals with behavioral health needs. For each of these programs, we partner with local county governments to deliver services to address the local need. Our work and systems have been challenged this year as many have by the COVID-19 pandemic and the accompanying increased unemployment and economic insecurity. These crises have and will continue to ripple through public and private systems and individual lives and circumstances. There will be many lessons to learn from this time, but beyond that, the need for resilient, adaptive human services programs and accessible supports for the people we currently serve and those who may enter our systems is perhaps more important than ever.

For county child welfare programs, we are proud of the work we are doing in partnership with counties to assure that all children have a safe, stable home. In recent years, we have worked with the local county child welfare agencies to serve children in need of out of home care in less restrictive settings. As the report shows, we have not only decreased the number of children in foster care but also are serving these children in community-based settings instead of large residential settings. We are focusing more on evidenced-based programs to not only serve those children in foster care but avoid at-risk children from entering the foster care system. We recognize that opportunities exist for continued improvement in child welfare to address child fatalities and we believe the implementation of a single, statewide child welfare case management system in 2023 will help us achieve continued progress for improving child safety and well-being. We agree with the IFO's recommendation that this system will be critical to improving our data collection and monitoring of child welfare outcomes.

OFFICE OF THE SECRETARY

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The reports demonstrate the importance of our home and community-based programs for persons with intellectual disabilities (ID) and autism. By offering home and community-based services, which are less costly, the Department has reduced the number of people receiving institutional care by closing state operated facilities and downsizing private intermediate care facilities. In 2018, the Department closed Hamburg State Center and in 2019 announced a 36-month plan to close Polk and White Haven Centers. In addition to these transitions from institutional care to home and community-based services, we are also looking to bend the cost curve by minimizing the unnecessary use of residential services in our Medicaid waiver program through supporting families to care for people with ID/Autism at home. Over the past few years, we have emphasized supporting persons with ID and Autism seeking competitive, integrated employment and continue to work with the counties, employers, advocates and providers to increase the number of individuals to be competitively employed. Additionally, since 2015, we have made steady progress in decreasing the waiting list for persons with ID/Autism seeking entry into the Medicaid community-based waiver program by 9 percent.

Both COVID-19 and the ongoing opioid epidemic demonstrate the need for accessible, comprehensive behavioral health supports. Last year's PBB report highlighted the importance of Medicaid's Behavioral HealthChoices program. This report focuses on the programs funded solely by state dollars, which include community mental health services, supported housing, administrative case management, supports to persons transitioning from state hospitals, and drug and alcohol treatment services operated at the county level. These programs support more than 190,000 Pennsylvanians annually and distribute more than \$700 million dollars to county mental health agencies.

We agree with the IFO's recommendation on the need to track data and outcomes for our county-based programs funded with state dollars, especially within the mental health system. We know there is continuing need for human services programs at the county level and Pennsylvania counties do a tremendous job in delivering these services. This need will continue to grow because of the impact that COVID-19 is having on mental health and substance abuse services. However, we do not have a mechanism to collect and validate data and outcomes uniformly across all 67 counties. This creates difficulty in reporting consistent data across all 67 counties. The inability to collect this data does not allow us to demonstrate the effectiveness of these programs, identify opportunities for improvement or identify where increase funding is most needed. The Department is committed to take initial steps to improve the collection of key human services data for state-funded human services programs delivered at the county level.

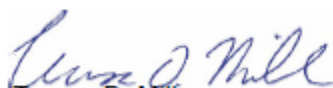
Over the past two years, the Department has taken steps to improve how we license agencies to ensure compliance with health and safety regulations. Specifically, we have set timeliness standards for us to complete our licensing inspection summaries and verifying that providers have implemented their plans of corrections. These steps, as shown in this report, are tracked to assure we, as well as our licensed providers, are timely in these activities. While the COVID-19 pandemic impacted some of our timeliness in completing annual inspections, we have a plan to address the backlog, and complaint investigations have continued throughout this in order to maintain health and safety and address concerns and issues raised. We are also looking forward to the new Enterprise Licensing System that will provide a comprehensive licensing system for DHS' five licensing offices as well as the departments of Aging, Drug and Alcohol Programs, and Health. This system will create more efficiencies in how we license agencies by bringing all four agencies on one platform and better data to track trends, incidents, and violations occurring at licensed agencies, especially those that hold licenses from multiple licensing offices.

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Finally, this report updates data from last year's report for our physical health Medicaid managed care program, HealthChoices. At the request of the committee, we worked with the IFO and legislative staff to add additional measures for this program and update data from last year's report. The Office of Medical Assistance Programs (OMAP) continues to meet with the managed care plans to review their outcome measures to identify where plans need to make improvements or identify promising practices. This year we continued the practice of holding PeopleStat meetings with each Medicaid managed care plan. These meetings allow me and other Department executives to review managed care performance data and discuss what opportunities exist for improvement. Overall, we are strongly committed to the use of performance data in our Medicaid program to assure it delivers quality, necessary services to those in need.

Thank you again for your work on this report and we look forward to continuing to work with you and your staff in the next year.

Sincerely,


Teresa D. Miller
Secretary