

Michael Donovan: [00:00:00] On this episode of the Evidence-to-Impact Podcast we'll be discussing the important topics of child welfare and maltreatment, including experiences with systems here in Pennsylvania, with broader and more universal implications beyond. Today, I'm joined by Jennie Noll and Brian Bornman. Jennie serves as Professor in the Department of Human Development and Family Studies and the Director of the Child Maltreatment Solutions Network at Penn State University.

She also serves as the Principal Investigator or PI of the P 50 Capstone Center for Healthy Children of the National Institute of Child Health and Human Development, NICHD also housed at Penn State. Brian serves as the Executive Director of the Pennsylvania Children and Youth Administrators Association. I'd love to start off with some introductions on your backgrounds. Jennie, would you like to start us off?

Jennie Noll: Yeah. So I'm a developmental psychologist by training. I'm really a methodologist and a scientist. I'm not a practitioner. So, I [00:01:00] bring in some sort of technical ability to conducting science, that's always best complimented by those clinicians and those who are on the front lines actually serving kids. So, that's sort of how Brian and I compliment each other.

Michael Donovan: Excellent. Thank you, welcome. Brian. How about yourself?

Brian Bornman: Certainly, uh, as you mentioned, I'm Brian Borman, the Executive Director of PCYA, and I have been working in child welfare for about 30 years. This actually started as a case worker many years ago in Tucson, Arizona, and, eventually obtained my master's degree in counseling, became a child therapist for a number of years, and then went to law school to represent county child welfare agencies here in Pennsylvania.

So I've got to see kind of both ends of the spectrum from both practice as a caseworker and to representing agencies. And now I do a lot more policy work in the area of child [00:02:00] welfare. And that's how I got connected with Jennie.

Michael Donovan: Great. That's excellent. I've got two sides of the coin here. Welcome to the show, Brian. To start us off, I was thinking, Jennie, could you describe some of the kind of core activities of the NICHD Center for Healthy Children as well as the Child Maltreatment Solutions Network?

Jennie Noll: Yeah, it's sort of an interesting story and it starts with Jerry Sandusky actually. So Sandusky happened in 2011, uh, when, the whole issues were disclosed and dealt with at Penn State. And that really sent, a ripple effect, across all of academia. In that, you know, how could this happen? How could this happen at Penn State? How could this happen anywhere? So egregiously, and one of the things that Penn State did, which they didn't have to do, um, was launched what they called their academic response.

To bring [00:03:00] in a cluster hires what they call it, of faculty who, um, had expertise in the field of child maltreatment research to apply sort of an academic lens across five different colleges in a transdisciplinary effort to solve the issues of child maltreatment.

And so I was, um, recruited to, to come and lead that effort. And, uh, about five years later, um, the NIH, which is our chief, scientific funding source in the country started to turn their attention to the issue of child abuse and child maltreatment. And they launched the first ever and largest commitment of research funding in the form of wanting to fund one capstone centers, they called it across the country. That would be a national resource and represent, the scientific, , expertise, applied to this, the problem child maltreatment. And it was a competitive bid. We were successful in getting [00:04:00] this grant and getting this capstone center designation as a national resource.

And I think one of the reasons why we were competitive is because when I was conceptualizing the center, um, I thought that it was, it wouldn't be complete without the voices and the service too, to, child welfare, issues, leaders and workers in the state of Pennsylvania, where we were housed and represent.

So I, um, I talked to people like Brian about what could we do in service, to put part of our resources aside to do what we call demonstration projects that would be at the behest of child welfare administrators in the state and in doing so, we thought that this community engaged research would be more impactful in terms of impacting the front lines, impacting frontline caseworker , jobs, the way that they have resources to do their jobs, but [00:05:00] also policies that might impact how various funding streams get funneled to actual caseworkers and administrators. Um, so a big part of our center of course, is science. Uh, we have a large cohort study that we're doing, studying the health and wellbeing of kids that are in the system. But also then these demonstration projects that are in partnership and at the behest of child welfare administrators. So those are the big tenets. And then the final product of all of those is then basically policy change. So how do we then take that research, apply the best methods possible to that research, have that research cover the most impactful areas and then

translate that research into messages that resonate with those who hold the purse strings and those who are the policy makers at both the local state and ultimately federal levels. So that's sort of the [00:06:00] center in a nutshell, and the impetus behind, uh, partnering so closely with, with people like Brian in the state of Pennsylvania.

Michael Donovan: There's so much going on. I love to hear from the other side of the dyad here, Brian, could you give our listeners kind of a primer on the activities of PCYA and your role there?

Brian Bornman: Sure. Happy to, uh, so Pennsylvania Children Youth Administrators Association has actually been existence for over 50 years. Back in the sixties and seventies, when they started passing the big statewide and national legislation on child protection laws, was really when a, a group of administrators started meeting for the first time and ultimately incorporated into the Pennsylvania Children Youth Administrators association.

Uh, the thing to understand about Pennsylvania is we're a county child welfare system. One of the very few there's about [00:07:00] eight, eight states across the country that are county-based systems. Most of them are state run systems. Which means that for Pennsylvania, the counties each have their own child welfare agency, which is ultimately overseen by, uh, the Office of Children, Youth, and Families through the Department of Human Services at the state level, which acts as the interface between the counties who are providing the services and administration for children and families at the federal level, which oversees much of the funding streams that come into the various states and the child welfare systems.

That being the case, we're kind of one of the outliers, um, along with the other county based systems. But, as a result of that, there was really recognized the need for coordination between the counties to share best practices, uh, provide support for each other and, and to be able to lobby for changes that need to be made in the child welfare system.

Since there's not that [00:08:00] single point of, of decision-making on how practice and policy will interact at the state level. So that was really the impetus for the Pennsylvania Children Youth Administrators Association to be incorporated. We are an affiliate of the County Commissioners Association of PA. As your listeners may be aware, most of the services that they receive, in terms of the trash pickup, their utilities and the roads, and all of that is really, um, coordinated at a local level, through the county commissioners in each county and, and child welfare is really no different than that.

So we are affiliated with a County Commissioner Association (CCAP) and has essentially what we do at this point is we facilitate trainings for the various county child welfare agencies to keep everyone up to date on the latest [00:09:00] sciences. And we provide a number of conferences a year to allow them to, connect with each other and really support each other and share information.

We provide a training to the public as well as act as an interface with the legislature and trying to help educate them on, uh, the practice of child welfare and supporting various positions that are being discussed in the legislative process.

Michael Donovan: So a really complex environment here with local and state level voices in the same room. I would like to talk about what I see as a really excellent example of a strong working relationship between our academic partners and our kind of practitioner, boots on the ground folks.

Over the last few years I've been tangentially involved in what has become called the Time Use Study. So I'd love to discuss that a little bit because it does involve both of your [00:10:00] organizations. Jennie, do you want to tee it up? And then Brian, please chime in wherever you see fit.

Jennie Noll: So one of the things that Pennsylvania did in the wake of Sandusky was to overhaul their child abuse laws, basically, and all the statutes. That's one of the things that was sort of brought up by some task forces at the state level was how did this happen with Sandusky in such an egregious way when, you know, people thought, why didn't they know who, why weren't they reporting? What were the definitions of child abuse and so on? Like how could this have happened? And, one of the changes was a lot of changes to the child protective service law, and, the statutes associated there. And a lot got passed. Things like the definition of child abuse in a lot of different areas changed, the definition of perpetrator changed. The mandated reporter laws [00:11:00] changed, um, lots of things changed just one after another, after another. And legislators really got on board with this. So let's pass as many as we can. You got legislators who wanted to be, you know, the child abuse legislators saying yes to all these changes very rapidly and very quickly. But one thing that did not happen in conjunction, there wasn't one additional dollar added to the child welfare system to actually field these changes or shore up the number of caseworkers, or anything else to do with child welfare. So all these statutes changed that effectively resulted in many, many more calls coming to what we call Childline, which is the hotline for child abuse reporting, but no additional resources were given to child welfare agencies to handle these calls.

Brian, do you want to say anything more about all that legislative change?[00:12:00]

Brian Bornman: Yeah. Just briefly that this is what we see pretty frequently in child welfare is that there's generally a high profile case of some sort. I think many folks might remember the Jared Cutco case, which was, a very emaciated and starved child in the Harrisburg area. There's Danieal Kelly Case in Philadelphia, the Grace packer Case. And of course Jerry Sandusky. So what, what we frequently see with some of these , very horrific cases is, kind of some kneejerk reaction in terms of rapidly passed legislation. Coming out of the Sandusky scandal, they've put together the Governor's task force and child protection had a number of hearings on that to really consider the different options. But what we saw was really about 26 laws that were passed, that all went into effect around the same time in 2015, that were largely focused on the child [00:13:00] protection services law , which is the reporting and referrals and investigation law, as opposed to the juvenile act, which is really what the counties use to take actions. So it's more your state registry type laws but yes a lot of it was passed without any thought given to how is this going to impact practice? One other piece I want to put in there, cause I think it'll come up later on in this discussion was those laws also included one that required the development of statewide case management system at the state level to collect those referrals. And it came with a hard and fast deadline for when it had to be implemented, and anyone who who's worked with software development knows that that's kind of one of those things that you can set aspirational goals towards. We want to have it done by, but to put it in statute that it has to be done by this date and that's when it's going live. Regardless, it's kind of a recipe for [00:14:00] disaster, particularly when you're talking about a system as complex as Pennsylvania where you would have a statewide data system, but then six county systems that feed up into that was kind of a recipe for disaster and caused a lot of problems.

Jennie Noll: I think that with these high profile cases and the, you know, quick passage of legislation, there are often unforeseen consequences. That's also something to sort of pay attention to whenever there's implementation of legislation changes is what was thought of and what are the unintended consequences? If something, you know, everyone would agree that Pennsylvania needed to overhaul some of these statutes, some of these definitions and so forth. But one of those unintended consequences was just a lot more calls, a lot more referrals, a lot more investigations that had to happen at the county level. And no more caseworkers. [00:15:00] And, uh, so this is sort of when, Brian and I started talking. Brian, I'm trying to remember when the first time I met you. When was the first time, was it we're on these councils together at the state level? Is that when we met, do you recall?

Brian Bornman: I kind of thinking it might've been around sometime in 2016, I checked before this, that our first data use agreements dated back to early 2017. So I'm thinking we were talking months before that because they had to be developed and some battle plan put together before we started executing.

Jennie Noll: So, at least we were introduced as two people who should know each other. Brian said to me, you know, Jennie, one of the things we could do, what we need to do is we need to demonstrate how caseworkers are spending their time. And we need to demonstrate it empirically and objectively, because it was Brian's and his administrators that he represented, it was their opinion [00:16:00] that there's way too large of a caseload for any one caseworker to handle realistically, and to be able to empirically demonstrate that would be helpful in, uh, revising some of the caseload size statutes and suggestions that were at the state level.

So, he said, well, what do you, what do you think? Is that something you could do? And I said, well, sure, that sounds exactly like what we want to do. We want to do a project with you that has direct relevance for your administrative system and your caseworkers. So we started talking about methods for that. And one of the things that Brian told me was there was a Time Use Study done, I don't remember Brian several years back where the prevailing sort of methods were either you have caseworkers at the end of the day, sit down and write down, okay, what did I do today? What did I spend my time doing today? [00:17:00] Right. So did I spend my time on paperwork or contact the families or traveling back and forth or, preparing for court or going to court or all of these things. And, or you have people follow caseworkers around and they're marking, you know, what caseworkers are doing every day. And so there's sort of this objective or following you around and we're looking at at things. And so, a caseworker study had been done. Do you remember what year that was, Brian?

Brian Bornman: Yeah. Over several years, PCYA had conducted time studies of various counties. And we altogether, we had about 50,000 hours plus of actual time use data. But as Jennie mentioned, the issue was really that it was self-reporting. And when we look at this, it's really about the real-world applications. So the extent to which you have time as a caseworker to handle cases, [00:18:00] then drives what the state regulations say are the requirements for how many cases you can carry and that's not been changed in a very long time. So presently the state regulations are set at 30 cases per each case worker. Despite the fact that since those regulations were set numerous laws have passed and the workload has dramatically expanded. So that realistically at this point, our position has been about 10 to one is really where we should be at.

And that was, that was really born out by many of our time studies. However, anytime you try to advocate positions based on that, you run into that brick wall of, but these are all self reports. So obviously you're going to skew the numbers. That was really the impetus for why I wanted to reach out to Jennie and say, okay, I'm tired of running into this brick wall. What can you do to help? And can we get something neutral and supportable?[00:19:00]

Jennie Noll: So then the story continues where Brian came to me. He said what innovations are there out there in, in your scientific world? And, you know, the first thing that popped into my head was how can we utilize the case management system? So the case management system is the place where caseworkers record pretty much all their activities with certain families. So every time a family is visited, we know about it, every time there's a court case that we know about it every time, there's paperwork that has to be done. We see that the paperwork is logged right in the county system. So I started thinking and I would ask Brian, are there timestamps on all these? Like do you know, when it started? And when it stopped and he was like, yeah, I mean if it's done, right we know when they start this paperwork and they, they enter it in and we know when it stops, and we know what the date is of a certain visit.

So I said, let's do that. Let's not just do [00:20:00] self-report and let's not do a few counties, but let's look at the case management system, at as many counties as we could get to partner with. And so we started doing that and that work was done with Sarah Font, who's another one of our faculty and Hyun Kim who's a research associate here. Sarah is a former caseworker. Hyun is a computer programmer. And so we started digging in to the case management system. So we got a lot of objective things, like we knew they address of the family and then Hyun, and Sarah added all their GIS coding. So they knew how many miles that, and they knew what time of day it was, so they could program in traffic. They could program in returns. They could program in all these kinds of things that were just much more objective in terms of what kinds of time it took to work a case.

And then we sort of bumped into barriers, like how do we know when a caseworker is [00:21:00] writing their narrative. So after they visit a family, then they sit down and they write something and we don't know how long that would take and some caseworkers longer than others, whatever. So Sarah figured out how to count the number of words that were typed in, and then did the average typing speed that we could apply. And so we started applying all of these different tools to understand exactly what it would take to work a case. And then as was really amazing to me, Brian suggested that we have an advisory group that we would come together with and talk about what we're

getting and what we're seeing. And then that advisory group would guide us into what we're missing and what needs to go next. And I think, Brian, you should talk a little bit about that process because I felt like that process resulted in then us doing some other methods that we would not have thought of doing had we not had that back and forth.

Brian Bornman: And I [00:22:00] think throughout this process, that was kind of this, the stickiest part of all this, because we have 67 counties, we have 67 different ways of handling child welfare, 67 different courts overseeing child welfare and for those kids that are in care. And so there was tremendous variation and in some of these areas, particularly visitation and court. And so those were kind of some of the more challenging issues that we had to address through the advisory board as to how do you count that when the case knows, might simply say had court today, and this is what happened, but that what it didn't take into account was depending on the court, some courts might have what they call cattle call, where everybody is scheduled for court at the same time and then you sit and wait your turn so you may be scheduled at one o'clock and not get into court until four o'clock or you [00:23:00] maybe in a court where everybody's scheduled on the half hour. So, you're scheduled at 3:30 and you actually show up and have court at 3:30 and the same with visit some visits, may you may go out and spend five minutes with a family, or you may go out and spend four hours because the case requires that maybe you're working on cleaning up their home or something like that. Trying to capture those huge variations was one of the more challenging things that we had to work around. And that's where the benefits of the advisory board really came in handy because we had a diverse mix of counties, primarily the directors from those counties, so that we were able to capture a wider section of the practice than just one or two or more myself coming in and saying, this is what it was like in this county, because we definitely know that there are a lot of variation.

Jennie Noll: Through that iterative process, we also learned of what we [00:24:00] could not get through the case management system that was important to estimating time use. Some of those things like Brian said were time spent in court, preparations for court, right? Liaisoning with other agencies to fill in some of the paperwork gaps for these families. So we decided that we would do sort of a hybrid model where we actually conducted a survey with caseworkers. And that survey was a self-report survey, but it had things like on average, how much time do you spend preparing for court? How much time do you spend at court? How much time do you spend in meetings? How much time do you spend in other activities that are sort of off book, which means you're training other caseworkers or you're consulting with other caseworkers and it's not actually captured in the system.

This was really the largest time use study that had ever been done because we were able to analyze so many cases and the answers to [00:25:00] some of this were dependent on what stage the case is. So it's not as simple as to say every case is the same, right? Placement cases are different from in-home cases. Right. And then stage of case is different. You spend time in your intake. You spend time in investigations, you spend time in post-placement with the families. So type of case and stage of case actually made a difference. And it was through all of this and this iterative process with Brian's advisory group that we were able to finalize and then have an executive summary that depending on the stage of case, we were able to approximate out to be 11 for in-home cases, I think. And about 18 for placement cases, but pretty close to what Brian and his advisory board, their clinical intuition.[00:26:00]

Brian Bornman: I think the other interesting part of all this was one of the things we talked about at the beginning of the study was how do we better weight cases when we look at assigning them? I think anybody who's worked in any type of social services understands that not all cases are created equally. So if you're talking about a case being a truancy case that may mean mom, dad, and a teenager who won't go to school because he stays up playing Xbox all night and he's an only child. So that may be your case which would require relatively minimal amount of work. A case may also be a mother, three separate fathers, seven kids, all with a number of medical needs and mental health needs that all need to be addressed. That's considered a case. So as you can see very clearly that one's going to take a lot more work than others. And that was one of the [00:27:00] things that we were really trying to capture with this Time Use Study is what are those factors that are going to make a case take many more hours as opposed to other cases so that when we look at okay, if you're a supervisor and you have four case workers that you're supervising, who should get this case right now at this stage. We know, okay, based upon the information that we have, that this is likely to take more hours because of these factors. So should this case be weighted more heavily than the other case to try to equal out the case loads and make sure that no one worker is being overwhelmed. I know we got a lot of good information here. Pennsylvania is in the process of developing a statewide case management system. So, I know for myself personally, I'm not done with it this Time Use Study by any stretch of the imagination. I think a lot of this is really good information that we need to see built into the new [00:28:00] system to translate it from research to functionality.

Jennie Noll: And those numbers turned out to be remarkably similar to what Brian and his colleagues had intuitively thought should be a reasonable caseload size. So our results showed that for in intake, so like the first 60 days of a case, the caseload size of those types should be around 12, twelve and a half. In home cases exactly the same, about 12 and a half cases, and then placement

cases about 11 cases in placement cases. So it was pretty close. And then the other thing that we were able to do was to say, well, this was a big change, right? Brian, cause the statutes were 30, and we're talking about cutting that in into a third here.

So what does that really mean? Does that mean policy wise that the child welfare caseworker [00:29:00] population needs to be tripled? Is that what that means or what are the implications. Or what else are the caseworkers doing, where we can save their time so they could work more cases? So that's the other thing that our analysis did was showed that caseworkers are spending their time doing what we call off system or not related to case activities. And a lot of that was paperwork. So some of our analysis showed that actually this off system documentation or this off system paperwork in urban counties, in rural counties was a little bit different. In urban counties, about 58% of the caseworkers time was devoted to this off system documentation. And in rural counties, that was about 34%. Right. So if we're talking about saving caseworker time, if we're talking about optimizing the child welfare system, in terms [00:30:00] of what resources we have to serve families, getting rid of some of this redundant documentation and paperwork is one of those solutions. So what we did in our executive summary is we actually translated some of this off system, documentation time into case hours, right. And those are the kinds of things that we were able to say: if we saved X amount of time, then we have more case hours for caseworkers to work. And some of that was to increase the face time with families. By off system documentation going down, then the face time actually working those cases could go up. And so many caseworkers got into child welfare, not because they liked paperwork, but because they liked the face to face family time. So some of this had implications for caseworker burnout, caseworker turnover, and attracting talented [00:31:00] caseworkers to child welfare.

Brian Bornman: Yeah, I'd like to say it was surprising, but it kind of reinforced what we knew going into this, that much of our time study data showed that caseworkers were going to spend about two to three hours of documentation for every hour actually working with the family, which is really unfortunate because when you're talking about making social change, it's really that face-to-face connection and that ability to work with the family to assist them and help to strengthen those families that's going to predict your outcome of success, not how well you wrote down, what that hour consisted of. Unfortunately that's just kinda the nature of the beast in this field. But what I did find interesting with the study as well, though, was the off system hours that Jennie was talking about. The counties like any other employer have their annual non-discrimination policy, non-sexual harassment trainings that you had expected at your place of employment. And in addition, then child welfare has its it's [00:32:00] training.

it takes 126 hours of training to certify a caseworker. But then in addition, there's 20 hours a year of training they have to go through, most, do many more than that because of new laws and new practices coming out. So any one of those, when you look at them in and of themselves is not that substantial, but when you start calculating all of them together, and staff meetings that take place every month, you're cutting into a pretty sizeable portion of the caseworkers time that is not spent actually doing casework. It was good to see the numbers to back that up, and provide us a platform to use that for further discussions.

Jennie Noll: And then some simple policy changes just presented themselves. For example, a lot of frustration around the case management system was that when the caseworkers have to enter in data, enter in say family information, addresses, names of family, [00:33:00] those are not auto-populated and they don't populate from one form to the next to the next. So simple changes like auto-populating the case management system, like down menus. Right. Simple things that could save the caseworkers a lot of time. And then this whole idea of starting from scratch every time there's a new report for a family if the case has been expunged, because it may be a report that was not substantiated, that case can be completely expunged. And then if there's another call, which we know happens a lot, families are often re-referred and re-referred, but in the cases of expunction, that's starting completely over. Those are policy changes, simple policy changes that can save caseworker time and result, ultimately in more cases to, to be worked and then more time with families.

Brian Bornman: [00:34:00] Unfortunately, some of those changes a little more challenging than others to put it into practice. I know one of the things we found that when we started looking at caseworker paperwork redundancy, you find that caseworkers have a lot of bosses for lack of a better term. Their supervisor may want some information in a particular format that makes it easy for them to review the case in comparison to other cases. The state wants it in a certain format for that when they do licensing so that they can see that X, Y, and Z were done regarding a particular case. So they want it written in a certain way. The court wants it written in a certain way, and case notes have to be entered into the system in a certain way. So what you end up happening is the caseworker will have the exact same information provided four different ways for everybody who wants to see it a different way, rather than all of those ancillaries say, okay, we'll take it the same way. And so we'll cut that redundancy down rather [00:35:00] than you having to recreate the wheel over and over again with the same information, but that's definitely a work in progress. And the systems don't always all agree on whose way should be the way.

Michael Donovan: So these are the kinds of relationships that I love to talk with folks about and I get excited about. You certainly did not need me to facilitate any of this because clearly the engagement and trust and the effort over many years is profound. And the result is responsive, relevant and really relational work product. Yes, of course there's challenges to implementing all of the recommendations and we live in a complex world. But some of these efforts at , applying really innovative, mixed methods via survey and administrative data, I think really are profound in providing defensible positions. So I think that's really remarkable and I'm so happy [00:36:00] to hear more about it from the two of you. I do want to pull out a little bit and think about how do we better facilitate this relationship? How do we improve and clone Time Use Study products that are relevant, responsive to the needs of the populations that we're serving or working with and build on trust. So this is very broad. If anything comes to mind just off the top of your head, please chime in

Brian Bornman: I know this is something that Jennie and I have talked about a couple of times, and it's certainly some direction I want to see the county's take. From my perspective, we have a ton of data collected in the area of child welfare. We collect ages, what drugs are being used, and how many referrals come in, what types of referrals they were. So we have a ton of data [00:37:00] and much that gets put out every year in the annual child abuse report. Unfortunately it's what I tend to call counting widgets, that we are really good at reporting out what happened, how many kids are in care, what types of kids are in care. How many of a particular type of abuse occurred, which is really, I mean, it's important, but it's not really helping to improve the system. So where I see the value of this relationship is really in how do we do a better job collecting data that's going to be meaningful in making change and improving the outcomes for kids. It's great that if you can count all this stuff and put together a nice report with bar graphs, but not a single kid's safer because of that, unless you can take that information and translate it to some practice or procedure that's going to improve those outcomes. [00:38:00] So that's really where I want to see the system going in with the development of new case management system for the state and counties. I think it's absolutely critical that we bring in our research partners as that system is being developed so that we can get the information built into the system that will allow us to do that. I know many people who are listening are aware of we've had a scourge of opiate overdoses, and that's been a very dramatic impact on child welfare, as well as many other aspects of our lives. However much of the legislation we're seeing and many of the programs we're seeing are still focused on that. And yet at the county level, what we're really seeing as a driving factor is methamphetamines. So the delay with practice or the implementation of laws compared to what's actually happening generally tends to [00:39:00] create a situation where we're solving yesterday's problems from the state level. And what we really need to

do is have some type of data built into those systems to identify those hotspots so that before anecdotal evidence brings it to somebody's attention that, Hey, how do you notice that five out of six we have our placements now are being driven by meth. We could have that data trigger a warning flag automatically say, hey, your placements for methamphetamines are up 80% in this particular area. Start targeting intervention practices in that area. I'm just using methamphetamines as an example, but I mean, it could be really anything, safe sleeping, not locking medications, many of these things that are identified in the annual child abuse reports as being a driver for fatalities across the state, could just as easily be built into the systems that would [00:40:00] help warn and trigger those types of responses earlier on. So that's really where I see this relationship going and I would love to see a better connection between academia and researchers and the practice piece of that to try to help drive outcomes more so than counting widgets.

Jennie Noll: And I think a lot of that is access too. It's very rare, I think that you find a university where there's actual resources available to work directly with county leaders. Most of the time research gets done on the shoulders of one or two academics who are trying to make their career and have very limited resources. But the way that we've structured our network in our center is that we have actual people's butts in seats, ready to analyze data; data managers, data analysts, faculty, whose jobs are devoted to this work. So we've got the resources [00:41:00] ready. It breaks my heart when those resources are ready, but there's no data because the access to the data is limited through regulatory challenges that are both at the university side and at the state and county. That process is difficult to navigate, even when you have all your ducks in a row, the state or the county may not have the resource to pull the data for you because they're so overwhelmed. We have the direct access into some of the county systems, which really makes it facile and really makes it work. We can actually do work when we have access. Those kinds of relationships and that relationship and trust building, you know, between Brian and I. Yeah, that's because both of us are cool people and we like each other and we trust each other and we work together. But our relationship doesn't always translate into breaking down those [00:42:00] regulatory barriers in a state like Pennsylvania, where there are 67 counties and 67 different interpretations of the CPSL and what that access really means. It's just an ongoing bang your head against the wall challenge that either side could easily give up on at any time. We just haven't yet. And I think we haven't yet because Brian and I are on the same team. Like we're in the same meetings, we say the same things. We have the same frustration level. We talk about the exact same solutions. We go out differently when it comes to solving those. We go about it differently, but we're on the same page and we care about the same things and that hasn't gone away.

Michael Donovan: And sort of to change gears a little bit, part of the trust equation here is relational and part of it is about ensuring that there are security and [00:43:00] protections in place for such sensitive data, I'm sure some of our listeners are curious as to some of what those features are. Jennie, if you want to note anything about how the protection of confidentiality and the privacy of these really sensitive populations is maintained in the research environment.

Jennie Noll: I think people would be staggered to understand the level of security that we've built here at Penn State. I mean, it's Department of Defense level security. There are no networked computers, right. There's always secure file transfer. Our people have to be vetted and then vetted and vetted and vetted again, our Office of General Counsel scrutinizes, every word of every document. And so too does the Department of Human Services at the state level, and then counties at the county level. Those protections are in place. There are protections that are compliant with all these different statutes and regulations that we take very, [00:44:00] very, very seriously. And luckily we've never had any breach at all, in the 25 years I've been doing this. I've never had any breaches because we take it so very seriously. People don't get access. We don't give this data out. This data is not housed in willy nilly ways. Right? So we've set the standard for Penn State. Child welfare research has set the security standard for Penn state. And I'm very proud of that, but boy, it's a lot of work and a lot of time.

Brian Bornman: To Jennie's point, I bet Pennsylvania as a state is one of the more strident statutory schemes in terms of maintaining confidentiality. And that's been supported by federal cases as well through the third circuit. Before we could even start the conversation about how that data transfer would take place and the data use agreements between Penn State and the counties [00:45:00] we had to get around the statutory provision that says everything's confidential, unless you're a researcher recognized by the Department of Human Services as doing research on their behalf for child welfare. Before we could even start the discussion, there had to be a letter granting recognizing Penn State as an exception to the CPSL's confidentiality rule. So every one of those steps, like Jennie said, takes time for those data use agreements to be put in place. So there's a lot that goes into it. The end result is worth it.

Michael Donovan: Yeah, remarkable complexity. I think that our listeners will certainly appreciate that. And the benefits of strong working relationships are really, really important. I do want to give you both an opportunity for some closing remarks as we come closer to our conclusion.

Jennie Noll: I think as evidence-based policy [00:46:00] is really our future, whether we are going to go into it, kicking and screaming or not. I think administrators at all levels are understanding the benefit of using data to drive decisions. And when we can facilitate that, when we can apply our resources and the talented faculty that we have here to do that work then I want to do all of it. I want to do everything that's asked of us. And I have so appreciated Brian's candor, his willingness to understand and appreciate the scientific method, his openness to ideas, that open avenue of communication that we have. I feel like I can call Brian anytime and I do, and I have, I've caught him on his deer stand during Pennsylvania's hunting holiday, I've [00:47:00] caught him just in other meetings and he'll take my call. We can discuss, you know, things that are of importance. And to have someone like Brian who represents all of Pennsylvania and all of the administrators across the entire state is just a really valuable perspective to have in terms of what we can do to best serve the system through research.

Brian Bornman: I will say I don't answer on my tree stand for just anyone, Jennie rates. Yeah, I would say moving forward, child welfare has got a number of struggles that we're going to be going through for the next several years. One we're not seeing caseworkers stay on the job as long as they have in the past. And the result of that being that back, I hate to use the terms back in my day back in the day, caseworkers would [00:48:00] have maybe been on the job 10, 15 years. And by working with families for so long and seeing so many different situations, you just kind of developed an innate sense of what the concerns were. And, and I need to check on this; I need to check on that and you know, where people hide their drugs and you know, where to look on a child to find bruises that you suspect there may be and things like that. You don't necessarily get that just in your initial training and you don't get that for only being on the job for a couple of years. With caseworkers not lasting on the job as long as they had historically, I really see it as a need to use technology to backfill some of that to help provide some additional safety and stability for the agencies. And to do that we really need good data going in [00:49:00] to help us analyze those. There's a number of good pilots taking place using data analytics to help trigger different risk factors and help identify based on certain sets of circumstances that you should check this and pay particular attention to this area. So there's different ways to structure the data and the research to translate that into practice that with the end goal of keeping kids safer. And that's one of the things I think we really need to be focused on. In addition to that, we need to really use that data to make caseworkers' jobs easier in the documentation department, because as Jennie mentioned earlier, people don't go into this field because they like data entry, they don't go into the field to write reports. They go into this field because they care about people and they want to improve the lives of the kids and families that we serve. The more time you take them away

from doing what took them into the [00:50:00] field, and the more time you force them into data entry, the less likely they are to stay in the field. And what we see is, is a number of them will get some time in the field and then they'll go to another type of social work where they do get to work with families. If we really want to keep people in the field, we need to make it palatable for them and we need to make it so that they can actually do the job. And not simply feel overwhelmed and like they're letting people down because they can't possibly do all the work in the amount of time allocated to them. I think there's a lot of possibilities and a lot of hope in the future here.

Michael Donovan: A lot of opportunities in front of us. Thank you both so much for your time today. As you all know, we've been joined today by Dr. Jennie Noll and Brian Bornman. Jennie serves as Professor in the Department of Human Development and Family Studies and the Director of the Child Maltreatment Solutions Network at Penn State, and is also the [00:51:00] PI of the P50 Capstone Center for Healthy Children from NICHD. And Brian serves as the Executive Director of the Pennsylvania Children and Youth Administrators Association. Thank you both so much for your time today and thank you so much for your service to such an important field.