Child Abuse Medical Forum Leadership Team Meeting
ChildLine and Philadelphia Department of Human Services Hotlines Engagement April 20, 2023

ChildLine presentation

- 3 ways to get reports - call hotline, self-service reporting (mandated reporters only, online submission), county created
- Regardless the source all efforts made to transmit by ChildLine to an investigative agency within 2 hours of receipt
- CPS triangle – criteria which must be met – all 3 need to be met for it to be a child protective services (CPS) report (alleged perpetrator, victim and category of abuse). “All 3 of these triangles” need to be met

Note: in the chat during the presentation, clarification was sought re: the law not requiring the mandated reporter “to know who the perpetrator was” in order for an investigation to occur. OCYF staff responded that it was correct and would be considered “unknown perpetrator” if initially Childline does not know “the specific individuals who caused or is responsible for the act of abuse or neglect.”

- Assessing near fatalities, ChildLine has to meet 2 factors – certified by a physician to be insidious or critical condition AND also “there must be an allegation of abuse or neglect that caused the condition and meeting CPS criteria.”
- All fatalities and near fatalities are reviewed by a supervisor and manager
- To process a fatality referral, “there must be a reasonable suspicion that the death of the child was as a result of abuse or neglect”. Referrals must also “meet criteria for CPS investigation”. There can be deaths that do not meet “criteria” for abuse or neglect and will be processed as a general protective services report
- ChildLine notifies all regional offices of all CPS fatality referrals and notification of child deaths, “which have the potential to be processed as a CPS fatality.”
- Mandated reporters can report online, but only certain professionals (medical professionals and law enforcement) are permitted to report something as a suspected near fatality. Choose an “indicator” on the self-service portal triggering ChildLine to “consider” this as a near fatality
- Any mandated reporter type has the “ability to report a suspected fatality”
- Near fatality indicator is triggered by a specific question about “a specific question” that the doctor has certified the child “based on abuse or neglect”. Only can be selected by medical professional or law enforcement on self-service portal (can be “on behalf a certifying physician”). ChildLine then takes that information (i.e., narrative, allegations, etc.) and make “determination if it would legitimately meet criteria to meet CPS and then also a near fatality and so process as such”
- If there is limited information on self-service report or “discrepancy” so not clear “true near fatality” then ChildLine may remove “near fatality or fatality” and process, but an “attempt is made” to reach mandated reporter. Supervisor and manager “consultation” to “modify responses to any self-service submission”. If “modification” to “deselect” a fatality or near fatality, would add “documentation to justify why we would remove that indicator”. May later be selected again later but given the 2-hour window to submit from ChildLine to counties, will deselect and await “re evaluation”
- County created referrals – counties can enter their own referral into their own case management system and then those county-specific systems “transmit” to ChildLine. If a “concern comes into the county” or county is out and “observes concerns, assessing GPS and obtain information to make it CPS” they can enter information to be processed by ChildLine. County created referrals “are only reviewed and processed by ChildLine if if they are submitted to CWIS as a CPS”. Counties can enter any type of referrals (i.e., GPS) and they “can work on
those their own” even as they get submitted to CWIS “it is more a placeholder for information, those GPS reports will not then be reviewed and sent back to the county by ChildLine, they are independently worked on by the counties.” Once county is done with GPS assessment then they county submit “finding back through the portal”. For CPS reports submitted by a county’s portal to ChildLine, “those reports have to get processed by ChildLine staff and it would be ChildLine staff who could officially assess and designate a referral for a CPS investigation.” ChildLine would have 2 hours to process report and get report back out to the county so the county “can continue on in their CPS investigation.” This includes fatality and near fatalities
- Reports related to child ingestions, ChildLine must consider the “totality of the situation” (i.e., type of substance, level of impairment, age and development of child, supervision of child, action taken or not taken to prevent ingestion) to consider “referral type”. Sometimes ingestions do not meet CPS criteria, but GPS “threshold” might be met

**Note:** In the chat during the meeting, it was asked if it was the “reporting source or CPS' responsibility to determine whether an ingestion was a result of abuse or neglect”? OCYF responded: “The reasonable suspicion of abuse would need to be shared by the reporting source or reasonably suspected information that would on its own meet one of the categories of abuse. For instance, while a reporting source may not know the level of suspicion that a child had at the time of the incident, they may be able to share that the child was able to get into something or become injured or impaired in a manner that would not have been possible with adequate supervision based on the child's age or abilities which would lead the ChildLine caseworker to be able to consider Failure to Supervise CPS category.”

- Reports, initially coded as GPS, can be "modified per the request of county agency."
- Ingestion data pulled from PA Department of Human Services 2021 report – “determined cause for substantiated CPS that were fatalities and near fatalities, 21% fatalities, 38% near fatalities
- Once referrals transmitted by ChildLine to county child welfare agency or regional Office of Children, Youth or Families (OCYF), we also “disseminate to district attorneys” so that the DA "can provide notification to law enforcement as required by the Child Protective Services Law."
- Reports processed as a law enforcement officials (LEO). CPS or CPS supplemental are sent to the DA. General Protective Services or GPS supplementals are sent to DA “if a crime against a child is alleged which aligns with one of our categories of abuse or neglect and the alleged perpetrator is suspected to be age 10 or older.” Childline “manually” provides copies of Intake referrals to the DAs office "via email daily."
- Childline does not contact local law enforcement agencies. County child welfare agencies and regional OCYF provide 104 notifications to specific law enforcement entities

**Note:** Title 23 § 6334. Disposition of complaints received addresses that when Childline “receives a report of suspected child abuse that also alleges that a criminal offense has been committed against the child, the department shall immediately transmit an oral notice or notice by electronic technologies to the appropriate law enforcement official in the county where the suspected child abuse is alleged to have occurred. The notice shall contain the following information. consistent with section 6340(a)(9) and (10) (relating to release of information in confidential reports)…”

- ChildLine does not receive outcomes on LEO referrals nor information on potential criminal charges or investigation(s)
Philadelphia Department of Human Services presentation

- Primary responsibility as child abuse hotline in Philadelphia “is to register events of child abuse and neglect.” We receive referrals for child abuse and neglect concerns through the child welfare information system – data exchange between Philadelphia and Childline
- Receive a “fair number of referrals” from ChildLine
- Operate a 24/7 child abuse hotline “primarily geared toward permissive reporting so we receive calls throughout our hotline through permissive reporters, sometimes from mandated reporters and we process 100% of them.”
- Operate 24/7 walk in center where those who want to make referrals to our system can come in “and have a conversation with a social worker”
- Small percentage of referrals received will be “registrations from existing investigations” or assessment for GPS
- We are “first responders” typically deployed during non-core hours. We are “responsible to be initial responders, immediate CPS, GPS, fatality or near fatality and even some sexual abuse that require an immediate response during non-core hours” (outside “normal business hours”)
- Work with the community umbrella agencies (CUAs) when they “need to consider removing a youth from their home those matters are reviewed by hotline team”
- Responsible for “impending danger” (24-hour response time on weekend) through 6 teams on weekends to “assure children in Philadelphia get urgent response they need from our system.”
- Sometimes we act like an “auxiliary” for our investigative partners that is “a rare occurrence” during the work week
- Do the clearances for possible resources, unit to work with ChildLine partners to “make sure CPS and GPS outcomes getting back timely”
- We operate a 24-hour child care area, “a place of peace for children who are separated from their families while the social worker is working to identify a home for the child.”
- Run a customer service line “intended to decrease some of the volume to the hotline” to divert families looking for resources
- We also oversee “managing county expunction responsibilities”

Philadelphia DHS 2022 data:
- Processed 52,600 calls to child abuse hotline
- 27,010 to our 4DHS/customer service line
- 1,300 walk ins
- 6,946 of the Act 160 disclosures
- Processed 21,574 clean request (“evidentiary of our usage of kinship structure”)

Note: Title 23 § 6346. Cooperation of other agencies. (d) Advice to county agency. Whenever a report of suspected child abuse is referred from a county agency to a law enforcement official pursuant to section 6340(a)(9) and (10) (relating to release of information in confidential reports), as soon as possible, and without jeopardizing the criminal investigation or prosecution, the law enforcement official shall advise the county agency as to whether a criminal investigation has been undertaken and the results of the investigation and of any criminal prosecution. The county agency shall ensure that the information is referred to the Statewide database.

Note: The 2022 ChildLine Manual can be found at this link - https://drive.google.com/file/d/1ihpXM0LDpcUY7TYj_h6k2we1NB_allHDG/view?usp=sharing
Discussion and Q&A with the Leadership Team

Alleged perpetrator

- We have had “issues with Childline adding alleged perpetrators, this very problematic when someone alleges something happened in a day care and someone writes it down as the parent, but you can’t tell medically.” Alleged perpetrators are named by Childline “without the medical understanding” for example: the child who comes in “with soft tissue swelling of the scalp and turns out to have a skull fracture and timing that is very difficult and you can’t say it is the person bringing the child in or the day care the day before.” It has been “very challenging” when ChildLine adds or changes alleged perpetrators.

Categorization of reports (CPS vs. GPS), quality assurance

- There was an inquiry about the training for ChildLine and if “there is a list of certain things that automatically make CPS, if not how can you audit or do a quality review?”
  - OCYF response: The short answer is yes. The Childline hotline manual is available to the public. “The manual is living and breathing and changes all the time.”

Note: At a prior Leadership Team meeting, there was specific elements of the hotline manual cited in the slides.

- PA includes 67 counties and sometimes reviewing a case and see “previous GPS reports and wonder why GPS vs. CPS”. Concerned there “is not a lot of standardization of what becomes a GPS and what becomes a CPS.” What steps are taken to improve the quality, characterization of reports to “make sure they are triaged correctly by ChildLine?”
  - OCYF response: There are quality reviews. There are times where counties will enter their own information and “so ChildLine will not process the intake on that county-entered GPS referral.” There are a “variety of factors” impacting the characterization. Later there was also some discussion of a new unit at OCYF compromised of 4 Human Service Analysts, 2 dedicated to training for new hotline caseworkers and eventually some “refreshing” training. Other 2 positions “dedicated to quality assurance” and they engage in hotline “forecasting” and quality assurance about “process decision making in which reports are being reviewed and hotline calls recordings reviewed.” It was underscored that Childline is “not the investigative agency and so we are not making as assessment on the credibility or the validity of reported abuse or neglect.” Childline attempts seeks to “coordinate” with counties and OCYF regional the “referral type initially determined can be fluid, we have the ability in the system to conduct reevaluations.” It was noted that the mandatory reporter “may have very limited information” or if submitted on the portal then “difference in language usage” or how “detailed” (or not) was provided in the online report.

Childline clarifying information reported to the hotline

- Often reports are made by social workers “filing on behalf of a physician” and it is complicated then to reach that physician after their shift to gain some clarification or added information.
  - OCYF response: When ChildLine is trying to “get clarifying information,” Childline staff “is only allowed to contact the mandated
reporter who submitted the referral, which most likely is a social worker filing on behalf of the physician. We are not allowed to contact the physician, because they did not make the report to ChildLine.”

- Within our health system, we encourage reporters to ensure there is a “number for ChildLine to call back”

**Law enforcement reports**

- There was an attempt to understand the training for Childline related to CY 104s
  - **OCYF response:** The CY 104s are not something handled by ChildLine, the county and regional offices are the ones responsible for completing the CY 104 and providing to law enforcement.” Childline can “identify a referral type to share” with law enforcement but different then CY 104s. The notification is to the DA not directly to local or state police. CPSL outlines the categories of abuse

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**Medical consultation at ChildLine**

- Any discussion about the logistics and feasibility of having “real-time consultation with medical provider” toward improving screening and triaging
  - **OCYF response:** “We would absolutely love to have someone who has the medical expertise at our disposal. We have put in requests to have a Medical Director that specializes in child abuse issues. Trying to convince others this is a resource we need.” It was noted that there are times ChildLine staff work with individual doctors, but it is not supported by some standardized approach and infrastructure. “We welcome any support behind that concept, because we absolutely need someone who has that expertise and focus on child abuse, it is specialized.”

**Near fatality designation and Act 33 reviews**

- Physicians or teams who “don’t normally make a lot of reports are not familiar with how ChildLine designates a near fatality”. The “serious injury confuses people”, because to a physician a “femur fracture” in an infant is “serious injury” but isn’t a near fatality. Need to get to those “cases that really require an Act 33 case review”. In Philadelphia, “we are fairly overwhelmed by the Act 33 cases we have to review.” Hopeful we can move to “add some language to improve the specificity without hurting the sensitivity of identifying near fatalities.”
  - **OCYF response:** The child “doesn’t need to have a serious injury, the child needs to be in serious or critical condition based on suspected abuse or neglect.” When unclear, ChildLine tries to contact mandated reporter to seek “clarifying information” asking “separate points” related to whether the child is “in serious or critical condition, does the child have a serious injury or is the situation serious.” Without aced information, “it is difficult” for ChildLine to remove that indicator” so when the county agency then circles back with the physician and the physician says they “didn’t certify” the child. This is where we get “conflicting information” because different from social worker. At that point then the county “submits documentation from the physician to the regional office to start decertification process. ChildLine doesn’t decertify until it is approved through the Statewide Fatality/Near Fatality Team. Then it comes back to ChildLine with paperwork from certifying physician.”

- Sometimes ChildLine will ask the health care related mandated reporter “they are sure of something” and the medical person didn’t know
the “language of ChildLine....sometimes more difficult for the non-experienced reporters.”

- “You don't need to be certain this is child abuse or neglect, that is why you are making a report, but sometimes people are hesitant to call something a near fatality or fatality, because they are not sure it is child abuse, but they aren't supposed to be.”
- “Echo” this decertifying of fatalities or near fatalities because of 'this are you sure' which isn’t part of the statute
- “We want to be accurate in what we certify as a near fatality and so we need improvement in the language of what explains what a near fatality is.” The language should be “clear” that the reporter does not need to know “with certainty that this is child abuse”. Also, overall definition should address that “without medical intervention, there is a likelihood the child would have died, which is why we certify the opioid ingestions and child gets Narcan and wake up.”
  - **OCYF response** – “This very confusing definition is the root cause of why we even have decertification process and unfortunately that language is in statute.” In prior policy bulletin, “we did attempt to build in some additional guidance from medical professionals, but problem is it is buried in the bulletin.”
- Challenge emerges when child taken to a local hospital and the injuries require a higher level of care and the local (initial) treating medical personnel notify ChildLine and indicate as a near fatality, but upon transfer to the other medical facility that physician says this isn’t a near fatality. “This process of decertification is insanely time consuming and the letters must be on our letterhead.” Worry about having to circle back to the community physician because “in their mind these were near fatalities” and they “put themselves on the line by reporting at all.”
  - **OCYF response**: Great point, that happens quite frequently. We do not have the ability to decertify the original report. We would take a supplement report from that physician and then process as supplemental to original CPS. County can now approach the physician to complete the decertification form and present to regional OCYF. In Western region, Children’s Hospital of Pittsburgh physicians can submit the decertification instead of going back to the original certifying doctor. However, there requires “the inability to reach or be able to consult with the original physician, added parameter in there.”

**Note**: Follow up from Team related to trying to understand if it is statute or what is driving the process? “Is this a statute that needs changed, including this idea that you have to call social worker and you can’t talk to the physician directly even though that is the person responsible for certifying a near fatality?” If not a statute, is this “an attorney interpretation”?

  - **OCYF response**: “There is nothing in statute related to decertification, but something we developed as a policy, because of reports coming in that did no: rise to what a near fatality was intended to be.”
Self-service portal (electronic reporting) for mandated reporters

- Mandated reporters “don’t have knowledge to fill out ChildLine clearly” even if the person is “experienced”. There is a “struggle” (across disciplines) in “determining what and how to document things.” Maybe consider a “tool kit” or “guidance” to those who have to complete a ChildLine, so the information is better and ChildLine “has better awareness and knowledge.” Without better information “all working against protecting the child” so we need to “improve with education upfront with what is expected and terms, etc.”
  - **OCYF response:** Sought to understand if this related to paper CY 47 or the self-service portal.
    - Leadership Team member follow up noting it is “primarily” on the online portal. It was cited as “easier to report online because don’t have to do “a call and follow up form.”
    - **OCYF response:** Pros and cons. There were focus groups in recent years to medical reporters and other mandated reporters regarding the portal and “in the future we are getting a different database/online reporting setup.” For now, we can’t “implement immediate changes in the system now to address pain points...some of that help is coming.” Also, suggestions for the online portal to have “tips” built within the portal
- Limited time that medical providers have to make a report is a “problem area” so don’t have time to “be on hold” with ChildLine. However, the self-service portal “is not conducive to report fatality and near fatality reports.”
  - **OCYF response:** There is a message that pops up in the portal “specifically saying” you should call ChildLine and not make that report. “In the design of CWIS, we are not able to restrict someone from making a report to us through the portal”. Some of the problem areas “are related to electronic reporting, we don’t have that dialogue, we don’t have that interaction or ask questions back and forth, we have to decipher written language.” It was noted that via the self-service portal, Childline often is “getting hardly any information that tells us how to make a decision, so we are making a blind decision.” OCYF staff continued, “We are a neutral party, ChildLine doesn’t make any investigative decisions. We don’t make any classification other than organizing the information and suspicion in a way that makes sense to the investigating agency. We have to take ourselves out of the position of putting ourselves in a liable state. This is where some of this is tricky, especially with the naming of alleged perpetrators. This is a systemic issue we need to work through.”