



Testimony of David Fair
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Good morning.

My name is David Fair, and I am executive director of Turning Points for Children, a subsidiary of Public Health Management Corporation.

Turning Points at one time was the city's largest Community Umbrella Agency, operating four CUAs in West and Southwest Philadelphia, Frankford, and the Logan/Olney area, serving almost 2,000 children on any given day.

Turning Points was proud of the work of our CUA staff and while we have had our differences with DHS on certain policies and procedures, we applaud DHS for what we believe is the significant improvement of child welfare services in Philadelphia since the advent of the Improving Outcomes for Children initiative back in 2012. Obviously there are still major challenges. But there are also solutions, if we have the courage to implement them. I believe that this Council, DHS, the Commonwealth, and the CUA agencies, along with foster care agencies and advocates, can implement those solutions if we avoid the tendency to assign blame and instead focus **on** those solutions.

Despite its many challenges, the child welfare system today is a significant improvement over what it was 13 years ago. I believe the evidence is clear on that. Our challenge is, or should be, **improving** the CUAs by providing more investment of time and money in CUA work to address funding challenges and build a stronger sense of partnership and mutual support with DHS.

To highlight some of the practical challenges facing the CUAs, I would like to review eleven areas that I believe are ripe for attention and reform.

1. **Caseloads:** While DHS has made progress in reducing caseloads for CUA workers, it continues to define a case as the "family" rather than as the "child," which is the

practice in most child welfare systems in the United States. But defining a case only as the family, without setting a maximum for the number of children a worker needs to work with, we ignore the fact that the number of children can vary widely among families. One can have 10 cases, the supposed sweet spot, but be faced with over 20 children, each of whom requires hours of attention and documentation. This results in the worker concentrating on completing their paperwork within the deadlines, rather than prioritizing what is best for the child. Whatever the number of families, the appropriate number of children assigned to a particular worker should be no more than 14.

2. **Documentation:** Associated with too-high caseloads is the burden of documentation that CUA workers must complete on each interaction with every child on their caseload every month. Philadelphia is not unique in this regard. Over 10 years ago, IBM conducted a national study of child welfare casework and found that workers spent *at least 85% of their working time* just on doing documentation. 85 percent!! DHS mandates 88 specific steps that every case manager has to follow over the course of every case. Obviously, accountability for the work is critically important, but it's totally unreasonable to expect high performance when most of a worker's time is taken up by paperwork. DHS and the CUAs should work together to find ways to reduce the amount of time a CUA worker spends on unnecessary documentation. This is important – too often, the emphasis on documentation is related more to “covering your behind” than anything else.
3. **Increased Public Funding:** Whatever the challenges, DHS and the CUAs protect thousands of children and families every year and do it well. Turning Points CUAs alone worked with almost 16,000 children over 10 years. But, according to the publication *Child Trends*, funding for child welfare on the state and federal level has actually *declined* by as much as 20% nationally during that time. If we're serious about protecting our children and families, our elected officials have to be willing to pay for it.
4. **Community Prevention Funds.** Much of the original CUA model has fallen by the wayside since the CUAs were first imagined 13 years ago. Perhaps the most important was the decision by DHS, very early in the implementation process, to eliminate an essential component of the model – funneling community-based prevention funding through the CUAs directly to the neighborhoods. The concept was that the CUAs, being chosen because of their deep ties to the community, would know best what was going on in their neighborhoods and who was doing good work in the community that would keep the children out of DHS care. Unfortunately, DHS determined that it would make those decisions on a citywide, rather than neighborhood basis, and this citywide focus, while certainly important, in many cases fails to connect the service with the children and families most at risk of child welfare involvement. At least a significant portion of DHS' prevention funds should be made available to each CUA, or, if that's not possible, DHS should consider the CUA boundaries when making its own prevention

investments.

5. **Integration of Services.** Another area that was considered essential in the original CUA model that has been significantly weakened in the CUAs is the concept that the CUA worker would be the leader of a team that would include other City and private agency representatives working with the child or family, especially from the Dept. of Behavioral Health, Community Behavioral Health, the Health Department, and the Office of Homeless Services. The essence of this approach would be to focus on continuous communication and interaction among the various system representatives involved with the family, not just making referrals and sharing documentation. Many CUA workers today try to do this, but the silos that separate the workers and the work itself make intensive collaboration more of a hope than a reality. The CUA model envisioned integrated teams, but that won't ever happen to scale unless the City intentionally invests in making it happen.
6. **Legal Culpability:** Much has been discussed, and written, about the large legal settlements that some CUAs have faced after lawsuits filed when a serious injury or death occurs in a case. DHS is legally protected from such lawsuits by state law, but the CUAs are not, even though both DHS and the CUA are operating under the same DHS license. And both make mistakes. What is not generally discussed is that even when an incident is the fault of a DHS worker, and not the CUA, it is the CUA that gets sued since DHS has immunity. This is fundamentally unfair. DHS should extend its immunity to include the CUAs, who are, after all, operating as agents of DHS under DHS' own state license.
7. **Insurance.** DHS has worked very hard with the CUAs to lessen the impact of the fast-increasing cost of liability insurance for CUAs and other child welfare services, especially by allowing the repurposing of underspending in the CUA contracts to pay for insurance. But as trial lawyers have learned that insurance companies will seek to settle just upon the threat of a lawsuit, in order to avoid what they believe could be even more expensive jury verdicts, millions and millions have been paid without an adjudication of any kind. The attorneys want a settlement for the family and themselves, and the insurance companies want to manage the costs. As noted, giving the CUAs DHS's legal immunity is the right answer to this quandary, but without that, DHS should have to pay for the CUAs' costs for liability insurance whatever they might be.
8. **Act 33 Reports.** Pennsylvania Act 33 mandates the investigation of all child fatalities or near fatalities where child abuse or neglect is suspected. It also requires the formation of a Child Fatality or Near Fatality (CFNF) review team when a child dies or nearly dies as a result of suspected abuse, and the preparation of a written report. DHS may release these reports to the public with the appropriate precautions but has kept secret about 40% of the reports that have been issued. One of the areas usually covered by an Act 33 report is the performance of the workers involved (DHS, CUA, other agency), and

there's a concern that DHS has held back the reports that do not put it in a good light. However, DHS has no problem with reports that put the CUA or another agency in a bad light. Releasing all of the Act 33s (except when legally prohibited) would give the community a much better sense of how the City handles these horrific situations.

9. **Court Representation.** Every situation involving a child being placed in foster care is monitored by a judge in Dependency Court. In addition to DHS's legal representative, who is assigned by the City Solicitor's Office, there are often private attorneys representing the children and families. The only person in the courtroom that is not provided an attorney is the CUA case manager. This has led to situations where the CUA is blamed for situations resulting from DHS actions or decisions, and the CUA case manager has no recourse to defend him or herself. This would be easily remedied by assuring that the case manager also has representation in Family Court.
10. **CUA Scorecards.** Annually, DHS publishes a "CUA Scorecard," which relies primarily on documentation entered into the DHS Electronic Case Management System (ECMS) to "rate" the CUAs on their success in completing necessary documentation and achieve certain other goals. However, given that the most important decisions being made in a child welfare case are made by DHS, it would seem appropriate that a similar Scorecard process would be conducted and published by DHS on its own performance. Fundamentally, there's no legitimate way to evaluate the comparative performance of the CUAs without doing the same for DHS.
11. **Staff Development.** Early in the CUA implementation process, CUAs were provided small training grants by DHS to allow them to provide needed professional development for their staff. Several years ago, however, DHS determined that it should be the primary provider of training services. While the DHS trainings are of good quality, they are necessarily directed at the broad needs of the CUA staff community rather than being able to address specific needs of specific CUAs and CUA staff. DHS should adequately fund a training budget for each CUA so that they can tailor training opportunities to the specific needs of their CUA.

I believe these recommendations, and others you will hear about today, provide a useful start to developing a roadmap for reform of DHS and CUA services. Please don't get distracted by headlines and horror stories – amazing work is being done every single day, 24 hours a day, by DHS and CUA workers throughout the city, in keeping families together and helping children thrive. Don't forget that. You can help make it better.

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