



Office of Performance Evaluations Idaho Legislature

Report 06-08F

August 2006

Child Welfare Caseload Management Follow-up Report

In February 2005, we issued a report about caseload management in the Department of Health and Welfare's Child Welfare program. The report included seven recommendations to improve caseload tracking and workload monitoring. Although none of these recommendations are yet fully implemented, the department has made significant progress in addressing each recommendation.

Background

Statutes assign the Department of Health and Welfare primary responsibility for the "protection of any child whose life, health, or welfare is endangered."¹ More specifically, the department has the following responsibilities:

- Investigating allegations of child abuse and neglect
- Overseeing the delivery of services to children and families in the child protection system
- Working with law enforcement and the courts to ensure children are safe and have a permanent home that adequately provides for their well-being

¹ IDAHO CODE § 16-1601.

The Joint Legislative Oversight Committee directed us to study caseload and workload issues within the Child Welfare program because the department had reported growing caseloads and an increase in the number of children in foster care. Lawmakers also were interested in the program because a 2003 federal review had identified a number of deficiencies.²

Current Status

Our 2005 report had seven recommendations to improve caseload tracking and workload analysis and encourage the use of this information in the management of the Child Welfare program. The Department of Health and Welfare's update on its progress in implementing the recommendations is provided in appendix A. Our assessment of the department's implementation efforts is provided below.

Caseload Tracking

In our 2005 report, we found the department did not have accurate information about staff

² US Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, "Child and Family Services Review: Final Report" (August 2003).

This report was completed at the request of the Joint Legislative Oversight Committee under the authority of Idaho Code § 67-457 through § 67-464. Questions about the report may be directed to the Office of Performance Evaluations through e-mail (opeinfo@ope.idaho.gov) or phone (208 334-3880).

caseloads in the Child Welfare program, and it had not regularly tracked caseloads on a statewide basis. We recommended the department regularly collect caseload data and take steps to ensure the information gathered was uniform and accurate.

The department now collects caseload information on a quarterly basis. Program managers in each region use a survey form to report the number of cases of varying types that are actively worked by program staff. Definitions for each type of case were developed to encourage uniformity among regions. Management has worked with regional program managers to refine these definitions over time.

The department reports that it plans to modify the case management system, called FOCUS, so that accurate caseload information can be gathered electronically. However, changes to the system are on hold pending the completion of the workload study that is currently underway. We assess this recommendation as **in process**.

Workload Analysis

At the time of our 2005 report, we found that the workload in the Child Welfare program was growing. For instance, we reported the number of children in foster care increased by 33 percent from fiscal year 2002 to 2004 and 85 percent of program staff felt their caseloads were not reasonable. We also found the department did not have a systematic way to measure the workload in the program or estimate staffing needs. We recommended the department establish an ongoing, cost-effective method to assess staff workload.

In January 2006, the department selected a consultant, the American Humane Association, to conduct a study of the workload within the Child Welfare and Children's Mental Health programs.³ The association has collected data on staff work activities from *all* workers in these program areas.⁴ The information was collected over a one month period that ended in mid-June. American

Humane staff are now analyzing the data and plan to issue a final report of their findings early next year.

The department's contract with the association also calls for the contractor to develop a Staff Allocation Model that department staff can use to monitor staff workload on an annual basis in the future. The department has established a management analyst position that will coordinate future workload monitoring efforts and analyze program data to inform management decision-making. We consider this recommendation to be **in process** pending the completion of the workload study.

Use of Caseload and Workload Information to Allocate Staff

Historically, the department has seldom shifted positions among regions regardless of variations in staff workload. When changes were made, the department relied primarily on general information about the number of children and level of poverty in each region. We recommended the department begin utilizing caseload and workload information to allocate positions among the regions.

³ American Humane was selected from four firms who responded to a Request for Proposal (RFP) issued by the department in September 2005. The department's selection was based on the qualifications of the bidder and quality of the proposal (60 percent) and cost (40 percent). The study is expected to cost approximately \$135,000.

⁴ In addition to collecting information about staff work activities from case workers, the department included staff who determine whether clients are eligible for Title IV-E and Medicaid funding in the workload study. In our 2005 report, we recommended that the department assess the workload for these staff because a federal review conducted by Region X staff with the US Department of Health and Human Services' Administration for Children and Families found Idaho had fewer eligibility determination staff than other comparable states.

In March 2005, the department shifted four positions from Regions II and VII (Lewiston and Idaho Falls), which had relatively low caseloads, to Regions I and V (Twin Falls and Coeur d'Alene), which had higher than average caseloads. Similarly, the department allocated 15 new positions authorized by the Legislature during the 2005 legislative session to regions based on staff caseloads. The department plans to use the results of American Humane's workload study and future in-house workload monitoring efforts to make further adjustments, as needed. We assess this recommendation as **in process**.

Reporting of Caseload and Workload Information to Policymakers

We recommended the department begin annually reporting caseload and workload information to the Legislature and the Governor. This type of reporting will improve accountability by providing policymakers with a clear understanding of the child protection work performed, the number of staff needed to do the work, and the number of children and families served by the program.

The department plans to begin reporting caseload and workload information to policymakers starting in the 2007 legislative session. We consider this recommendation to be **in process**.

Analysis of "Any Door" Initiative on Program Workload

The "Any Door" Initiative is an effort to better integrate department services to their clients. The department created "navigator" positions that are responsible for meeting with new clients and determining the types of services that are needed. At the time our report was released in 2005, service integration had only been implemented in Region II (Lewiston). In this region, 4 of 22 full-time positions (FTPs) from the Child Welfare program had been transferred to "Any Door," and some staff had expressed concerns about the loss

of the positions. We recommended the department take steps to assess the impact of these changes on program workload.

The department reports the transfer of positions from Child Welfare to service integration "had no discernable effect on the attainment of child welfare outcomes." More specifically, the department found that Region II had similar rates for recurrence of maltreatment, foster care reentry, and time to reunification or adoption as other regions.

Navigator positions have now been established in every region. Region IV (Boise) was the last to implement the initiative in June 2006. Statewide, 24 FTPs have been reallocated to the service integration function. Of these, 7 FTPs (approximately 1 FTP per region) were drawn from the Child Welfare program. The department reports it will monitor child welfare outcomes in each region on a semi-annual basis. Because statewide implementation of service integration did not occur until June 2006, more time is needed to assess the impact of staff reallocation on the Child Welfare program. As a result, we consider this recommendation to be **in process**.

Accessing Federal Funding for the Child Welfare Program

Title IV-E of the Social Security Act provides federal funding to assist states with the costs of serving children in foster care, children aging out of the foster care system, and special needs children who have been adopted because of child protection concerns. In 2005, we reported the department sometimes lost Title IV-E funding for children because court orders did not include required language or 12-month permanency hearings were not timely. We recommended the department continue to work with the Court Improvement Project to address the problems identified.

In March 2005, the department established a tracking system to identify cases where Title IV-E

funding was lost because court orders did not contain required language or permanency hearings were untimely. The department reports it has identified such cases and shared this information with the Court Improvement Project. The department has also worked with the Court Improvement Project to develop technical

guidance and training for judges concerning the federal requirements. Because training of judges was not completed until November 2005, more time is needed to determine the extent to which the department's actions have addressed the identified problems. We consider this recommendation to be **in process**.

We appreciate the cooperation and assistance we received from the Department of Health and Welfare in conducting this follow-up review. Ned Parrish of the Office of Performance Evaluations conducted the review.

Joint Legislative Oversight Committee (JLOC)

Sen. Shawn Keough, Co-chair

Sen. John Andreason

Sen. Bert Marley

Sen. Kate Kelly

Rep. Margaret Henbest, Co-chair

Rep. Maxine Bell

Rep. Debbie Field

Rep. Donna Boe

Office of Performance Evaluations

Rakesh Mohan, Director

Appendix A

Department of Health and Welfare's Self-assessment of Implementation Efforts



IDAHO DEPARTMENT OF
HEALTH & WELFARE


RECEIVED
MAY - 1 2006
PERFORMANCE EVALUATIONS

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DATE: April 28, 2006

TO: Mr. Rakesh Mohan, Director
Office of Performance Evaluations
JRW Building, Lower Level, Suite 10

FROM: Ken Deibert, Administrator 
Division of Family and Community Services

RE: OPE's recommendations to Child Welfare Caseload Management Study Update

The Department of Health and Welfare is pleased to present the attached response to implementing the seven recommendations emanating from the Office of Performance Evaluation's report on Child Welfare Caseload Management, issued in February 2005. This update is supplemented by a set of document exhibits and detailed data summaries, which were specifically requested.

The Department outlines progress on each recommendation. We have largely accomplished the tasks of using caseload information to determine more equitable allocation of staff, assessing the impact of the "Any Door" Initiative on child welfare, and collaborating with the Court Improvement Project to access more federal Title IV-E funding.

Please contact me if you have questions on this update or the attached exhibits.

C: Karl Kurtz

FACS Division Response to OPE Caseload Management Recommendations (May 2006)

In response to the Office of Performance Evaluation's (OPE) Child Welfare Caseload Management Study, the FACS Division is pleased to report the following progress in meeting OPE recommendations. This report is supplemented by a set of document exhibits and detailed data summaries, which were specifically requested.

Recommendation #1: To improve caseload management, the Department should take steps to ensure that caseload information is accurate. This may include ... a.) modifying FOCUS .. to count only active cases, and b.) establishing a method to collect caseload information outside FOCUS.

The FACS Division's information system staff has Work Authorization #50576 open for a business requirements analysis of defining and tracking workload components and distinguishing the number of "inactive" cases in the FOCUS. This analysis will benefit from the results of the Workload Assessment Study and Staff Allocation Model project (WASSAM), currently in implementation as described below. Work Authorization #56599 is the vehicle by which FOCUS case data is being merged with the WASSAM project.

As the FACS Division awaits results of the WASSAM project and related automated system enhancements, it continues to track caseload information by workload components through quarterly surveys completed by the field CFS Program Managers. Copies of the Survey Form and accompanying instructions are attached as Exhibits A and B. Summaries of the quarterly surveys from July 2004 through December 2005 appear as Exhibits C through H in the attached.

Recommendation #2: To obtain workload information..., the Department should: a.) employ an on-going method of measuring the amount of time staff spend on measuring different types of cases and activities..., b.) analyze key factors that impact the time it takes staff to work cases..., and c.) work with a steering committee that includes Department representatives and other stakeholders to develop methods for regular collection of workload information.

Through a Request for Proposal (RFP) process, the FACS Division has procured the services of the American Humane Association (AHA) to conduct a time study of workload activities and an analysis of key factors. This project, known as the Workload Assessment Study and Staff Allocation Model (WASSAM), is in the process of identifying, collecting, and analyzing relevant data on work processes and their relationship to meeting CFS program outcomes. The stated objective is the development of reasonable work standards and an optimal staffing allocation for the Children and Family Services (CFS) program.

In besting three competitors, AHA submitted a proposal to create a Task Inventory and use it to guide the development of workload measurement instruments that will link 1.) established child welfare outcomes, 2.) staff performance required to obtain those outcomes, and 3.) time needed for different tasks and different case types required for those outcomes.

Since commencing the project on January 27, 2006, AHA has met all of the deliverables scheduled to date: 1.) a project work plan, 2.) a task inventory validated by 24 focus groups of CFS staff from every region, and 3.) application of and training on a workload measurement instrument (Time Data Collector, or TDC) based on the task inventory. The WASSAM Work Plan calls for all regional and selected Central Office staff (eligibility determination and adoption staff) to record all activities for a full one month period, currently scheduled for May 15 to June 16.

The Time Data Collector methodology is eminently re-usable, so that it can serve as “an on-going method of measuring the amount of time staff spend on different types of cases and activities.” Results from the TDC measurement will enable AHA to deliver reports on “key factors that impact the time it takes to work cases.” The current Steering Committee for the WASSAM project reviewed the RFP bids, selected AHA as the winner, and have guided AHA’s implementation schedule.

Recommendation #3: To ensure program staff are fairly distributed among regions, the Department should use caseload and workload information when making staff allocation decisions, and when measuring ... performance.

As indicated in the last Progress Update report of September 2005, the quarterly caseload surveys and data on workload components gleaned from the Department’s Data Warehouse have been informing management decisions on staff allocation. The December 2004 caseload survey (Exhibit D) and the Data Warehouse-generated statistics for Calendar Year 2004 (Exhibit I) prompted the re-allocation of two positions from Region Two to Region One and two positions from Region Seven to Region Five in March 2005.

The March 2005 caseload survey and workload data from the Data Warehouse provided the bases for allocating the 22 new positions appropriated for SFY 06 (See Exhibit J). Supporting documentation on this allocation is attached. The Department has not performed any re-allocation of staff since July 2005 and looks forward to the development of the WASSAM Staff Allocation Model in January 2007.

Recommendation #4: To increase program accountability, the Department should annually report accurate caseload and workload information.

Since July 2004, the Department has been conducting quarterly caseload surveys and verifying the results against customized reports generated by the new Data Warehouse. Summaries of the four quarterly caseload surveys conducted in calendar 2005 are attached. More sophisticated workload reports must await implementation of the WASSAM time data collection in May-June 2006 and collaborative analysis by AHA and the Department completed by January 2007.

Recommendation #5: To assess the impact of the “Any Door” initiative, the Department should conduct a formal, in-house analysis....

The September 2005 Progress Report presented data to illustrate that Service Integration (a.k.a. Any Door Initiative) had had no discernable effect on the attainment of child welfare outcomes. That report showed that in Region Two, the only region operational in service Integration at the time, “children served in Region Two are as well or better served as in the rest of the state.” The Department anticipates statewide implementation of Service Integration by July 2006. Service Integration will employ the new positions of Navigators to provide certain services to priority groups, which had been the province of child welfare staff.

These priority populations include families and children in need of preventive or low-intensity services (as opposed to presenting concerns over child safety) or children in need of mental health services outside of the Seriously Emotionally Disturbed (SED) assessment status. To serve these groups, navigators will rely on a wide array of community resources and Multi-Disciplinary Team (MDT) consultations with child welfare staff. Accordingly, navigators will absorb some of the workload of CFS staff without any deleterious effect on child welfare outcomes.

The Department continues to measure the attainment of child welfare outcomes in each region on a semi-annual basis, so that any change in outcomes can be tracked to the state of Service Integration implementation.

Recommendation #6: To better access Title IV-E funding, the department should continue to work with the Court Improvement Project....

As part of the Court Improvement Project (CIP), the Division’s Resource Development Unit (RDU) has reinforced the need for judges to stay current in scheduling Permanency Hearings every 12 months and use the federally required language to establish Title IV-E eligibility. Beginning in March 2005, the RDU staff and CFS Managers instituted a “Judicial Tracking System” to identify all cases where IV-E eligibility problems arise due to “untimely Permanency Hearings or faulty language in judicial orders and findings.” (See Exhibit O).

With data collected monthly since March 2005, the RDU staff has been able to identify specific issues in specific judicial districts to the Court Improvement Project. (See Exhibit P).

The CIP staff members are using the data from this judicial tracking system to approach various courts and apprise them of the issue(s). The data suggest that some individual courts and judges are particularly responsible for loss of Title IV-E funding and that the scheduling of Permanency Hearings comprise the major problem.

The CIP and the Department have collaborated in developing training to and technical assistance guides for judges. They conducted Permanency Training sessions for judges

in each of the seven regions between August and November 2005. The CIP and Department staff also disseminated written technical assistance guidelines on the specific language for judicial findings. (See Exhibit Q).

Recommendation #7: To assess the workload and resource needs of the Resource Development Unit, the Department should ...determine level of support needed... and conduct a formal analysis to estimate cost savings....

The RDU Program Manager has been tracking and analyzing workload levels and utilization trends and prepares quarterly reports on such. Based on these reviews a Decision Unit was presented to the Department Director and forwarded to the Governor's office for inclusion in his budget request for FY07. This DU requested 8 additional staff and 504,400 in federal and GF. The Governor did not include this DU in his budget request. JFAC and the Health and Welfare committees did not support this request. He developed a proposal for an internal evaluation of the gap between resources and demand but found that additional staff was needed to perform such. (See Exhibit R).

Accordingly, the RDU Manager joined the WASSAM Steering Committee to ensure the appropriate incorporation of eligibility determination staff in the WASSAM project's data collection and analysis. The WASSAM results will define work units and tasks, measure the time needed for same, assess staffing needs in relation to projections of increases in referrals, and specifically identify the number of workers needed to meet gap between capacity and demand.