



CWLA Progress Update to Governor Patrick and Secretary Polanowicz

March 13, 2014

At the request of Governor Patrick and Secretary Polanowicz, CWLA is submitting a Progress Update, which includes a summary of activities completed to date by the CWLA Team, and preliminary guidance that has been provided to both the Governor's staff and EOHHS staff. This update does not provide findings or recommendations relative to Jeremiah Oliver, as the CWLA Team has not yet completed its comprehensive review of the case. The final CWLA report will contain an account of the case, and thorough findings and recommendations pertaining to DCF case practice, relevant policy, and systemic issues. It is anticipated that a final report will be submitted to EOHHS by mid-May.

The initial phases of this review have included fact-finding to identify concerns, as expressed by leaders within DCF, the executive branch, and the legislature. As a result of this process, EOHHS has asked CWLA to broaden the scope of its review.

Initial Scope of Work

In January of 2014, the Massachusetts Executive Office of Health and Human Services (EOHHS) sought the assistance of the Child Welfare League of America (CWLA) in response to concerns regarding the safety of children served by the Department of Children and Families (DCF). EOHHS requested an objective third-party quality improvement review to examine the appropriateness, comprehensiveness, and consistency of certain agency policies and practices with nationally recognized best practices. Areas to be addressed included a review and analysis of:

- Relevant reports and related recommendations regarding Jeremiah Oliver, reported missing in December 2013;

- DCF's Critical Incident Unit (CIU) investigation regarding Jeremiah Oliver and his family;
- DCF's home visitation policies and practices;
- The assessment methodology used to conduct the Tier Review Process including a review of practices related to young parents; children of parents with a history of substance abuse, domestic violence, mental health or unresolved trauma; and, substance exposed newborns;
- DCF practices related to 51A reports including staff training and screening criteria;
- DCF intake and case assignment practices.

Additions to Scope of Work

- Technology
- Staffing in North Central
- Medical screens
- Criminal Offender Record Information (CORI); Background checks
- Quality Improvement/case review process
- Caseload and Workload
- Case Practice and Policy/ Case Practice Model (ICPM)
- Staff Qualifications, Training and Supervision

CWLA Team's Activities to Date

The CWLA Team has initiated or completed the following activities between January 15 and March 3, 2014:

- Met with the Secretary of EOHHS and appropriate staff
- Met with DCF Commissioner and senior DCF leadership
- Met with Governor Patrick and senior staff
- Conducted individual interviews with DCF senior leadership and other designated staff
- Received orientation to current FamilyNet and iFamilyNet data system
- Completed face-to-face interviews with all current DCF personnel who had direct involvement in the Oliver case. (Interviews were not conducted with those staff whose employment with DCF had been terminated.)
- Reviewed records relevant to the Oliver family
- Attended Public Hearing conducted by the House Post Audit and Oversight Committee and Committee on Children, Families and Persons with Disabilities on January 23, 2014
- Attended Governor's Press Conference on January 27, 2014

- Facilitated a focus group with representatives of the following state agencies, programs, and initiatives:
 - Children's Behavioral Health Initiative
 - Department of Early Education and Care
 - Department of Mental Health
 - Department of Public Health
 - DPH - Family Health and Nutrition
 - DPH - Substance Abuse Services
 - DPH - Community Health and Prevention
 - Department of Transitional Assistance
 - Department of Veterans' Services
 - Department of Youth Services
 - Executive Office of Education
 - Interagency Council on Housing and Homelessness
 - Mass Health
- Began interviews with external stakeholders
- Met with the Office of the Child Advocate staff
- Reviewed the March 28, 2007, Massachusetts Legislative Report issued by the House Committee on Child Abuse and Neglect
- Had five meetings with Senators, Representatives, and legislative staff members
- Reviewed examples of monthly reports issued by DCF, including:
 - Caseloads (investigations/assessments, and home visit reports specific to the North Central Office)
 - Statewide home visits reports
 - Statewide twelve month weighted caseload summaries
 - Statewide monthly caseload/weighted summaries
 - Statewide monthly supervisor monitoring report
 - Statewide screening, supported and closing rates report
 - Statewide twelve month summary of completed investigations
 - Statewide social worker workload report and number of social workers with more that 22 cases for one reporting month
 - Statewide reports of child abuse and neglect-twelve month summary
 - Statewide initial assessments-twelve month summary
 - Statewide case management cases-twelve month summary
 - Statewide twelve month weighted caseload summary
 - Statewide adoption report-twelve month summary
 - Statewide family resource FTE needed
 - Statewide family resource total number of licensed homes summary
 - Statewide summary of total number of active, licensed family resource homes
 - Statewide summary of total number of ICPC homes

- Reviewed the Memorandum of Understanding (MOU) between Service Employees International Union (SEIU) and DCF regarding caseloads and caseload weighting
- Reviewed job descriptions, including educational and experience requirements, for the following DCF positions:
 - Director of Areas
 - Area Clinical Manager
 - Area Program Manager
 - Social Worker C, D, and E
 - Social Worker A & B
- CWLA staff have initiated research/data collection concerning:
 - Technology
 - Medical services for children entering care
 - Background checks conducted in other states on foster parents/kinship applicants and caregivers
 - Social work and other licensing requirements for child welfare staff in other states
- Began review of DCF policies and procedures
- Reviewed DCF draft bills from Senate and House concerning background checks and made suggestions for scope and content.

Observations/Preliminary Guidance and Recommendations

The CWLA Team has interim guidance and recommendations regarding the following issues and concerns:

STAFFING IN THE DCF NORTH CENTRAL AREA OFFICE

Following a review of the workloads/caseloads in the North Central Office, as well as a review of the “North Central Office Relief Plan,” the CWLA team facilitated a conference call with the DCF Commissioner and members of her staff, and representatives from EOHHS. The CWLA Team shared its belief that while the presence of two investigators who volunteered to assist the North Central Area Office was extremely helpful, additional personnel were needed in a more expedited fashion than was presented in the Relief Plan. The caseload numbers, and therefore the workload, was growing daily, making it extremely difficult for staff to complete their required tasks.

The CWLA Team recommended an immediate infusion of support for the North Central Area Office. The Commissioner and her staff took immediate action on the recommendations.

WORKFORCE/CASELOAD/WORKLOAD

While nation-leading policies are essential to meeting the safety and service needs of children served by DCF, the workforce is the primary means through which DCF discharges its mandate for the protection of children. It is, therefore, critical that the child welfare workforce be comprised of sufficient, diverse, well-trained, and highly competent individuals who are committed to high quality service, and have the tools, resources and supports they need to perform their roles effectively (CWLA, 2013).

Over the last 30 years, the literature has repeatedly documented the challenges that agencies face in establishing and maintaining a stable, skilled, and well-supported workforce. National estimates have found that average tenure for child welfare workers is less than two years, and turnover rates for child welfare organizations average between 20 and 40% (USGAO, 2003). According to a 2003 U.S. General Accounting Office report, the primary reasons that workers left child welfare included low salaries, worker safety, staff shortages, high caseloads, administrative burden, inadequate training, and poor supervision.

Further, research indicates that there is a critical relationship between workforce stability and the overall functioning of the agency (NCCD, 2006). In fact, the US Children's Bureau found that agencies with turnover rates above 15% also had rates of child re-abuse that were 125% higher than states with lower turnover rates. Lower turnover was associated with lower rates of re-abuse and less disruption in case management activities including completion of case plans, timely completion of required duties, and regular contact with children and families. In one study of 19 public child welfare agencies, those considered high performing based on these and related measures tended to have the lowest turnover rates. They also provided significantly more training for new caseworkers, required less on call time or overtime, and paid higher salaries than their lower functioning counterparts.

Caseload/Workload Guidance

The **recommended caseload standards for child protective services** (CWLA, 2003) are as follows:

Service/ Type	Caseload	CWLA Recommended Caseload/ Workload
Initial Investigation	Assessment/	12 active cases per month, per 1 social worker
Ongoing Cases		17 active families per 1 social worker and no more than 1 new case assigned for every six open cases

Combined Assessment/ Investigation and Ongoing Cases	10 active on-going cases and 4 active investigations per 1 social worker
Supervision	1 supervisor per 5 social workers

It should be noted that the caseload is based on new and active cases per month. In other words, new cases should not be added in a new month unless a comparable number of cases have been closed, assuming that the worker has a full caseload.

The **recommended caseload standards for family foster care services** are as follows:

Service/ Type	Caseload	CWLA Recommended Caseload/ Workload
Foster Family Care		12-15 children per 1 social worker
Supervision		1 supervision per 5 social workers

Calculating Workloads

Although CWLA recommends caseload ratios for each area of child welfare practice, workloads are best determined through an analysis of the agency's policy mandates and careful time studies based on activities required to complete a specific set of tasks or units of work. For those agencies interested in developing their own specific workload figures, time required to conduct the following tasks should be calculated:

- direct case work contact with children and families;
- collateral visits, service referral and outreach activities;
- legal consultation, report preparation, and court hearings;
- emergencies that interrupt regular work schedules;
- supervision, case planning and review, case consultation, and collaboration;
- work with community groups;
- attendance at staff meetings;
- staff development, and professional conferences;
- administrative functions;
- travel;
- telephone contacts, e-mail communications, reading of records, case recording or computer entry, and reports of conferences and consultations; and
- annual leave including vacation, sick time, and personal leave.

Caseloads should be computed separately for each worker category

When computing any category of workers, staff that may play a role in service delivery but are not performing the specific functions of this category, should not

be included in the worker count. Though helpful, case aides, supervisors, and others who may assist with cases, do not perform the same functions, and including them provides a misleading caseload count.

Caseload Management

Referral trends and caseload demands may vary from area office to area office and from time to time. As such, the agency should have sufficient capacity to respond to changing caseload demands. The process of ensuring that caseloads remain manageable across area offices requires proactive strategies to fill positions and minimize the number of case worker and supervisory vacancies. It is also critical that the department closely manage the assignment of those positions across local offices.

DCF should ensure that its process for reviewing caseload trends, filling vacancies, and adjusting office specific staff allocations is based on up-to-date information regarding caseload size, and trends in intake and case closure. The agency should also ensure that procedures for adjusting the allocation of staff to area offices are responsive to both short and long-term shifts in staffing needs.

Case transfers and changes in case status should receive careful consideration. Caseload counts should accrue to the worker, not to the case. Multiple workers may address the practice needs of a family and its children in a given period. Whenever cases transfer from one worker to another within a specified period, they should be counted on each worker's caseload. The fact that this is a *single* case does not negate the need to count it as part of *each* worker's caseload. The same principle applies to changes in case status.

Leadership

Achieving the mandate of the public child welfare organization requires highly skilled, consistent, and committed leadership who are equipped to direct the agency, and engage partners and communities who can together work to assure the safety and well-being of children. Yet, it has been estimated that half the nation's public child welfare leaders will turnover in two to 2 ½ years. Experience has shown, that in many instances the lack of consistent leadership, and the challenges of leadership transition may further compromise the challenges facing the agency.

According to the National Conference of State Legislatures, it is important to ensure that the internal and external leaders maintain a focus on achieving substantive reforms over the long-term, and on bringing increased stability to leadership and improved outcomes for children and families (NCSL, 2008).

CWLA recommends that it should be EOHHS's priority to complete the current assessment of DCF, and to plan for implementation of recommendations that are specifically responsive to needed improvements in agency practice, policy, and overall operations. While this study is pending, stability is wise.

TECHNOLOGY

In response to Governor Patrick's priority of developing capacity for access to real-time data, and EOHHS's request for information about successful data programs and tools, the CWLA Team has begun to research the handheld devices used by other jurisdictions and their respective capacity to enter and receive real-time data. The CWLA Team continues to gather information from states and counties across the country concerning the devices being used (smart phones, tablets, and laptop computers), the challenges involved, the devices and platforms that bring the most satisfactory results, and staff's ability to enter and access real-time data for such tasks as home visitation, collateral contacts visits/communication, identification of children, etc.

DCF staff currently use personal cell phones to communicate from the field and to respond to overnight and weekend emergencies while on-call. There are some laptops available for use from the field. Many workers use their home computers to complete work and reports. At present, the Massachusetts Statewide Automated Child Welfare Information System (SACWIS) does not accommodate real-time access from handheld devices.

The CWLA Team confirmed that representatives from EOHHS and DCF participate in the National Center on Child Welfare, Data and Technology, and recommends that Massachusetts take full advantage of the expert information available through this resource.

The CWLA Team recommends that, at minimum, any technological solutions include capacity to:

- Give workers immediate contact with supervisors and/or emergency personnel;
- Document visits in real-time;
- Upload photos of children to the Massachusetts SACWIS system (iFamilyNet);

The CWLA Team recommends that EOHHS consider the following additional technological functions:

- Ability for workers to access SACWIS (iFamilyNet) data from the field on handheld devices that provide data security;
- Ability to complete forms and obtain parent/guardian signatures in the field;
- Ability to access teleconference/web-based conferencing from the field.

MEDICAL SCREENS FOR CHILDREN ENTERING CARE

The CWLA Team has provided EOHHS with current guidance for providing initial medical screenings and comprehensive evaluations from both the American Academy of Pediatrics (AAP), and the CWLA *Standards for Health Care Services for Children in Out of Home Care*.

The CWLA Team is examining recommendations that initial screening should be provided within 72 hours after a child enters care, and that if the initial screening is abbreviated, a more comprehensive examination should be provided within the first 30 days of care. CWLA is considering recommendations that will responsive to the concerns of children during the investigations process, young children who may not be able verbalize symptoms requiring medical attention, and others who may have special health care needs.

CWLA is gathering information from other states/jurisdictions that will help to inform its final recommendations on this issue. This will include technology supports and protocols that maximize real-time case level data sharing between DCF and MassHealth, so that case workers and caregivers have access to the most recent health information on the children they serve.

The CWLA Team recommends that whenever possible children in care continue to be served by their own pediatricians, in their medical homes (AAP, 2005).

BACKGROUND CHECKS

The CWLA Team has made the following recommendations in response to questions raised by the Governor's Office, EOHHS, and DCF concerning background checks and approval of foster parents and kinship resources:

- DCF should implement heightened case monitoring, home visitation, supervision, or case oversight for placements that have been approved through the waiver process. Heightened monitoring should include documentation of key factors/indicators related to the safety and well-being of each child placed in these homes. Increased monitoring is of particular concern given the number of young children placed in homes with approved waivers. While some of these safety and well-being factors/indicators may be addressed in home visitation policies and in quality case practice, greater clarity may help to ensure that agency expectations are understood by caregivers and have been implemented.
- The Team recommends that legal counsel review case law decision to determine whether statutory or regulatory action is needed.

- DCF and EOHHS should refrain from issuing any new exclusionary lists or revising exclusionary lists at this time.
- DCF and EOHHS should study current trends toward uniform approval processes for kinship and foster caregivers, including understanding the role of disproportionality in criminal prosecution and conviction, and the importance of placing children with relatives whenever possible.
- Draft standards in development by American Bar Association (ABA), National Association for Regulatory Administration (NARA), Generations United (GU), and Annie E. Casey Foundation (AECF) should serve as the foundation for background check standards in Massachusetts. These four organizations have been working for several years to establish standards that at once protect children and ensure that foster care/kinship applicants are assessed fairly. The draft includes mandatory, permanent exclusion for certain felony convictions, and exclusion for certain other convictions that have occurred within recent years.

The draft includes factors that should be considered in reviewing foster care/kinship applications and renewals (Generations United, 2014).

- A. If a record check reveals a felony conviction for child abuse or neglect, for spousal abuse, for a crime against children (including child pornography), or for a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery, and a State finds that a court of competent jurisdiction has determined that the felony was committed at any time, such approval must not be granted.
 - B. If a record check reveals a felony conviction for physical assault, battery, or a drug-related offense, and a State finds that a court of competent jurisdiction has determined that the felony was committed within the past 5 years, such approval must not be granted.
 - C. If an applicant was convicted for a crime other than those included in A. and B., the applicant will **not** be automatically rejected as a foster parent. The agency must consider the following:
 1. the type of crime;
 2. the number of crimes;
 3. the nature of the offenses;
 4. the age of the individual at the time of conviction;
 5. the length of time that has elapsed since the last conviction;
 6. the relationship of the crime and the capacity to care for children;
 7. evidence of rehabilitation; and
 8. opinions of community members concerning the individual in question.
- The CWLA Team recommends that DCF's future process for completing and reviewing background checks should be an approval process rather than a waiver process. There should be clear criteria for positive

decisions to approve a foster/kinship applicant, rather than a waiver process that requires exception. The CWLA team is available to work with EOHHS and DCF to develop such a positive process.

- The CWLA Team recommends that the executive branch and the legislature should consider carefully potential ramifications that any changes to background checks for foster and kinship resources might have on background check completion for other child caring situations, including but not limited to licensed child care centers, family child care, residential providers, and adoptive parent applicants through DCF and licensed adoption agencies.

YOUTH WHO HAVE RUNAWAY FROM PLACEMENT

A review of the DCF policies regarding the handling of cases involving youth who have runaway from placement indicates that the policy adequately provides for basic follow-up and notification of law enforcement and agency personnel.

In light of increased understanding regarding the reasons young people run away and the risks they face while on runaway status, the CWLA Team recommends that DCF consider protocols and related training to equip workers with knowledge needed to effectively reduce the incidence of runaway behavior.

There is growing awareness that youth on the run and those in care may be more likely targets of pimps and traffickers. The CWLA Team therefore recommends that DCF develop a protocol for addressing and reducing the potential for trafficking of children in out-of-home care or on runaway status.

The Team recommends that policies and procedures require a brief assessment for vulnerabilities that may place each child at heightened risk in the community in case of running away. Factors related to vulnerability to physical violence, sex trafficking, and exploitation are particularly important.

The CWLA Team recommends that DCF expand its policies and procedure to require that official electronic files contain a photo of each child who enters the care and custody of the agency. A review of intake policies is also warranted to ensure that photos of children in substantiated and open cases are also maintained.

On-Going Tasks of CWLA Team

The CWLA Team continues its review of the Oliver case, and the issues and concerns that have been identified by the legislature, the executive branch, DCF, the Office of the Child Advocate, and the media.

Priority on-going tasks of the CWLA Team are:

- Continuing review of DCF policy being developed and/or revised. This review includes, at a minimum, the following policies:
 - Education Policy
 - Children Missing from DCF Care or Custody
 - Case Transfer
 - Ongoing Casework Policy, Procedures, & Documentation
 - Case Closing Policy
 - Policy for Review of Open Cases-Children Living at Home
 - Health Care-Policy for Children in DCF Care or Custody
 - Intake Policies (Protective, including Hotline) (Voluntary, Child Requiring Assistance, 51As in Certain Institutional Settings)
 - Foster Care Review
- Reviewing the DCF ICPM as well as models from other states that embrace family engagement, and can link improved outcomes for children and families to the use of their model.
- Researching the following issues:
 - Home visitation policies of other states/jurisdictions
 - Policies regarding boyfriends/non-relative household members
 - National trends relative to critical incident reports/child fatalities
 - Medical screening policies from other states/jurisdictions
- Conducting focus groups with representatives of various stakeholder constituencies, including:
 - Service providers
 - Service recipient families and youth
 - Foster parents
 - Adoptive parents
 - Advocacy groups

The safety and security of children - especially those entrusted to the supervision or care of the state child welfare agency - are of vital concern to the citizens of the Commonwealth. Child welfare systems across the country are experiencing challenges similar to those of the Commonwealth. While far too many jurisdictions are facing failures in their ability to keep a child safe, these failures cannot become acceptable. It is the responsibility of all concerned to act with thoughtfulness, diligence, and a sense of urgency to determine how DCF and the Commonwealth can best work to keep children safe, and to address the complex concerns that bring children and families to the attention of the agency.

CWLA has worked extensively to conduct to program improvement reviews and to develop recommendations and action plans that develop more effective

approaches to child safety concerns. This update provides our initial observations, and preliminary guidance toward these ends. A full report of our analysis and our full recommendations will be provided in our final report.

About CWLA

Since 1920, the Child Welfare League of America (CWLA) has been recognized as a consistent, strong, and non-partisan voice for children and families in the United States. CWLA is devoted to engaging all individuals, organizations, and systems in promoting the safety, permanence, and well being of children, youth, and their families. To further the mission of preserving, protecting, and promoting the well being of children, youth, and their families, CWLA develops standards of best practice to improve safety, permanence and well being for children served in child welfare systems. CWLA also provides technical assistance, training and consultation services to assist public and private child welfare agencies and to community organizations in reviewing programs and improving practice for the children and families that they serve.

CWLA uses its national recognized Standards for Excellence in Child Welfare as context for this work. CWLA's most recent set of standards, the CWLA National Blueprint for Excellence in Child Welfare, serves as a basis for its program specific policies and for the development of recommendations for quality improvement in service delivery. The National Blueprint for Excellence is intended to be a catalyst for change and to promote policies and practices that help organizations and communities more effectively ensure the safety and wellbeing of all children.

The following principles drawn from the CWLA National Blueprint serve as a guide in this quality improvement review, and for the initial guidance provided in this progress update.

1. **RIGHTS OF CHILDREN:** It is the responsibility of all members of society to work towards the shared goal of advancing the fundamental rights and needs of children.
2. **SHARED LEADERSHIP AND RESPONSIBILITY:** Families, individuals, organizations, and communities share responsibility for assuring the safety and well-being of children and youth. To help children and youth flourish, leaders at every level and in all realms ensure that individuals, families, organizations, and systems collaborate, communicate, create, and nurture meaningful partnerships.
3. **ENGAGEMENT/PARTICIPATION:** Children, youth, and families are engaged and empowered to promote family success and build community capacity. Service providers and organizations acknowledge, appreciate, and validate the voices and experiences of those whose lives they touch,

so that responsive, community-based resources and services are developed, nurtured, and sustained.

4. **SUPPORT AND SERVICES:** Families, individuals, communities, organizations, and systems protect children from abuse and neglect, and provide an array of supports and services that help children, youth, and their families to accomplish developmental tasks, develop protective factors, and strengthen coping strategies.
5. **QUALITY IMPROVEMENT:** Supports and services are designed and implemented based on evidence and knowledge; data collection is focused on measuring outcomes and achieving success; continuous quality improvement is emphasized and supported; and innovative practices and programs are encouraged.
6. **WORKFORCE:** The workforce consists of competent skilled people with a variety of experiences and representing varied disciplines. They are committed to high quality service delivery and are provided with the training, tools, resources, and support necessary to perform their roles effectively.
7. **RACE, ETHNICITY, AND CULTURE:** Individuals, families, communities, organizations, and systems work together to understand, and promote equality, cultural humility, and strong racial, cultural, and ethnic identity, while showing consideration for individual differences, and respecting the sovereign rights of tribes.
8. **FUNDING AND RESOURCES:** Funding decisions in the private sector and at federal, state, local, and tribal levels are informed by the certainty that the well-being of children, families, and communities are interconnected and that sufficient and equitable funding is essential to the well-being of all of them.

References

American Academy of Pediatrics (2005). District II, New York State, Task Force on Health Care for Children in Foster Care. *Fostering Health: Health Care for Children and Adolescents in Foster Care*, 2nd edition. Retrieved from: <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Fostering-Health.aspx>

Child Welfare League of America. (2007). *CWLA Standards of Excellence for Health Care Services for Children in Out-of-Home Care*. Washington, DC: Author.

Child Welfare League of America. (2003). *Child Welfare League of America Recommended Caseload Standards*. Washington, DC: Author.

Child Welfare League of America. (2013). *CWLA National Blueprint for Excellence in Child Welfare*. Washington, DC: Author.

Generations United. (2014). *Draft Family Foster Care Model Licensing Standards*. AECF, NARA, ABA, and GU: Author.

National Council on Crime and Delinquency. (2006). *The Relationship between Staff Turnover, Child Welfare System Functioning and Recurrent Child Abuse*. Houston, TX: Cornerstones for Kids.

National Conference of State Legislatures. (2008). *Leadership and Child Welfare: The Role of State Legislators*. Denver, CO: Author.

United States General Accounting Office. (March 2003). *Child Welfare: HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff*. GAO 03-357. Washington, DC: Author Retrieved from: <http://www.cwla.org/programs/workforce/gaohhs.pdf>