

2014

OCS Response to the CRP Annual Report



State of Alaska
Department of Health & Social Services
Office of Children's Services

Executive Summary

On behalf of the Department of Health and Social Services, Office of Children’s Services (OCS), I wish to thank you for your time and efforts during this past year. I recognize the volunteer hours and dedication that your membership requires and value your many efforts to impact positive growth and change for this agency. Through your work we are afforded many opportunities to review case practice to help us remain steadfast in ensuring system improvements.

The information you provide coupled with the numerous local and federal reviews conducted annually, not only serves to help set our agency priorities, but also to help align those priorities with the many real-world challenges faced in the field every day. Safe and strong Alaska families can only be achieved through the dedication and commitment of not only our work force, but that of every agency and person who works in the child welfare system.

We appreciate the ongoing dialogue and visits you provide throughout the entire year, as well as the invitation to join you as much as possible in that discourse.

After reviewing the OCS response to your recommendations, please don’t hesitate to contact me so that I may clarify or provide additional information to the panel. I look forward to another year of productive partnership.

CHRISTY LAWTON, DIRECTOR



RECOMMENDATION 1: That OCS makes several changes in its intake policy.

OCS appreciates your focus on intake and agrees with your recommended intake policy changes. Intake provides a vital opportunity to determine if an intervention is needed based on the alleged child maltreatment, safety and risk factors. As stated in the OCS five-year plan, a priority goal is to assess and address risk and needs of families by standardizing and enhancing intake assessments. Redrafting the intake policy will begin January, 2015 to include many of your recommendations. In addition, we will review regional screening differences and determine needed policy changes and training to improve the consistency of screening decisions. A longer term plan is for OCS to centralize intake to one location that will encompass highly professional and trained staff. The intake staff will take reports of maltreatment 24 hours/7 days a week. Other states that have centralized intake have evidence of increased consistency in response priorities, improved responsiveness and customer service, and better data collection. Essential components of centralizing intake include meaningful collaboration with key stakeholders, and developing a solid evaluation plan.

Create and support several methods for people to make a report

OCS agrees that providing the public every avenue available to make a report is good practice. Choices in how to report maltreatment allow reporters options that best fit their comfort and location. Online reporting makes sense, and is available on many other child protection websites. Considering several mandated reporters are bound by their agencies own reporting forms, OCS will want to collaborate with those agencies in hopes to adapt an online reporting form that best meets everyone's needs. Another consideration is that we must ensure that all reporting is secure and confidential. Reporters should also have the option to make a report at their local office. If the local office does not have an intake unit, a worker can make the call to the regional office with the reporter. When OCS centralizes intake, a local OCS office liaison will be important for the reporters who are not comfortable just talking with an "urban" worker.

Change the intake procedure so reporters have to opt-out of receiving follow up on the case, not opt-in

OCS agrees that the current intake policy on providing mandated reporters feedback does need to be updated. A citizen who makes a report of maltreatment is often the first one to help protect the child by making a call to intake. When reporters care enough to call, they usually want to know the screening decision. The updated policy will prompt workers to ask mandated reporters if they want to know the status of the assessment. When the mandated reporter does want to know the status, the worker will request their email and send a confidential response upon supervisor approval of the decision.

Uniformly implement statewide the current pilot project of having a supervisor from outside of the intake unit review all cases after 10 screened out PSRs regarding different incidents.

OCS completed a pilot of having a higher level review on cases with ten or more prior PSRs in April 2014. This project provided education and a more thorough understanding of what PSRs to screen in and out. As a result of the pilot, we are seeing an increase in the number of cases being screened in. OCS agrees that when a screened-out PSR has multiple prior reports it needs a more thorough review. The Anchorage regional office has implemented a 5/5 rule. Whenever there are a total of five reports on any child 5 years or under, the following must occur: 1.) Any screen out in Intake must be approved by a manager; 2.) Any closure of an IA must be approved by a manager; and 3.) Any trial home visit must be approved by a manager (manager must attend the trial home visit team decision making meeting). Prior to implementing a uniform change to the policy, we must evaluate the data in each region to determine what the criteria for review must be. This is something that OCS will continue to look into as the work in Intake continues.

Periodically send a list of screened out PSRs to the local field office.

OCS is looking into the possibilities of sending a list of screened out PSR's to local offices that do not have intake responsibilities. As part of our work to centralize intake continues, this will need to be a primary concern that we address. Our goal would be to contact the local offices prior to screening out a report to gather additional information if needed. As move in a direction of centralization, we will continue to evaluate how or if this is may or may not be done.

RECOMMENDATION 2: That OCS develops a model for serving in-home cases in rural Alaska and improves its data collection on in-home cases

The Office of Children's Services welcomes the comments regarding provision of service to families whose children remain within their own homes. OCS would make note of the description provided of the types of cases served by OCS in the 2014 Annual Report. The report asserts that, *"It is the Panel's understanding that OCS has two types of cases: 1) custody cases where children have been removed from their home for their safety, and 2) in-home cases where children are deemed to be at risk enough for OCS to become involved with the family, but not in such danger that the children cannot remain in their home. In-home cases do not involve the court system, so OCS is the only involved party; there are no guardians ad litem, attorneys general, judges, or public defenders involved."*

A more accurate description would be that there are two types of cases 1) cases where legal and physical custody of children has been assumed to provide out of home placement to ensure safety; and cases where legal custody is retained but the children have been physically reunited with parents or caregivers on a trial home visit - these

cases have judicial oversight, and 2) cases where children remain in their own homes in the physical care of their parents with no legal custody and cases where children remain in their own homes in the physical care of their parents but the state has legal custody or legal supervision. The cases where children remain in home in the physical care of their parents but the state holds legal custody or legal supervision have judicial oversight with regular hearings etc.

OCS shares the concern for the challenges of providing comprehensive timely services to rural areas of the state which are sufficient to allow children to remain safely in their own homes. In order to gain a better understanding of the issues of serving rural families, the Quality Assurance Unit was asked to complete a review of all cases identified as open for in home services in the Western Region. An instrument was developed to review each case and gather data on the status of the case. A total of 82 cases were reviewed with the project completion in October 2014. The findings reflect some of what was known about delivery of services in rural areas but provided additional information on the complexity of the issues. Without question, the amount of travel time required of workers to get to villages, see families, and return to the field office is a factor in the ability to provide services. While in the village, a worker frequently must see several parties on the case such as the village safety officer, school parties, and extended members of the family as well as the immediate family members. This coordination among the case parties is critical to maintaining the support necessary for the family when the worker is not in the village. The limited services immediately available in the rural area are a complicating factor for families who may have multiple service needs. Also learned during this review, was the extent of the mobility of the families served who often moved among villages or the children would visit for extended periods with relatives in other physical locations. The impact of worker turnover in this region, while known, was perhaps not fully appreciated for its contribution to the difficulty of maintaining consistent service delivery and a historical knowledge of the families. The agency has used a traveling team of workers in an attempt to maintain regular contact but the review revealed the limitations of this team endeavor and the over whelming need for a consistent ongoing worker assigned to the families. Also identified during this review, were inadequate management practices in the region of not assigning a sufficient number of workers to the in home services program. This resulted in a high caseload, further complicating in home case management. The emphasis in the region had continued of focusing on out of home care with its need for preparation for court reports and hearings at the cost of service delivery to families whose children remained in home. A positive outcome of the review was learning the extent of involvement and commitment to child welfare of the community systems. The reading of the cases revealed extensive involvement of village safety officers, school officials, tribal partners, and community leaders. This support will

be an integral piece of building an in home program which can effectively serve rural areas.

The agency is committed to the increased development of systems to provide for enhancement of in home case management and the delivery of services. Recognizing that there are challenges and limitations in the availability of services in some rural areas, OCS is committed to promoting local services to assist Alaska Native families who are at risk or currently involved in the child welfare system.

OCS has awarded the Rural Child Welfare Grant to five Tribal grantees (Aleut Community of St. Paul Island, Central Council of the Tlingit and Haida Indian Tribes of Alaska, Kawerak, Inc., Maniilaq Association, and Orutsararmiut Native Council). The Rural Child Welfare Services Program was designed to aid OCS Protective Service Staff in the provision of case management services to families with an open child welfare case (either with or without legal custody and either with in-home or out-of-home placement); and to provide in home support services to families that are at high risk of having their children enter the foster care system.

In FY 14, approximately 100 families were served under this grant. Other highlights included UAA Child Welfare Academy providing training to grantees on the OCS practice model, decision making, and safety threats at the annual face-to-face meeting. A site visit was conducted with Orutsararmiut Native Council and a meeting was held with the OCS Western Region Office to review and clarify roles and expectations. The grantee reporting form was recently updated so data can be compiled to determine if the program goals are being met. These anticipated outcomes are: children will be safe and have no incidents of repeat maltreatment, children in out of home care will be reunified within 12 months of removal, and every child will receive a quality caseworker visit every month.

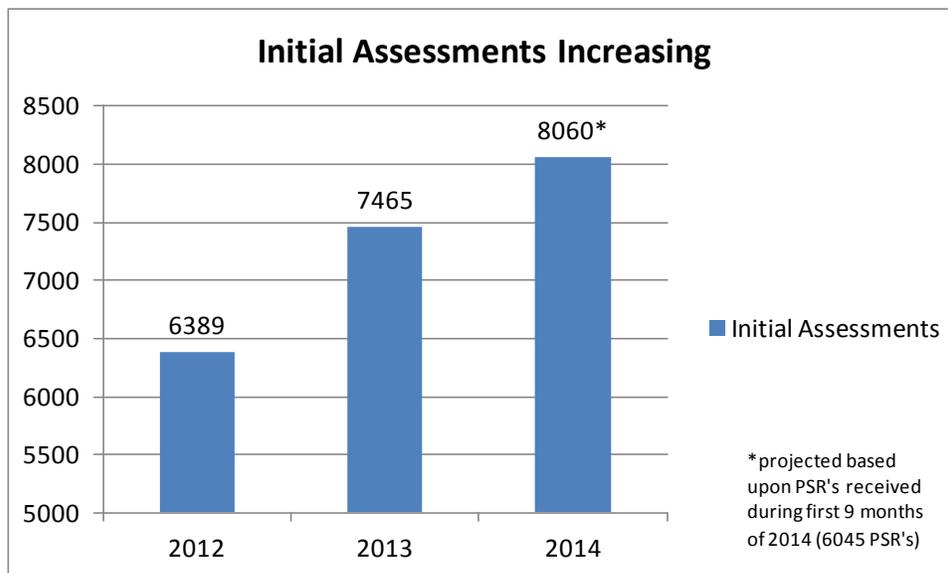
The OCS has included in its Family and Services Plan (five year plan) a strategy for in home program development and increased data collection. The agency has committed to full development by December 2016 of an in home program. Milestones included are policy and procedure development by June 2016, exploration and development of resources and processes to allow caseworkers to access flexible funding to purchase needed family supports and services by June 2016, with training to OCS staff and community partners by December 2016. In the interim, based on the continuing concerns and information learned from the case reviews, the agency has been able to move forward with focused staffing and an increase in attention to adherence to standardized case management of assessment of the family and children's needs, case planning, and increased worker visits to support the families. To provide interim support workers from other regions have been deployed. Attention to staff recruitment and

retention will continue. A new manager has been hired for the Western Region with extensive experience in child protection and staff management.

Recommendation 3: That OCS address the root of initial assessment backlog problem

Initial assessments of child safety are critically important and serve as a foundation for any intervention than may take place with a family. Over the past few years, OCS has made significant improvements in the way we manage the completion of initial assessments and have had positive results due to changes in administration, policy and front line practice. We have also had significant changes in our organizational culture. Success is not dependent on any one person or small group of people; the expectation of assessment completion is now commonplace throughout the organization.

While we continue to drive innovation and seek efficiencies to improve in each of these areas, completing assessments remains a challenge primary due to increases in the initial assessment workload. In 2012, 6389 initial assessments were assigned. In 2013, this rose to 7465 (a 17% increase). Based upon the initial assessments assigned in the first nine months of 2014 (6045), we expect 8060 initial assessments to be assigned this year, an increase of more than 26% over 2012.



Due to these increases, we expect the completion of initial assessments to continue being a challenge in the future and intend to continue addressing this systemically through a continuous improvement framework. This includes such things as continuing to closely monitor assessment completion, fostering a culture of accountability, seeking efficiencies through paperwork reduction, using support staff to complete tasks, and

minimizing required actions for assessments involving children deemed safe and at low risk of future harm so resource can be focused on children and families with the greatest need. There are always opportunities to increase efficiencies and we will continue to seek those out.

In addition to improving efficiencies, we are committed to improving effectiveness. Through our analysis of repeat maltreatment and repeat reports, we have discovered that some children and families are repeatedly reported with new incidents of maltreatment. This is of great concern because it calls into question the safety of children and the effectiveness of our prior interventions as well as increases the workload for our staff by requiring repetitive assessment of the same children and families. We see great opportunity to increase child safety while simultaneously reducing workload (thereby solving some of the root problems associated with initial assessment completion), by providing effective interventions as early as possible, especially when young children are present in the household. We intend to focus great effort in this area in the coming year.

Recommendation 4: That OCS makes improved relationships with community partners a priority

The mission of OCS is as follows, The Office of Children’s Services works in partnership with families and communities to support the well-being of Alaska’s children and youth. Services will enhance families’ capacities to give their children a healthy start, to provide them with safe and permanent homes, to maintain cultural connections and to help them realize their potential. The emphasis strategically and purposely intended here is that of community partnerships. OCS recognizes that we alone cannot prevent, respond to or treat the conditions that result in child abuse or neglect. That is a shared responsibility with the community, both at a local and statewide level. In the past 10 years OCS has worked to strengthen our partnerships, increase communication and accountability, as well as brought the agency to a place of greater transparency.

It is the responsibility of regional management to work with new employees and their supervisors to ensure they come to know and meet those resources within their immediate or surrounding community and as they progress in their tenure, that expectation grows with statewide lenses as well. Becoming familiar with the resources available is a part of our “on boarding” process, but the shape and feel of that may look different from community to community.

However, more often than not, the ideal is not the reality we find ourselves operating within. Two major interrelated barriers to better partnerships and outreach at local

levels are 1- workforce turnover and 2- workforce turnover that results in our supervisors or managers overseeing cases. Both scenarios are frequent or continuous realities in many parts of our state. Spending time in the community, while ideal, is often a luxury the agency workload does not afford our staff. It is not ideal, nor our desired way to operate, but until the flow of work reduces or the resources are leveled off to better reflect the influx, this will continue to be a factor on occasion. That being said, the expectation of the Director and of leadership statewide is that we continue to build upon existing and create new relationships where there aren't any. We cannot do this work alone and child safety is everyone's business and responsibility. OCS is in fact helping to lead Department-wide efforts to leverage and maximize resources across divisions to enhance serve delivery to our consumers. We are striving to do this through our performance based accountability efforts that the Department has been a leader in the past several years. These efforts seek to gain effectiveness and ensure efficiencies in the Department's core services, as well as to ensure divisions priorities and budgets align accordingly.

We appreciate the feedback and input CRP filters back from the communities and as always take the feedback to heart. We will continue to do our best to be a good partner, ensure consistent and quality communication and be as proactive as we are able to be in our daily work.