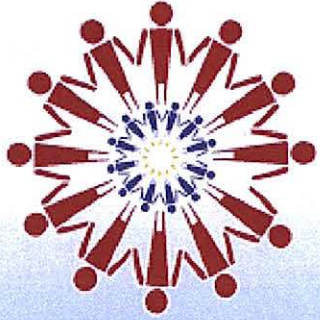


02/12/15
PRESENTATION:
ALASKA
CITIZEN
REVIEW PANEL

<TARGET><BILL></BILL><SUBJECT>02-12-15 PRESENTATION
ALASKA CITIZEN REVIEW
PANEL</SUBJECT><COMM>HHSS29</COMM></TARGET>



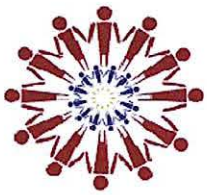
ALASKA CITIZEN REVIEW PANEL

**Annual Report to the Legislature
State of Alaska**

Standing Committee on Health and Social Services Committee

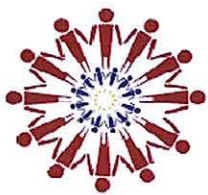
Diwakar Vadapalli, Chair
Dana Hallett, Vice Chair

Juneau, AK
February 12, 2015



PRESENTATION OUTLINE

- What is the CRP, and what does it do?
- Goals and recommendations from 2013-2014
- Goals for 2014-2015
- Recent changes in Panel's work



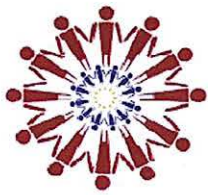
WHAT DOES CRP DO?

Federal Mandate (42 U.S.C. § 5106a.(c)):

- Examine the policies, procedures, and practices of state and local child protection agencies and evaluate the extent to which these agencies are effectively discharging their child protection responsibilities
- Conduct public outreach, and

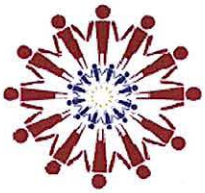
State Mandate (AS 47.14.205):

“The CRP shall examine the policies, procedures, and practices of State and local agencies and where appropriate, specific cases, to evaluate the extent to which State and local child protection system agencies are effectively discharging their protection responsibilities.”



BRIEF HISTORY

- Functioning Panel since 2002
- Increased resources
 - (over \$50,000 to over \$100,000 per year over the last 12 years)
- Increased autonomy
 - Staff support was from within OCS, now an independent contractor
- Improved methods
 - From town hall meetings to site reviews
- Improved relationships



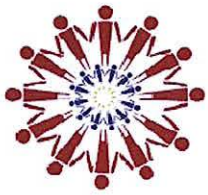
VISION AND MISSION

Vision:

To *enable* the Office of Children's Services to implement its policies and procedures in a culturally sensitive and consistent manner across the state.

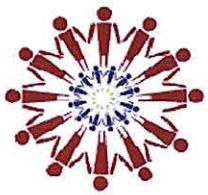
Mission:

- *Review and evaluate* the practices and procedures of OCS
- *Recommend* changes and improvements



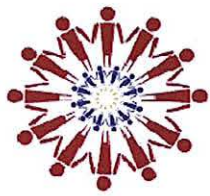
WHAT CRP DOES NOT DO

- Comment on proposed or pending legislation
- Get involved in individual cases
- Micromanage OCS operations
- Program evaluation
- Lobby



CRPS CAN REVIEW, EVALUATE, OR EXAMINE

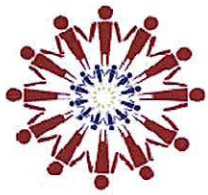
- Intake and screening
- Investigation or assessment
- Family Services (in-home or out-of-home)
- Practice behaviors
- Coordination of services
- Staff qualifications, training, and workload
- Utilization of technology
- Review of individual cases



CRP RECOMMENDATIONS

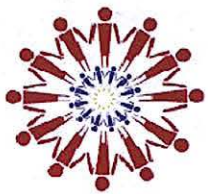
The Panel produces an *annual report* every June, with specific recommendations:

- That address policy-practice gaps, inadequate policy, or systemic issues
- That deal with issues within OCS control
- That are based on meaningful and real information
- That are based on the Panel's work through the year



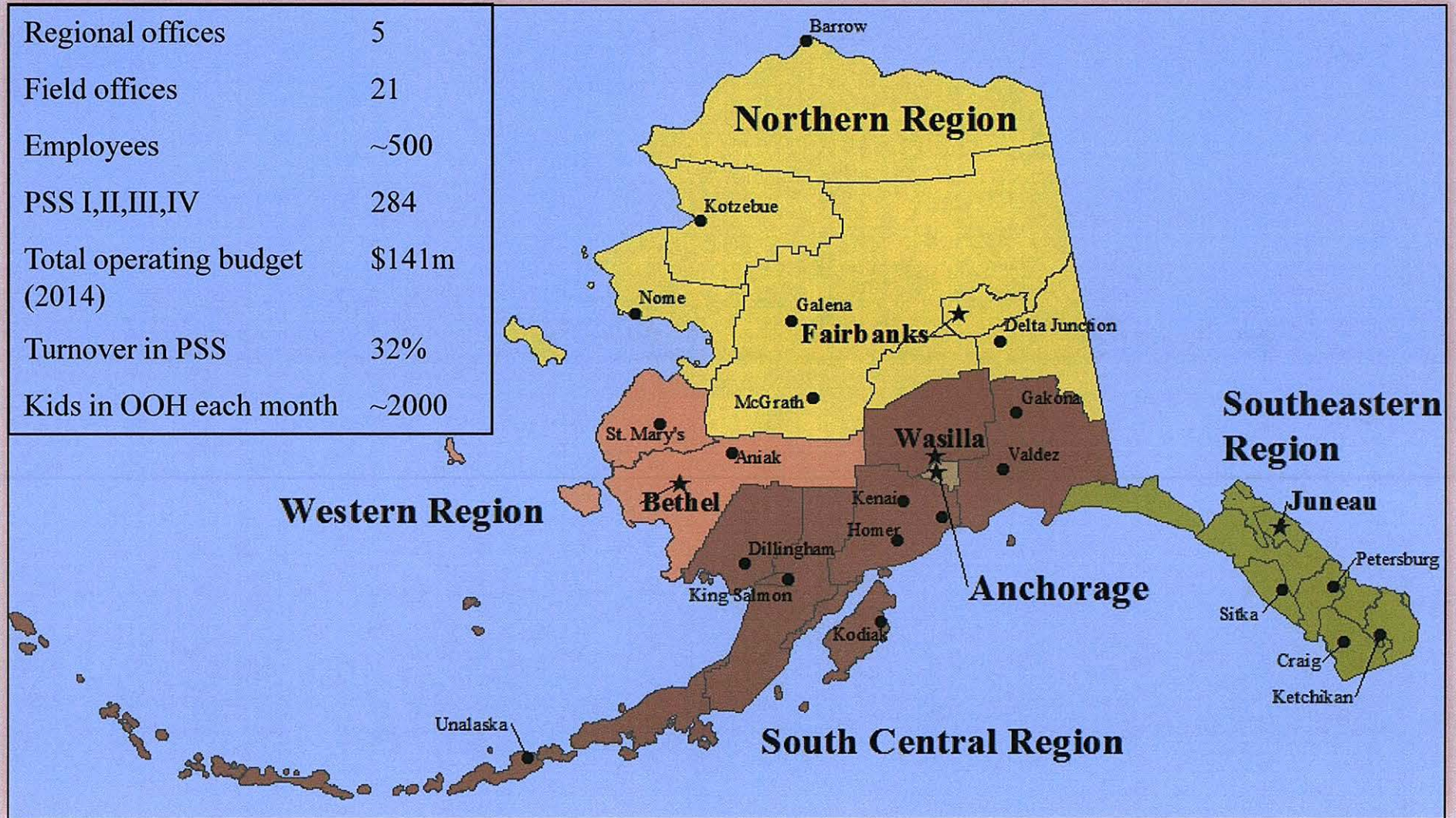
PANEL MEMBERSHIP

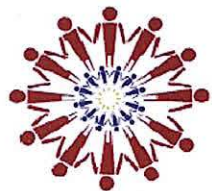
- Volunteers
 - Broadly representative of the state
 - Diverse personal and professional background
 - All parts of the state
 - Some experience and familiarity with child protection
- The Panel's members are chosen through a formal interview process



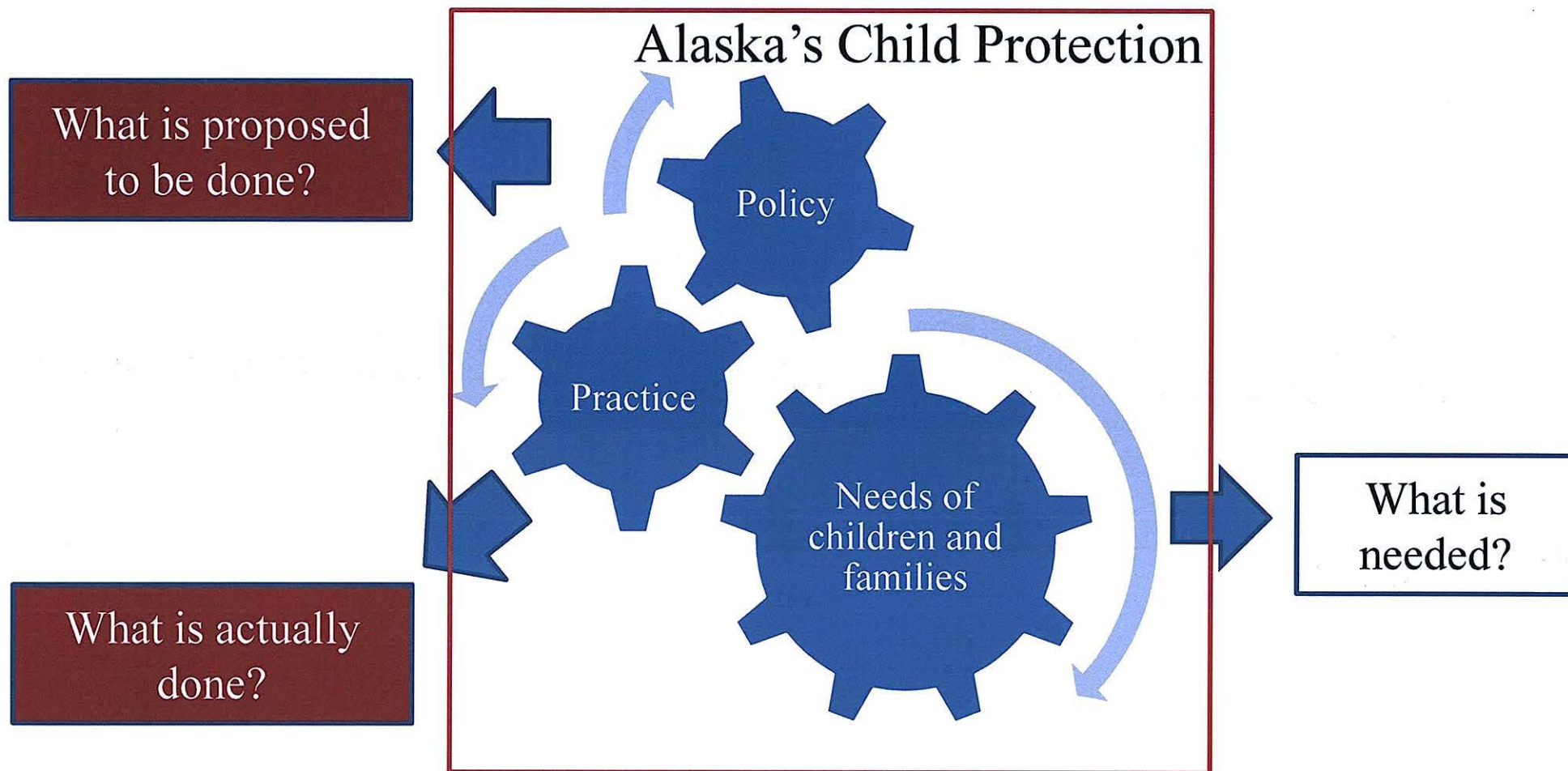
OCS OFFICES

Regional offices	5
Field offices	21
Employees	~500
PSS I,II,III,IV	284
Total operating budget (2014)	\$141m
Turnover in PSS	32%
Kids in OOH each month	~2000

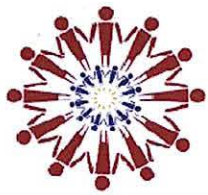




THIS IS HOW IT WORKS...

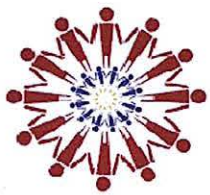


CRP tries to know the answers to these questions.



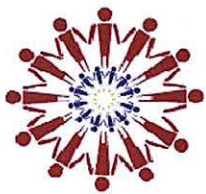
THIS IS HOW IT WORKS...

- Annual work plan with goals
- CRP pursues these goals through:
 - Monthly meetings
 - Site visits
 - Data collection through surveys
 - Data collection and compilation from various agencies
 - Research
- Release an annual report



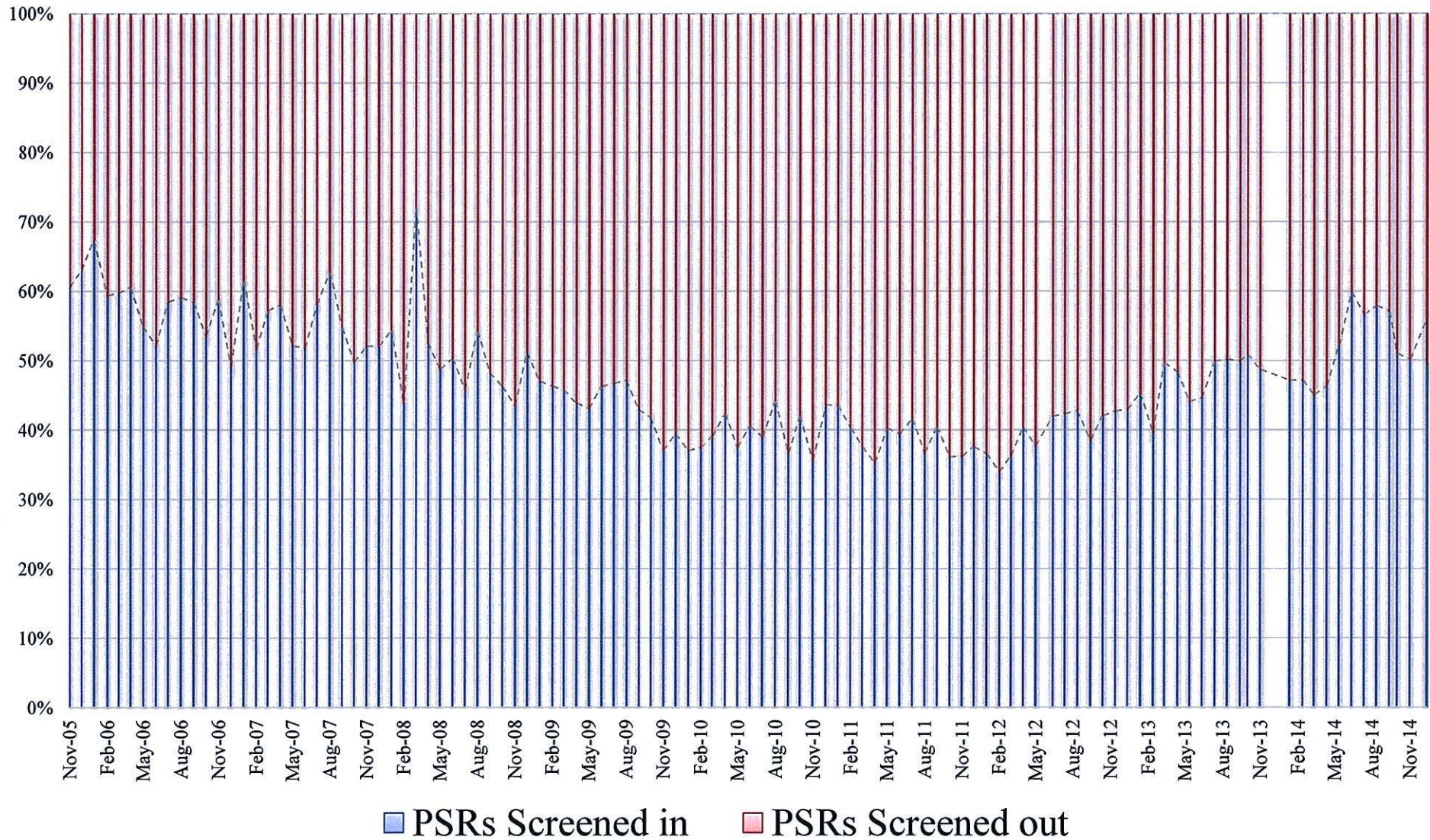
DURING THE 2013-2014 YEAR

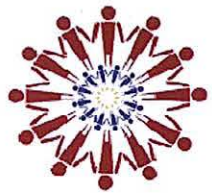
- Four Goals
 - What are the policy guidelines for screening PSRs?
 - What is the practice model for in-home service delivery (urban and rural)
 - IA Back log – without an increase in the workforce, what is the current plan for avoiding another backlog?
 - Assess the need for an OCS services in Unalaska
- Three site visits – Barrow (NR), Bethel (WR), and Kodiak (SCR).



GOAL 1: SCREENING PSRs

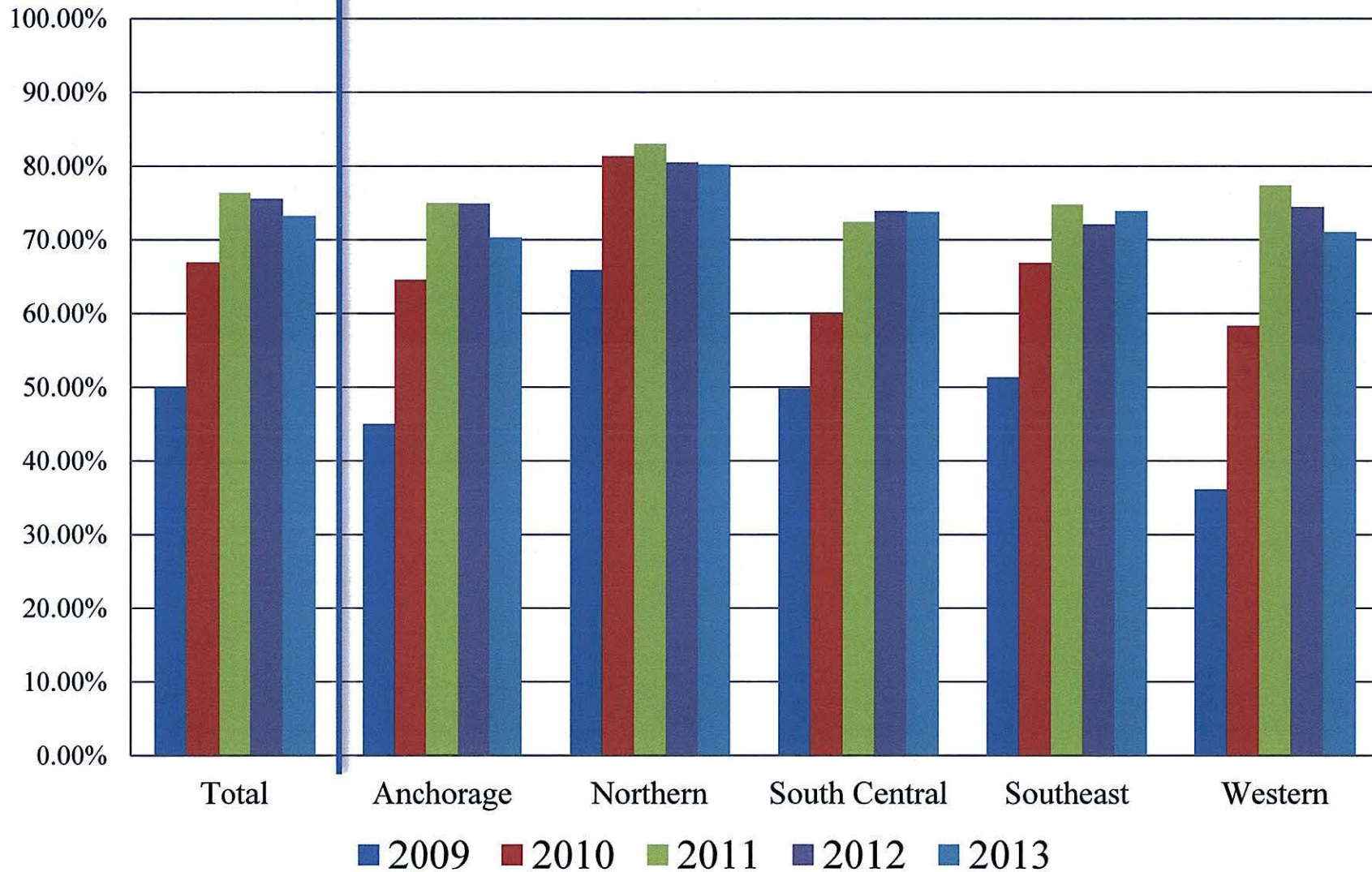
PERCENTAGE SCREENED-IN AND SCREENED-OUT - ALASKA

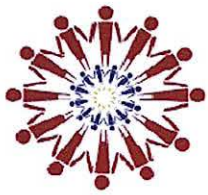




GOAL 1: SCREENED-OUT CASES

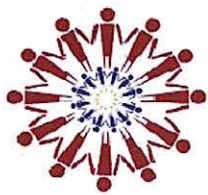
PSRs THAT "DID NOT MEET THE IA CRITERIA" AS A PERCENTAGE OF THE TOTAL NUMBER OF SCREENED-OUT CASES





RECOMMENDATIONS FROM 2013-2014

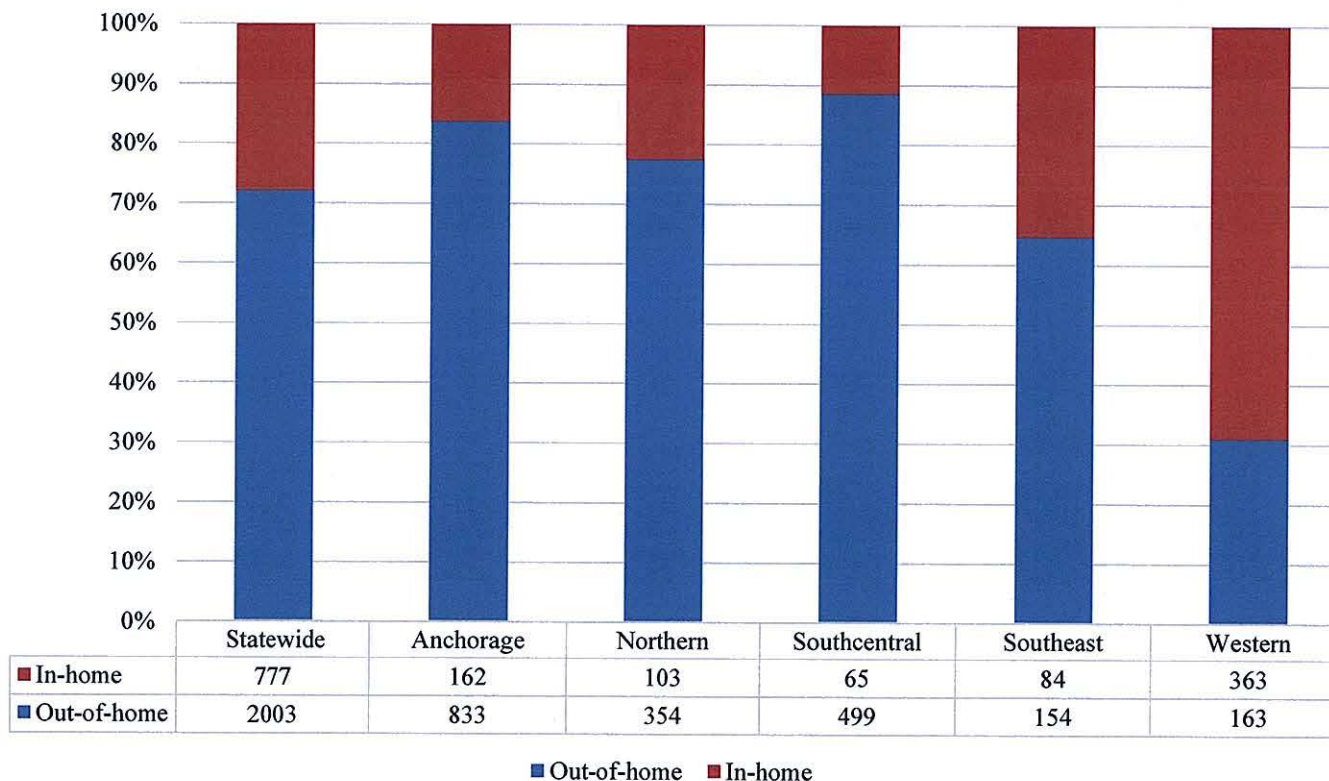
- OCS make several changes to its intake policy
 - Create and support several methods for people to make a report
 - Change the intake procedures so reporters have to opt-out of receiving follow up on the case
 - Uniformly implement the current pilot project of having a supervisor reviewing cases after 10 screened-out PSRs
 - Periodically send a list of screened out PSRs to the local field office

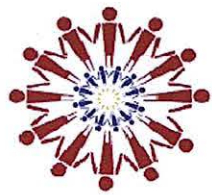


RECOMMENDATIONS FROM 2013-2014

- OCS develop a model for serving in-home cases in rural Alaska and improve its data collection on in-home cases

OCS Caseload as of January 28, 2014

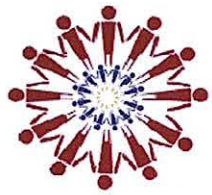




INFORMATION AND DATA

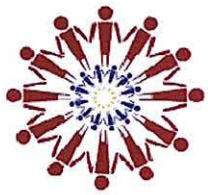
Section 106(c)(5)(A) of CAPTA requires States to provide each citizen review panel with access to information on cases that the panel chooses to review if the information is necessary for the panel to carry out its functions under CAPTA. Report language clarifies that Congressional intent was to direct States to provide the review panels with information that the panel determines is necessary to carry out these functions

(Congressional Record _House, September 25, 1996, p. H11149).



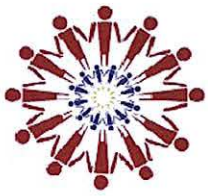
PAST RECOMMENDATIONS

- 2008 & 2009 - That OCS continue to work toward having a fifth service region headquartered in Bethel
- Every year since 2009 – a recommendation on local relationships



PAST RECOMMENDATIONS

- 2011 - Work to improve the culture within the agency (Wasilla site visit)
- 2012 - Establish deadlines that require non-emergency petitions to be filed allowing for supervision of the family by the continuum of legal parties without necessitating the removal of the child.

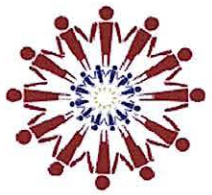


GOALS FOR 2014-2015

Retained all four goals from last year

And added:

- Learn more about ORCA and its capabilities
- Understand and assess OCS' foster care recruitment efforts



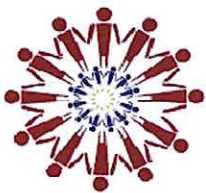
WE JUST NEED TO FIND COMMON LANGUAGE

OCS says...

- Not enough money
- Not enough people
- Higher ups will not let us do that...
- We have to do things one at a time...
- We are following a set process

Citizens say...

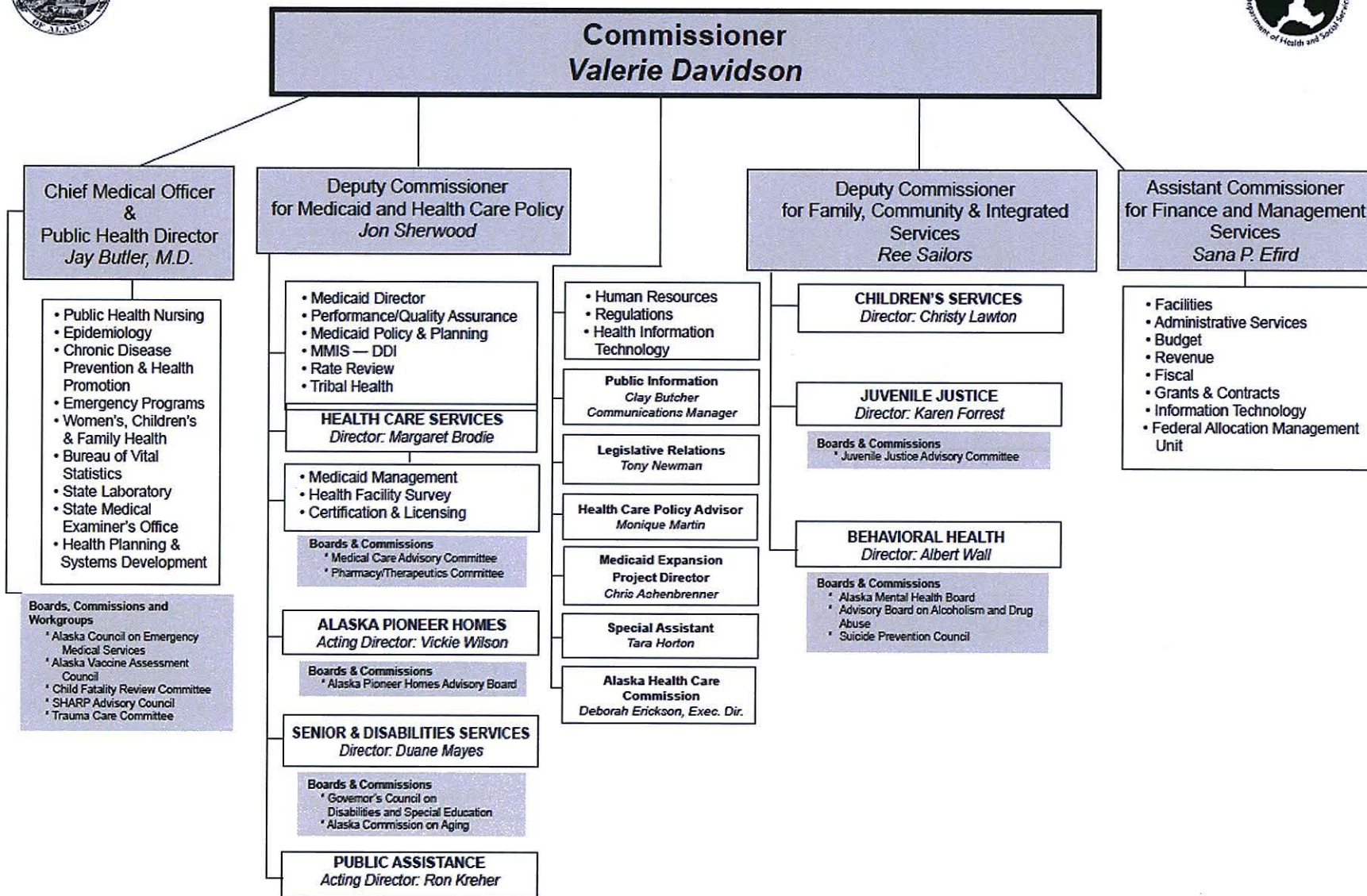
- Needs are important
- I know things are not right...
- Why don't you do something now...
- You don't understand my community...
- We have no idea what you do...everything is a secret!

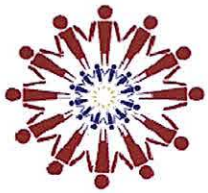


WHO ADVISES/REVIEWS OCS?



Alaska Department of Health and Social Services Organization Chart





CHANGES IN CRP OPERATION

- 2014-2015
 - Adopted operational guidelines
 - Panel meetings are now public
 - Most CRP documents are public
 - Panel website accepts public comments
- Planned in the future
 - Public Outreach Plan
 - Data sharing agreement with OCS

THANK YOU!

For more information

www.crpalaska.org

Alaska Citizen Review Panel

2014 Annual Report

Mailing Address:

212 Front Street, Suite 100

Fairbanks, AK 99701

907.450.2456

www.crpalaska.org

The Alaska Citizen Review Panel is a statewide group of volunteers mandated by federal and state law to provide oversight to the Office of Children's Services.

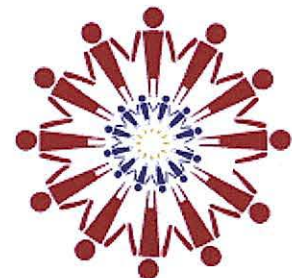


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MISSION AND MANDATE

MISSION

The Alaska Citizen Review Panel (CRP) is committed to reviewing and evaluating the practices and procedures of the Office of Children's Services (OCS) and in making recommendations relative to its findings to ensure the safety and the well-being of the children of Alaska.

The CRP will achieve this commitment by examining the policies and procedures of the Office of Children's Services, and collecting feedback from collaborating agencies; examining, where appropriate, specific cases; evaluating the extent to which the agency is carrying out its child protection responsibilities; and preparing and making available to the public an annual report.

MANDATE FOR THE GROUP

The Citizens' Review Panel (CRP) is federally mandated through the Child Abuse Prevention and Treatment Act (CAPTA); Keeping Children and Families Safe Act of 2003. The CRP is also mandated through Alaska Statute Sec. 47.14.205.

"By allowing the Panels to have complete access to child protection cases, by requiring Panels to publicize their findings, and by requiring states to respond to criticisms and recommendations of the Panels, the Committee intends to subject states to public criticism and political repercussion if they fail to protect children." (United States Congress, House Report 104-081, 1995, p.1)

SUMMARY OF DUTIES ASSIGNED TO THE GROUP

The CRP shall examine the policies, procedures, and practices of State and local agencies and where appropriate, specific cases, to evaluate the extent to which State and local child protection system agencies are effectively discharging their child protection responsibilities.

CRP DUTIES

- **Evaluate** OCS compliance with federal and state laws, examine policies and procedures for consistent statewide implementation, and review cases with fatalities or near fatalities. The CRP shall evaluate the extent to which OCS is effectively discharging its child protection responsibilities under:
 - The State Plan submitted to the U.S. Department of Health and Human Services under 42 U.S.C. 5106a(b);
 - Child Protection Standards under federal and state laws; and
 - Any other criteria that the CRP considers important to ensuring the protection of children, including the level and efficiency of coordination of foster care and adoption programs in the state and a review of child fatalities and near fatalities. In carrying out the responsibilities listed

above, the CRP shall examine the policies, procedures, and practices of OCS, and, where appropriate, evaluate specific cases of child abuse or neglect.

- Maintain confidentiality. A person attending a CRP meeting or a CRP member or CRP staff may not make any disclosure related to information obtained during a review by the CRP. A violation is subject to a civil penalty of up to \$2,500 for each violation.
- Conduct public outreach. The CRP shall conduct public outreach and gather public comment on current OCS procedures and practices involving children and family services.
- Produce an annual report. The CRP shall prepare and make available to the governor, the legislature, and the public an annual report containing a summary of its activities and recommendations for the improvement of child protection services in the state.
- Meet at least every three months. The CRP is required by law to meet every three months. Additional meetings and/or teleconferences are scheduled as needed.

DUTIES ASSIGNED TO OCS RELATED TO THE CRP

HSS support. The Commissioner shall, by regulation, establish policies and procedures necessary to carrying out the duties of the CRP.

- Cooperation with state panel. OCS shall provide the panel access to information on child abuse or neglect cases that is necessary for the CRP to carry out its duties.
- Report response. Not later than six months after the date on which the report is released, OCS shall submit a written response that describes whether or how OCS will incorporate the recommendations of the CRP (where appropriate) to make *measurable* progress in improving the child protection system.

MEMBERSHIP AND STAFF SUPPORT

Required membership The Panel shall be composed of volunteer members who are broadly representative of the state, including members who have expertise in the prevention and treatment of child abuse and neglect.

Current membership

Diwakar Vadapalli, Chair, Anchorage
 Dana W. Hallett, Vice-Chair, Haines
 Ben Creasy, Juneau
 Rodreshia Dunbar, Anchorage
 Margaret McWilliams, Juneau
 Bettyann Steciw, Anchor Point

Former members who left the group during this reporting period

Susan Heuer, Anchorage*
 Kristin Hull, Wasilla
 Stella Schuchardt, Fairbanks

*Susan Heuer had resigned last year, returned to the Panel for six months this year and then resigned again.

Desired membership The CRP would like to meet its requirement to be broadly representative of the state by widening the geographic and racial and ethnic diversity of the membership. The group is

working to recruit new members from underrepresented areas of the state as well as a greater diversity of child-centered expertise and backgrounds.

OCS liaison Christy Lawton, Director, is the current liaison between OCS and the CRP.

Staff support Staff support is provided by Sylvan Robb and Nancy Lowe of Information Insights.

MEETINGS AND ACTIVITIES

GROUP MEETINGS

July 2, 2013	Teleconference
August 5, 2013	Teleconference
September 6-7, 2013	In person -- Anchorage
October 1, 2013	Teleconference
November 5, 2013	Teleconference
December 3, 2013	Teleconference
January 20, 2014	Teleconference
February 4, 2014	Teleconference
March 4, 2014	Teleconference
April 1, 2014	Teleconference
May 6, 2014	Teleconference
June 6-8, 2014	In person -- Talkeetna

OTHER ACTIVITIES

July 12, 2013	Teleconference with Christy Lawton, Director and Travis Erickson, Division Operations Manager
July 23, 2013	Fairbanks: Sylvan Robb attended budget meeting re: OCS at LIO
August 9, 2013	Teleconference with Christy Lawton, Director
September 20, 2013	Teleconference with Christy Lawton, Director and Travis Erickson, Division Operations Manager
September 23-24, 2013	Barrow: Diwakar Vadapalli and Dana Hallett met with local OCS staff and partnering agencies
October 11, 2013	Teleconference with Christy Lawton, Director and Travis Erickson, Division Operations Manager
October 24, 2013	Sylvan Robb participated in national CRP program coordinators teleconference
November 21, 2013	Panel received training on screening and initial assessment from Kim Guay of OCS
December 9, 2013	Panel received training on Quality Assurance unit from Bernita Hamilton of OCS

December 13, 2013	Teleconference with Travis Erickson, Division Operations Manager, Coleen Turner, Northern Region CSM, Joanne Simmerman, Protective Services Manager I, and Brian Houston, Supervisor Barrow Field Office
December 20, 2013	Diwakar Vadapalli and Sylvan Robb met with Kim Swisher of UAF re: potential BSW student placement with CRP
December 23, 2013	Panel received training on initial assessment backlog clearance and monitoring from Travis Erickson of OCS
January 9, 2014	Kodiak: Panel met with local OCS staff and partnering agencies
January 10, 2013	Old Harbor: Diwakar Vadapalli and Margie McWilliams met with partnering agencies
January 10, 2014	Ouzinkie: Susan Heuer, Kristin Hull, and Sylvan Robb met with partnering agencies
January 10, 2014	Port Lions: Ben Creasy and Dana Hallett met with partnering agencies
January 21, 2014	Interviewed Rodreshia Dunbar for Panel membership
January 30-31, 2014	Bethel: Diwakar Vadapalli and Sylvan Robb met with local OCS staff and partnering agencies
February 10, 2014	Juneau: Diwakar Vadapalli, Ben Creasy, Dana Hallett, Margie McWilliams, and Sylvan Robb met with Rep. Bob Herron's staffer, Liz Clement
February 10, 2014	Juneau: Diwakar Vadapalli, Ben Creasy, Dana Hallett, Margie McWilliams, and Sylvan Robb met with Senator Johnny Ellis
February 10, 2014	Juneau: Diwakar Vadapalli, Ben Creasy, Dana Hallett, Margie McWilliams, and Sylvan Robb met with Senator John Coghill and staffer, Rynnieva Moss
February 10, 2014	Juneau: Ben Creasy and Dana Hallett met with Senator Donnie Olson
February 11, 2014	Juneau: Diwakar Vadapalli, Ben Creasy, Dana Hallett, Margie McWilliams, and Sylvan Robb met with Rep. Geran Tarr
February 11, 2014	Juneau: Diwakar Vadapalli, Ben Creasy, Dana Hallett, Margie McWilliams, and Sylvan Robb met with Rep. Paul Seaton
February 11, 2014	Juneau: Diwakar Vadapalli, Ben Creasy, Dana Hallett, Margie McWilliams, and Sylvan Robb met with Commissioner Bill Streur and Deputy Commissioner Ree Sailors and Director, Christy Lawton
February 11, 2014	Juneau: Margie McWilliams and Sylvan Robb met with Representative Les Gara's staffer, Rose Foley
February 11, 2014	Juneau: Diwakar Vadapalli, Ben Creasy, Dana Hallett, Margie McWilliams, and Sylvan Robb testified before House Health and Social Services Committee
February 12, 2014	Juneau: Diwakar Vadapalli and Ben Creasy met with Senator Bert Stedman's staffer, Darwin Peterson
February 14, 2014	Teleconference with Christy Lawton, Director and Travis Erickson, Division Operations Manager

February 24, 2014	Interviewed Bettyann Steciw for Panel membership
March 14, 2014	Teleconference with Christy Lawton, Director and Travis Erickson, Division Operations Manager, Tim Bolles, Southcentral Region CSM, and Mary Gray, Supervisor, Kodiak Field Office
April 11, 2014	Teleconference with Travis Erickson, Division Operations Manager, Michael Isom, Western Region CSM, Gerald Sherman, Protective Services Manager I, and Diane Moehring, Administrative Officer
June 13, 2014	Teleconference with Christy Lawton, Director and Travis Erickson, Division Operations Manager

ANNUAL ACTIVITIES

Although the CRP was formed in May 2002, the group has been active and functional only since 2004. This has been another very active year for the Panel. The entire group met face to face twice this year and held 10 regular teleconferences and nine additional teleconferences with guests in attendance. Two individuals conducted a site visit to Barrow, and two individuals went to Bethel for a site visit. The entire Panel conducted a site visit to Kodiak and three area villages. A subset of the Panel traveled to Juneau to present to the House Health and Social Services Committee and meet with legislators and other key personnel in Juneau. The Senate Health and Social Services Committee was unable to accommodate a presentation by the group.

This year saw a milestone for the Panel as it developed a formal, written work plan for the first time. This built on the group's strategic planning efforts from last year. Our current chair has been pushing the group to formalize some of its processes and decision making and the work plan furthers that goal.

This has been another transition year for the Panel's membership. The Panel's long time chair who resigned last year came back for most of the year, only to resign again as she realized she really was too busy. Another member left the Panel after years of service. Three new members were added this year that bring experience and expertise to the Panel. One new member was a CASA volunteer. Another worked at a partnering agency in a rural community. The third works in the field and is a foster parent.

The Panel obtained training about screening and initial assessment (IA) from OCS staff. Additionally, the Panel received an in-person training with Bernita Hamilton from the Quality Assurance unit about OCS' work and what data is used to do reviews as well as how the Panel might benefit from the shared information.

The Panel conducted one major regional site review this year. In January, visiting Kodiak and three surrounding villages—Old Harbor, Ouzinkie, and Port Lions. This marked the second time the Panel has visited the Kodiak area. The Panel also conducted two site visits with two people visiting a community. Panel members went to Barrow in September and to Bethel in January.

The Panel collected a great deal of information through these community site visits. CPR members interviewed local OCS staff and staff from the following types of partnering agencies regarding what is

working and what needs improvement in their relationship with OCS and how the Panel can help facilitate those efforts.

- Child advocacy center staff
- Counseling center staff
- District attorneys
- Foster parents
- Guardians ad litem
- Health aides and public health nurses
- Health clinic staff
- ICWA workers
- Judges and court personnel
- Local police department officers and supervisors
- Municipal representatives
- OCS staff at all levels
- School principals, teachers, nurses and counselors
- State troopers
- Tribal representatives

As part of our public outreach the Panel testified to the Alaska House Health and Social Services Committee about CRP activities and recommendations. While in Juneau the Panel also met with the Commissioner of Health and Social Services, William Streur, Deputy Commissioner, Ree Sailors, and numerous individual legislators. The Panel also continues to maintain the CRP website for public outreach at www.crpalaska.org. This year the website was completely revamped to be more user friendly.

As more people become aware of the Panel's existence the Panel receives more communication from dissatisfied citizens. As in the past, the Panel continues to inform citizens of the Panel's responsibilities and that intervention in individual cases is not the Panel's mandate, they are encouraged to avail themselves of either the OCS grievance process or to open a case with the Ombudsman's Office. The Panel, however, tries to monitor complaints with an eye for patterns of concern and problems.

Director Christy Lawton has been the Panel OCS liaison for the entire year. The Panel has been pleased with the direct communication and access this affords. She continues to be open and forthcoming in her communication with the Panel. Monthly teleconferences continue with Director Lawton. The Panel members look forward to continuing to work with her to improve child protection in Alaska in the coming year. Travis Erickson, Division Operations Manager, has been very involved with the Panel this year. He attends many of the monthly teleconferences and has provided the Panel with a training on initial assessment, specifically focusing on the strategies for clearing the backlog and keeping it from reoccurring.

Dr. Diwakar Vadapalli continues to be the chair of the Panel. Long time Panel member, Dana Hallett continues as vice-chair.

ISSUES THE PANEL IS FOLLOWING

HOUSING

The Panel has made recommendations for improved access to housing and higher quality housing in rural areas for many years. Absence of housing and substandard housing has contributed to recruitment and retention challenges for OCS in rural communities. The Panel is investigating opportunities to work with the Alaska Housing Finance Corporation and the Alaska Mental Health Trust Authority to find a solution to this problem.

- 2011 CRP Annual Report--Recommendation 1 to the Legislature: That funding be allocated so that OCS may offer decent housing as a recruiting and retention tool in rural communities where housing is a barrier.
- 2010 CRP Annual Report--Recommendation 3 to the Legislature: That a capital budget be formed to fund housing and facility work for OCS and its workers.
- 2009 CRP Annual Report--Recommendation 1: That resources for state departments be standardized (housing is specifically mentioned).

2014 RECOMMENDATIONS

During fiscal year 2014 the Panel's work was directed by a work plan created in the fall. The work plan had four areas of focus, many of which translated into these recommendations. The recommendations are presented in no particular order.

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

The Panel's first work plan goal focused on the intake and screening process. This is the first step in the process to involve OCS with a family. Someone—possibly a neighbor, concerned relative, or mandated reporter (teacher, police officer, doctor, etc.)—contacts OCS to report their concern about a child's safety or well-being. The intake process collects information from that individual about the child or children in question. OCS workers may contact other people who may have information about the situation for collaboration or clarification. A screening decision is then made. If the case is screened in, OCS investigates further. If the case is screened out, OCS ends its investigation and moves on. Cases are screened out for a number of reasons. People call OCS to report many concerns about children, some of which may be determined not to be child abuse and are not within OCS' purview. Cases can also be screened out if OCS is already investigating the incident or situation (e.g., several people witness a parent hit their child and the witnesses all call OCS—one call will be screened in and the others screened out).

During CPR site visits, the Panel heard a great deal from people who make Protective Service Reports (PSRs). There are several elements of this process that could be improved.

- **Create and support several methods for people to make a report.** In this electronic and media age, people are used to having many options for how to interact with institutions. Many reporters, especially mandated reporters, prefer to report via e-mail or fax so that they have a record of their report. Additionally, several reporters expressed a desire to be able to include photos, especially in neglect cases. Some are using a form they or their institution created for this purpose and others are using an outdated form created by OCS. The Panel understands OCS' desire to talk to the reporters so they can ask clarifying questions, but a phone call to follow up on a faxed or e-mailed report is still just one phone call per PSR. The bottom line is that OCS should make it as easy and comfortable for people to make a report as possible. Reporter should be able to report by phone, fax, e-mail or via a web form.
- **Change the intake procedure so reporters have to opt-out of receiving follow up on the case, not opt-in.** While some people are not interested in knowing the outcome when they make a report, the majority of reporters do want confirmation that the report was received and action taken, even if that action was only to investigate and determine that the child in question is not in danger. The current system requires reporters to ask to be notified, but of course many reporters don't know they need to ask. This would be a fairly easy solution to an issue that creates a great deal of ill will

toward OCS. Notification to reporters would alleviate the frequent complaints we hear about OCS 'not doing anything.'

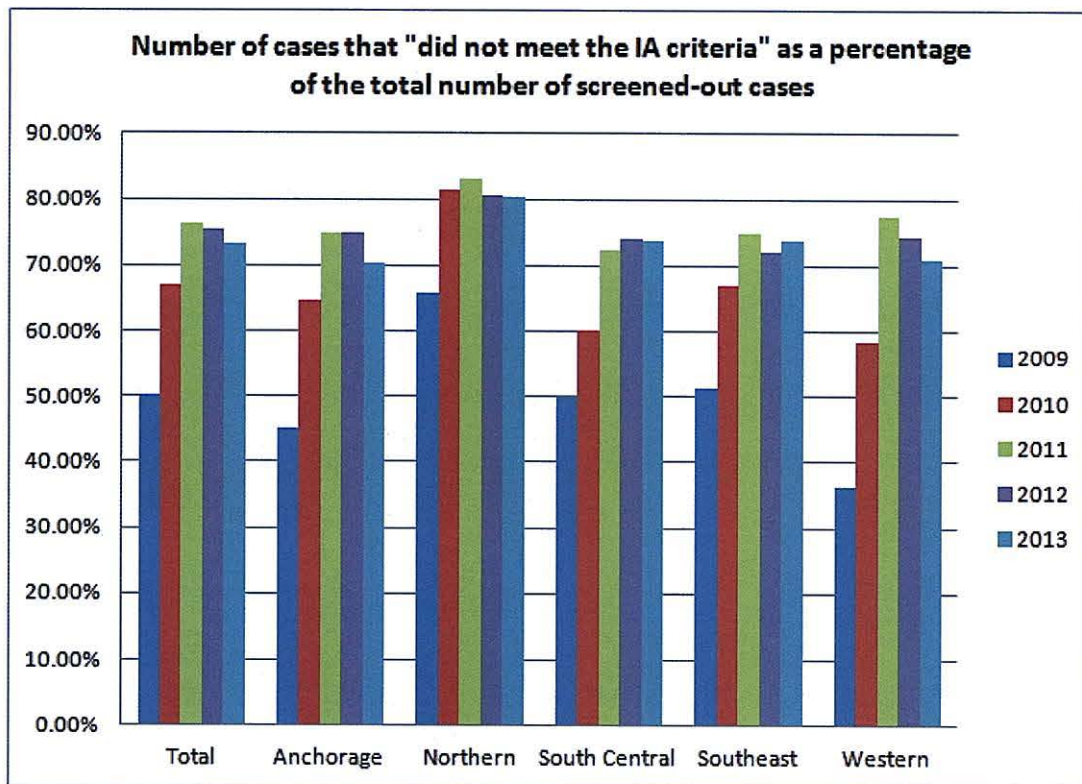
- **Uniformly implement statewide the current pilot project of having a supervisor from outside of the intake unit review all cases after 10 screened out PSRs regarding different incidents.** The Panel has heard several troubling stories of cases that were finally screened in after more than three dozen prior PSRs that were screened out. While not every case that gets to ten PSRs regarding different incidents is appropriate to be screened in, the Panel feels strongly that at a certain point the issue should be elevated for review.
- **Periodically send a list of screened out PSRs to the local field office.** This will enable workers in the local field office to be aware of the reports if someone local mentions it to them. The Panel believes that coordination between regional and local offices are very important. Local caseworkers are likely more knowledgeable about the local conditions and have personal relationships in the community with partners and families. Greater coordination would help to address concerns of local partners who are the firsthand witnesses to neglect and abuse.

The Panel requested data from OCS on the screening process and has since received data on cases screened out by region, by year, and/or by screen out reason. These data cover screened out PSRs grouped by region, year accepted, and the reason for being screened out for PSRs received between 1/1/2009 and 12/31/2013. Additionally, the Panel received data on cases screened out by region, by month, and/or by reason for screen out. These data covered screened out PSRs grouped by region, year accepted, month accepted, and/or the reason for being screened out for PSRs received between 1/1/2009 and 12/31/2013.

As the Panel understands it, there are six reasons available in ORCA to explain why a case was screened out:

- Created in error
- Does not meet IA (initial assessment) criteria
- Insufficient information to locate
- Law enforcement jurisdiction only
- Multiple referrals on same incident
- Referred to another state

Cases may also be marked as 'Uninvestigated: Referred to military' or 'Uninvestigated: Referred to tribe. As shown in the graph below, the proportion of all screened out cases that were screened out because they 'did not meet the IA criteria' has increased substantially across the state since 2009.



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

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. The sole responsibility to ensure that these children remain safe is in OCS' hands. Ideally, these children should be seen more frequently than children in custody cases since there is a concern about the safety of their home situation. The idea is that the children remain in their home (which is much less traumatic) while they are closely monitored by OCS and their parents receive services to mitigate the concerns about the household.

The Panel's concerns about in-home cases stem from three issues. First, there is a lack of services in rural Alaska. In many communities in our state the progress of in-home cases appears extremely limited because there are few to no remedial services for parents. For example, small communities may lack therapy on substance abuse, parenting, and anger management.

Secondly, there are extremely high caseloads in rural Alaska that prevent children from being monitored closely enough to ensure their safety. Additionally, travel to outlying communities in

rural Alaska is time-consuming and frequently hampered by poor weather. Many workers have caseloads so large (responsibility for more than 50 children) that it would be nearly impossible to see them all if the worker had nothing else to do and could drive to each child. After accounting for plane travel and weather, children are seen distressingly infrequently. The Panel has concerns about the safety of these children. Furthermore, in the absence of services for their parents it seems unlikely that the family situation will spontaneously improve. Anecdotally the Panel heard about many of these children just being “on-hold” until their family situation gets worse and they end up in custody.

OCS has a reasonably successful model for providing in-home services in urban areas. Children in Anchorage may be seen as often as each week. In urban areas there are units with workers who only have in-home cases on which to focus. This is also true in the Western Region. However, as mentioned above, what works in Anchorage or Fairbanks when a worker can drive across town to visit the children does not work in the Western or Northern Regions where there is a significant number of rural areas where an OCS worker can spend an entire day traveling to trying to visit one child in a particular remote community.

The Panel is urging OCS to either find a new model that can adequately address the entire state or acknowledge the very different challenges in different regions of the state and develop a system for serving these cases in rural Alaska. Currently, OCS has acknowledged these challenges and is aware of the current lack of a model for in-home cases in rural Alaska.

Thirdly, OCS does not seem to have a sufficient amount of accurate historical data necessary to attain a handle on the scope and location of the issue. When the Panel requested data on these cases Panel members were told extracting it would not be worth the effort. Per OCS, the only reliable data on in-home cases that OCS has is as of 1/28/2014 or after. As of that date, almost 28% of the 5,560 children under the age of 21, who have any contact with OCS, are in their homes either receiving or expected to receive services. Western Region has of the greatest percentage of these children (46.72% - 363 out of 777). The table below shows the percentage distribution of children between in-home and out-of-home, by region.

	Number of children		Total in custody	Percentage of children	
	Out-of-home	In-home		In-home	Out-of-home
Statewide	2003	777	2780	27.95%	72.05%
Anchorage	833	162	995	16.28%	83.72%
Northern	354	103	457	22.54%	77.46%
Southcentral	499	65	564	11.52%	88.48%
Southeast	154	84	238	35.29%	64.71%
Western	163	363	526	69.01%	30.99%

More than 25 percent of all children in custody in rural regions are in their homes. Almost 70 percent of children involved with OCS in Western Region are being served through in-home cases. These are staggering numbers of children in state custody with no working model to receive services. It is clear from our communication with OCS that it is difficult, if not impossible, to know how these numbers may have changed over the past few years. In other words OCS does not know if the situation is better or worse now compared to the past few years. The Panel

strongly recommends that OCS continue to improve its data collection related to in-home cases so that it is possible to determine how well that system is working for children being served in this manner.

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

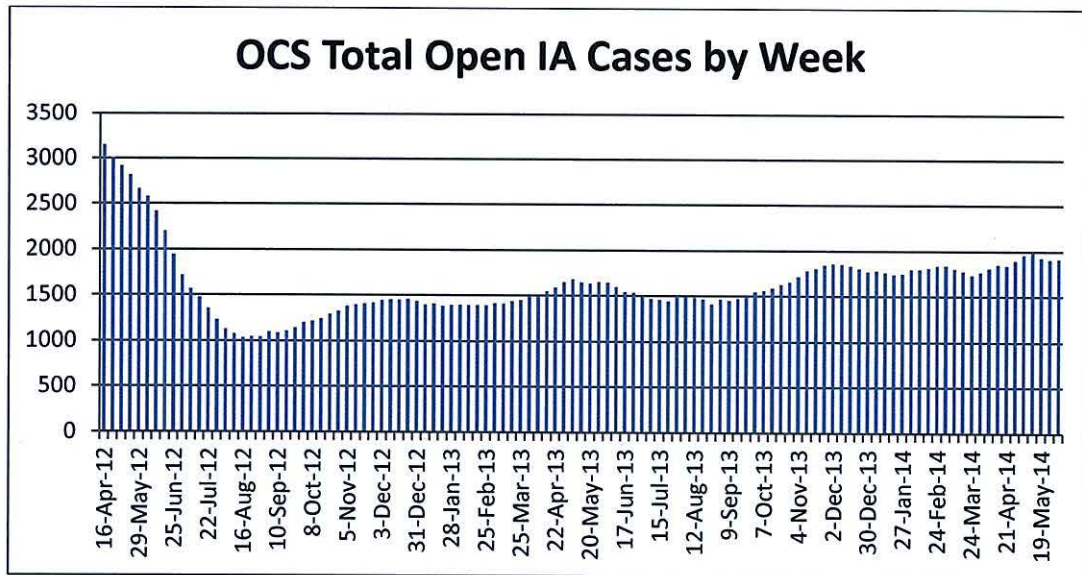
In recent OCS history there have been several times when the backlog of open cases in the initial assessment (IA, previously known as investigations) phase reached several thousand. This is not a problem that is unique to child protective services in Alaska; the majority of states struggle to keep this under control and a few have prominently made the news in recent years when the IA backlog spiraled out of control for them. Prior efforts to clear the backlog in Alaska have been handled in a manner that was troubling with regard to child safety.

Several years ago OCS had again accumulated a backlog of open IA cases. This typically occurs due to positions being vacant and turnover—workload exceeds manpower and the system doesn't keep up with incoming cases. The recent backlog was cleared through the use of a special team reviewing the cases with an abbreviated set of criteria to assess the safety of the children involved. Once OCS was 'caught up' again they were determined not to follow the usual pattern and find themselves thousands of cases behind in another few years.

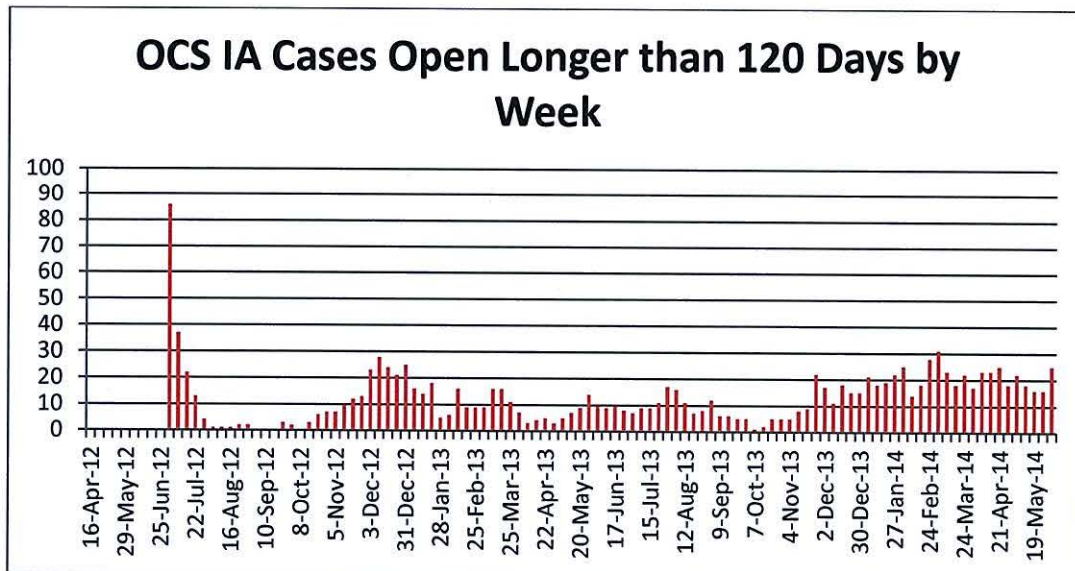
In April 2012 OCS implemented a system where a member of senior leadership receives a list every Monday of those cases that have been open in IA for 60 days, 90 days, and 120 days. The regional manager is contacted by the senior leadership regarding all cases that have been open 120 days with instructions to determine the hold-up to moving the case forward and to resolve the issues. Given that policy states that cases should move out of IA in no more than 45 days the Panel does also wonder what prevents the follow-up calls from occurring for cases that have been open 90 days. This system has been successful in preventing another backlog from developing and we applaud OCS for keeping this problem in check, however the Panel's concern is two-fold. First, the Panel is concerned because the current 'solution' to this problem is entirely dependent on the vigilance of one individual. He is very committed to ensuring that another backlog does not develop, but this solution is too dependent on his particular attention and skills. If someone else were to be tasked with this monitoring on top of additional duties, the Panel believes it would be easy for the situation to quickly get out of control again. OCS has been very forthcoming in sharing these data with the Panel and OCS's openness is appreciated.

The Panel's second concern is that the current 'solution' does not seem to address the underlying problem that leads OCS to have 1,000 open IA cases in no time if not closely monitored. The Panel would like to see OCS develop a more systemic solution to this problem. It seems possible that automated processes could ease the technical burden of monitoring the backlog and identifying stale cases. Additional flexibility in marshalling resources as needed may also be helpful.

The graph below shows the total open IA cases by week since April 2012. The number of open IA cases has been gradually increasing.



The graph below shows the IA cases that have been open for longer than 120 days by week for the same time period shown above. The number of cases in IA longer than 120 days has been more variable than the overall number of IA cases.



RECOMMENDATION 4: That OCS make improved relationships with community partners a priority.

This recommendation flows from Panel site visits. While visiting communities the Panel talks with OCS staff at all levels and with all available community partners such as law enforcement, schools, child advocacy centers, ICWA workers, treatment and service providers, guardians ad litem, public health nurses, attorneys general, judges, foster parents and anyone else involved with OCS. The Panel asks all stakeholders for feedback on how well the child protection system is working. In addition, stakeholders are asked about what they feel is working well and where they feel there is room for improvement. Specifically, they are asked about the state of their relationship with OCS since that is the foundation for addressing any other issues that may arise.

The Panel has never been to a community where relationships with partners were good across the board. But there is great variation in the overall quality of these relationships from community to community. Clearly this is currently a very personality dependent aspect of how OCS functions, but it is a vital one. OCS cannot function well without strong, healthy, positive relationships with its partners. It relies on them to make reports, provide information and services and be another set of eyes in keeping children safe.

The inconsistency found in these relationships is troubling. Even in cases where efforts have been made to formalize the relationships, it does not always work. For example, during the Panel's visit to Barrow this year in found that there is a memorandum of understanding between OCS and the Native Village of Barrow, however, not all parties involved were aware of its existence, much less abiding by the terms of the agreement.

When the Panel goes to communities members are able to have quite in-depth interviews with most of the community partners in just a few days, however, the Panel recommends that new workers be required to spend one day going around their community introducing themselves to their partners. New line workers frequently have some time between their start date and their attendance at SKILLS training during which they could engage the community. This would greatly improve relationships and allow people to work together more productively.

The Panel hopes senior leadership will focus on the importance of this aspect of how OCS operates and encourage staff to collaborate as much as possible. The Panel does realize this is a two way street, but since OCS needs these partners it behooves them to make the first overture. OCS needs to develop strategies that intentional and systemic to address this ongoing issue.

COMMENDATIONS

The Panel commend Susie Heuer, Kristin Hull, and Stella Schuchardt for their years of service as members of the Citizen Review Panel. Each of them made unique, valuable contributions to the Panel's work. They will all be greatly missed.

APPRECIATION

The Panel could not do its work without the valuable and candid feedback received from everyone the Panel has met. The Panel extends our gratitude to everyone with whom Panel members have spoken. Thank you.

Respectfully submitted by the Citizen Review Panel:



Diwakar Vadapalli, Chair

Electronically signed

June 30, 2014



Dana W. Hallett, Member

Electronically signed

June 30, 2014



Ben Creasy, Member

Electronically signed

June 30, 2014



Rodreshia Dunbar, Member

Electronically signed

June 30, 2014



Margaret McWilliams, Member

Electronically signed

June 30, 2014



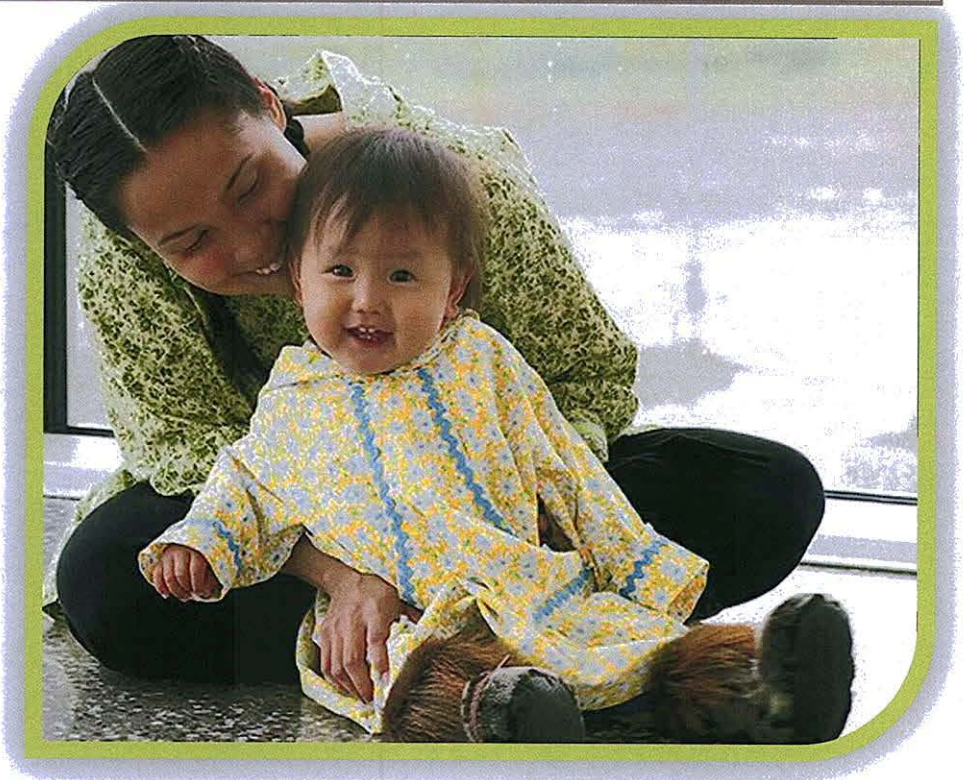
Bettyann Steciw, Member

Electronically signed

June 30, 2014

2014

OCS Response to the CRP Annual Report



State of Alaska

Department of Health & Social Services

Office of Children's Services

Executive Summary

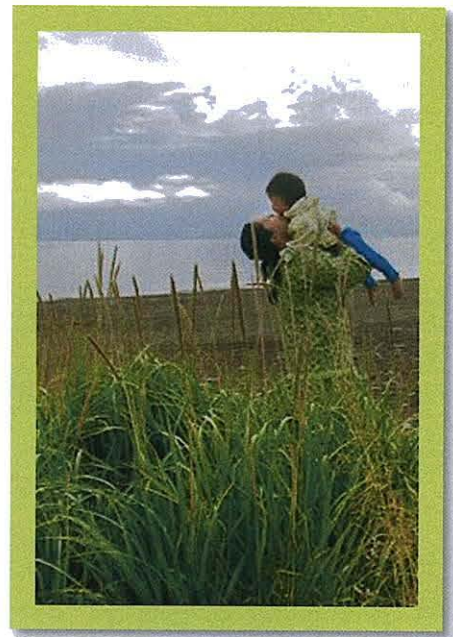
On behalf of the Department of Health and Social Services, Office of Children's Services (OCS), I wish to thank you for your time and efforts during this past year. I recognize the volunteer hours and dedication that your membership requires and value your many efforts to impact positive growth and change 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.

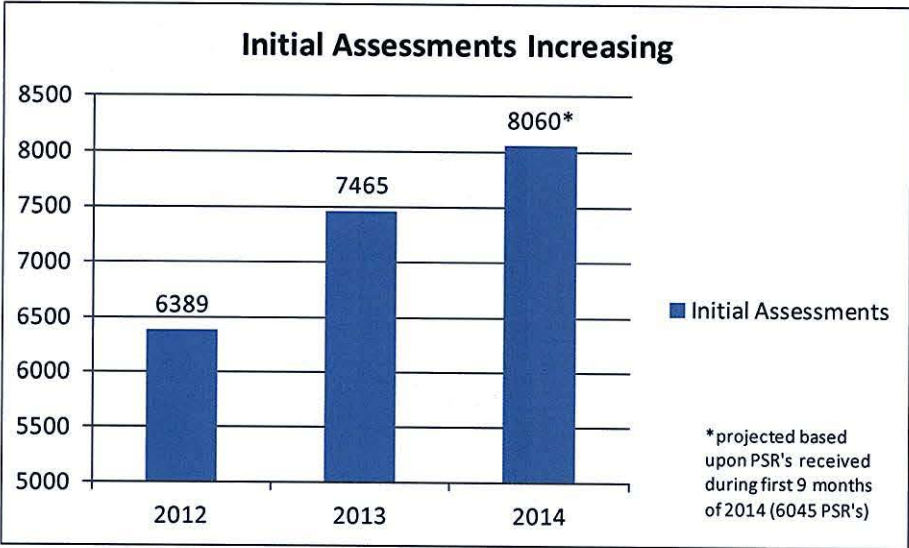
The OCS has included in its Family and Services Plan (five year plan) a strategy for in home program development and increased data collection. The agency has committed to full development by December 2016 of an in home program. Milestones included are policy and procedure development by June 2016, exploration 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.