

# DCF/AECF Partnership

Topeka, Kansas

## Kansas Front End Assessment: Summary of AECF Findings & Recommendations

THE ANNIE E. CASEY FOUNDATION



## DCF can improve outcomes by ensuring that the right kids get the right services at the right time

The front end, from intake to investigations, is struggling with timeliness, consistency and comprehensiveness, potentially leading to adverse outcomes for kids and families

Leveraging what you've already begun, DCF can take additional steps to stabilize the front end and then focus on implementing key structural and practice changes which will lead to best practice

- **Phase 1:** Deploy current resources more effectively and efficiently to help alleviate the current crisis at the front end
- **Phase 2:** Once you have stabilized your system, work on structural and programmatic changes to move to best practice

Despite entering a system recovering from reductions in resources over many years, current DCF leadership has made significant strides to improve



**Some of the improvements made since December 2017 include:**

- Successfully advocating for more CPS staff and updating hiring procedures
- Streamlining the hotline process and increasing the number of screeners
- Procuring an evidence-based assessment tool (SDM) to improve screening and investigative assessment practices
- Securing some funding to begin replacing outdated IT systems
- Improving transparency and accountability across the agency

# The front end (intake through investigations) is still struggling, leading to potentially adverse outcomes for kids and families

## Hotline

High number of reports, coupled with insufficient staff and insufficient tools make it difficult to screen all reports the same day

means

PRC may not always be receiving the right reports or making the right screening decisions for the right kids at the right times

## Investigations

High caseloads, insufficient time to thoroughly investigate and engage families, and lack of available preventive services

means

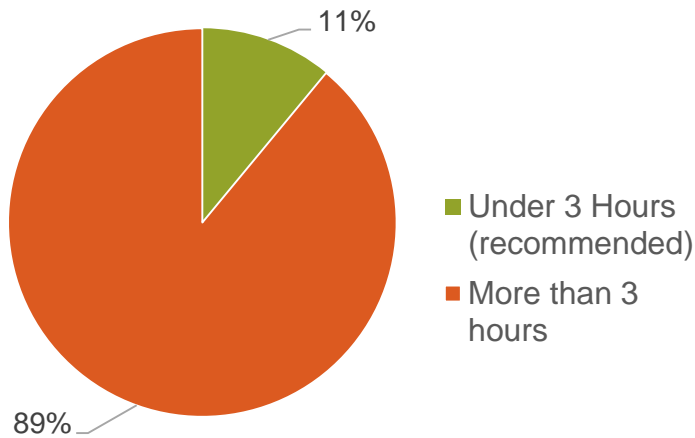
CPS may not always be providing the right service to the right kids and families at the right times

means

Potential for Adverse Outcomes

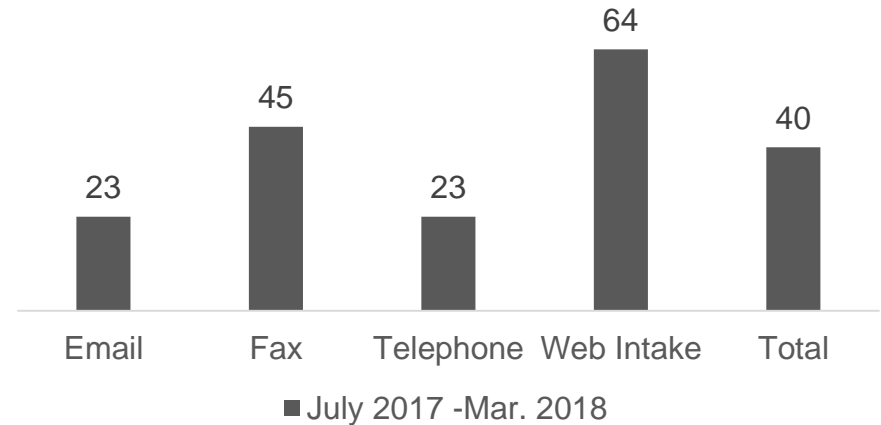
# At PRC, a high volume of reports and limited numbers of screeners are resulting in concerning delays in the timeliness of screenings

Time Needed to Screen an Intake Compared to Best Practice  
July to March 2018 (n= 64,467)



Nearly 9 out of 10 reports take more than the recommended 3 hours to screen

Median Number of Hours to Complete Screen In\*



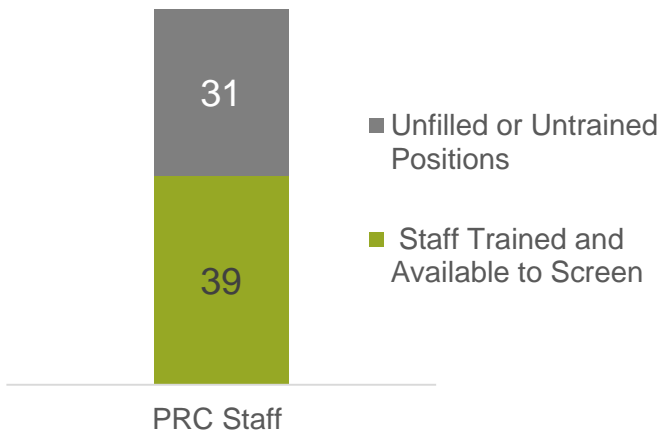
Web intakes are screened in about 3 times slower than telephone intakes

Source: KPRC Timely Initial Assessment SFY2018 (Annie E Case).xlsx

\*Note: Chart excludes traditional mail and walk in reports but they are included in the overall median

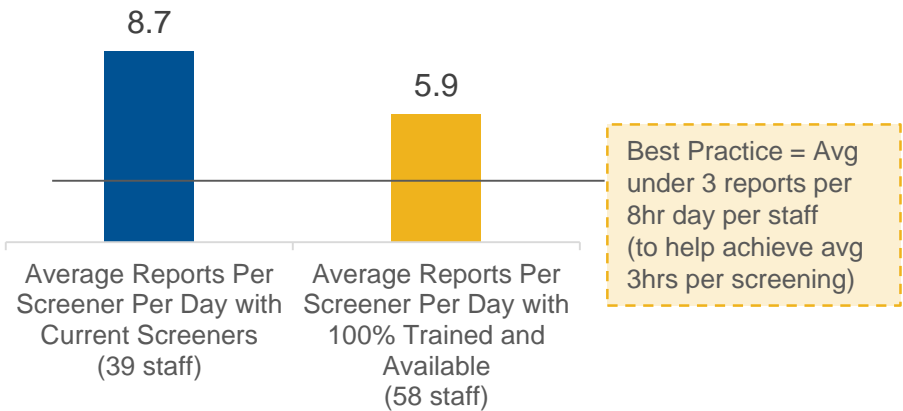
Recently, DCF has worked hard to increase the number of screeners, but more will be needed to achieve an average screen time of 3 hours or less

PRC Staffing Snapshot through May 21, 2018



Although PRC now has 70 screener positions, only 56% of are currently available to screen reports.

Average Number of Daily Reports Per Screener on a Weekday\*



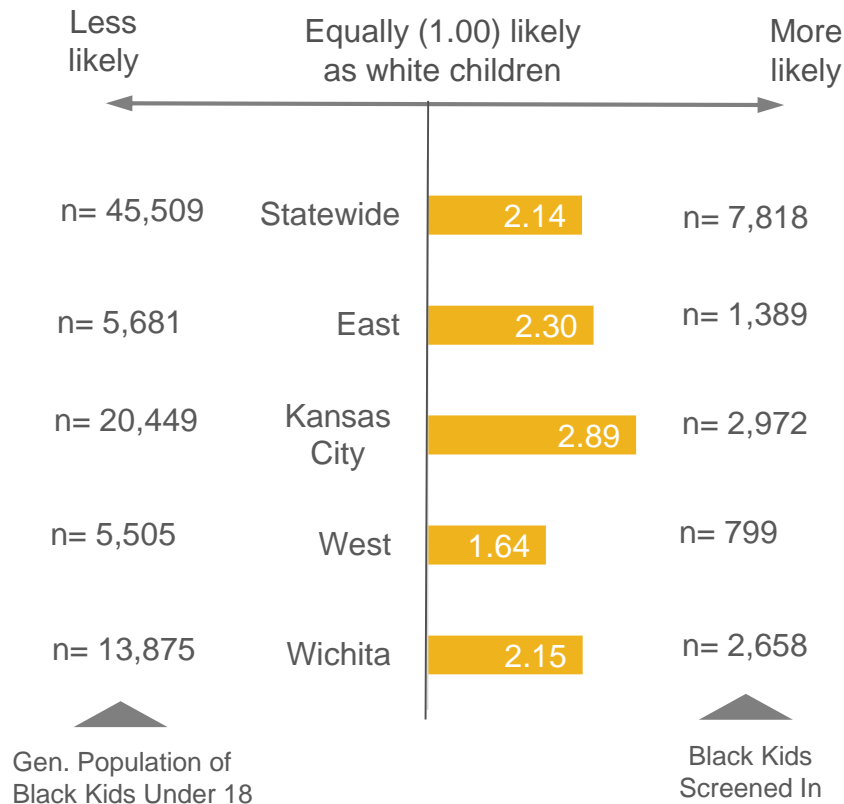
Source: KPRC Management Data from State, May 15, 2018

\*Assumes 341 Daily Reports Based on SFY2018 Data

# Disproportionate numbers of black children are referred to DCF and screened in at disparate rates

PRC  
Consistency  
Completeness

Likelihood of a Report Being Screened In Using the General Population as the Risk Pool

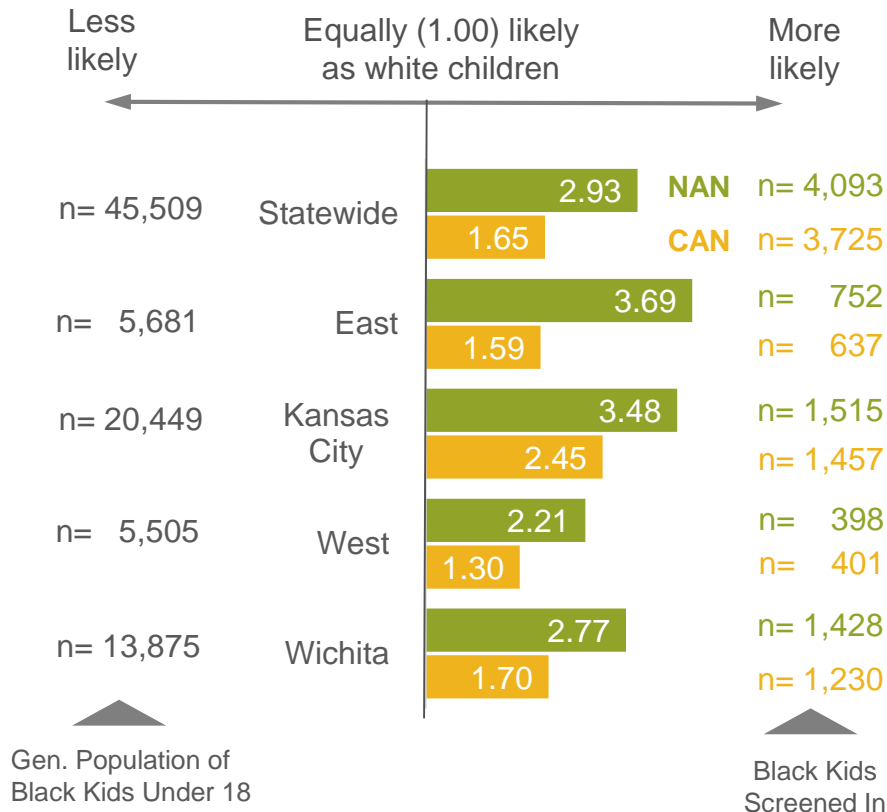


- In most regions, black kids are 2x more likely to be reported to DCF and screened in
- More data is needed to understand what is driving disparities at reporting and screen in

# Black children are reported and screened in for non-abuse/neglect reasons, like behavior problems, at even higher rates

PRC  
Consistency  
Completeness

Likelihood of a Report Being Screened In, by Report Type, Using the General Population as the Risk Pool



- More exploration is needed to understand what is driving disparities in reporting and screen in decisions for non-abuse cases
- For example, in the East, black children are reported & screened in at a rate 269% more than white children for non-abuse/neglect reasons



# The lack of effective screening tools, training and supervision may possibly be resulting in inconsistent and incomplete screening decisions

PRC  
Consistency  
Completeness

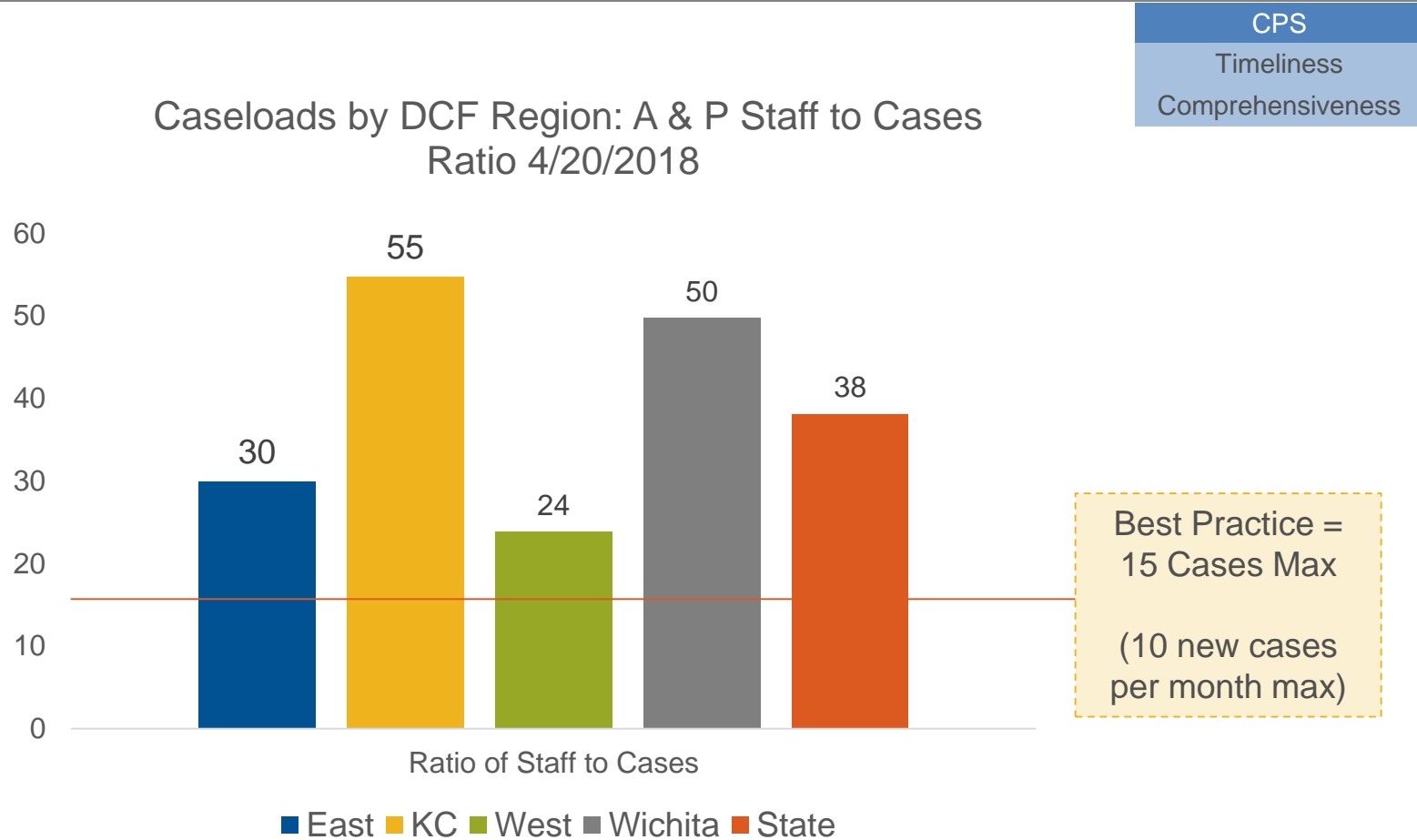
Findings	Observations and Feedback
The same tools to guide information gathering and decision making are not used by all staff consistently	AECF observed one screener use a desk aid to guide questions asked. Another expressed frustrations with trying to come up with questions in the moment.
Regions are returning cases to PRC that were assigned incorrectly	<i>“You have to check boxes and do the same assessment for families where clearly nothing happened and it should have been screened out.” – CPS staff</i>
Staff lack adequate training and supervision	<p><i>“I was trained in a month and then there you go. I was like, what am I doing? I didn’t have the support or training.” – PRC staff</i></p> <p><i>“It’s like putting out fires and the training piece gets put on hold.” – PRC staff</i></p>

## Key to Success

DCF already identified this challenge and recently purchased an evidence-based tool, SDM. However, it requires 6-8 months to implement effectively.

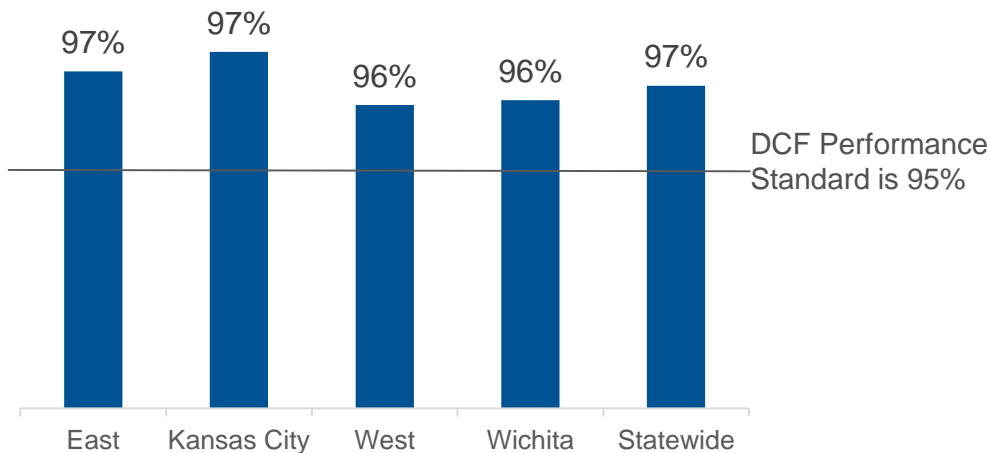
The SDM tool will require strong supervision and quality assurance to be effective.

# CPS caseloads are much higher than what best practice recommends, presenting a challenge to completing timely, comprehensive investigations

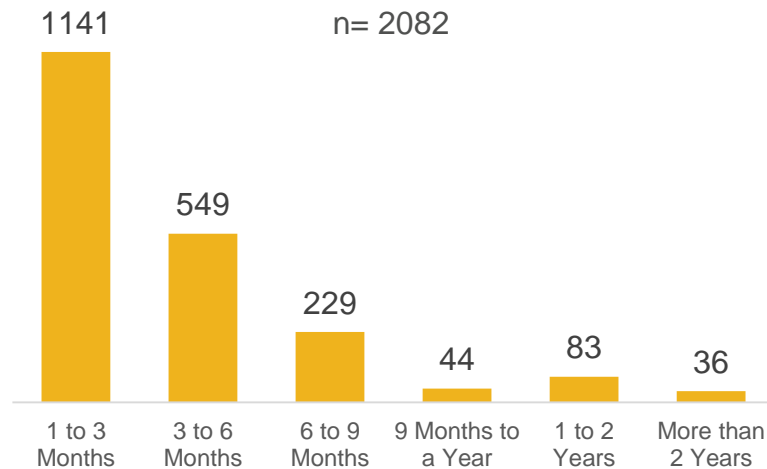


# CPS are making critical initial contacts but most investigations are not completed within 30 days leading to bottlenecks and risk for kids

### Timely Initial Contact with Victim/Family FY2018 Averages\*^



### Cases Open Longer Than 30 Business Days as of Jan. 2018 ^^



\*Source: FACTS Report "Timely Contact with Victim/Family FY2018"

^Includes Same Day and 72 Hour (Compliant only)

^^Source: Missing TimelyContactdata\_Nodecision\_July2010\_2009toJan2018

# DCF does not currently use best practices for engaging families in planning or decision-making which limits options for kids

- Family engagement is often limited to the Family Assessment and asking the family to share information to inform the investigation
- There is no use of a family team decision making meeting before a decision to remove a child from the home is made

CPS
Completeness
Comprehensiveness

*“My honest opinion is that they were not listening and hearing.... We truly wanted to change and that our voices would be heard.” - Parent*

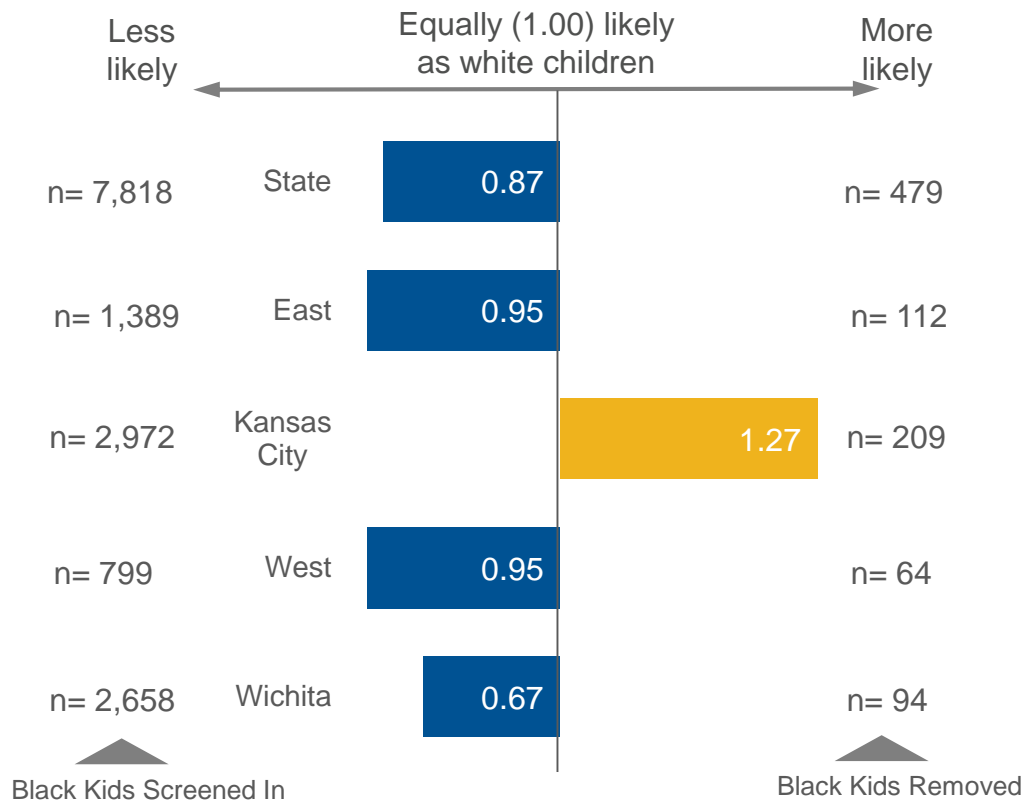
*“When DCF goes out for the initial meeting with the parent, they should ask, ‘what is the number one thing you want to help with your situation?’ We know what we need.” - Parent*

*“They can go through all the training, but they aren’t involved with the family which is what is critical.... The involvement needs to be higher and better.” - Parent*

# Inconsistent safety and risk assessments result in varying CPS decisions, one example are racial disparities at removal that differ across regions

CPS  
Consistency

Removals Of Screened In Reports, Comparing Black Children to White Children



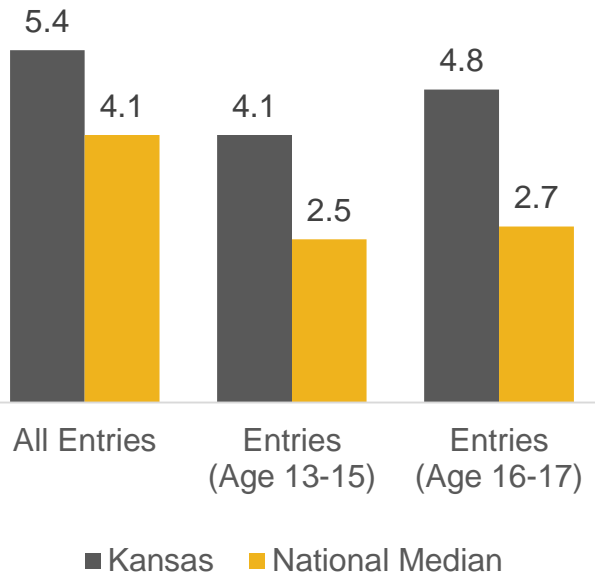
- At the statewide level, we do not see disparate outcomes at the placement decision point
- However, at the regional level in Kansas City, black children are 27% more likely to be removed than white children

Source: Assigned NAN\_PWS\_intakes\_SF2015toSF2017\_Casey, SFY 2016  
 Source: Kansas state submitted NCANDS files (FFY 2013-2017), FFY 2016  
 Source: Merged Kansas Reason for Removal Data SFY 2014-2017

In addition, there are not enough of the right preventive services, so children, especially teens, are sometimes removed from home unnecessarily

CPS  
Completeness

The rate of teens entering care is almost twice the national median and contributes to overall high entry rates<sup>1</sup>



*“They kept the girls with us at home until it got too bad. It’s too bad that it had to get so bad that the kids had to be taken out of the home, to get services.”*  
– Parent

*“There are not enough services. Getting kids into preventive services...we are struggling. Even on the adult side, there is not enough substance abuse treatment.”* –Staff

Our case reviewers assessed that 40% of out-of-home teen cases reviewed could potentially have stayed home if more preventive services were available<sup>2</sup>

<sup>1</sup> AFCARS 2016 Public Use File

<sup>2</sup> Casey Teen Case Review – 8 of 19 out-of-home cases, per the reviewer (an additional 10 in-home cases were also reviewed)

Leveraging what's already begun, DCF should take steps to stabilize the front end, then focus on implementing key structural and practice changes

**Phase 1:** Deploy current resources more effectively and efficiently to help alleviate the current crisis at the front end

**Phase 2:** Once you have stabilized your system, work on structural and programmatic changes to move to best practice

# DCF can deploy current resources more effectively and efficiency to help alleviate the current crisis at the front end, starting with PRC

Short Term Recommendations for PRC  
can be completed in the next 6 months

## Staffing & Supervision

- Expedite hiring and training of screeners, as DCF has begun to do
- Identify additional temporary staff to screen until permanent staff are hired & trained or support more OT
- Reduce screening duties for supervisors so they can train and provide in-the-moment supervision

## Practice & Procedure

- Continue streamlining staff roles
- Remove non-screening tasks from screeners (notifications)
- Streamline screening process by focusing only on reporter information and CPS history
- Procure coaching hours from NCCD for interim support before SDM is implemented

## Communication

- Engage reporting sources to educate on when and what information to share in calls
- Complete changes underway to improve the web-based reporting tool to gather more info from web reporters
- Message to staff the urgency of timely screening



# Similar short term changes in Investigations could also be made with a focus on reducing CPS workloads

Short Term Recommendations for CPS  
can be completed in the next 6 months

## Staffing & Supervision

- Revise onboarding process to provide core training and enhanced supervision before assigning cases
- Require regular, documented supervision, not just in-the-moment case conferencing
- Enforce more timely case closures

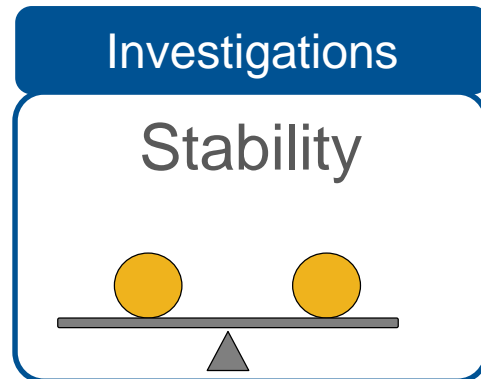
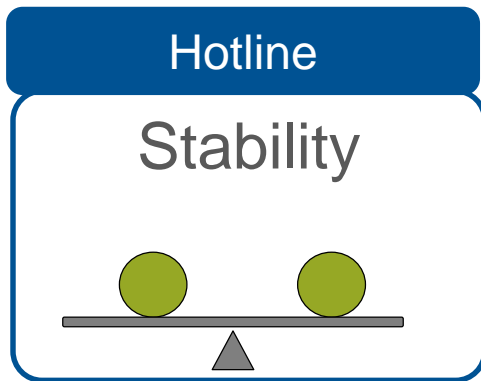
## Practice & Procedure

- Reassign Family Preservation monitoring responsibilities from CPS
- Increase administrative support to conduct clearances

## Communication

- Develop and launch an aggressive recruitment campaign for CPS staff
- Message urgency and importance of thorough and timely investigations (already started by changing 20 day priority to 7 day)

Once the front end has stabilized, DCF can begin to implement structural and programmatic changes to align with best practice



**The Best Practices:**

- Structured Decision Making tools (SDM)
- Family Team Decision Making
- 24/7 DCF Response

**The Right Services:**

- More preventive evidence-based services
- Teen focused prevention and diversion

**The Right Supports:**

- A new comprehensive, high-functioning IT system
- Adequate #s of staff to achieve desired workload

# There are three key practices that would help DCF better align with best practices in the child welfare field: SDM, TDM and 24/7 Response



## Structured Decision Making (SDM)

- Requires intensive, ongoing supervision and QA to ensure implementation with fidelity
- Should be used to improve quality of screenings and assessments and reduce racial disparities in decision-making

## Family Team Decision Making (TDM)

- Is a concrete way to implement best practices related to family engagement
- Requires a team meeting with the family when considering removal
- Has been very effective at reducing unnecessary placements

## 24/7 DCF Response

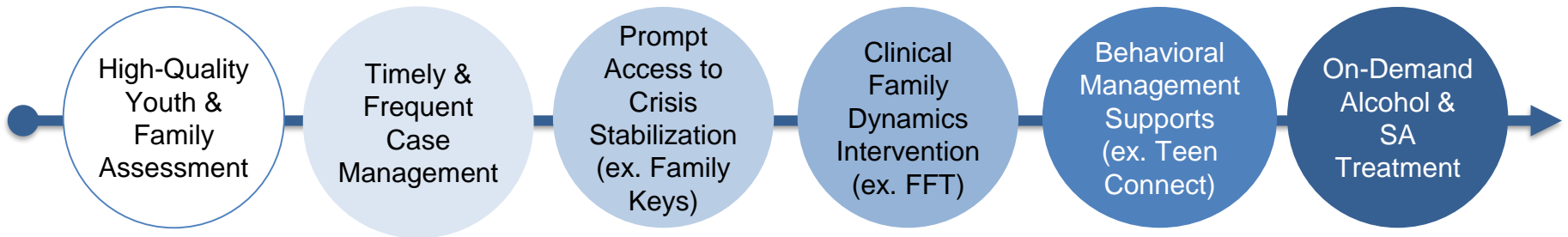
- Requires CPS to respond to priority cases 24/7
- Means all families with safety and risk issues first receive a social work response, not just police response
- Reduces need for police protective custody, which creates an unnecessary trauma to children

Best practices alone won't be effective; DCF needs more evidence-based preventive services, especially for teens, to prevent unnecessary removals

*"If we can have more resources, services in the community (we would be able) to shore up the families and keep them in their home." - Staff*



### **Sample Teen Preventive Services Continuum**



The Family First Act is an opportunity to leverage new federal IV-E funds for preventive services

# DCF's archaic information systems and infrastructure must be replaced with a modern solution that enables best practice

*"We are one step away from paper." - Staff*



*"We're not talking just old, we're talking model-T" - Staff*

*"We have too many single points of failure in our IT systems." - Staff*

## AECF found DCF's IT systems fail to enable best practice

- In our work around the country, we've seen very few, if any, systems that are as outdated and cumbersome as we've observed in Kansas
- The bulk of DCF's information and data architecture is so old, its design pre-dates internet and cell phones
- Workers are extremely frustrated and do not have the basic tools and resources to do their job effectively
- Lack of more modern technologies will impact DCF's ability to recruit and retain staff

# DCF's current IT infrastructure amplifies inefficiencies at the hotline and during investigations, resulting in higher risk to children

## Current Environment

KIPS

KIDS

FACTS

Social workers **lack** relevant, timely, accurate information to assess safety risks and to make high stakes decisions that impact children and families

- Poor User Experience
- Data and Information Loss
- Reliance on Stopgaps and Workarounds
- Stand Alone Databases
- Slow Processing
- Constant Freezing
- Multiple Passwords
- Information Security Vulnerabilities
- Incomplete Data View
- Data Quality Issues
- Outdated Design Methodologies
- Outdated Development Approaches
- Outdated Programming Languages

## Future Environment

Modern, Integrated Platform

Social workers will **have** relevant, timely, accurate information to assess safety risks and make high stakes decisions that impact children and families

- Modular Design Options
- Focus on User Experience
- Designed with Caseworkers Input
- Interoperable Databases and Exchanges
- Highly Responsive Software
- Single Sign-On to Limit Passwords
- Comprehensive View of Performance
- Real Time Data and Dashboards
- Agile Software Development Approaches
- Social and Mobile Capabilities
- Improved Analytics for QA
- Flexibility to Fit New Practices & Policies
- Embedded Analytics



To achieve recommended screening time of 3 hours, DCF would need approximately 32 more screeners to manage the current volume

## Formula

$$\frac{(\# \text{ reports over period}) / (\# \text{ of months over the period}) \times \# \text{ Hours to process a report}}{\# \text{ Hours in a typical shift}} \div \# \text{ Days in the month} = \# \text{ of screeners needed}$$

## Projected Need:

$$\frac{(64,467 (07/2017 - 03/2018) / 9 \text{ months}) * 3 \text{ hour standard}}{30 \text{ days} * 7 \text{ hour shift (1 hour break)}}$$

=

102 total  
staff  
needed\*

Current Positions  
= 70

New Positions  
Needed = 32

\*This estimate does not adjust for the following: wait time (e.g. waiting for call back) or other non-productive time; adjustments for acceptable wait times; staff absences during a month; working on overlapping calls; allowed break times greater than 1 hour; flow of calls; business processing procedures; part-time status employees.

Source: KPRC Timely Initial Assessment SFY2018 (July – March 2018)

To align with recommended caseloads of 10 new investigation cases per month, DCF would need 34 additional CPS

## Formula

(# Screen in/Transfers to investigations) / (# Number of months over the period)

# New investigations assigned per month

= # of CPS staff needed

This is still a conservative estimate. Nationally, workers close only 6 investigations per month on average.<sup>^</sup>

## Projected Need:

36,024 (July 2017 – March 2018) / 9 months

10 new investigations per month

=

400 total CPS staff needed\*

Current Positions = 346

Recently Added = 20

Still Needed = 34

\*This estimate does not adjust for case backlogs or staff absences. It also does not account for part-time status employees

Source: KPRC Timely Initial Assessment SFY2018 (July – March 2018)

<sup>^</sup> Source: U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2018). Child maltreatment 2016.



# DCF can build on current efforts to ensure that the right kids get the right services at the right time

The front end (from intake to investigations) is struggling with timeliness, consistency and comprehensiveness, leading to potentially adverse outcomes for kids and families



These challenges can be addressed by focusing first on stabilizing the staffing crisis and then on implementing best practices



Leading to DCF providing the right services to the right kids and families at the right time