

New York State Child Welfare Workload Study

Final Report

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New York State
Office of Children and Family Services
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This study of child welfare workload in New York State was possible only because of the dedication and commitment of literally thousands of people. The study team members from Walter R. McDonald & Associates, Inc. and its partner, American Humane Association, extend their deepest appreciation to the over 2,000 caseworkers who contributed to this study by providing details of their work day. We regret that we cannot thank each one personally. We hope that the findings of this study serve to represent their work towards improving the lives of children and their families in a new light, so all children in New York State may benefit.

A study of this magnitude requires the attention of critical decision makers. The OCFS Planning Committee provided leadership throughout the study process. Their wisdom and alacrity in making decisions kept the project on schedule. Their insights as to variations throughout the State improved the design of the study. We are grateful to each person.

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In order to launch such a study in the field, two innovative approaches became part of the study. Under the leadership of OCFS, an automated data collection tool was designed, tested, and implemented. In addition, also under the leadership of OCFS, field training materials were

developed and training provided to the participating agencies, both the district offices and the voluntary agencies. Both efforts warrant special appreciation, because they were key to the implementation of the study. We express our deep appreciation to the following persons.

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Torrie Seeger, CONNECTIONS Program Manager – Training Strategies Group
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TABLE OF CONTENTS

REPORT OVERVIEW	<i>ix</i>
CHAPTER 1. BACKGROUND AND CHILD WELFARE POLICY	
CONTEXT	1-1
OVERVIEW OF NEW YORK STATE CHILD WELFARE PROGRAM	1-2
LEGAL AND POLICY BACKGROUND	1-4
Federal Policy	1-4
New York State Policy	1-6
THE CHILD WELFARE PROGRAMS IN NEW YORK STATE	1-6
Child Protective Services	1-6
Preventive Services	1-10
Foster Care Services and Article 10 Direct Placements with Relatives	1-13
Adoption Services	1-19
Post Adoption Services	1-20
After Care Services	1-20
SUMMARY	1-21
CHAPTER 2. METHODOLOGY	2-1
STUDY DISTRICTS AND VOLUNTARY AGENCIES	2-1
STUDY PARTICIPANTS	2-3
DATA VALIDATION	2-5
UNDERLYING PRINCIPLES	2-6
TIME LOG COMPONENT OF THE STUDY	2-7
Workload Categories	2-7
Training and Technical Assistance	2-10
Data Collection and Validation	2-10
ADDITIONAL DATA SOURCES	2-12

Policy Review	2-12
Face-to-Face Interviews	2-12
Statistical Data	2-13
District and Voluntary Agency Survey Data	2-13
SUMMARY	2-13
CHAPTER 3. CHILD WELFARE IN THE FIELD	3-1
WORK ENVIRONMENT	3-1
Staff Turnover	3-2
Supervisors	3-4
DELIVERY OF CHILD WELFARE SERVICES	3-4
Staff Providing Support Services	3-6
INSTITUTING PROMISING PRACTICES	3-9
ADDITIONAL CHALLENGES IN THE DELIVERY OF SERVICES	3-10
SUMMARY	3-12
CHAPTER 4. CHILD WELFARE WORK	4-1
OVERALL TIME REPORTED	4-1
Case-Related Time	4-1
Noncase-Related Time	4-2
Case-Related Time by Program and Service	4-3
TIME BY TASK	4-3
SUMMARY	4-10
TABLE 4.1 CASE-RELATED AND NONCASE TIME BY AGENCY TYPE	4-11
TABLE 4.2 CASE-RELATED TIME BY PROGRAM AND SERVICE	4-12
TABLE 4.3 FACE-TO-FACE CONTACT BY AGENCY TYPE, PROGRAM, SERVICE, AND TASK	4-13
TABLE 4.4 TIME SPENT IN COMMUNICATION WITH CHILDREN, PARENTS, AND CAREGIVERS BY AGENCY TYPE, PROGRAM, SERVICE, AND TASK	4-15

TABLE 4.5 TIME SPENT IN CONTACT WITH COLLATERALS AND IN REVIEWS BY AGENCY TYPE, PROGRAM, SERVICE, AND TASK	4-17
TABLE 4.6 COURT TIME BY AGENCY TYPE, PROGRAM, SERVICE, AND TASK	4-19
TABLE 4.7 TIME SPENT IN CASE-RELATED DOCUMENTATION BY AGENCY TYPE, PROGRAM, SERVICE, AND TASK	4-20
TABLE 4.8 TIME FOR CASE-RELATED TRAVEL BY AGENCY TYPE, PROGRAM, SERVICE, AND TASK	4-22
CHAPTER 5. MONTHLY WORKLOAD AND CASELOAD ESTIMATE	5-1
BACKGROUND	5-1
WORKLOAD	5-1
CASELOAD	5-3
Case-Related Time Available Per Month	5-3
Cases Served	5-4
SUMMARY	5-5
TABLE 5.1 WORKLOAD: ESTIMATED AVERAGE TIME PER CASE	5-7
TABLE 5.2 CASELOAD: ESTIMATED AVERAGE CASES PER MONTH ...	5-8
CHAPTER 6. CONCLUSION	6-1
REVIEW OF CHILD WELFARE POLICY	6-1
REVIEW OF BEST PRACTICE LITERATURE	6-4
Child-Centered Family-Focused Practice	6-4
Face-to-Face Contact with Children, Parents, and Caregivers	6-5
Concurrent Planning	6-5
Additional Best Practices	6-7
REVIEW OF PERFORMANCE DATA OBTAINED FROM OCFS	6-8
REVIEW OF LITERATURE ON CHILD WELFARE CASELOAD STANDARDS	6-10

RECOMMENDATIONS	6-14
NEXT STEPS	6-15
Training and Supervision Needs	6-15
Management Needs	6-16
Additional Analyses	6-17
SUMMARY	6-17

APPENDICES

APPENDIX A. FEDERAL STATUTORY FRAMEWORK	A-1
APPENDIX B. PROGRAM, SERVICE, TASK DOMAIN, AND TASK DEFINITIONS	B-1
APPENDIX C. OUTPUT RECORD LAYOUT	C-1
APPENDIX D. LDSS INTERVIEW PROTOCOL	D-1
APPENDIX E. DISTRICT AND VOLUNTARY AGENCY STAFFING PATTERNS SURVEY INSTRUMENTS	E-1
APPENDIX F. METHODOLOGY FOR CALCULATING AND USING WEIGHTS TO ADJUST THE AMOUNT OF TIME AND NUMBER OF CASES SERVED	F-1
APPENDIX G. SELECTED CWLA AND COA CASELOAD STANDARDS	G-1
APPENDIX H. WORKLOAD STUDY CITATIONS	H-1

REPORT OVERVIEW

During the spring of 2006, the New York State Legislature directed the Office of Children and Family Services (OCFS) to:

“contract with a national child welfare expert to review and recommend manageable workloads for child protective services, foster care, and preventive services in order to allow sufficient time for each worker to meet all requirements and allow for comprehensive assessment of services for children and families.”

In response to the legislative mandate, OCFS contracted with Walter R. McDonald & Associates, Inc. (WRMA), and its partner, the American Humane Association (AHA), to conduct the study and prepare a report for submission to the Legislature by December 1, 2006.

STUDY SUMMARY

This study is the first child welfare workload study that addresses the work of voluntary agency staff, in addition to public agency staff. This is an important advance in understanding the total effort required to assess, plan, provide, and document the broad array of child welfare services. Understanding the contribution of both the districts and their voluntary agencies is critical to the process of addressing the basic requirement of the New York State Legislature. Eleven district offices, including the Administration for Children’s Services (ACS), and 42 voluntary agencies participated in the study. Detailed time log data from more than 2,200 caseworkers were analyzed.

The local districts that agreed to participate included: ACS, which serves the five boroughs that comprise New York City; the large counties of Erie County, Monroe County, Onondaga County, and Suffolk County; the medium-sized districts of Broome County, Jefferson County, and Orange County; and the smaller districts of Lewis County, Schoharie County, and Seneca County.

The voluntary agencies that participated in the study included: Abbott House; Baker Victory Services; Berkshire Farm Center & Services for Youth; Buffalo Urban League Builders for Family and Youth; Cardinal McCloskey Services; Catholic Charities of Buffalo; Catholic Guardian Society & Home Bureau; Cayuga Home for Children; Child and Adolescent Treatment Services; Child and Family Services of Erie County; Children’s Aid Society; Children’s Home of Wyoming Conference; Concord Family Services; East Harlem Council for Community Improvement; Edwin Gould Services for Children and Families; Elmcrest Children’s Center; Episcopal Social Services of New York; Forestdale, Inc.; Gateway-Longview, Inc.; Good Shepherd Services; Gustavus Adolphus Child and Family Services; Harlem Children’s Zone, Inc.; Heartshare Human Services of New York; Hillside Family of Agencies; Hopevale, Inc.; House of Good Shepherd; Jewish Child Care Association of New York; Joan A. Male Family Support

Center; McQuade Children’s Services; Mercy First; Native American Community Services of Erie & Niagara Counties, Inc.; New Alternatives for Children; New Directions Youth & Family Services; New York Foundling Hospital; Ohel Children’s Home and Family Service; Rochester Society for the Protection and Care of Children; SCO Family of Services; St. Dominic’s Home; The Salvation Army-Syracuse Area Services; Timothy Hill Children’s Ranch; and Youth Advocate Program.

The final study report to OCFS consists of six chapters.

- Chapter 1 provides an overview of the study, the New York State child welfare system, and Federal and State laws and policies.
- Chapter 2 summarizes the study methodology.
- Chapter 3 provides an overview of aspects of service provision at the local district level.
- Chapter 4 provides detailed information gathered on the work activities of caseworkers during the 2-week time log data collection period.
- Chapter 5 discusses estimates by program and service of workload (the number of hours per caseworker per month) and caseload (the number of cases per caseworker per month that can be served based on time expended) for all study participants.
- Chapter 6 considers the findings from the detailed time log study in light of the other study components—the policy review, the literature review, and the surveys and interviews with the districts and voluntary agencies. Performance data are also reviewed, and Statewide caseload recommendations, which apply to local districts and their voluntary agencies, are made.

This Report Overview provides excerpts from the final sections—Recommendations, Next Steps, and Summary—of Chapter 6. Technical notes and references are not included in this overview, but are included in Chapter 6.

RECOMMENDATIONS

The findings of the time log data collection and the other components of this study lead us to recommend that New York State reduce its caseloads for Child Protective Services Investigations, Foster Care Case Planning Services, and Preventive Case Planning Services. This recommendation applies to both district offices and voluntary agencies that provide these services.

Based on the time log data, we estimate that, on average, district offices and voluntary agencies are spending between .6 and 1.5 hours (approximately 35 to 90 minutes) of face-to-face contact with children and their families per case per month. Face-to-face contact consists of in person contact with children and/or parents or caregivers, including conducting assessments, planning services, and providing direct services. Additional time may be spent in accompanying and assisting clients in receiving services in other venues. The average amount of time being spent in face-to-face contact with children and their

parents and caregivers is not enough to meet their needs or the policy and best practice mandates of the State and the local districts.

We recommend the following caseloads for New York State, for both the district offices and the voluntary agencies.

- For Child Protective Services Investigations, we recommend that New York State achieve the goal of 12 active investigations per caseworker per month, compared to the current estimated caseload (based on time spent per case) of 20 investigations per month for ACS and 27 for the other 10 participating districts.
- For Foster Care Case Planning Services, we recommend that New York State achieve the goal of 11-12 children per caseworker per month, compared to the current estimated caseload (based on time spent per case) of 17 children per month for ACS and its voluntary agencies, and 20 per month for the other 10 participating districts and their voluntary agencies.
- For Preventive Case Planning Services, we recommend that New York State achieve the goal of 12-16 families per caseworker per month, compared to the current estimated caseload (based on time spent per case) of 27 cases per month for ACS and its voluntary agencies, and 22 per month for the other 10 participating districts and their voluntary agencies.

Achieving such caseloads would increase the average amount of case-related time per month as follows.

- For Child Protective Services Investigations, on average, a caseworker would be able to spend 10.5 hours per investigation per month compared to the current estimates of 6.4 hours per investigation per month for ACS and 4.7 for the other 10 participating districts.
- For Foster Care Case Planning Services, on average, a caseworker would be able to spend 10.5 to 11.5 hours per child per month compared to the current estimates of 7.5 hours per child per month for ACS and its voluntary agencies, and 6.2 hours for the other 10 participating districts and their voluntary agencies.
- For Preventive Case Planning Services, on average, a caseworker would be able to spend 7.9 to 10.5 hours per family per month compared to the current estimate of 4.6 hours per family per month for ACS and its voluntary agencies, and 5.6 for the other 10 participating districts and their voluntary agencies.

These caseloads might vary from month-to-month over the duration of a case, but represent an average amount of case-related work per case per month.

These recommendations take into consideration the need to improve performance on many indicators including: completing investigation determinations in a timely manner; interviewing of all alleged subjects of abuse and maltreatment face-to-face; facilitating bi-weekly visits between children in foster care and their parents or discharge resource; providing sufficient caseworker contacts to meet State requirements; and completing more comprehensive assessments within a timely fashion. Reducing caseloads will be an

important step towards achieving, within the required timeframes, the safety, permanency, and well-being of all children and their families.

NEXT STEPS

The addition of caseworkers in New York State will be critical, but not sufficient, to improving the standard of child welfare practice, as measured by State and Federal performance indicators. Increasing the numbers of caseworkers, in order to reduce caseloads, will also necessitate increasing the number of supervisors and other infrastructure staff.

As each district goes forward, it will need to address training and management needs, which are discussed below. Suggestions for additional analyses are also discussed.

Training and Supervision Needs

A stable and highly skilled workforce is a prerequisite to achieving desired child welfare outcomes. Whenever districts and voluntary agencies have high turnover, there is the likelihood of an increased workload on remaining caseworkers and supervisors. There are also human and fiscal costs when an agency is hiring and training new staff.

Training and supervision are critical components of maintaining a highly skilled workforce. Caseworkers in modern child welfare agencies need specialized training in a wide range of areas including child development, risk assessment, culture and ethnicity, service trajectories, and evaluation of parental functioning. Communication skills, use of electronic data systems, knowledge of judicial processes, and an understanding of child abuse and maltreatment are core competencies that must be obtained. Such training must be supported by effective supervision and technical assistance.

This study found that, while some agencies are experiencing a stable workforce, other agencies are experiencing high turnover. As of August 1, 2006, staff vacancies or positions filled by trainees carrying reduced caseloads, accounted for 5.5 percent to 28 percent of the workforce among the agencies in the study. Districts reported that delays in processing new hires also contributed to gaps in staff coverage.

Management Needs

Just as the nature of casework is changing, the nature of management of human services agencies is also changing. Administrators today must bring not only a deep knowledge of the service arena—its policies, mission, fiscal foundations, and service approaches—but they must also bring or acquire experience in managing a changing environment. Changes can be seen as opportunities or threats. For the sake of the children being served, the benefits of change or reform must be assessed and maximized. Workloads and caseloads need to adjust as the environment changes, and managers must be able to make additional refinements to meet the needs of their local communities.

From the perspective of the caseworkers in the field, three factors need the critical attention of management. These are differential complexity of cases, the requirements of documentation, and the work related to the courts.

- A caseworker's workflow will rarely be smooth or predictable. Different needs of families require different services. Factors such as the seriousness and complexity of the case, the number of children and their needs, and the strengths or weaknesses of parents all contribute to the unique aspects of each case. Sufficient time must be available to meet the mix of issues in a caseload. Sufficient ratios of supervisors to caseworkers will be needed to provide guidance to caseworkers as to priorities and also to adjust caseloads, as needed. In addition, well-run districts will require sufficient administrative support staff, human resources staff, training staff, information systems support staff, and other infrastructure staff so that caseworkers may be productive and efficient.
- The impact of requirements for documentation and maintaining electronic records on workload is of high concern in the field. The time study found that overall 31 percent of case-related time is spent on documentation, compared to 17 percent of case-related time spent on face-to-face contact with children and their families, and an additional 7 percent spent on other forms of communication with children and their families. Additional attention will be needed to adjust these proportions in order to increase the amount of contact and communication with families and children even with reduced caseloads. Additional training or infrastructure staff may be needed.
- Furthermore, the need to prepare for court, attend hearings, and follow up on hearings is a demanding part of the caseworker's week. The time study found that some caseworkers are spending an average of 15 percent of their time on court-related matters.

Therefore, if caseloads are to be well-managed, each district must have sufficient infrastructure and management support for its caseworkers.

Additional Analyses

Suggestions are made for future analyses, which could elaborate upon the findings of this report. These are:

- *Provide each district and voluntary agency with more detailed information* on its workload and caseload so that the variations noted in this report can be further studied at the district level. This would assist each district in determining what will be needed in order to meet these recommendations.
- *Conduct a more detailed review of practices in the field* by experienced caseworkers, supervisors, and administrators in each of the districts, to assess whether the proportions of time spent on different case-related tasks can be realigned to provide more time for work with children and families.

- *Conduct an analysis of outcomes of cases* and link outcomes to time spent on cases. While not all cases in this study will have achieved an outcome in the next several months, it may be possible to gather additional data on the cases included in this study to further examine the relationship between intensity of work and case outcome.
- *Provide OCFS, all its districts and, to the extent possible, all its voluntary agencies, with a mechanism for monitoring workload* and estimating caseloads, which could be used periodically to develop information for managers and administrators. Such data gathering would improve the ability to manage child welfare services in the districts.

SUMMARY

Based upon the time log data collected from over 2,200 caseworkers, and the review of State policies, best practice guidance, indicators of current performance, national standards, and findings of other workload studies, this study recommends that New York State reduce the caseloads of caseworkers providing Child Protective Investigation Services, Foster Care Case Planning Services, and Preventive Case Planning Services.

The study recommends that New York State implement caseloads of 12 active CPS Investigations per caseworker, 11-12 active child cases per caseworker for Foster Care Case Planning Services, and 12-16 active family cases per caseworker for Preventive Case Planning Services in all districts and among all voluntary agencies.

1. BACKGROUND AND CHILD WELFARE POLICY CONTEXT

During the spring of 2006, the New York State Legislature directed the Office of Children and Family Services (OCFS) to:

“contract with a national child welfare expert to review and recommend manageable workloads for child protective services, foster care, and preventive services in order to allow sufficient time for each worker to meet all requirements and allow for comprehensive assessment of services for children and families.”

In response to the legislative mandate, OCFS contracted with Walter R. McDonald & Associates, Inc. (WRMA), and its partner, the American Humane Association (AHA), to conduct the study and prepare a report for submission to the New York State Legislature by December 1, 2006.

This document is the Final Report to OCFS for the New York State Child Welfare Workload Study. The report consists of six chapters. This chapter provides an overview of the study, the structure of the New York State child welfare system, and the policy backdrop of Federal, State, and local laws and policies in which it operates. The second chapter summarizes the study methodology. The third chapter provides an overview of some of the aspects of service provision at the local district level. The fourth provides detailed information gathered on the work activities of caseworkers during the 2-week time log data collection period. The fifth chapter discusses estimates, by program and service, of workload and caseload for all study participants. The sixth chapter considers the findings from the detailed time log study in light of other study components—the policy review, the literature review, and the surveys and interviews conducted with the districts and voluntary agencies. Performance data are also reviewed in the sixth chapter and Statewide caseload recommendations, which apply to local districts and their voluntary agencies, are made.

The overarching goal of the study was to review current workloads for Child Protective Services, Foster Care Services, and Preventive Services caseworkers and to make recommendations regarding manageable workloads for caseworkers in these programs. Achieving this goal involved meeting the following three objectives:

1. To understand the routine activities conducted by child welfare caseworkers to fulfill their duties;
2. To understand the time needed to complete all mandated and/or generally recommended practice activities; and
3. To estimate the time required to engage in these mandated practices and, to the extent practical, to include consideration of state-of-the-art practice that is reflected in national standards and developing initiatives in the field.

This report is the first time that the critical contribution voluntary agencies make to the total workload effort has been examined, in addition to the work of the public agency staff. This is an

important advance in understanding the total effort required to assess, plan, provide and document the broad array of child welfare services to meet the needs of children and their families. Understanding their contribution to the total effort is a critical component of the process of answering the basic questions posed by the New York State Legislature.

Studying child welfare workload issues involves several complex steps. A summary of these steps is provided below.

- The first step is to understand what the work entails, by identifying the programs, services, and tasks in which child welfare caseworkers are involved on a routine basis.
- The second step involves determining how much time caseworkers currently spend completing specific tasks during a defined study period.
- The third step entails using these data to develop estimates of the amount of time necessary to provide these services to families and children during a month.
- The fourth step uses the monthly time estimates, coupled with the amount of time that is actually available for child welfare caseworkers to work on cases, to estimate the number of cases in each type of program a caseworker could carry. Variations in practice and best practice guidance are also taken into consideration, to the extent practicable, in this step.

Among the factors that most heavily influence the work of child welfare are Federal and State laws and regulations that establish the requirements for child welfare work. These policies: prescribe the programs and services that may be used to meet client needs; the duration, length, and focus of services; the conditions under which services may be used; and the criteria against which the performance of the individual caseworker and child welfare system will be measured. The remainder of this chapter is devoted to explaining the policy context in which child welfare operates in the State of New York.

OVERVIEW OF THE NEW YORK STATE CHILD WELFARE PROGRAM

New York State's social services system is State supervised and locally administered by 57 local social services departments, the Administration for Children's Services (ACS), and the St. Regis Mohawk Tribe. With the exception of the five counties that make up New York City, each county has its own social services agency that, with some variation, has responsibility for most social services, including Temporary Assistance for Needy Families (TANF), Medicaid, Adult Protective Services, etc., in addition to child welfare services. In New York City, the Administration for Children's Services (ACS) has child welfare responsibilities for all five boroughs. Collectively, ACS and the county social service agencies are referred to as districts in this report.

OCFS is the State agency responsible for oversight of all child welfare services. OCFS was created in 1998 to improve the integration of services for New York State's children, youth, families, and vulnerable adults. The mission of OCFS is stated below:

The mission of the Office of Children and Family Services (OCFS) is to serve New York's public by promoting the well-being and safety of our children, families, and communities. OCFS achieves results by setting and enforcing policies, building partnerships, and funding and providing quality services.¹

As part of its responsibilities, OCFS regulates and monitors the local social services districts, which provide Child Protective Services (CPS), Preventive Services, Foster Care Services, Article 10 Direct Placements with Relatives Services, Adoption Services, Post Adoption Services, and After Care Services. OCFS also maintains the Statewide Central Register for Child Abuse and Maltreatment (SCR), which receives all reports of suspected incidents of child abuse, neglect, and maltreatment, and refers these reports to the appropriate district for investigation.

Generally speaking, three components of service are entailed in meeting the needs of children and families: case management, case planning, and casework. State regulations define these service components specifically for each major program, but across programs there are commonalities.

- Case management—Responsibility to authorize the provision of services, to approve client eligibility, and to approve, in writing, the service plans.
- Case planning—Assessing the need for, providing or arranging for, and coordinating and evaluating the provision of services needed by a child and his or her family. Case planning includes referring a child and his or her family to other services, as needed, documenting client progress and adherence to the plan, and providing casework contacts.
- Casework—Process, activities and services provided to a child and his or her family by a worker with an assigned role in the case, other than that of case planner or case manager. Caseworkers also provide casework contacts, conduct assessments, and contribute to the case plan.²

Implementation of State policy is the responsibility of the districts. Districts are responsible for conducting investigations of alleged child abuse and maltreatment that are referred to them by the SCR and determining whether they are substantiated under State law. Districts are also responsible for providing case management services for CPS, Prevention Services, Foster Care Services, Adoption Services, and After Care Services for families who experience child abuse or maltreatment, request voluntary services, or have court-ordered services. Districts may also provide case planning, or may contract with a voluntary agency to provide case planning and/or casework services. The districts contract with a large number of voluntary agencies to provide various child welfare services. In carrying out their responsibilities to protect children and strengthen families, the districts also work with law enforcement agencies, county prosecutors, the courts, court-appointed special advocates, and many other entities in each community, including schools, child care agencies, mental health providers, and public health agencies.

¹ Programs and Services Pub. 4601, Retrieved September 28, 2006, from <http://www.ocfs.state.ny.us/main/publications/Pub4601PrgmsSvcstext.asp>.

² 18 NYCRR §423.2.

From July 1, 2005, to June 30, 2006, the districts provided CPS to approximately 229,900 children, Preventive Services to almost 46,000 cases, Foster Care, and Article 10 Direct Placement with Relatives Services to about 47,000 children, and Adoption Services to about 5,500 children.³

LEGAL AND POLICY BACKGROUND

The work of the districts and the voluntary agencies is conducted within the framework of Federal and State laws and policies, as summarized below.

Federal Policy

In 1980, Congress enacted the Adoption Assistance and Child Welfare Act, to address concerns regarding the length of stay of children in foster care.⁴ This legislation created title IV–E of the Social Security Act, which provides financial incentives to States to comply with the provisions of the Act. It does so by making Federal assistance available to States with foster care systems that meet the Act’s requirements for children in foster care who meet specific eligibility requirements involving deprivation of parental support. For a State to be eligible for payments under the Act, it has to have a plan in place for:

- A reasonable effort—prior to the placement of a child in foster care—to prevent or eliminate the need for removal of the child from his or her home and a reasonable effort to make it possible for the child to return home;
- The development of a case plan for each child receiving foster care maintenance payments; and
- A case review system for the child through which the status of the child would be reviewed by a court at least every 6 months and a dispositional hearing held no later than 18 months after the original placement.

In 1997, Congress passed the Adoption and Safe Families Act (ASFA)⁵ with the goal of refocusing the child welfare system on achieving permanence, safety, and well-being for children. It requires more frequent judicial reviews, criminal records screening, extensive judicial monitoring, and documentation of children's progress toward achieving a permanent home. In addition, it expedites the timelines for filing petitions to terminate parental rights, and imposes monetary sanctions if a State does not comply with these Federal requirements. The major provisions of ASFA are summarized below:

- Promotes the child’s health and safety as the “paramount concern” for child welfare services. As a result, greater action is required at intake to ensure that children are placed outside the home immediately if certain aggravated circumstances would endanger their safety if they remain in the home;
- Provides that “no reasonable efforts” need to be made under certain circumstances;

³ Data provided by OCFS Data Warehouse.

⁴ P.L. 96-272, 94 Stat. 500, 42 U.S.C §§670-676.

⁵ P.L. 105-89, 111 Stat. 2115, amending 42 U.S.C. §§671-675 (1997). New York State implemented ASFA by Chapter 7 of the Laws of 1999, Chapter 145 of the Laws of 2000 and various regulatory and policy changes.

- Except under specified circumstances, requires States to start proceedings to terminate parental rights if children have been in a State’s custody for 15 of the most recent 22 months;
- Requires that there be a permanency plan and that a permanency hearing be held within 12 months of the date that a child “is considered to have entered foster care,” or within 30 days of a judicial determination that reasonable efforts to reunify the child and family are not required;
- Establishes a new requirement that reasonable efforts must be made to achieve permanency for children and to finalize a permanency plan; and
- Provides a formal policy statement that concurrent planning for reunification and for another permanency option is not only acceptable, but is good practice.

Enactment of ASFA led to an increased focus on accountability in the child welfare system. Improvement in safety, permanence, and well-being became the outcome goals for the system. As a result of this focus on outcomes, it became necessary for outcomes to be measured, which had never been done before in a systematic way. During March 2000, the U.S. Department of Health and Human Services (DHHS) finalized regulations establishing the Child and Family Services Reviews (CFSR).⁶ The CFSR is a monitoring process for reviewing States’ performance and compliance with Federal requirements for Child Protective Services, Foster Care Services, Adoption Services, and family preservation and support services (Preventive Services) under titles IV–B and IV–E of the Social Security Act. These reviews focus on assessing agency performance against more than 20 indicators in key outcomes related to child safety, permanency, and well-being. The reviews also include an assessment of the States’ systems and processes such as case review, quality assurance, foster and adoptive parent licensing, and staff training. The Federal review of New York State’s child welfare program occurred during 2001. New York State developed, and began implementing, a Performance Improvement Plan during 2002.⁷

In addition to the Federal laws discussed above, several other Federal laws govern the provision of child welfare services by the States and have workload implications, including:

- Child Abuse Treatment and Prevention Act (CAPTA) of 1974;
- Multi-Ethnic Placement Act;
- Strengthening Abuse and Neglect Courts Act of 2000;
- Foster Care Independence Act of 1999; and
- Indian Child Welfare Act (ICWA).

A summary of these laws is provided in appendix A. Minimally, all of these laws require extensive documentation of case characteristics, services, and outcomes. They also establish time frames in which specified activities must occur in individual cases without regard to the other work requirements imposed on case carrying child welfare staff and their supervisors. The more

⁶ 45 C.F.R. §1355.31-37.

⁷ CFSR Report, retrieved September 22, 2006, from <http://www.ocfs.state.ny.us/main/reports/cfsr/disclaimer.htm>.

extensive case review processes established under these Federal laws entail coordination between child welfare agencies and the courts and, in some cases, the tribal courts, which may or may not be able to comply with the various timeliness requirements.

New York State Policy

New York State's child welfare program is governed by the Social Services Law (SSL), the Family Court Act (FCA), and regulations issued by OCFS, found in the Title 18 of the Official Compilation Codes, Rules and Regulations of the State of New York (Regulations). The Permanency Bill, effective December 21, 2005 made major changes to the SSL and FCA.⁸ In addition, changes to the State's regulations to support implementation of the Permanency Bill were made through emergency rule and are currently being proposed for permanent adoption.⁹ The SSL and FCA and the State regulations, as amended, were reviewed. Following is a summary of the major policy requirements that may impact the time required for case practice in the core areas of child welfare in New York State.

THE CHILD WELFARE PROGRAMS IN NEW YORK STATE

Each of the major child welfare programs in the State is described from a policy point of view. Special attention has been given to required time frames and specific work-related regulations that would impact the workload of casework staff in the following programs:

- Child Protective Services (CPS);
- Preventive Services;
- Foster Care Services and Article 10 Direct Placements with Relatives;
- Adoption Services;
- Post Adoption Services; and
- After Care Services.

Program and service definitions can be found in appendix B.

Child Protective Services

CPS is a program of services that provides services to children under the age of 18 who are named in an alleged or indicated report of abuse or maltreatment.¹⁰ The goal of CPS is to ensure the swift investigation of reports of suspected child abuse and maltreatment and the protection of children from further abuse or maltreatment, the provision of services necessary to safeguard and ensure the children's well-being and development, and the provision of rehabilitative services for the children and parents involved, in order to preserve and stabilize the family life, wherever appropriate.¹¹

⁸ L. 2005, Ch. 3 eff. December 21, 2005.

⁹ Regulation Text, Retrieved September 22, 2006, from http://www.ocfs.state.ny.us/main/legal/legislation/permanency/perm_bill_RegText.pdf.

¹⁰ 18 NYCRR §432.1(p).

¹¹ SSL, Article 6, Title 6 §411 et. seq. (2006); 18 NYCRR §432.2 (b).

Intake of Child Abuse and Maltreatment Reports

State law mandates the creation of the State Central Register of Child Abuse and Maltreatment (SCR).¹² The SCR receives reports of alleged maltreatment 24 hours a day, 7 days a week, through its toll-free telephone line. The SCR worker is responsible for conducting a careful and complete interview and, based on the information provided, determining whether to register the call as a child protective report.¹³

For a call to be registered as a report, it must contain an allegation which, if true, would constitute child abuse or maltreatment as statutorily defined. (See exhibit 1.1.) The SCR then immediately transmits registered reports to the CPS unit in the relevant district for investigation. The districts are mandated by law to establish a CPS unit to investigate suspected child abuse and maltreatment and provide protection and rehabilitation services.¹⁴ When reports are received from the SCR, they are electronically transmitted directly to the CPS unit where a “noisy alert” will signal that the CPS caseworker needs to sign on and retrieve the report from the system. Acknowledgement of the receipt of the report must be completed within 15 minutes of the noisy alert, during normal working hours. There are variations among the districts as to how intake responsibilities are managed after hours and on weekends. When receiving reports, caseworkers must confirm that the address provided in the report is in their jurisdiction.

Exhibit 1.1 Definitions of Child Abuse and Maltreatment

An “**abused child**” is a child less than eighteen years of age whose parent or other person legally responsible for his care:

1. Inflicts or allows to be inflicted upon the child serious physical injury, or
2. Creates or allows to be created a substantial risk of serious physical injury, or
3. Commits or allows to be committed against the child a sexual offense as defined in penal law.

A “**maltreated child**” is a child under eighteen years of age whose physical, mental or emotional condition has been impaired, or is in danger of becoming impaired, as a result of the failure of his parent or other person legally responsible for his care to exercise a minimum degree of care:

1. In supplying the child with adequate food, clothing, shelter, education, medical or surgical care, though financially able to do so or offered financial or other reasonable means to do so; or
2. In providing the child with proper supervision or guardianship; or
3. By unreasonable inflicting, or allowing to be inflicted, harm or a substantial risk thereof, including infliction of excessive corporal punishment or by misusing a drug or drugs or alcoholic beverages to the extent that he loses self-control of his actions; or by any other act of a similarly serious nature requiring aid of the Family Court; or
4. By abandoning the child; or
5. Inflicting serious physical injury by other than accidental means.

SOURCE: Family Court Act, Art. 10 §1012.

¹² SSL, Article 6, Title 6 §422.

¹³ Monroe and Onondaga counties receive some initial calls regarding allegations of child abuse and maltreatment directly, and then transfer them to the SCR.

¹⁴ SSL, Article 6, Title 6 §423(1); 18 NYCRR §432.2 (1).

Investigation of Child Abuse and Maltreatment

Within 24 hours of receiving a report of child abuse or maltreatment, the caseworker must conduct a face-to-face contact or telephone contact with the subjects and/or other persons in a position to provide information about whether the child may be in danger of serious harm.¹⁵ The documentation of the step(s) taken in the first 24 hours must be provided in the case record.

CPS caseworkers have a duty to take all appropriate measures to protect a child's life and health. When a child is assessed to be in immediate danger, a broad range of interventions may be employed to protect the child, including protective custody. If the caseworker has reasonable cause to believe that the circumstances or condition of the child are such that continuing in his or her place of residence with the parent, or other person responsible for the child's care, presents an imminent danger to the child's life or health, the child may be removed without the consent of a parent or guardian.¹⁶ Reasonable efforts must be made to ensure the safety of the child while maintaining the child in his or her home and preventing foster care placement.¹⁷ If emergency removal of the child is necessary to protect the life or health of the child, the parent will not consent to the removal, and there insufficient time to obtain a court order, a petition must be filed no later than the next court day after the child was removed.¹⁸ If the court determines that the child must be removed, an immediate investigation must be conducted to locate any nonrespondent parent or relatives of the child. If found, they must be informed of the abuse and maltreatment proceeding and of the opportunity for becoming foster parents or for seeking custody or the care of the child.¹⁹

Caseworkers are required to complete a preliminary assessment of safety (initial 7-day) to determine whether the child named in the report, or any other children in the household, may be in immediate danger of serious harm. If any child is assessed to be unsafe, caseworkers must undertake immediate and appropriate interventions to protect the child.²⁰ The initial 7-day assessment is to be completed within 7 days of receipt of the child protective services report.²¹ The preliminary safety assessment includes the initial evaluation of child safety, assessment of immediate danger, mitigating strengths and resources available to the family, and action taken or contemplated.

The full investigation of the allegations of child maltreatment must be completed within 60 days after receiving the report, by completing and submitting an investigation conclusion. To conduct the investigation, the caseworker must visit the child's home, talk to the parents, and interview others with information about the family and the allegations made (e.g., relatives, school officials, neighbors, and law enforcement professionals). At a minimum, the investigation must include:

¹⁵ SSL, Article 6, Title 6 §424(6); 18 NYCRR §432.2 (b)(3)(i).

¹⁶ 18 NYCRR, §432.3 (l).

¹⁷ SSL, Article 6, Title 6 §417.1.

¹⁸ FCA, Article 10, Part 2 §1026 as amended by L. 2005, Ch. 3, §14, eff. Dec. 21, 2005.

¹⁹ FCA, Article 10, Part 1 §1017 as amended by L. 2005, Ch. 3 §10 and Ch. 671 §1.

²⁰ 18 NYCRR 432.1(aa).

²¹ 18 NYCRR 432.2(b)(3)(ii)(c).

- One home visit with face-to-face contact with the subjects and other persons named in the report so as to evaluate the environment of the child named in the report, as well as other children in the same home;
- An assessment of the child's safety, documented within the first 7 days of receipt of the report, and then again within 7 days of completing and submitting the investigation conclusion;
- An assessment of the risk of future abuse and maltreatment to the child(ren) in the home by gathering required information and completing the Risk Assessment Profile (RAP); and
- A determination of the nature, extent, and cause of any conditions enumerated in the report.

If the report is indicated, the subject(s) and all adults named in the report must receive written notification of this determination, as well as of the right to amendment or to a fair hearing if an amendment is not granted. This notice must be given by the CPS caseworker within 7 days of the indicated determination.²² If the report is unfounded, notice is sent to the SCR and the report is sealed.²³ If the report is unfounded, but the risk of future abuse and maltreatment is determined to be high based on the RAP, consideration needs to be given to referring the family for services other than CPS. All determinations must be approved by a CPS supervisor.²⁴

Ongoing Protective Services

Once an allegation of child maltreatment has been indicated, the CPS worker must decide whether to open or close the case for services. Both the level of child safety and the assessment of the likelihood of future maltreatment should influence this decision. The full range of available services should be considered including, but not limited to, CPS, with a continued focus on safety and risk of future abuse and maltreatment. If the caseworker decides to open the case for services, and the family is willing to engage in services, the caseworker should determine the family's eligibility for the services included in the service plan, and complete an application for these services. Should the family be unwilling to engage in services, and the caseworker determines that the risk to the child is high, the caseworker works with the district's legal services to petition the court to order services. The CPS caseworker is responsible for providing, arranging for, and/or coordinating services that will be provided to the family.²⁵

When the CPS caseworker provides services directly, the caseworker must ensure that:

- Any safety response initiated or maintained protects the child from immediate danger of serious harm; and
- The services planned and/or provided are likely to reduce the risk factors that may lead to child abuse or maltreatment.²⁶

²² 18 NYCRR §432.3 (k)(1).

²³ 18 NYCRR §432.9.

²⁴ SSL, Article 6, Title 6 §424 (7); 18 NYCRR §432.2 (3)(iv).

²⁵ 18 NYCRR §432.2 (4); Child Protective Services Program Manual, Chapter IV.

²⁶ 18 NYCRR §432.2 (b)(4)(v).

In addition, the CPS caseworker may provide Foster Care Services directly as well as any appropriate rehabilitative service, including Preventive Services, to his/her own protective cases. During the course of ongoing direct service provision, the CPS caseworker must make at least two face-to-face contacts each month with family members named in the report. At least one of these contacts must take place in the family's home.²⁷

For indicated child abuse/maltreatment cases with a program choice of "protective," where a local district CPS caseworker is not the direct provider of rehabilitative services, a member of the district's CPS unit must act as a monitor for the case. Monitoring responsibilities include overseeing the provision of all services and foster care, where applicable, for the purposes of ensuring that:

- The service plan addresses the health and safety of the child;
- The service plan addresses long-term risk reduction and the resolution of identified problems that create risk; and
- The service plan is implemented by the direct service provider(s).

In all cases, the CPS monitor must contact the primary service provider (in person or by telephone) at least once every 6 months. Other service providers are to be contacted as necessary. In addition, the CPS caseworker serving as monitor must have in-person contact with the primary service provider whenever a major change in the case is contemplated. The CPS monitor also completes or reviews safety and risk assessments and service plans.²⁸

Service Planning and Uniform Case Recording

In addition to providing services, CPS caseworkers are required to document casework activities. Exhibit 1.2, on the following page, provides a summary of the case documentation requirements related to child protective services and the timelines for completion.

Closing a CPS Case

CPS cases may be closed entirely, or as a case with a program choice of "protective," only when there are no significant child safety concerns, the risk of future abuse and maltreatment has been sufficiently reduced, or there is no legal basis for providing oversight.

Preventive Services

Preventive Services is a program of time-limited, family-oriented, supportive and rehabilitative services, which are provided to children and their families for the purposes of:

- Averting a disruption of a family that will or could result in the imminent placement of a child in foster care;
- Enabling a child who has been placed in foster care to return to his/her family at an earlier time than would otherwise be possible; or
- Reducing the likelihood that a child who has been discharged from foster care would return to such care.²⁹

²⁷ 18 NYCRR §432.2 (b) (4)(vi).

²⁸ 18 NYCRR §432.2 (b) (5).

²⁹ SSL, Article 6, Title 6 §409; 18 NYCRR §423.2 (b).

Exhibit 1.2 Child Protective Services Report Timeline

During the Investigation	<ul style="list-style-type: none"> • Establish a case record. • Within 24 hours, conduct a face-to-face contact or telephone contact with the subjects and/or other persons in a position to provide information about whether the child may be in danger of serious harm • Within 7 days of receipt of the report, conduct a preliminary assessment of safety to determine whether the child named in the report and any other children in the household may be in immediate danger of serious harm. • No later than 7 days after the report, and seeing that the child is safe— notify subjects and other persons named in the report of their rights concerning amendment or expungement of the report in writing. • As required, document via Progress Notes critical information about any activities related to the investigation of the case.
At Determination	<ul style="list-style-type: none"> • Within 30 days of the Case Initiation Date (CID),³⁰ complete an Initial Family Assessment and Service Plan for cases not yet determined.
Following Determination	<ul style="list-style-type: none"> • Within 90 days from the CID, complete a Comprehensive Family Assessment and Service Plan, if the case has not been transferred.
Ongoing	<ul style="list-style-type: none"> • Every 6 months complete a Family Assessment and Service Plan. • Keep Progress Notes providing an overview of important activities and events in a family's/child's case.

The provision of Preventive Services frequently occurs simultaneously with the provision of other services to children and families, particularly Foster Care Services and Child Protective Services. The provision of Preventive Services is one of the primary means used to avert foster care placement. In fact, State and Federal law and regulations require that reasonable efforts must be made to prevent placement prior to placing a child in foster care.³¹ Preventive Services may be provided to cases that are receiving CPS services, including during the period of investigation. Preventive Services may also be provided for up to 3 months following the child's discharge from foster care³² and for adopted children, regardless of whether or not they have been adopted from foster care, if they are at risk of foster care placement.³³

Preventive Services are categorized by State regulation into two categories: (1) nonmandated Preventive Services, which may be provided based on the decision of the district, and (2) mandated Preventive Services, which the district must provide if they are essential to improving family relationships and preventing the placement or replacement of a child in foster care, or enabling a child in care to return home safely sooner than would otherwise be possible. There are several specific tests to determine whether or not Preventive Services are mandated in a particular situation but, generally, the determining factors are the degree of risk of foster care placement, the level of immediacy, and the seriousness of the risk of abuse or maltreatment.

³⁰ Case Initiation Date (CID) is defined as one of the following, whichever occurs first: Date of Indication and Opened for Services, Date of Application (request for Foster Care, Preventive or Adoption Services); Date of Placement; or Date of Court Order.

³¹ SSL, Article 5, Title 10, §358-a.

³² 18 NYCRR 423.4 (h).

³³ 18 NYCRR 423.4 (j).

Preventive Services may be provided directly by the district or through purchase of service contracts with approved voluntary agencies.³⁴ Services that may be provided as Preventive Services include the following:

- Case management;
- Case planning;
- Casework contacts;
- Day care services;
- Homemaker services;
- Housekeeper/chore services;
- Family planning services;
- Home management services;
- Clinical services;
- Parent aide services;
- Day services to children;
- Parent training;
- Transportation;
- Emergency cash or goods;
- Emergency shelter;
- Housing services;
- Outreach activities;
- Intensive, home-based family preservation services; and
- Crisis respite care and services for families.

Case Management and Service Planning

Case management, case planning, and casework contacts are required for all children and families who are receiving Preventive Services. Case management means those activities necessary for initiating and continuing the provision of services on a case-by-case basis. The responsibility for case management rests with the local social services district and may not be delegated. Case management responsibilities include authorizing services, approving eligibility, reviewing and approving service plans, and monitoring casework contacts. There may be only one case manager for each family receiving services.

Case planning in Preventive Services is defined as assessing the need for, providing or arranging for, coordinating, and evaluating the provision of Preventive Services. It also includes referring a child and his or her family to other services as needed. Local social service districts may either provide case planning for Preventive Services directly, or may purchase case planning services as part of a purchase-of-service contract with a Preventive Services agency.³⁵ A critical piece of case planning involves ongoing family assessments and service planning. For every case receiving Preventive Services from the district or a voluntary agency:

³⁴ SSL, Article 6, Title 4 §409-a (4).

³⁵ 18 NYCRR §423.2 (b)(2).

- An initial family assessment and service plan must be completed and approved by the case manager within 30 days from the case initiation date;
- A comprehensive assessment and service plan must be completed and approved by the case manager within 90 days of the case initiation date;
- The first family reassessment and service plan must be completed no later than 210 days from the case initiation date; and
- All subsequent family assessments and service plans must be completed 6 months from the due date of the previous reassessment and every 6 months thereafter.³⁶

Casework Contacts

A casework contact is an individual or group in-person meeting of a case planner and a child and/or the child's parent(s), relative(s) or guardian(s) for the purpose of guiding them toward a course of action for achieving the goals identified in the family's service plan, for resolving problems or needs of a social, emotional, developmental or economic nature, or for attaining personal objectives relating to these same needs and goals.³⁷ All casework contacts must be documented in the progress notes. Following are the minimum requirements regarding casework contacts in preventive services:

- A minimum of 12 casework contacts must be made with a child and/or family within each 6-month period of service;
- Four of the 12 required casework contacts in each 6-month period must be individual face-to-face contacts with the child(ren) and/or family; and
- Two contacts must take place in the family's home.³⁸

Some districts provide direct—or contract for—specialized, intensive Preventive Services. Caseworkers providing intensive, home-based family services must provide at least one-half of their direct services in the family's residence or temporary home. These services are limited to a period of up to 30 consecutive days, which may be extended up to an additional 30 days per family. Services must be available on a 24-hour basis. Caseworkers providing intensive, home-based family services may typically work with no more than four families at any given time.

Foster Care Services and Article 10 Direct Placements with Relatives

Children can enter foster care voluntarily or involuntarily. When evidence shows that child abuse or maltreatment has occurred and the child cannot remain safely at home, the Family Court orders the placement. Children may also be placed in foster care through a Person in Need of Supervision or Juvenile Delinquents petition before the Family Court.³⁹

The standard for placement in foster care requires that the removal from the home must be essential to ensuring that the child receives proper care, nurturance or treatment. Placement may be considered essential when:

³⁶ 18 NYCRR §428.3 (f).

³⁷ 18 NYCRR §423.2 (3).

³⁸ SSL, Article 6, Title 4 §409-a; 18 NYCRR §423.4 (d).

³⁹ FCA, Article 7.

- It is necessary to ensure the health and safety of the child;
- The parents or caretakers refuse to maintain the child in the home or have voluntarily surrendered the child for adoption;
- The child's parents or caretakers are unavailable due to hospitalizations, arrest, imprisonment, or death;
- The child is placed at risk of serious physical or emotional harm due to an emotional, mental, or physical condition of the parent(s) or caretaker(s);
- The child has special needs for supervision or services that cannot be met adequately by the child's parents or caretakers, even with the aid of intensive services in the home; or
- The foster placement would significantly aid a pregnant woman, or a woman who has given birth, in preparing to assume responsibility for her child, or enable the mother and child to remain together.⁴⁰

In order for the child to be voluntarily placed and remain in foster care for more than 30 days, the Family Court must determine that the placement is in the best interests of the child, that it would be contrary to the welfare of the child to continue in his or her own home and that, where appropriate, reasonable efforts were made to prevent or eliminate the need for removing the child from his or her home or to make it possible for the child to return safely home.⁴¹

Article 10 Direct Placements with Relatives

When the Family Court determines that a child cannot remain safely in his or her home and must be removed after Preventive Services have been provided or during a CPS investigation, the district must conduct an immediate investigation to locate a nonrespondent parent of the child and any other relatives of the child. They must be informed of the abuse and maltreatment proceeding and of the opportunity for becoming foster parents or for seeking custody or care of the child. If, upon review of the investigation, the court determines that there is a suitable nonrespondent parent or relative with whom the child may reside, the court may:

- Place the child in the custody of the nonrespondent parent or other suitable relative and conduct further investigations as deemed necessary; or
- Place the child with the local commissioner of social services and direct the commissioner to have the child reside with the relative or other suitable person, and commence an investigation within 24 hours in order to approve the relative or other suitable person as a foster parent.

If the court determines there is no suitable nonrespondent parent or relative to care for the child, the child will be placed in nonrelative foster care.⁴² Whether the child is placed directly with a relative or in foster care, the goal is to achieve permanency for the child. Permanency goals may include:

⁴⁰ 18 NYCRR §430.10 (c).

⁴¹ SSL, Article 5, Title 10 §358-a.

⁴² FCA, Article 10, §1017 as amended by L. 2005, Ch. 3 §10 and Ch. 671, §1. Foster Care means care provided by an authorized agency to a child in a foster family, free or boarding home, agency boarding home, child care institution, health care facility or any combination thereof. FCA, Article 10-A, §1087 (c).

- Reunification with the family;
- Placement with a noncustodial parent;
- Adoption; and
- Another planned living arrangement with a permanency resource.

Caseworkers are required to work with families when developing the permanency plan, and must monitor the progress families make toward the plan's goals.

Service Planning and Case Management

An initial family assessment must be completed by the district or voluntary agency and approved by the case manager within 30 days of a child being considered for placement in foster care or if placed in foster care, whichever occurs first.⁴³ The initial assessment and service plan is used to record the family's history and presenting problems, as well as their current level of functioning and the steps to be taken to meet their needs.

Pursuant to Article 10 of the Family Court Act, once a child is placed in foster care, or in the direct custody of a relative or other suitable person, caseworkers work with the child and family to develop a family service plan that identifies agreed upon steps that are to be taken to reduce risk of harm to the child and achieve the permanency plan. Caseworkers continue to work with the family to assess the need for services and supports to achieve permanency, to ascertain the progress being made in meeting the desired outcomes, and to assist in the ongoing planning with the family. For every child placed in foster care or in the direct custody of a relative or other suitable person, the following assessment and service plans must be developed:

- An initial family assessment and service plan must be completed and approved by the case manager within 30 days from the case initiation date;
- A comprehensive assessment and service plan must be completed and approved by the case manager within 90 days of the case initiation date;
- The first family reassessment and service plan must be completed no later than 210 days from the case initiation date; and
- All subsequent family assessments and service plans must be completed 6 months from the due date of the previous reassessment and every 6 months thereafter.⁴⁴

Each family assessment and service plan must include, but is not limited to:

- A program choice for each child receiving services;
- A goal and plan for child permanency;
- A description of legal activities and their impact on the case;
- A thorough and comprehensive assessment and analysis of the family members' strengths, needs and problems;
- The family's views of its needs and concerns;
- A plan of services and assistance made in consultation with the family and each child older than 10 years of age;

⁴³ SSL, Article 6, Title 4-A, §409-e.

⁴⁴ 18 NYCRR §428.3 (f).

- The status of the service plan, including service availability and the manner of service provision;
- The family's progress toward plan achievement;
- Summary of the involvement of the parents, guardian, children, and any others in the development of the service plan;
- Safety assessments;
- Risk assessments in child protective cases; and
- Assessments of family functioning.⁴⁵

Additional considerations are required for the initial assessment and service plan for children with HIV, for children in the direct custody of a relative or other suitable person, when a reassessment is conducted, and when a child is freed for adoption.⁴⁶ All family assessment and service plans, including the initial and comprehensive family assessment and service plans, must include the signatures or electronic equivalent(s) of the case planner, the case planner's supervisor and the case manager and, where required, the signature of the CPS monitor.⁴⁷

In addition, service plan reviews, either administrative reviews conducted by the district/agency or a judicial review conducted by the court, must be held no earlier than 60 days, but no later than 90 days from the date the child is placed in foster care. Subsequent service plan reviews must be held every 6 months thereafter. A permanency hearing may satisfy the requirements for a service plan review if it is held and completed within 6 months of the previous service plan review.⁴⁸

The purpose of the service plan review is to assess the progress made through implementation of the previous service plan, review the appropriateness of the permanency planning goal, identify issues of concern, and suggest modifications that impact on, and inform, the development of a new service plan. With the implementation of Chapter 3 of the Laws of 2005, also known as the Permanency Bill, new requirements were established for formal case consultations prior to the Permanency Hearing in order to develop the Permanency Hearing Report. Should the case planning timelines permit, this consultation can serve as the service plan review, if the appropriate independent reviewer is present. Service plan reviews require the presence of the case planner and a third party reviewer at a minimum, but family, children over the age of 10, foster parents, and service provider participation is strongly encouraged.

For the bi-annual Permanency Hearings, a case consultation is required with a specified list of participants. Whenever practicable, the case consultation participants must all meet together at the same time. At a minimum, a face-to-face consultation must be held separately with each of the required participants.⁴⁹ Participants in the consultation must include:

⁴⁵ 18 NYCRR §428.6 (a)(1).

⁴⁶ 18 NYCRR §428.6 (a) (2)-(8).

⁴⁷ 18 NYCRR §428.6 (b).

⁴⁸ 18 NYCRR §430.12 (c)(2).

⁴⁹ 18 NYCRR §428.9 (b)(2).

- The case planner and/or the child’s caseworker;
- The child’s parents unless parental rights have been terminated or unless it can be documented that the parent(s) are unwilling or unable to attend;
- The child is 10 years old or older, unless it can be documented that the child is unwilling to attend or the child’s attendance would not be in the child’s best interests; and
- The child’s foster parent or guardian with whom the child has been placed directly by court order.⁵⁰

Efforts also must be made to consult with the case manager, the permanency discharge resource, if different from above, key service providers to the child and family, the child’s school, the child’s tribe, if Native American, and any other persons identified by the parents. It is important that these case consultations be conducted in a timely manner so that the permanency hearing report can be completed and submitted at least 14 days before the date set for the permanency hearing.^{51 52} Exhibit 1.3 provides a summary of the required permanency hearings.

Exhibit 1.3 Required Permanency Hearings

Hearing	Purpose	Time Requirement
Initial Permanency Hearing After Placement	Review the foster care status of the child and the appropriateness of the permanency plan developed by the social service official	No later than 6 months from the date which is 60 days after the child was removed and shall be completed within 30 days of commencement
Subsequent Permanency Hearings for Children Who Remain in Foster Care or Who are Freed for Adoption	To determine whether the conditions and circumstances giving rise to the order of placement, or an extension of placement, have changed and to determine the permanency plan for the child	Must be commenced at least every 6 months from the completion of the previous permanency hearing
Initial Freed Child Permanency Hearing	To determine the plan for adoption of the child	No later than 30 days after the hearing at which the child was freed for adoption and shall be completed within 30 days
SOURCE: FCA, Article 10-A, §1089.		

⁵⁰ 18 NYCRR §428.9 (b)(1).

⁵¹ FCA, Article 10-A §1087 (e). “Permanency hearing report shall mean a sworn report submitted by the social service district to the court and the parties prior to each permanency hearing regarding the health and well-being of the child, the reasonable efforts that have been made since the last hearing to promote permanency for the child, and the recommended permanency plan for the child.”

⁵² FCA, Article 10-A §1089(b); 18 NYCRR §428.9 (b)(1).

Casework Contacts

Frequent casework contacts with foster children are important to assess and maintain the children’s safety and well-being. Similarly, regular casework contacts with the children’s caretakers are an important factor in evaluating placement stability and ascertaining the foster children’s service needs. Ongoing casework contacts with the foster children’s parents or relatives are necessary to pursue reunification or to determine whether another appropriate permanency goal needs to be pursued. Exhibit 1.4 provides a summary of the required casework contact services for children in out-of-home placement that must be provided to the child, the child’s caretakers, and to the child’s parents or relatives.⁵³

Exhibit 1.4 Required Casework Contacts for Children in Out-of-Home Placement

Required Casework Contacts	During the First 30 Days of Placement	After the First 30 Days of Placement
Child	<ul style="list-style-type: none"> At least twice, with one of the contacts held at the child's placement location, and as often as necessary to implement the services tasks in the family and children's services plan 	<ul style="list-style-type: none"> At a minimum of once a month At least two of the monthly contacts every 90 days must be at the child's placement location
Parent or Relatives	<ul style="list-style-type: none"> At least twice unless compelling reasons are documented why such contacts are not possible. At least one of the contacts shall occur in the home of the parents or relatives 	<ul style="list-style-type: none"> Once a month, unless compelling reasons are documented as to why such contacts are not possible At least one of the contacts shall occur in the home of the parents or relatives every 90 days unless compelling reasons are documented why such contacts are not possible
Caretakers	<ul style="list-style-type: none"> As often as necessary, but at a minimum must occur at least once at the child's placement location 	<ul style="list-style-type: none"> Monthly, and at least one of the monthly contacts every 90 days must be at the child's placement location
<p>SOURCE: 18 NYCRR §441.21 as amended by the emergency rule adopted on December 29, 2005 and re-adopted on March 29, 2005 and June 27, 2006, and amended on August 15, 2006.</p>		

Visits

For children in foster care placement whose permanency planning goal is discharge to parents or relatives, the district must plan for, and make efforts to, facilitate biweekly visits between the child and the parents or caretakers to whom the child is to be discharged, unless certain

⁵³ Casework contact is defined as individual or group face-to-face contacts with the child, the child’s parents or relatives, or the child’s caretakers.

circumstances exist that prevent biweekly visits.⁵⁴ In addition, if siblings or half siblings in foster care are not placed together, the caseworker must facilitate visitation between the siblings or half siblings.

Adoption Services

With the enactment of ASFA and implementation of corresponding New York State statutes and regulations, the focus on permanency for the child stresses that the child's health and safety must be the paramount concern in the development of a plan for the permanent placement of the child. If a child is in placement for 15 of the previous 22 months, under Federal and State laws, a petition to terminate parental rights must be filed, unless a compelling reason is documented that terminating parental rights (TPR) is not in the best interests of the child.⁵⁵ In making a determination to seek TPR, caseworkers have to consider the needs and interests of both the child and the parents. It is critical that caseworkers document all efforts that have been made on behalf of the child, the parents, and the extended family. This documentation provides the critical framework for decisionmaking to assist in identifying what is needed for family reunification, or the necessary evidence for TPR.⁵⁶

The adoption program provides for the location and development of adoption resources for children who are legally free for adoption and the provision of services to legally-freed children to support their safety, permanency, and well-being. Adoption Services include: the evaluation of a child's placement needs and pre-placement planning; counseling with the biological parent(s) or legal guardian(s) concerning surrender or legal termination of parental rights with regard to a child; recruitment, study, and evaluation of interested prospective adoptive parents; training of adoptive parents; counseling for families after placement; and supervision of children in adoptive homes until legal adoption.⁵⁷

For children in a foster care placement whose permanency planning goal is adoption, the following actions and timelines are required.

- For a child who is not legally free, an action to legally free the child must be initiated within 30 days of the establishment of the permanency planning goal of adoption. The child must be freed within 12 months after the establishment of the permanency goal of adoption.
- A child who is legally free for adoption but not in an adoptive home must be placed in an adoptive home within 6 months after the child was freed for adoption. Once the child is in an adoptive home, the adoption must be finalized within 12 months; and
- For a child who is legally free and in an adoptive home, but whose adoption is not final, the adoption must be finalized within 12 months after the child is placed in an adoptive home.⁵⁸

⁵⁴ 18 NYCRR §430.12 (d).

⁵⁵ SSL, Article 6, Title 1, §384-b(3)(1).

⁵⁶ SSL, Article 6, Title 1, §409 (e)-(f).

⁵⁷ SSL, Article 6, Title 1, §372-b(1)(b); 18 NYCRR §421.1(b).

⁵⁸ 18 NYCRR §430.12 (e).

Post Adoption Services

The program of Post Adoption Services provides support to children who have been adopted and their adoptive families for 3 years after the adoption is finalized, in order to stabilize and support the adoption. Post Adoption Services include:

- Counseling;
- Training parents on how to care for children with special needs;
- Providing clinical and consultative services; and
- Coordinating access to community supportive services.

Additional Adoption Requirements

The placement of a child may not be denied or delayed on the basis that an approved adoptive parent resides in a State or county different from the agency with custody and guardianship of the child.⁵⁹ However, placements involving Native American children and placement of children between States require additional steps. In 1978, the Federal Government passed the Indian Child Welfare Act (ICWA),⁶⁰ which establishes minimum Federal standards for the removal of children from their families and for the placements of Indian children in foster or adoptive homes compatible with their culture. The Act also clarified a tribe's jurisdiction during child welfare proceedings involving Native American children. OCFS regulations establish the procedures that must be followed by all districts before they place a Native American child.⁶¹ When placing a child in a foster home, or for the purpose of adoption in another State, the law requires that the Interstate Compact on the Placement of Children (ICPC) be followed.⁶² ICPC provides a process by which the "sending State" requests approval of the placement of the child by a designated compact authority in the receiving State. Placement of the child may only be made after the placement is approved.

After Care Services

The After Care Services program supports youth in their transition to adulthood, if they have been discharged from foster care to another planned living arrangement with a permanency resource, are older than 18 years but younger than 21 years, and are not in the custody of the district but wish to continue to receive services. After Care Services include assessing the need for, providing, coordinating, and evaluating the provision of services to a youth, including the development and implementation of service plans, documentation of client contact and progress, referral for services, and payment for services.⁶³

Service Planning and Case Management

After the custody of a district has been terminated, the district must maintain supervision of the youth until he or she is 21 years old. Supervision for youth in After Care Services includes at least monthly contact with the youth, with face-to-face contacts required on a quarterly basis. However, if the youth has maintained adequate housing and income continuously for the past

⁵⁹ 18 NYCRR §421.26 (e).

⁶⁰ 25 U.S.C §1901, et seq.

⁶¹ 18 NYCRR §431.18.

⁶² SSL, Article 6, Title 1, §374-a.

⁶³ 18 NYCRR §430.12 (f)(4).

6 months, only quarterly contacts are required, either face-to-face or by telephone. In addition, progress notes must be maintained that show the number and type of contacts with the youth, the services and service providers to whom the child has been referred, and whether the child received services.⁶⁴

SUMMARY

This overview of policy underlying the delivery of child welfare services in the State of New York provides ample evidence of the numerous requirements for adequate service delivery. Many requirements are in terms of time frames for completion of specific assessments, reviews, or decisions. Other requirements are in the form of method-of-service delivery, such as face-to-face contact. What are not discussed here are the specific outcomes that are to be achieved for children served by child welfare. Much progress has been made in this area of child welfare policy and practice, but the linkages between services, quality of services, and outcomes are still in their infancy.

Nevertheless, workload is a critical component in being able to meet requirements and to provide adequate and appropriate services. Most particularly, the workload of social service caseworkers is of paramount importance to ensure that such services are provided to those in need.

The next chapter provides an overview of the methodology used in this study. Succeeding chapters provide our findings in terms of estimating what caseloads can be managed based on estimations of the work needed to meet the policy and practice requirements.

⁶⁴ Ibid.

2. METHODOLOGY

This chapter provides a summary of the methods that were used for this study. Particular attention is given to the primary methodology of using an automated “time log” to record daily work. Additional data sources also provided critical information, including:

- A review of State and Federal policies;
- Face-to-face interviews with senior administrators in the study districts;
- Statistical data on volume and duration of cases statewide and by district; and
- A staffing patterns survey of participating districts and voluntary agencies.

STUDY DISTRICTS AND VOLUNTARY AGENCIES

Given the study time frame, as well as existing caseloads, the Office of Children and Family Services (OCFS) and Walter R. McDonald & Associates, Inc. (WRMA), agreed the study would not be a traditional census of all child welfare caseworkers. It was decided that the study would use a purposive sample of districts that would represent the variations in service delivery in the State. Equally importantly, the study would also include the voluntary agencies that provide Foster Care and Preventive Services to the children and families served by the participating districts.¹ The local districts that agreed to participate included:

- Administration for Children’s Services (ACS), which serves the five boroughs of New York City
- Four large districts
 - Erie County
 - Monroe County
 - Onondaga County
 - Suffolk County
- Three medium-sized districts
 - Broome County
 - Jefferson County
 - Orange County
- Three small districts
 - Lewis County
 - Schoharie County
 - Seneca County

The counties included in the sample are depicted graphically in exhibit 2.1 below.

¹To the best of our knowledge, this is the first time voluntary agencies have been included in a child welfare workload study.

Exhibit 2.1 Map of New York Identifying Participating Districts



All of the voluntary agencies that provide Foster Care or Preventive Services to child welfare clients from the participating districts were identified. The initial list included in excess of 60 agencies. After a review by representatives from the participating districts, some agencies were eliminated for various reasons, including that the contractual arrangements were changing, their caseloads were very small, or agencies had either merged or were merging, so a workload study was not feasible. Forty-eight voluntary agencies were invited to participate, and 42 agreed to do so. The six agencies that declined to participate cited the demands of their current workload. The voluntary agencies that participated in the study are listed in exhibit 2.2 below

Exhibit 2.2 Participating Voluntary Agencies

ACS Voluntary Agencies	LDSS Voluntary Agencies
Abbott House Builders for Family & Youth Cardinal McCloskey Services Catholic Guardian Society & Home Bureau Children's Aid Society Concord Family Services East Harlem Council for Community Improvement Edwin Gould Services for Children and Families Episcopal Social Services of New York Forestdale, Inc. Good Shepherd Services Harlem Children's Zone, Inc. Heartshare Human Services of New York Jewish Child Care Association of New York Mercy First New York Foundling Hospital Ohel Children's Home and Family Services SCO Family of Services St. Dominic's Home	Baker Victory Services Berkshire Farm Center & Services for Youth Buffalo Urban League Catholic Charities of Buffalo Cayuga Home for Children Child and Adolescent Treatment Services Child and Family Services of Erie Children's Home of Wyoming Conference Elmcrest Children's Center Gateway-Longview, Inc. Gustavus Adolphus Child and Family Services Hillside Family of Agencies Hopevale, Inc. House of the Good Shepherd Joan A. Male Family Support Center McQuade Children's Services Native American Community Services of Erie & Niagara Counties, Inc. New Alternatives for Children New Directions Youth & Family Services Rochester Society for Protection and Care of Children The Salvation Army-Syracuse Area Services Timothy Hill Children's Ranch Youth Advocate Program

STUDY PARTICIPANTS

All case carrying staff members (i.e., case managers, case planners, caseworkers, and supervisory staff) in each of the participating districts and voluntary agencies were asked to participate in a time log study, during which they would record the amount of time spent to complete all work-related tasks. In addition to recording time, caseworkers were also asked to record time to specific cases on their caseload that they worked on during the data collection period. Consequently, these data were available to estimate the volume of cases that were served during the study.

Caseworkers with less than 6 months experience were not included, as they were considered trainees and the amount of time they might spend on various functions would be less representative of child welfare work. In ACS, additional sampling of field offices was conducted.²

² Within ACS, case carrying staff members who work in the central office on citywide programs such as prevention, foster care, and adoption programs were included in the time log component of the study. A sample of CPS caseworkers from various field offices was selected to participate in the time log component of the study for a reduced number of days.

A total of 3,017 case carrying staff from the district offices and voluntary agencies was expected to participate in the time log part of the study. This represents approximately 20 percent of all personnel (e.g., caseworkers, supervisors, managers, administrators) in New York State, who have access to the statewide information system. Based on the time log results, 2,667 individuals (88.4%) reported some time data to the study. As shown in exhibit 2.3, the response rates were highly consistent among the agency types and locations.

Exhibit 2.3 Response Rate by Agency Type¹

Agency Type ²	Number of Expected Caseworkers	Number of Participating Caseworkers	Response Rate
LDSS	782	779	99.6%
ACS	783	603	77.0%
VA - LDSS	527	507	96.2%
VA - ACS	925	778	84.1%
Total	3,017	2,667	88.4%

¹ Only activity records with valid program, service, time, date, and office codes were included.

² LDSS refers to the 10 participating districts outside of New York City. ACS refers to the Administration for Children’s Services, which serves the 5 boroughs of New York City. VA-LDSS refers to the voluntary agencies that serve children and families under the jurisdiction of the LDSS. VA-ACS refers to the voluntary agencies that serve children and families under ACS’s jurisdiction.

Some staff reported too little or too much time to be useful for analysis. When these staff were excluded, 82.8% of the responding participants remained. This resulted in a total of 2,208 caseworkers representing approximately 15 percent of all New York State child welfare caseworkers. See the next section regarding how the data was validated.

Additional examination of the responses of the caseworkers provides more detailed information regarding the provision of child welfare services by program within the districts and voluntary agencies. More than 1,000 caseworkers reported time spent on Foster Care Services; nearly 1,000 caseworkers reported time for Child Protective Services; and nearly 1,000 caseworkers reported time for Preventive Services.

- About two-thirds of the caseworkers from the districts reported involvement in CPS activities (73.5% of ACS caseworkers and 59.6% of caseworkers from the other districts). See exhibit 2.4.
- Voluntary agency (VA) staff were more likely to report time in Foster Care Services (58.0 to 64.9% of VA caseworkers compared to 23.4% to 37.2% for the districts) and Preventive Services activities (36.4% to 47.9% of VA caseworkers compared to 27.2 to 29.5% for the districts).

- 81.4% of the caseworkers reported they worked in either one program or one program plus Management/Administration.
- 18.6% of the caseworkers reported their work involved some combination of CPS, Preventive Services, and Foster Care.

Exhibit 2.4 Staff Who Participated in the Study by Program and Agency^{1,2}

Program	Staff Reporting Program	LDSS Staff Reporting Program N=779	ACS Staff Reporting Program N=603	VA-LDSS Staff Reporting Program N=507	VA-ACS Staff Reporting Program N=778
Child Protective Services	904	59.6%	73.5%	0.0%	0.0%
Preventive Services	920	29.5%	27.2%	47.9%	36.4%
Foster Care Services	1,233	37.2%	23.4%	58.0%	64.9%
Article 10 Direct Placements with Relatives	122	10.4%	5.0%	1.4%	0.3%
Adoption Services	237	10.1%	0.7%	11.6%	12.0%
Post Adoption Services	54	3.7%	0.7%	1.4%	1.7%
After Care Services	77	2.4%	1.9%	3.7%	3.6%
Management/Admin	1,276	56.3%	46.5%	51.1%	37.9%

¹ Only activity records with valid program, service, time, date, and office codes were included.

² Total percentages within columns (staff reporting) equal more than 100% due to caseworkers providing services in more than one program.

DATA VALIDATION

In preparation for conducting the analyses, the raw data files were validated and cleaned to delete records with specific types of errors or records that were incomplete.³ These adjustments resulted in two data files that were used for analytical purposes. The first data file included all study participants who submitted any valid data, regardless of the number of days or hours in each day, and was used to calculate overall response rates. The second data file excluded outlier participation records, which included either too much time to be deemed feasible, or too little time to provide a good record of the time spent. This second data file was used for all other analyses.

The second data file included adjustments to enhance data consistency and to eliminate records from participants who reported extraordinarily low or high amounts of time during the 2-week data collection period.

³ The conditions included: data outside the data collection period; experimental records that included data from nonparticipants in the study; records missing key items such as program, service, or time; and records from non-participating districts.

- After reviewing the first data file, the study team removed all records from caseworkers who reported fewer than 3.5 days per week. At an average of 7.5 hours per day this means that all records were deleted from the final analytical file for caseworkers who reported data for 1 week with a total of less than 26.25 hours or, for those who reported data for 2 weeks, caseworkers with less than 52.5 hours.
- There were also some caseworkers who reported working an extraordinarily large number of hours—more than 200 hours—in the 2-week period. Many of these caseworkers appeared to have reported all of their activities on a 24-hour-a-day basis, including the time spent in activities that were unrelated to their work. A review of these data records showed that almost all of these caseworkers reported significant amounts of time in which they were “on call, but no contact reported.” That is, they were officially on call but had no emergency work to perform and, therefore, did not have any contact with children or families during the time period.

After these adjustments were made, the time log data of 2,208 caseworkers remained and were used for analysis.

An additional adjustment was made to the second analytical file. CPS caseworkers in the ACS field offices reported data for only 1 of the 2 weeks of data collection. Therefore, both the number of hours reported and the number of cases served by ACS were underrepresented in the first data file. To adjust for this, the study team prorated both the amount of time and the number of cases served for ACS CPS caseworkers in order that they would be comparable to the 2-week period of other study participants. In order to estimate the amount of time per program, service or task, the hours spent for 1 week were multiplied by two. The estimation of the number of cases served utilized a regression methodology rather than simple multiplication. The methodology for imputing the number of cases is described in appendix F.

In short, the final file on which all subsequent analyses were based was adjusted to ensure that all data were equivalent to a 2-week reporting cycle and that all “outliers” whose data had potential for distorting the analyses were removed.

UNDERLYING PRINCIPLES

Workload can be estimated in various ways. The approach used in this study is perhaps the most rigorous in that it used actual time spent by caseworkers to estimate how much time is needed. Data on specific tasks in each program or service area were collected by worker and by case. Time that was not used on direct casework was also collected to estimate how much time is available during a year for casework. The total amount of time spent was computed over the period of 2 weeks, as well as by time spent on specific tasks, such as face-to-face contact with the child. Estimates were made as to how much time per case is needed per month.

The number of caseworkers that are needed in any given month can then be computed based on multiplying the number of cases open in a month by the average number of hours needed to provide services to a case. This number is then divided by the average amount of time available

per caseworker for case-related services. Such estimates are further informed by policy and best practice guidelines as to tasks that should be conducted to establish estimates that represent both “what is” and “what should be.”

The following is a more in-depth description of the methodologies used to conduct the time log component of the study and to gather the additional data used in the study.

TIME LOG COMPONENT OF THE STUDY

The time log component required participating caseworkers to record all of their activities for a 2-week period between September 11 and September 22, 2006. Libera developed an automated, Web-based data collection tool with direction from OCFS and using specifications prepared by WRMA.

Workload Categories

The time log was organized in terms of categories under which work can be recorded. The design of the time log used in this study was based on three dimensions of work:

- **Program**—The major program areas of OCFS (CPS, Preventive Services, Foster Care Services, Article 10 Direct Placements with Relatives, After Care Services, Adoption Services, and Post Adoption Services). Noncase-specific time was accounted for through the program of Management/Administrative;
- **Service**—Type of service (e.g., investigation, case planning, case management) provided within the program; and
- **Tasks**—The detailed activities (e.g., face-to-face contact with a child, contact with collaterals, documentation performed by staff. The tasks are grouped into eight major groups of tasks called Task Domains.

Significant work with OCFS was conducted in order to identify and define all programs, services, and tasks within each dimension. The workload categories used in the study are listed in exhibits 2.4 and 2.5 below. Detailed definitions are provided in appendix B.

Exhibit 2.4 Workload Categories for Time Reporting – Programs and Services

Programs	Services
1.0 Child Protective Services	1.1 CPS Intake
	1.2 CPS Investigation
	1.3 Ongoing Protective Services
2.0 Preventive Services	2.1 Preventive Case Management
	2.2 Preventive Case Planning
	2.3 Preventive Casework
3.0 Foster Care (includes Independent Living and child-specific home finding, residential treatment)	3.1 Foster Care Case Management
	3.2 Foster Care Case Planning
	3.3 Foster Care Casework
4.0 Article 10 Direct Placements (child is not in care and custody of the department but placed directly with a relative by the court with monitoring by the department)	4.1 Article 10 Placement Services
5.0 Adoption (child is legally free and has a goal of adoption)	5.1 Adoption Case Management
	5.2 Adoption Case Planning
	5.3 Adoption Casework
6.0 Post Adoption Services (after adoption has been legally finalized)	6.1 Post Adoption Case Management
	6.2 Post Adoption Case Planning
	6.3 Post Adoption Casework
7.0 After Care Services (for former foster children who are still receiving independent living supports and/or financial assistance)	7.1 After Care Services
8.0 Management/Administrative (for noncase specific work activities)	8.1 Management/Administrative Activities
9.0 Non Child Welfare Service	9. 1 Non Child Welfare Service Program

Exhibit 2.5 Workload Categories for Time Reporting – Task Domains and Tasks

Task Domains	Tasks
A. IN PERSON CONTACT WITH CHILD(REN) AND/OR PARENT(S) OR CAREGIVER(S)	A.1 Conducting assessment of and planning with child(ren) A.2 Conducting assessment of and planning with parent(s) or caregiver(s) A.3 Conducting assessment of and planning with child(ren) and parent(s), caregiver(s) or others A.4 Providing direct services for child(ren) A.5 Providing direct services for parent(s) and/or caregiver(s) A.6 Providing direct services for child(ren) and parent(s) and/or or caregiver(s)
B. COMMUNICATION WITH CHILD(REN), PARENT(S), AND CAREGIVER(S) (PHONE, EMAIL, FAX)	B.1 Communication with child(ren) B.2 Communication with parent(s) or caregiver(s) B.3 Communication with child(ren) and parent(s) and/or caregiver(s)
C. COURT	C.1 Preparing for court C.2 Appearing in court C.3 Waiting time in court
D. OTHER CASE-SPECIFIC	D.1 Contact with/oversight of service providers and potential service providers D.2 Contact with collaterals D.3 Contact with supervisor and/or management D.4 Consultation with peers (receiving or providing) D.5 Preparing for and participating in formal case review and planning meetings D.6 Preparing for and participating in administrative/fair hearings D.7 Case specific Preparation D.8 Waiting time
E. CASE-RELATED DOCUMENTATION (ACCESSING, ORGANIZING, INPUTTING, APPROVING)	E.1 Safety Assessment or Risk Assessment (if done separately from FASP) E.2 FASP (includes Safety or Risk Assessment if done together) E.3 Permanency Hearing Report E.4 Progress notes E.5 Eligibility determination or redetermination E.6 Local requirements E.7 Other documentation
F. CASE-RELATED TRAVEL	F.1 Travel to and from clients, parents, caregivers, collaterals, court, etc. (includes attempted in-person contacts)
G. MANAGEMENT AND ADMINISTRATION	G.1 Training (receiving or providing) G.2 Staff or agency and other noncase related meetings G.3 Community outreach (includes general recruitment) G.4 Administrative, noncase specific (includes time sheets, IT, email, travel vouchers, filing, research studies, Federal and State audits) G.5 Workload study (data entry, technical assistance) G.6 Paid on call, no contact G.7 Management and administration related travel time
H. NON-WORK TIME	H.1 Paid, non-work time (breaks, vacation, holidays, sick leave etc.)

Training and Technical Assistance

Prior to implementing the data collection, three main activities were conducted—participating staff were trained, the time log tool was field tested, and a technical support infrastructure for the data collection process was designed.

During more than 55 sessions throughout the State, the Training Strategies Group of the State University of New York trained several persons from each participating district or voluntary agency in the use of the data collection tool. These staff, in turn, provided training in their agencies to the rest of the participating staff.

In addition to in-house testing of the automated tool, a field test for both technical and programmatic issues was conducted during a 2-day period with one of the participating districts and one of the voluntary agencies, to identify any technical and programmatic issues. Feedback from the pilot test informed the final implementation of the data collection effort. During the week prior to the data collection period, the tool was available for participating caseworkers and their supervisors to practice and gain familiarity with it. In addition, every worker was also asked to enter some data on a particular day during the week to test the capacity of the system.

An extensive support structure was designed to assist users who had either technical or programmatic difficulties during the data collection period. Users were instructed to first review their training materials if they had questions about programmatic issues concerning data entry, such as how to code a particular activity. If they were unable to resolve their concerns in this manner, they were expected to ask either their agency's project coordinator or the person who had trained them. If questions remained, the relevant project coordinator contacted a designated member of the OCFS project team who either provided a response to the concern or obtained an answer from a senior staff member from OCFS or from the designated member of the WRMA project team. Additionally, OCFS provided information about the progress of the study, including frequently asked questions with the appropriate answer, several times during each week of data collection. If any technical issues arose during the data collection period, users were instructed to contact their agency's LAN administrator, each of whom had been trained in technical aspects of the data collection tool by the OCFS Information Technology personnel.

Data Collection and Validation

When each participating worker first logged into the data collection tool, core data, such as the number of expected work hours each week and the normal starting time for each day, were recorded. A new time log was started each day of the data collection period for each worker. Unless the worker changed it, the normal beginning time for each day that was recorded at initial log on was recorded as the day's start time. For the remainder of the day the worker recorded each activity in which he or she was involved.

A "time ladder" approach was used to collect information about the series of tasks performed on different (or the same) cases during the day. In a time ladder, each activity is considered a "rung" in an unbroken series of activities making up a day. By using this approach, all activities in a day were captured, including breaks, unpaid time (e.g., lunch) and all case- and noncase-related

activities. In addition, as all activities were recorded, a participant needed only to record one time value for any activity because the end time of an activity automatically became the start time of the next.

For each activity the participating worker recorded the following data:

- Caseworker CONNECTIONS⁴ person ID;
- Date of work;
- Start time (automatically populated);
- End time;
- Duration in minutes (automatically calculated);
- Family CONNECTIONS person ID (selected from a worker-specific list, if applicable);
- Child CONNECTIONS person ID (selected from a worker-specific and family-specific list, if applicable);
- Program (selected from the list of programs);
- Service (selected from a program-specific list);
- Task Domain (selected from the list of domains); and
- Task (selected from a domain-specific list).

In addition to daily work data, the worker could also indicate certain “flags” that identified unique circumstances regarding the time log data entry. These flags included:

- Embedded Task Subrecord—was used to indicate if the activity took place while the worker was waiting for court or was traveling;
- On Call—indicated those activities that occurred while the worker was on call, for example to receive after hours reports of alleged child maltreatment and initiate an investigation, if appropriate;
- After Hours—indicated if the work activity occurred after—or continued beyond—the worker’s normal work day; and
- Other Person’s Case—indicated when the worker was assisting another worker with a case rather than working on a case that was in the reporting worker’s assigned caseload.

The tool automatically loaded employee-linked caseload data from CONNECTIONS. This function saved time and improved accuracy in searching for case identification information. Throughout the data collection period, CONNECTIONS data used by the tool was updated twice daily to make certain that the most current family, child, client, stage, case, and worker information was available for workload data entry.

Caseworkers were asked to select the appropriate family and specific family member from the list of assigned cases recorded in CONNECTIONS. If an activity involved several different cases, such as a series of unrelated telephone calls that occurred within a short period of time, caseworkers could record an activity as requiring a block of time and involving multiple cases.

⁴ The New York Statewide Automated Child Welfare Information System.

The field was left blank if the activity did not involve working with a particular case, such as most administrative activities, or involved a case that was not on the worker's assigned caseload in CONNECTIONS.

The tool compiled raw data output for analysis that complied with precise data requirements and specifications (see the output record layout in appendix C). Data security was maintained by Libera, and data extracts were made available at the request of OCFS for transfer to WRMA. WRMA stored all data on a secure file-transfer-protocol (FTP) server enabling the secure storage and exchange of files between OCFS and WRMA. OCFS transferred to WRMA an extract of the raw data output for analysis shortly after the completion of the pilot study. WRMA used this file for preliminary tests of the analytic routines.

Both the WRMA analysis team and members of the OCFS Information Technology office reviewed data several times during both weeks of data collection. Daily and weekly monitoring reports were generated and shared with the local districts and voluntary agencies. Feedback was provided to the project coordinators from the participating agencies regarding the agency's progress in terms of data entry, or any concerns, omissions, or data anomalies that had become apparent, so that they could be corrected. OCFS also provided feedback to the participating agencies regarding the responsiveness of their participating staff members.

Following the last day of the workload study, the tool was made available for an additional week to enable staff to enter data that they had not recorded previously or to correct errors.

ADDITIONAL DATA SOURCES

Several data sources, in addition to the time log study, were necessary to complete the New York State child welfare workload analysis. These included a review of policy, face-to-face interviews with district liaisons, administrative data from the management information systems of record, and survey data from the districts and voluntary agencies.

Policy Review

State and Federal policies were reviewed as an underpinning to the study. A summary of the specific policy requirements that impact the time required for case practice was completed for the core areas of services. National caseload standards were reviewed to provide a backdrop to the study in terms of national expectations for workload.

Face-to-Face Interviews

Face-to-face interviews were conducted with the program director or other appropriate administrator in each district, in order to develop a better understanding of the organizational structure of each district, any special initiatives that might affect workload, and an assessment of the adequacy of the district's staffing to perform critical functions. The interview protocol results were assembled by district and summarized. These data are qualitative in nature and primarily provide descriptive information about the local programs. An important part of the protocol addressed the respondents' "sense of the workload" in their districts and their ability to meet the

established standards of case practice with the current caseloads. In addition, information was gathered regarding adjustments thought to be necessary to adequately serve program areas defined by the workload study. The interview protocol is located in appendix D.

Statistical Data

Obtaining case counts for service and duration within a service was important for addressing the total need for service resources in New York State. Service volume and duration data were used to estimate the amount of time required for the existing caseload. This information was used to calculate total full-time equivalent (FTE) requirements based on historical service volume patterns combined with case-related workload estimates from the time log component of the study.

CPS data regarding intake and investigation were obtained from CONNECTIONS. Ongoing Protective, Foster care, Adoption, and Prevention Services data were obtained from a legacy system. The data were analyzed for case volume and case duration statistics and provided estimates of total caseload sizes and durations by service types.

District and Voluntary Agency Survey Data

A staffing patterns survey was sent to the participating districts and voluntary agencies. The request was for counts of staff in different service areas and for information about the local work week. A file of respondent data records was assembled and a summary description of each district and voluntary agency was developed. The work week and leave time information was used to adjust estimates of total worker time available for casework per month. The staffing patterns survey instruments are included in appendix E.

The survey also provided information on the number of case carrying staff and specialized staff who provide supportive client services such as transportation, eligibility determinations, or supervised visitation. The description of the current staffing levels in the participating districts by program provided an enumeration of staff resources to address current case needs under current practice patterns. This survey also enabled a determination of the degree to which specialized staff are supporting casework services. The use of specialized staff increases the overall resources to support the provision of child welfare services. Future studies may address more precisely the use of specialized contract support staff by including them in a time study or another type of administrative contract review.

The survey data also provided information regarding supervisor-to-caseworker ratios, numbers of staff vacancies, and the number of casework trainees who carry a reduced caseload. These data provided a snapshot of the working conditions that can impact workload, and, in turn, caseworkers' ability to meet the demands of child welfare work.

SUMMARY

The methodologies that were used for data collection and analysis in the New York State Child Welfare Workload Study have been summarized in this chapter. In addition to the primary component of the study, which collected time log data on the time spent for all activities, four additional distinct and complementary data collection efforts were included in the study:

- A review of State and Federal policies, national caseload standards, and the literature on workload studies;
- Face-to-face interviews with senior administrators in the Administration for Children's Services (ACS) in New York City and in the 10 additional local departments of social services, which participated in the study;
- Statistical data on volume and duration of cases statewide and by district; and
- A staffing pattern survey of participating social service districts and voluntary agencies.

Each of these data sources were used in forming the final recommendations of the study.

3. CHILD WELFARE IN THE FIELD

An overview of the policy that directs child welfare practice in the State was presented in Chapter 1. In this chapter, we discuss some of the aspects of service provision at the local district level. The goal of this chapter is to discuss some of the commonalities and differences in management and delivery of services throughout the State, as additional context for understanding what may constitute a manageable workload. It does not provide a complete picture of child welfare work in each district and agency, but the selection of districts provided insights into variations and commonalities. Variations in working conditions, the manner in which casework duties are performed, different requirements and expectations, and the availability of staff to provide supportive and specialized services can impact workload and, in turn, caseworkers' ability to meet the demands of child welfare work.

In order to gain a more comprehensive understanding of the similarities and differences in the provision of services to children and families, as well as challenges the districts and voluntary agencies face, Walter R. McDonald & Associates, Inc. (WRMA) conducted a staffing patterns survey.¹ In addition, face-to-face interviews were conducted in each of the districts. Following is a summary of:

- The work environment in the districts and voluntary agencies;
- The similarities and differences among the districts in the delivery of child welfare services, including the way in which core child welfare services are organized, and the availability of staff to provide supportive and specialized services;
- Promising practices that are being implemented that impact workload; and
- Challenges the districts and voluntary agencies are facing in the delivery of services.

WORK ENVIRONMENT

The capacity of child welfare staff to provide the necessary services for children and families is dependent upon many factors. Training, experience, needs of clients, and available resources are all core to the provision of service. The time available for work is the starting point for determining appropriate workload. The number of hours in a work week, and the amount of leave time that caseworkers take, vary somewhat among the districts and the voluntary agencies. Among the participating districts and voluntary agencies, the standard work week ranges from 35 to 40 hours. The average work week is 37.5 hours.

- Four districts and 14 voluntary agencies have a 35-hour work week.
- Two districts have a 37.5-hour work week.
- Five districts and 22 voluntary agencies have a 40-hour work week.

¹ Districts include the following 11 county child welfare agencies: the Administration for Children's Services (ACS), Broome, Erie, Jefferson, Lewis, Monroe, Onondaga, Orange, Schoharie, Seneca, and Suffolk.

Within a district or voluntary agency, caseworkers may receive different amounts of leave, depending on human resources policy concerning position, start date, and length of service. Data from the districts and voluntary agencies in the study, however, indicate that, on average, staff take approximately the same amount of leave. Agencies reported that case carrying staff take approximately 35 days of leave per year, including holidays, sick time, and vacation.

Staff Turnover

A stable and highly skilled workforce is necessary to provide child welfare services effectively. Whenever districts and agencies have turnover, there are implications for workload. When they experience high turnover rates, there are even more serious implications for workload.² There are two obvious consequences of losing staff—an increased workload burden on remaining staff, even if temporary, and a reduced workload for new staff during their initial exposure to the agency. New staff may need more time to do casework, and new caseworkers are often assigned fewer cases than their more experienced colleagues. In two of the smallest districts, casework trainees do not carry caseloads. In the remaining districts casework trainees carry, on average, 50 percent of a regular caseload. Several districts expressed concern about the consequences of turnover on their workload and the resulting proportion of staff in trainee status.

Data were provided by the districts on the number of current vacancies and the number of casework trainees who are carrying a reduced caseload. These data provide a piece of the picture in terms of the challenges faced by the districts and the voluntary agencies regarding staff recruitment and retention. In a small district, the loss of one staff person can have a significant impact on the workload of the remaining staff and their ability to provide timely child welfare services. As of August 1, 2006, the percentage of vacancies in case carrying positions, and the number of casework trainees carrying reduced caseloads in the districts, ranged from 5.5 percent to 28 percent. These data indicate a range of turnover among the districts in staff in the past 6 months and are consistent with the turnover rates identified by the Office of Children and Family Services (OCFS) in their sixth annual survey of caseworker staffing and turnover.³ The percentage of vacancies in case carrying staff positions and the number of casework trainees in the voluntary agencies ranged from 0 percent to 50 percent. This indicates that some of the voluntary agencies have experienced high turnover while others have experienced very little turnover in the past 6 months. There was no apparent relationship to the size of the districts or voluntary agencies and the percent of vacancies and casework trainees.

There are fewer vacancies in supervisory positions. Only four districts reported any supervisory vacancies. Of these four districts, the Administration for Children's Services (ACS) reported a 21percent vacancy rate. The next three largest districts reported vacancies rates ranging from 7 percent to 9 percent. Ten of the voluntary agencies reported vacancies in supervisory positions. The vacancy rates in supervisory positions in these voluntary agencies ranged from 5 percent to 33 percent.

² For additional information about the impact on outcomes of high turnover rates and staff shortages, see U.S. General Accounting Office. (March 2003). *HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff* (Publication No. GAO-03-357). Washington, DC: Author.

³ New York State Office of Children and Family Services, Bureau of Training, (2006). *2005 Caseworker Staffing and Turnover Survey*. Received September 29, 2006, from New York State Office of Children and Family Services.

A number of districts reported that delays related to hiring approvals and Civil Service processes magnify the impact of turnover. In these districts, approvals to fill caseworker vacancies have often taken several months to secure. In addition, the necessary and required time for Common Core Training and Child Protective Services Response training magnifies the impacts of turnover.⁴ New CPS caseworkers and many child welfare caseworkers must complete training over a 10-week period before they can begin taking responsibility for cases.

Since 2001, OCFS and local district commissioners have worked with the Social Work Education Consortium (SWEC) to understand, and respond to, workforce turnover among front-line caseworkers and supervisors in the public agencies.⁵ They have learned that there are common themes as to why staff consider leaving child welfare work, yet there are unique issues among the districts. In comparing responses from 2002 and 2005, the SWEC found:

- In 2002, participants identified four main reasons why they considered leaving: pay and benefits, organizational and administrative issues, stress and burnout, and caseload. In contrast in 2005, there were three main reasons: pay only, stress and burnout, and organizational and administrative issues.
- In 2002, 29 percent of the respondents indicated workload as a reason to leave in contrast with 11 percent in 2005.
- Two areas received the lowest overall means scores for participants in both the 2002 and 2005 studies. Caseworkers were consistently dissatisfied with technology, training and record keeping, and salary and benefits.

OCFS and the local districts continue to explore solutions for retaining high quality caseworkers and supervisors. They know that workforce development and stabilization, including the development of supportive conditions for effective child welfare practice, is an important determinant of the quality of services provided to children and families and, in turn, client outcomes.⁶

⁴ The Common Core Training is a training program for new caseworkers hired by local districts and their contracted voluntary agencies. It is required for all new CPS caseworkers, and it is strongly recommended for all child welfare caseworkers. The objective of the training is to equip new caseworkers with the knowledge, attitudes and skills to practice effectively, using a set of skills that research and best practice standards have shown to impact positively the achievement of child safety, permanency, and child and family well-being outcomes. The training provides CPS and child welfare caseworkers with a framework for their practice that defines caseworkers as agents of change, who use a professional helping relationship to engage families in the assessment, planning and change process. The program is composed of five modules that are sequential and highly skill-based. The training process builds skills in interpersonal interactions and decision-making, including assessment, interviewing, identification of abuse/maltreatment, the assessment and response to safety and risk factors, with a family systems perspective, the legal framework for child welfare, how to assess and influence change readiness through an understanding of the five elements of change, the services planning process, and strengthening families to move toward case closure and the prevention of further child welfare involvement. Twenty days of training took place during a 6-8 week period. In addition, 8 days of required training for CPS staff on the investigative, assessment and documentation skills specific to the CPS function, immediately follows the Common Core training.

⁵ Office of Children and Family Services, Social Work Education Consortium. (2006). *Social Work Education Consortium Workforce Retention Study, Executive Summary*. Retrieved October 30, 2006, from <http://www.ocfs.state.ny.us/ohrd/swec/reports.asp>.

⁶ See New York State Office of Children and Family Services, *Program Improvement Plan Core Strategies*; Office of Children and Family Services, Social Work Education Consortium. (2004). *New York State Workforce Retention*

Supervisors

Child welfare supervisors are key to the recruitment, retention, and professional development of social caseworkers, as well as to the quality of the services delivered. Supervision has been associated with organizational, worker, and client outcomes.⁷ Experienced and knowledgeable supervisors play a role in mentoring caseworkers and ensuring the quality of services provided. Supervisory responsibilities include:

- Assigning cases;
- Monitoring caseworkers' progress in achieving desired outcomes;
- Providing feedback to caseworkers and enhancing staff skills in service delivery; and
- Analyzing and addressing problems, and making decisions about cases.

Supervisors, as well as their directors and management teams, have a critical role in ensuring a child welfare agency's ability to achieve the safety, permanence, and well-being of children.⁸

The majority of districts and voluntary agencies reported supervisor-to-caseworker ratios within the standards set by both the Child Welfare League of America (CWLA) and the Council on Accreditation for Children and Family (COA).⁹ These standards are goals that are considered best practice for the provision of services to children and families. Both CWLA and COA recommend that, across all programs, supervisors generally should not supervise more than five caseworkers. Based on the survey and interview data, supervisor to caseworker ratios ranged from 1:3 to 1:7 across programs and districts. Voluntary agencies reported supervisor to worker ratios ranging from 1:3 to 1:5, with one large agency reporting a ratio of 1:8. However, in addition to their full time responsibility for providing supervision to caseworkers, there are a number of supervisors that are carrying cases and providing direct casework services to children and families. In 4 of the 11 districts, and in 22 of the 36 voluntary agencies, supervisors have to carry cases, which limits the amount of time they have available to provide necessary supervision to caseworkers.

DELIVERY OF CHILD WELFARE SERVICES

In recent years, there has been an increasing emphasis in child welfare that the provision of child welfare services should be family-centered and child-focused. This approach is built on the principle that children can best be understood and helped in the context of the family. It is also

Study, Phase 3: A Survey of 12 County Systems with Low Turnover Rates. Retrieved October 30, 2006, from <http://www.ocfs.state.ny.us/ohrd/swec/reports.asp>.

⁷ University of Kentucky, Southern Regional Quality Improvement Center for Child Protection. (n.d). *Review of Literature Associated with Social Work Supervision.* Retrieved October 10, 2006, from <http://www.uky.edu/SocialWork/trc/SRQICLitReview&Biblio.pdf>.

⁸ Child Welfare League of America. (1999). *Standards for Services for Abused and Neglected Children*, 5.32. Washington, DC: Author; National Association of Social Caseworkers. (2005). *Standards for Social Work Practice in Child Welfare.* Washington DC: Author.

⁹ The CWLA Standards of Excellence for Child Welfare Services (13 volumes) are intended to be used as goals for practice in the field of child welfare services. "They are intended to provide a vision of what is best for children and their families and, as such, encourage the continual strengthening of services." COA standards are based on CWLA standards and are used for accrediting both private and public child welfare agencies.

generally agreed that a well-organized service delivery system, accountable to specific performance standards and time frames for service delivery, is essential to protect children and strengthen families.¹⁰

The State of New York has instituted a service delivery system in which each family has one case planner who has primary responsibility for providing or coordinating, and evaluating, the provision of services to the family. The case planner must ensure collaboration among all the caseworkers assigned to the case so that a single family assessment and service plan is developed and implemented.¹¹ The case planner works in conjunction with a case manager, who must be an employee of the district and has responsibility for authorizing the provision of services and approving the family assessments and service plans.¹² In some instances, the same person may be both the case planner and the case manager, but the case manager is always a district employee. Services may be delivered by the case planner, other caseworkers, or service providers. The complexity of the practice is increased when there are several children in a family, some of whom have been removed and are living in different placements, and some who are at home. These more complex cases may then be supplemented by additional staff who work together with the case manager. The approach supports the implementation of a system that is family-centered and child-focused. It also serves to ensure a multidisciplinary collaboration, and working relationships, between the districts and the voluntary agency staff, sometimes from multiple voluntary agencies, that are providing services to address the needs of different family members of the same family.

Through interviews with the districts, some variation between districts was identified in both the way core child welfare services are organized and the availability of additional staff that provide supportive or specialized services. Following is a summary of how core child welfare services are organized in the districts.

- All 11 districts have CPS units that investigate reports of child abuse and maltreatment, assess the risk that these situations pose to children and take all necessary actions to protect the child. Only ACS has field offices in each of the five boroughs that provide CPS. Six of the 11 districts reported having specialized teams within their CPS units that are responsible for investigating reports of sexual abuse, serious physical abuse, or fatalities. These specialized teams often include district staff and personnel from the local police departments and/or the district attorneys' offices, in addition to district staff.¹³
- Ongoing monitoring of the services provided to children and families in indicated cases of child abuse or maltreatment is conducted in all the districts, but by different CPS staff. In some districts, when the CPS caseworker will not be the primary service provider for the case, the CPS investigation caseworkers continue to be responsible

¹⁰ Pecora, P., Whittaker, J., Maluccio, A, Barth, R. (2000). *The Child Welfare Challenge, Second Edition*. New York: Walter de Gruyter, Inc.

¹¹ 18 NYCRR §428.2 (c).

¹² 18 NYCRR §428.2 (b).

¹³ For a discussion on specialized staff functions in CPS, See U.S. Department of Health and Human Services. (2003). *National Study of Child Protective Services Systems and Reform Efforts: Findings on Local CPS Practices*. Washington DC: Author.

- for monitoring ongoing services. In other districts, it is the senior caseworkers or supervisors of the caseworker who monitor the cases. Who is responsible for the provision of ongoing monitoring can impact workload, particularly when the investigation caseworker continues to be responsible, although these ongoing monitoring cases are not factored into the caseload of the caseworker.
- For the remaining child welfare services, some districts have caseworkers who are specialized by specific areas of service (Preventive, Foster Care, Adoption, and After Care Services) while others have “generic” family service units in which the caseworkers perform multiple functions. While it might be expected that the smaller districts would have more generic caseworkers, this was not the case for the districts participating in the study. Two out of the five largest districts had caseworkers assigned by specific areas of service. The remaining six districts had caseworkers with mixed caseloads. These services in ACS are provided through the central office.

All of the 11 districts contract with voluntary agencies to provide some child welfare services. The level at which they contract for these services varies. However, voluntary agencies are contributing a significant amount of services to children and families. For example, in ACS, which has a long tradition of contracting services, voluntary agencies provide a majority of Foster Care and Preventive Services. Voluntary agencies provide services to approximately 80 percent of the foster care caseload. Preventive Services are provided through 75 voluntary agencies serving all five boroughs through approximately 200 programs.

Staff Providing Support Services

Many districts and agencies have staff dedicated to providing supportive and specialized services. These services include providing transportation, conducting eligibility determinations, overseeing supervised visitation, doing data entry, conducting general recruitment for foster and adoptive parents, etc. These staff do not carry cases of their own. Without these support staff, these services would have to be provided by caseworkers. Therefore, the level of support staff that is available to caseworkers can influence the amount of time that caseworkers have available for the provision of case-specific services. Best practice management often establishes the need for such support staff as a ratio to the number of cases that need the service.

In the districts participating in the study, these services are provided by district staff, contract staff, or a combination of both. Voluntary agencies also indicated that they have additional staff that provide similar types of services.

Based on the responses from the staffing patterns survey, the number of staff that districts have to support caseworkers appears to be related to the number of children and families served by the district’s child welfare agency. Three of the smaller districts¹⁴ reported an average of two full-time equivalent (FTE) staff, the three medium-sized districts¹⁵ reported an average of 20 FTE staff, and the four large districts (not including ACS)¹⁶ reported an average of 55 FTE staff

¹⁴ The three small districts include: Lewis, Schoharie, and Seneca.

¹⁵ The three medium-sized districts include: Broome, Jefferson, and Orange.

¹⁶ The five large districts include: ACS, Erie, Monroe, Onondaga, and Suffolk.

providing supportive and specialized services. ACS reported having over 600 FTE staff supporting casework and providing specialized services. A majority of districts had additional staff to provide the following services:

- Transportation;
- Supervised visitation;
- Eligibility determinations and redeterminations;
- Legacy system (WMS & CCRS) data entry;
- CONNECTIONS data entry;
- Home Finding services including general recruitment activities and foster and adoptive parent training;
- Independent living services provided to youth by staff other than the caseworker for the youth. These services may include assistance in filling out school/job applications, getting housing, etc.; and
- Legal services (e.g. court liaison), which may include the preparation of reports for court, providing follow-up documents to the court, and scheduling.

Fewer than half of the districts had additional staff that provided advocacy/liaison services to assist families in obtaining needed services such as educational assessments, housing vouchers or access to medical services including mental health services. Unique to ACS is the role of Child Evaluation Specialists (CES). CES staff are required to have a Masters of Social Work degree. CES staff support CPS and Foster Care Services caseworkers. They are responsible for:

- Conducting case conferences with staff, clients and community stakeholders for families under investigation, and making placement recommendations for children entering foster care. Case conferences include Child Safety Conferences conducted within three to five days of a child protective removal/foster care placement and Family Permanency Conferences conducted within 30-35 days of placement;
- Ensuring that service plans are strength-based, individualized and consistent with agency policies;
- Assisting in the development of a plan of action to ensure the safety of the children and obtaining necessary services for the family within their community;
- Coordinating referrals for placement of children into foster care to ensure that children are served at the appropriate level of care;
- Writing reports/summaries including case history, an assessment of the underlying problems, and other pertinent information to assist in decisionmaking regarding the case; and
- Finding needed resources and assisting in arranging family team conferences for youth stepping down from congregate care.¹⁷

¹⁷ New York City, Administration for Children's Services, (n.d). *Tasks & Standards Form*. Received October 2006, from New York City, Administration for Children's Services.

In the voluntary agencies the use of specialized staff varies. A majority of voluntary agencies reported having specialized staff to provide the following services:

- Home finding services;
- Independent living services; and
- Medical liaison services.

Transportation, advocacy services, and legal services were provided by specialized staff in approximately one-third of the voluntary agencies.

In addition to the listed specialized staff in the survey, the districts and voluntary agencies indicated that they provide, through district staff or through purchase of service agreements with community agencies, a number of support services to improve family functioning and reduce the number of children in out-of-home care. A sample of these services is described below.

- Parent aide/homemaker services—These staff assist parents in learning how to manage household tasks and providing a role model for the care and discipline of children;
- Youth advocate programs—These staff assist youth who are placed, or are at risk of being placed, in a residential treatment facility;
- Person In Need of Supervision (PINS) diversion and case management—Staff in these programs work specifically with children and families to divert PINS cases from Family Court and subsequent custody and placement in group home or institutional care; and
- School-based preventive service programs—These staff are located in selected school districts to provide early intervention services to families who are presenting problems that could lead to foster care placement of their children.

After hours coverage can also have an impact on workload. In the five largest districts and one of the smallest districts, after hours coverage is handled by staff that do not carry a caseload during the day. The district either contracts with individuals to provide after hours coverage or has specialized district staff that only perform night and weekend investigations of child abuse and maltreatment and other emergencies. In the remainder of the districts, after hours coverage is rotated among the daytime CPS staff.

In addition to support staff available to caseworkers, there are other special characteristics of cases that can impact the time required by a caseworker to provide necessary services and supports to the children and families on their caseload. Pilot projects and best practice models can change service delivery for some cases, in turn, increasing the time needed to provide services. OCFS continues to build upon, and enhance, current State, district and voluntary agency initiatives to improve performance and, in turn, outcomes for children and families. In interviews with the district directors and program administrators, we asked them to identify any special projects or best practice models that they are currently implementing which impact service provision to children and families. The OCFS Core Strategies for improving outcomes for children and families, and some examples of the districts' initiatives, are summarized in the following section.

INSTITUTING PROMISING PRACTICES

Since the completion of its Program Improvement Plan (PIP)¹⁸ in April 2005, OCFS has continued to work with, and provide support and guidance to, the districts and the voluntary agencies, to implement the Core Strategies for improving the outcomes of safety, permanency, and well-being for the children and families they serve. These Core Strategies are an extension of the strategies that were begun as part of the implementation of New York State's PIP.¹⁹ The Core Strategies include:

- Strengthening family engagement throughout the life of the case;
- Reducing repeat maltreatment;
- Implementing concurrent planning;
- Strengthening service plan reviews;
- Improving the safety and well-being of children in residential care;
- Implementing permanency mediation;
- Improving adolescent services and outcomes;
- Workforce development;
- Improving child welfare outcomes through enhanced supervision;
- Tribal consultation;
- Strengthening the interface between the courts and child welfare;
- Improving cross system collaboration;
- Strengthening Adoption and Post Adoption Services;
- Practice guidance and technology transfer;
- CPS Domestic Violence Practice and Coordination; and
- CONNECTIONS to support practice improvement.²⁰

For each of the Core Strategies, OCFS has worked with the districts and voluntary agencies to identify and provide needed training, tools, technical assistance, and support for implementing the Core Strategies.²¹

In an effort to continue to improve their work with children and families, all of the districts and the voluntary agencies have instituted a number of new and promising approaches and practices for serving children and families. The approaches and practices are many and varied. Many of these initiatives have been encouraged and supported by OCFS, while others have been locally-driven, based on the specific needs of the districts. Some of the more common initiatives are described below:

¹⁸ Program Improvement Plans (PIPs) are required by the Department of Health and Human Services, Administration for Children and Families, when a State is found not to be in substantial conformity on the Child and Family Services Review's outcomes and systemic factors. See, 45 C.F.R. §1355.35.

¹⁹ New York State Office of Children & Family Services. (April 14, 2003). *New York State Program Improvement Plan for the Child and Family Services Federal Review*. New York State Office of Children and Family Services: Author.

²⁰ New York State Office of Children & Family Services. (n.d). *Program Improvement Plan Core Strategies*. Received October 2006, from OCFS.

²¹ Ibid.

- Permanency Planning Review Teams—These are teams of casework staff that provide a third-party review of cases in order to identify barriers and provide solutions to meet permanency goals.
- Family Group Conferencing—Family group conferencing is an innovative practice that brings families into the decisionmaking process by providing forums where family members are thoroughly informed about safety, risk and permanency concerns, and authorized to develop a plan that addresses children's needs for safety, permanence, and well-being. Parents, extended families, community supports and, when appropriate, children, are involved in the process.
- Family Treatment Courts— These are special court dockets in which the judge works with parents with substance abuse issues and the child welfare agency, to help parents become abstinent, receive appropriate treatment, and make positive changes in their lives, in order to establish permanency for the child in a timely fashion.
- Cross System Initiatives—These are interagency initiatives that support the creation systems of care that can provide for the needs of children and families across a range of services including mental health, substance abuse, domestic violence, and community services such as housing. They also include specialized teams for CPS case investigations that include sex abuse and domestic violence specialists, police, and district attorney staff.
- Specialized Family Visitation Centers—These are specialized centers that are family-friendly and provide a comfortable setting where family visitation can occur under supervision.

A few districts indicated that they have developed and instituted standards of practice that require additional or more in-depth casework and that shorten the time frames for completion of specific tasks. For example, one district has implemented “CPS Zero Tolerance Benchmarks” for both line staff and supervisors. These benchmarks require that investigations be completed and submitted for review prior to the OCFS-required time frames. Similar benchmarks have also been instituted for Family Assessment and Service Plans (FASP), and the completion of the required court reports for permanency hearings. In CPS, a number of districts have instituted specific and detailed protocols for cases involving domestic violence and substance abuse. In addition, a few of the districts indicated that they are piloting the use of new technologies to assist in reducing the time caseworkers spend on case documentation. These technologies are supposed to assist in limiting the amount of time caseworkers spend on the development of progress notes, by creating progress notes from a voice narrative conducted over the telephone.

ADDITIONAL CHALLENGES IN THE DELIVERY OF SERVICES

In all but one of the districts, and in some of the voluntary agencies, there was concern that they could not meet all of the casework requirements, with the most frequently mentioned being time frames for making CPS determinations and the frequency of in-home contacts. Most of the districts, and about a quarter of the voluntary agencies, indicated that they are currently operating with workloads that inhibit their ability to meet many of the State casework requirements. In general, there was a consensus that, if there were to be an upswing in CPS reports, or if turnover continued to increase, they will not have the capacity to appropriately serve the additional children and families.

Common themes emerged regarding what is impacting the districts' ability to meet all of the State requirements. The top three reasons perceived by many of the districts and the voluntary agencies were:

- Increased demand for services and growth in the complexity of the cases;
- Time-consuming documentation required to support/maintain CONNECTIONS; and
- Significant increases in court activity resulting from the Permanency Bill, Chapter 3 of the Laws of 2005 (Permanency Bill).

Several of the district staff interviewed noted that the demand for child welfare services and the complexity of the cases have grown over the recent years. They have seen an increase in the identification of families affected by substance abuse and domestic violence, and an increase in the severity of the abuse and neglect. A number of districts also indicated that a growing proportion of the caseload is comprised of adolescents and their families. These cases are often more complex since older children often have multiple service needs that are not readily accessible.²² One district indicated that 40 percent of the children in foster care are ages 14-21. Additional factors contributing to the time it takes to provide services to children and families were also mentioned.

- Child abuse investigations are complex and take a significant amount of time. In addition to determining whether there is credible evidence of child abuse and/or maltreatment of the child(ren) named in the report, caseworkers must assess the safety and risk of future abuse or maltreatment of all children in the household.
- Many of the families served have highly complex family systems, often involving more than one set of parents and family members that live in different locations.
- There is a need for, and lack of, community supports such as housing, mental health, and substance abuse services.

One-third of the voluntary agencies, and a majority of the districts, indicated that the nature of casework is changing with the expansion of electronic record keeping. As is true in most industries, separate units for data entry are decreasing and caseworkers themselves are asked to provide and document the data and information that they know best. As a result, there is often tension between conducting direct or face-to-face services with clients and the need for documentation. Furthermore, many participants mentioned that the staged implementation of the new system has resulted in some duplication of effort.

The recent passage of the Permanency Bill has resulted in an increase in the number of hearings that pertain to children in foster care. Prior to its enactment, permanency hearings were required to be held every 12 months. Permanency hearings are now required every 6 months. The Permanency Bill also requires permanency hearings for youth ages 18-21 who consent to

²² See, Geen, R, Tumlin, K. (1999). *State Efforts to Remake Child Welfare: Responses to New Challenges and Increased Scrutiny*. Washington DC: The Urban Institute.

continue in foster care.²³ In addition, the Permanency Bill requires that, 14 days prior to each permanency hearing, a report be filed that contains specific information regarding a child's well-being, including:

- Health;
- Educational progress;
- Current placement status;
- Visitation plans;
- Parent status and progress, services offered to the parent and, any barriers to the delivery of appropriate services;
- Reasonable efforts made by the district to implement the permanency plan; and
- Specific recommendations for changes to the permanency plan.²⁴

These reports replace the former 3-page preliminary court report, which was required annually.

One additional issue that was mentioned is the pressure that is placed upon the system when negative media coverage results in reactive rather than proactive system changes. Caseworkers may modify their behavior with unforeseen consequences. Policy directives may be issued without sufficient review or time given to implementation. Media coverage, both positive and negative, can also result in sudden or sustained spikes in reporting that increase caseloads at the front end.

SUMMARY

Delivery of child welfare services in the field, and achieving the outcomes of safety, permanency, and well-being for children and families, is both challenging and complex. There are many factors that impact workload. Factors identified by the districts include:

- Growth in, and complexity of, the population being served;
- Implementation of more comprehensive assessment and service plans;
- Significant modifications to Federal and New York State law that have led to significant changes in practice standards and expectations of staff for the provision of services and for achieving outcomes within federally specified time frames;
- Staff turnover;
- Availability of staff to provide supportive and specialized services;
- Availability of supervision for caseworkers; and
- Implementation of promising practices.

Districts and voluntary agencies are striving to improve their ability to assess each family and make the correct decisions to ensure the safety of children and support timely permanency. In New York State this process of continuous improvement is driven by both State and district

²³ FCA, §1087(a).

²⁴ FCA §§1087(e), 1089(b).

leadership and initiative. Significant time and a commitment of resources are both required to achieve these desired outcomes. What constitutes a manageable workload should be considered in the context of the differences among the districts that impact a caseworker's ability to meet the demands of child welfare work.

4. CHILD WELFARE WORK

The primary component of this study collected time log data from case carrying staff in the participating agencies. Based on these time log data, the amount of time that caseworkers spend on fulfilling their responsibilities was examined. The time log data permit analysis of child welfare work by agency type and location, by program, by service, and by task. This chapter presents descriptive data based on the time log study. Data are discussed from the perspective of how much work, on average, is currently being done by caseworkers over a 2-week period. The calculations needed to estimate time to provide service to cases in a month are presented in the following chapter.

Based on data provided by 2,208 caseworkers, a detailed analysis of how caseworkers spent their time during the 2-week time period is presented by program, service, and selected tasks. A summary of the descriptive findings is also included.

OVERALL TIME REPORTED

The time that caseworkers spent during the 2-week reporting period is composed of two main categories:

- Child welfare case-related time (case-related time)—Time spent performing tasks that are directly related to child welfare services for children and families. It is composed of child welfare case-specific time and child welfare case-supportive time; and
- Nonchild welfare case-related time (noncase-related time)—Time that was not directly related to child welfare services for children and families (e.g. adult protective services), and holiday, vacation, sick and other leave time, and time spent on various management and administrative activities that were not case-specific.

Case-Related Time

Child welfare case-specific time included time spent on the following tasks for a specific child or family:

- Face-to-face contact with children, parents, or caregivers;
- Communication with children, parents, or caregivers;
- Case-specific communications such as those with providers, collaterals, or supervisors regarding a case;
- Court preparation, attendance, and wait time;
- Preparing for, participating in, and waiting for formal case reviews, planning meetings, and administrative/fair hearings;
- Case-related documentation such as recording assessments or service plans or completing reports; or
- Case-related travel to and from meetings with children, parents, collaterals, court, etc.

If a caseworker reported time for management and administration or nonchild welfare services and identified this time as related to a specific child or family with a valid CONNECTIONS identifier, the time was considered as *child welfare case-supportive time*.

Child welfare case-specific and child welfare case-supportive time were added together and considered as *case-related time*.

Noncase-Related Time

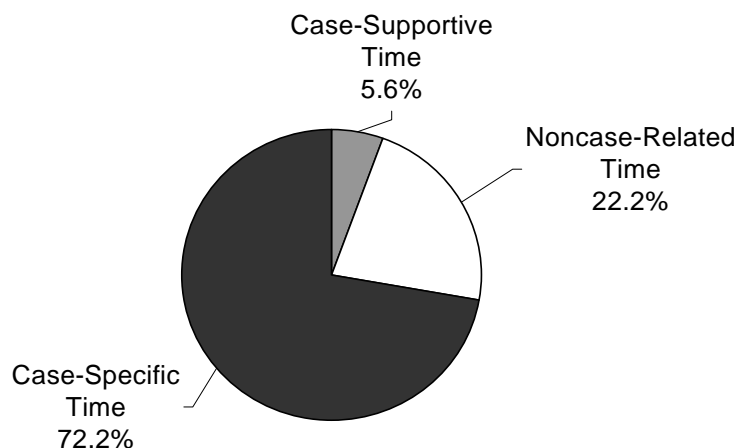
If the time recorded was spent on leave time including breaks, vacation, holidays, sick leave, or personal time, or on management and administrative tasks that were not related to a specific child or family, then the record was considered noncase time. Time spent on providing services for other programs such as domestic violence, adult protective services or day care to a case without a CONNECTIONS ID was also considered to be noncase time. These two types of noncase time combined were counted as *noncase-related time*. Overall, 22.2 percent of the total hours was spent on noncase-related time. Of this time,

- 11.6 % was used for training;
- 41.6 % was used for other management and administrative activities including community outreach, work on nonchild welfare cases such as adult protection and time for the workload study; and
- 46.9 % was used for leave.

Over the 2-week period, the 2,208 caseworkers in the time log study reported a total of 167,671 hours. (See table 4.1.) Of that time, 130,384 hours, or 77.8 percent was spent in activities that were for specific children and families (case-related time). The remaining 22.2 percent of their time was spent on tasks that were not specific to a particular child or family (noncase-related time).

Approximately three-quarters of caseworkers' time was spent on child welfare case-related activities; the remainder was spent on noncase time. (See exhibit 4.1 below.)

Exhibit 4.1 Caseworker Time



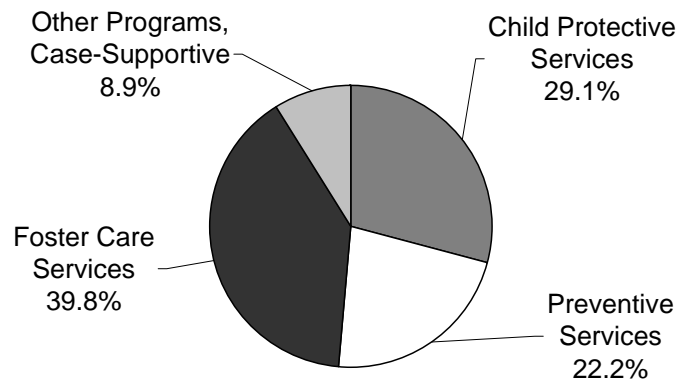
On average, during the 2-week data collection period, caseworkers reported 75.9 hours of work, of which 59.1 hours were case-related. This pattern was largely consistent across the various agency types. The range of average total reported hours was 73.6 hours in ACS to 79.0 hours in the voluntary agencies (VAs) associated with the 10 districts. For case-related hours, the average ranged from 57.5 hours in the 10 districts outside New York City to 61.1 hours in ACS. (See table 4.1.)

Case-Related Time by Program and Service

Case-related time was examined by program and service. (See table 4.2.) Exhibit 4.2 below depicts the case-related time by program. It shows that:

- 29.1 % of the case-related time was spent on providing CPS;
- 22.2 % of the case-related time was spent on providing Preventive Services;
- 39.8 % of the case-related time was spent on providing Foster Care Services; and
- The remaining time was spent on Other Programs including: Article 10 Direct Placements with Relatives, Adoption and Post Adoption Services, After Care Services, and Management and Administration that was for a specific child or family.

Exhibit 4.2 Percentage of Case-Related Time by Program



TIME BY TASK

The time spent on each specific task was analyzed in relationship to the total case-related time. An understanding of casework depends upon being able to describe the actual tasks that caseworkers perform and how much time it takes them to perform the work. Several categories of work are of interest:

- Face-to-face contact;
- Communication with children and their families;

- Contacts with collaterals and case reviews;
- Court preparation and attendance;
- Case-related documentation; and
- Case-related travel.

Each of these is discussed further below.

Face-to-face Contact with the Child and/or Family

Face-to-face contact between the caseworker and the child and/or family receiving services is a critical component of child welfare work. It includes conducting assessments and developing service plans with children and their parents or caregivers. It also involves the delivery of direct services to children and their families. Family-centered practice, of which face-to-face contact is an essential part, is a cornerstone of OCFS' Core Strategies for improving the outcomes of safety, permanency, and well-being for the children and families they serve.¹

On average, across programs, caseworkers reported spending 10 hours during the 2-week period in face-to-face contact with children, families, or both. (See table 4.3 for details.) This constitutes 16.9 percent (22,028 hours out of 130,384 hours) of the child welfare case-related time expended. Both the hours and percentage of time spent in face-to-face contact was higher for the voluntary agencies than the districts, which is consistent with their respective roles.

- Caseworkers from the VAs serving ACS clients averaged 11.5 hours of face-to-face contact.
- Caseworkers from the VAs serving clients from the other 10 participating districts reported an average of 14.2 hours of face-to-face time.
- In large part due to their case management roles, district caseworkers reported less face-to-face time than voluntary agency caseworkers. ACS caseworkers, across all programs, reported averaging 5.9 hours of face-to-face time and those from the other districts averaged 8.2 hours.

CPS program caseworkers, Preventive Services caseworkers, and Foster Care Services caseworkers spent 7.7, 8.4, and 8.3 hours respectively on face-to-face contact over the 2-week period. Caseworkers reporting time in the remaining programs spent, on average, less than 2.5 hours of face-to-face time with children and families. Interpretation of these data must take into consideration that some caseworkers had mixed caseloads; therefore, their hours in a specific task per program, or per service, reflected only part of the time spent in that task, since time was spent on similar services in other programs.

When the data were examined within programs, by service, interesting patterns emerged.

- Of the three services included in the CPS program, caseworkers involved in investigations reported an average of 7.3 hours of face-to-face contact, compared to

¹ Office of Children and Family Services. *Program Improvement Plan Core Strategies* Received October 25, 2006, from OCFS.

- 3.6 hours of face-to-face time spent by caseworkers conducting ongoing CPS and 0.6 hours for caseworkers providing intake services.
- In both Preventive Services and Foster Care Services, caseworkers providing case planning services reported the most face-to-face time—7.0 hours in Preventive Services and 5.5 in Foster Care Services. Staff involved in providing casework services, had an average of 5.8 hours for Preventive Services caseworkers and 5.8 hours for Foster Care Services caseworkers. Case management activities involved the least face-to-face contact at 1.0 hours for Preventive Services and 1.4 hours for Foster Care Services.
 - Services in the remaining programs involved less than 2.5 hours of face-to-face time, on average.

Approximately 17 percent of case-related time was spent on face-to-face contact with children and their families.

Communication with Children and Families

In addition to face-to-face contact between caseworkers and children and their families and caregivers, communication takes place by phone, fax, and e-mail. Communication is a critical component of the overall service delivery process in a family-centered practice environment. Overall, caseworkers reported spending an average of 4.2 hours in communication with children and their families. This constituted approximately 7.0 percent (9,172 hours out of 130,384 hours) of the case-related time. There was relatively little variation in this regard by type of agency, program, or service, although there was a tendency for workers reporting services in a Foster Care Services program, particularly case planning, to report slightly more hours of communication time than workers in other areas. (See table 4.4.)

Approximately 7 percent of case-related work time was spent on communicating with children and families other than when they were meeting with them in-person.

Contacts with Collaterals and in Case Reviews

Effectively serving children and their families involves a number of other case-related activities in addition to those described above. These activities include:

- Contacts with, and oversight of, service providers or potential service providers;
- Contact with collaterals;
- Consultation with supervisors, agency managers, and peers;
- Preparing for, or participating in, a variety of case review and planning meetings or in administrative hearings; and
- Developing strategies for working with children and families to provide for safety, reduce risks, and achieve the permanency goals.

Overall, caseworkers reported spending an average of 12.1 hours in contacts with collaterals and case reviews. Time dedicated to these activities constituted 20.5 percent (26,667 out of 130,384 hours) of case-related time. (See table 4.5.)

- CPS program caseworkers reported the highest average hours in these critical case activities—10.8 hours.
- Foster Care Services caseworkers recorded 10.4 hours of contacts with collaterals and reviews, while Preventive Services caseworkers reported 7.0 hours, on average.
- Adoption Services caseworkers recorded 4.5 hours.
- Caseworkers from the remaining programs reported less than 3 hours of contacts with collaterals and reviews during the data collection period.

When these data were examined by service they showed that:

- CPS investigators averaged dedicating the most hours to contacts with collaterals and reviews—9.3 hours. Ongoing protection caseworkers averaged 6.3 hours.
- Foster Care Services case planners and case managers reported 7.2 and 6.3 hours respectively.
- Preventive Services case planners and case managers reported 5.7 and 5.1 hours respectively spent on contacts with collaterals and reviews, on average.
- Adoption Services case planners and case managers reported 3.6 and 2.0 hours respectively.
- Foster Care Services caseworkers reported 4.6 hours. Caseworkers providing all other types of services reported less than 3 hours of contacts with collaterals and case review.

Approximately 20 percent of case-related time was spent on communicating with collaterals and other professionals on case-related issues.

Court Preparation and Attendance

Over the past 25 years, the role of courts in child welfare service delivery and oversight has increased dramatically, as outlined in the first chapter of this report. Child welfare staff spend considerable time preparing for, and participating in, court processes. However, at least as much time is spent simply waiting in court for the case to be called.

Overall, caseworkers spent 3.8 hours during the 2-week data collection period involved in court-related activity. These hours represented 6.5 percent (8,426 hours out of 130,384 hours) of all case-related time. Caseworkers from ACS and its VAs spent somewhat more time in court-related activities (5.6 and 4.9 hours, respectively) than did the caseworkers from the remaining districts and the VAs serving their clients (3.4 and 1.6 hours, respectively). (See table 4.6.)

Not surprisingly, the amount of court time expended varied somewhat by program, and within program, by service.

- Caseworkers providing services in the CPS program spent 4.0 hours, on average, performing court-related work.
- Foster Care Services caseworkers reported spending 4.1 hours.
- Caseworkers in all other programs reported less than 2 hours of court-related time during the data collection period.

When the data were examined regarding the amount of time spent in court-related activities as a percentage of case-related time:

- Article 10 Direct Placement with Relatives Services caseworkers reported 14.7% of their case-related time involved court related activities;
- Foster Care Services caseworkers reported spending 8.4% of their case-related time in court related activities;
- CPS caseworkers reported 7.6% of their case-related time in court-related activities;
- Adoption Services caseworkers reported 6.5% of their case-related time in court-related activities;
- All other programs involved less than 6% of case-related time for court activities.

When the data were examined by service:

- CPS caseworkers reporting ongoing Protective Services were involved in court-related activities an average of 3.9 hours, compared to 2.4 hours for investigation and 0.2 hours for intake.
- Within Foster Care Services, caseworkers reporting case planning activities averaged 3.3 hours of court-related time, compared to 1.7 hours for casework and 1.5 hours for case management.
- All other services entailed less than 2 hours of court time.

Examination of the relative expenditure of time by task within the court-related activities provides some insight into concerns about the amount of time caseworkers spend waiting in court. Caseworkers reported an average of 3.8 hours waiting in court, compared to 2.8 for preparation and 2.8 for appearing in court. While many staff reported that they often perform other tasks while they are waiting in court, less than one percent of all records contained these “embedded” tasks.

Caseworkers spent approximately 6.5 percent of case-related time in court or preparing for court. Some caseworkers spent 10 percent of their time in court-related work.

Case-Related Documentation Time

Federal and State laws, regulations, and good practice require documentation of all case-related activities by child welfare caseworkers. It also includes determining eligibility and planning and assessing the needs of children and families through the use of specific forms and instruments. Overall, caseworkers reported spending an average of 18.2 hours entering case data and creating safety assessments, family assessment and service plans, permanency hearing reports, and other important documentation. This amounts to 30.8 percent of case-related time. (40,097 of 130,384 case-related hours). (See table 4.7.)

Time spent on case-related documentation varied slightly among caseworkers in the different types of agencies.

- ACS caseworkers reported that an average of 22.6 hours, which was 36.9% of their case-related time, was spent in documentation. Caseworkers in VAs that serve ACS

children and families reported documentation required an average of 18.7 hours or 30.9% of their case-related time.

- The remaining 10 districts and the VAs that serve their children and families, reported a similar pattern but fewer hours in documentation. District caseworkers reported an average of 18.0 hours or 31.3% of case-related time, compared to 14.0 hours on the average for VAs that serve clients from these districts, or 24.2% of their case-related time.
- Time spent in case-related documentation, when examined by programs and services, and treated as if it were the only program in which caseworkers were involved, showed patterns similar to other case-related activities.
- Caseworkers providing CPS (18.4 hours), Foster Care Services (14.2 hours), and Preventive Services (11.5 hours) recorded the most time, on average, followed by Adoption Services at 6.3 hours.
- Caseworkers in other programs all reported 3.5 hours or less during the data collection period to complete the needed documentation.
- CPS investigators recorded an average of 15.9 hours of documentation and ongoing Protective Services caseworkers reported 10.9 hours of documentation, followed by 10.0 hours documentation for Preventive Services case planners and 10.2 hours for Foster Care Services case planners. Preventive Services case managers (7.5 hours) and Foster Care Services case managers (8.1) reported similar levels of time.
- Caseworkers providing all other services reported less than 6.0 hours.

Slightly more than 30 percent of case-related time was spent on case-related documentation.

Case-Related Travel Time

Caseworkers must travel to the homes of the families and children they serve. They must also meet with foster parents, service providers, and others who are involved in the case. Some attempted home visits result in no contact with the child or family because they are not at home when the worker arrives. Caseworkers must also travel to and from court for the various hearings and other proceedings at which they must be present.

Travel time can vary based on a number of factors. Caseworkers in rural areas may have to travel long distances. Caseworkers in urban areas may have equally long distances to travel or shorter distances, but with more traffic. Overall, caseworkers in the time log study reported an average of 6.6 hours of travel time during the 2-week data collection period. This constituted 11.2 percent (14,556 out of 130,384 hours) of their case-related time.

- ACS caseworkers traveled an average of 5.9 hours during this time, while VA caseworkers serving ACS clients traveled 6.8 hours.
- In the other 10 districts, caseworkers reported 6.5 hours of travel time. Caseworkers in the VAs serving these districts traveled an average of 7.1 hours. (See table 4.8.)

When the data are examined by program, the following was observed.

- CPS caseworkers reported 6.8 hours on average of travel time; Foster Care Services caseworkers reported 5.1 hours on average of travel time; and Prevention Services caseworkers reported 4.1 hours.
- All other programs reported fewer than 2.5 hours for the 2-week period.

CPS investigations, Foster Care Services and Preventive Services case planning and casework, were the services that required the most travel time.

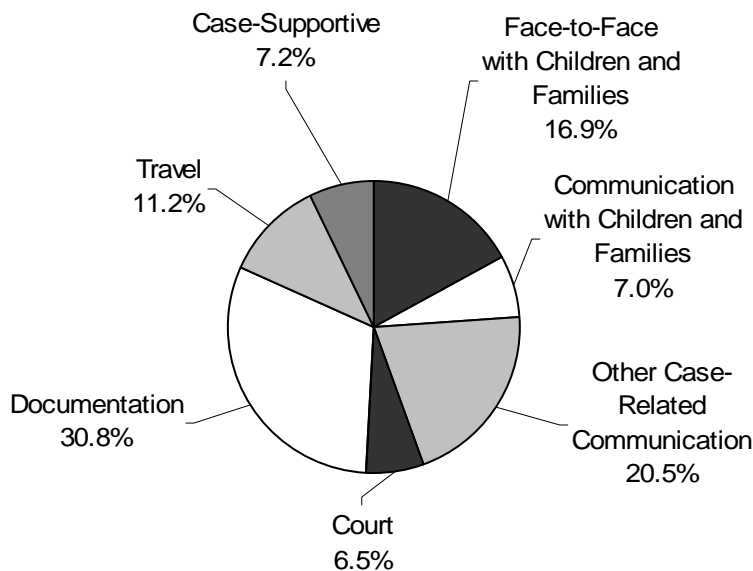
- CPS investigation caseworkers reported 6.3 hours of travel time and Ongoing protection caseworkers reported 3.5 hours travel time, on average.
- Foster Care Services case planners reported an average of 3.7 hours.
- Preventive Services case planners reported 3.6 hours.
- Caseworkers providing Foster Care Services casework services traveled an average of 3.1 hours. Caseworkers providing Preventive Services casework traveled 2.3 hours.
- The caseworkers in the remaining services reported less than 2.5 hours of travel time during the data collection period.

On average, caseworkers spent 11.2 percent of their case-related time in case-related travel.

Summary of Case-related Time

Overall, caseworkers spent a little over half their case-related time in direct contact with children and their families or other individuals involved in the case, such as service providers, collaterals, or supervisors, as may be seen in exhibit 4.3 below. Almost one-third of available case-related time was spent in various forms of documentation including using the automated child welfare information systems. A little over 10 percent of case-related time is spent in travel, with the remaining time spent in case-supportive activities.

Exhibit 4.3 Percent of Worker Case-Related Time



SUMMARY

Examination of the results of the time log study revealed several core facts about how child welfare caseworkers spent their time. Of all the time caseworkers had available, 77.8 percent was spent on case-related work. The remaining work time (22.2%) was taken up by other activities that are important to the effective functioning of the district or voluntary agency but do not involve direct work with children and their families, and time used for leave. In some districts, child welfare workers may also provide services in programs other than child welfare.

Of the time that was spent on case-related work:

- 16.9% is in direct face-to-face contact with children or their parents;
- 7.0% involved other forms of communication with children and parents;
- 20.5% is spent in other case-related activities, including contacts with service providers, collaterals, supervisors or managers, and peer consultation regarding cases, as well as preparing for, participating in, or waiting for various meetings;
- 6.5% is spent preparing for, appearing in, or waiting to appear in court;
- 30.8% is spent in various forms of documentation;
- 11.2% is spent traveling to and from client homes, service providers, or other meetings;
- 7.2% is spent in case-supportive activities such as training or community outreach.

Caseworkers from ACS and the other 10 districts participating in the time log study reported the similarities and differences in how their time was used:

- ACS caseworkers reported spending 61.1 hours (83.0%) of their total time on case-related work, compared to 57.5 hours (75.4%) for the other districts.
- ACS caseworkers reported spending 5.9 hours (9.7%) in face-to-face contact compared to 8.2 hours (14.3%) per worker in the other districts.
- ACS reported spending 2.6 hours (4.3%) of time in communication with children, parents, and caregivers, other than in face-to-face meetings, compared to 4.7 hours (8.1%) for caseworkers in other districts.
- ACS caseworkers spent 5.6 hours (9.2%) in court-related activities compared to 3.4 hours (5.9%) for caseworkers in the other districts..
- ACS caseworkers spent 22.6 hours (36.9%) in case-related documentation compared to 18.0 hours (31.3%) for the other districts.
- ACS caseworkers spent 5.9 hours (9.7%) in case-related travel compared to 6.5 hours (11.3%) for the other districts.

In the next chapter these data on time and cases are utilized to prepare estimates of workloads that can be managed within the time available.

Table 4.1 Case-Related and Noncase Time By Agency Type¹

Agency Type	Case-Workers	Case-Specific Time	Case-Supportive Time	Total Case-Related Time	Total Non Case Time	Total Time	Mean Case-Related Hours per Case-Worker	Mean Total Hours Per Case-Worker
Case-Specific, Case-Supportive, Noncase Time by Agency Type								
LDSS	740	40,426	2,108	42,533	13,896	56,429	57.5	76.3
				75.4%	24.6%			
ACS	397	22,121	2,125	24,246	4,974	29,220	61.1	73.6
				83.0%	17.0%			
VA – LDSS	471	24,624	2,543	27,168	10,033	37,201	57.7	79.0
				73.0%	27.0%			
VA – ACS	600	33,776	2,662	36,437	8,384	44,822	60.7	74.7
				81.3%	18.7%			
Total Participating Staff	2,208	120,946	9,438	130,384	37,287	167,671	59.1	75.9
				77.8%	22.2%			

¹ All times are reported for the 2-week data reporting period.

Table 4.2 Case-Related Time by Program and Service¹

Program or Service	Caseworkers	Case-Specific Time	Case-Supportive Time	Total Case-Related Time	Mean Case-Related Hours per Caseworker
Case-Specific, Case-Supportive, Noncase Time by Program					
Child Protective Services	722	36,822	1,154	37,976	52.6
Preventive Services	792	27,345	1,564	28,909	36.5
Foster Care Services	1,063	48,697	3,147	51,844	48.8
Article 10 Direct Placements with Relatives	108	1,263	22	1,285	11.9
Adoption Services	215	3,626	232	3,858	18.0
Post Adoption Services	49	88	1	89	1.8
After Care Services	73	957	103	1,059	14.5
Management/Admin	1,119	1,650	2,232	3,883	3.5
Nonchild Welfare Services	745	497	984	1,480	2.0
Case-Specific, Case-Supportive, Noncase Time by Service					
CPS Intake	142	623	8	631	4.4
CPS Investigation	559	24,485	735	25,219	45.1
Ongoing Protective	385	11,714	412	12,126	31.5
Preventive Case Management	207	3,263	266	3,528	17.1
Preventive Case Planning	630	18,401	1,069	19,470	30.9
Preventive Casework	351	5,681	229	5,911	16.8
Foster Care Case Management	308	5,943	654	6,596	21.4
Foster Care Case Planning	858	27,898	1,667	29,565	34.5
Foster Care Casework	636	14,856	826	15,682	24.7
Article 10 Direct Placements with Relatives Services	108	1,263	22	1,285	11.9
Adoption Case Management	52	320	9	329	6.3
Adoption Case Planning	174	2,352	133	2,486	14.3
Adoption Casework	100	954	90	1,044	10.4
Post Adoption Case Management	18	23	1	24	1.3
Post Adoption Case Planning	24	40	–	40	1.7
Post Adoption Casework	19	25	–	25	1.3
After Care Services	73	957	103	1,059	14.5
Management/Admin Services	1,119	1,650	2,232	3,883	3.5
Nonchild Welfare Services Program	745	497	984	1,480	2.0

¹ Counts of caseworkers are unduplicated within program and within service. A caseworker was counted in each program and service that he or she reported.

Table 4.3 Face-to-Face Contact by Agency Type, Program, Service, and Task¹

Agency Type, Program, Service or Task	Case-Workers	Total Hours Face-to-Face Contact	Mean Hours Face-to-Face Contact	Total Case-Related Hours	Face-to-Face Contact as Percent of Case-Related Time ²
Face-to-Face Contact by Agency Type					
LDSS	740	6,097	8.2	42,533	14.3%
ACS	397	2,349	5.9	24,246	9.7%
VA – LDSS	471	6,663	14.2	27,168	24.5%
VA – ACS	600	6,920	11.5	36,437	19.0%
Total Participating Staff	2,208	22,028	10.0	130,384	16.9%
Face-to-Face Contact by Program					
Child Protective Services	722	5,565	7.7	37,976	14.7%
Preventive Services	792	6,672	8.4	28,909	23.1%
Foster Care Services	1,063	8,846	8.3	51,844	17.1%
Article 10 Direct Placements with Relatives Services	108	226	2.1	1,285	17.6%
Adoption Services	215	388	1.8	3,858	10.1%
Post Adoption Services	49	6	0.1	89	6.6%
After Care Services	73	172	2.4	1,059	16.2%
Management/Admin	1,119	66	0.1	3,883	1.7%
Nonchild Welfare Services	745	88	0.1	1,480	5.9%
Face-to-Face Contact by Service					
CPS Intake	142	89	0.6	631	14.1%
CPS Investigation	559	4,105	7.3	25,219	16.3%
Ongoing Protective	385	1,371	3.6	12,126	11.3%
Preventive Case Management	207	208	1.0	3,528	5.9%
Preventive Case Planning	630	4,433	7.0	19,470	22.8%
Preventive Casework	351	2,032	5.8	5,911	34.4%
Foster Care Case Management	308	430	1.4	6,596	6.5%
Foster Care Case Planning	858	4,755	5.5	29,565	16.1%
Foster Care Casework	636	3,660	5.8	15,682	23.3%
Article 10 Direct Placements with Relatives Services	108	226	2.1	1,285	17.6%
Adoption Case Management	52	18	0.4	329	5.6%
Adoption Case Planning	174	245	1.4	2,486	9.9%
Adoption Casework	100	125	1.3	1,044	12.0%
Post Adoption Case Management	18	1	0.1	24	5.9%
Post Adoption Case Planning	24	2	0.1	40	5.6%
Post Adoption Casework	19	2	0.1	25	8.9%
After Care Services	73	172	2.4	1,059	16.2%
Management/Admin Services	1,119	66	0.1	3,883	1.7%
Nonchild Welfare Services Program	745	88	0.1	1,480	5.9%

¹ All times are reported for the 2-week reporting period.

² For face-to-face contact by agency type, by program, and by services, percentages are calculated based on the total case-related hours for the specific agency, program or service.

Continued on following page

**Table 4.3 Face-to-Face Contact by Agency Type, Program, Service, and Task
(Continued)**

Agency Type, Program, Service or Task	Case-Workers	Total Hours Face-to-Face Contact	Mean Hours Face-to-Face Contact	Total Case-Related Hours	Face-to-Face Contact as Percent of Case-Related Time
Face-to-Face Contact by Task³					
Conducting assessment and planning with child	938	3,269	3.5	130,384	2.5%
Conducting assessment and planning with parent(s) or caregiver(s)	950	2,518	2.7	130,384	1.9%
Conducting assessment of and planning with child(ren) and parent(s), caregiver(s) or others	931	3,192	3.4	130,384	2.4%
Providing direct services for child(ren)	934	4,364	4.7	130,384	3.3%
Providing direct services for parent(s) and/or caregiver(s)	1,020	3,575	3.5	130,384	2.7%
Providing direct services for child(ren) and parent(s) and/or caregiver(s)	1,036	5,111	4.9	130,384	3.9%

³ For face-to-face contact by task, percentages are calculated based on the total case-related hours overall.

Table 4.4 Time Spent in Communication with Children, Parents and Caregivers by Agency Type, Program, Service, and Task¹

Agency Type, Program, Service, or Task	Case-Workers	Total Hours Communication	Mean Hours Communication	Total Case-Related Hours	Communication as Percent of Case-Related Time ²
Communication with Children, Parents and Caregivers by Agency Type					
LDSS	740	3,461	4.7	42,533	8.1%
ACS	397	1,042	2.6	24,246	4.3%
VA – LDSS	471	1,759	3.7	27,168	6.5%
VA – ACS	600	2,909	4.9	36,437	8.0%
Total Participating Staff	2,208	9,172	4.2	130,384	7.0%
Communication with Children, Parents and Caregivers by Program					
Child Protective Services	722	2,400	3.3	37,976	6.3%
Preventive Services	792	2,137	2.7	28,909	7.4%
Foster Care Services	1,063	4,022	3.8	51,844	7.8%
Article 10 Direct Placements with Relatives	108	113	1.0	1,285	8.8%
Adoption Services	215	300	1.4	3,858	7.8%
Post Adoption Services	49	18	0.4	89	20.6%
After Care Services	73	96	1.3	1,059	9.1%
Management/Admin	1,119	46	0.0	3,883	1.2%
Nonchild Welfare	745	39	0.1	1,480	2.6%
Communication with Children, Parents and Caregivers by Service					
CPS Intake	142	60	0.4	631	9.4%
CPS Investigation	559	1,429	2.6	25,219	5.7%
Ongoing Protective	385	912	2.4	12,126	7.5%
Preventive Case Management	207	156	0.8	3,528	4.4%
Preventive Case Planning	630	1,529	2.4	19,470	7.9%
Preventive Casework	351	453	1.3	5,911	7.7%
Foster Care Case Management	308	308	1.0	6,596	4.7%
Foster Care Case Planning	858	2,256	2.6	29,565	7.6%
Foster Care Casework	636	1,458	2.3	15,682	9.3%
Article 10 Direct Placements with Relatives Services	108	113	1.0	1,285	8.8%
Adoption Case Management	52	28	0.5	329	8.5%
Adoption Case Planning	174	195	1.1	2,486	7.8%
Adoption Casework	100	77	0.8	1,044	7.4%
Post Adoption Case Management	18	3	0.2	24	13.2%
Post Adoption Case Planning	24	11	0.4	40	26.4%
Post Adoption Casework	19	5	0.2	25	18.4%
After Care Services	73	96	1.3	1,059	9.1%
Management/Admin Services	1,119	46	0.0	3,883	1.2%
Nonchild Welfare Services Program	745	39	0.1	1,480	2.6%

¹ All times are reported for the 2-week data reporting period.

² For communication by agency type, by program, and by services, percentages are calculated based on the total case-related hours for the specific agency, program or service.

Continued on following page

Table 4.4 Time Spent in Communication with Children, Parents and Caregivers by Agency Type, Program, Service, and Task (continued)

Agency Type, Program, Service, or Task	Case-Workers	Total Hours for Communication	Mean Hours Communication	Total Case-Related Hours	Communication as Percent of Case-Related Time
Communication with Children, Parents and Caregivers by Task³					
Communication with child(ren)	645	883	1.4	130,384	0.7%
Communication with parent(s) or caregiver(s)	1,332	3,045	2.3	130,384	2.3%
Communication with child(ren) and parent(s) and/or caregiver(s)	1,674	5,244	3.1	130,384	4.1%

¹ For communication task, percentages are calculated based on the total case-related hours for the specific agency program or service.

Table 4.5 Time Spent in Contact with Collaterals and in Reviews by Agency Type, Program, Service, and Task¹

Agency Type, Program, Service, or Task	Case-Workers	Total Hours Collateral Contact	Mean Hours Collateral Contact	Total Case-Related Hours	Collateral Contact Time as Percent of Case-Related Time ²
Collateral Contacts and Reviews by Agency Type					
LDSS	740	10,233	13.8	42,533	24.1%
ACS	397	5,211	13.1	24,246	21.5%
VA – LDSS	471	5,543	11.8	27,168	20.4%
VA – ACS	600	5,680	9.5	36,437	15.6%
Total Participating Staff	2,208	26,667	12.1	130,384	20.5%
Collateral Contacts and Reviews by Program					
Child Protective Services	722	7,786	10.8	37,976	20.5%
Preventive Services	792	5,565	7.0	28,909	19.3%
Foster Care Services	1,063	10,998	10.4	51,844	21.2%
Article 10 Direct Placements with Relatives	108	262	2.4	1,285	20.4%
Adoption Services	215	969	4.5	3,858	25.1%
Post Adoption Services	49	21	0.4	89	24.0%
After Care Services	73	204	2.8	1,059	19.3%
Management/Admin	1,119	739	0.7	3,883	19.0%
Nonchild Welfare	745	123	0.2	1,480	8.3%
Collateral Contacts and Reviews by Service					
CPS Intake	142	166	1.2	631	26.3%
CPS Investigation	559	5,208	9.3	25,219	20.7%
Ongoing Protective	385	2,411	6.3	12,126	19.9%
Preventive Case Management	207	1,063	5.1	3,528	30.1%
Preventive Case Planning	630	3,567	5.7	19,470	18.3%
Preventive Casework	351	935	2.7	5,911	15.8%
Foster Care Case Management	308	1,934	6.3	6,596	29.3%
Foster Care Case Planning	858	6,169	7.2	29,565	20.9%
Foster Care Casework	636	2,894	4.6	15,682	18.5%
Article 10 Placement Services	108	262	2.4	1,285	20.4%
Adoption Case Management	52	103	2.0	329	31.3%
Adoption Case Planning	174	626	3.6	2,486	25.2%
Adoption Casework	100	241	2.4	1,044	23.1%
Post Adoption Case Management	18	6	0.4	24	27.0%
Post Adoption Case Planning	24	11	0.5	40	27.0%
Post Adoption Casework	19	4	0.2	25	16.5%
After Care Services	73	204	2.8	1,059	19.3%
Management/Admin Services	1,119	739	0.7	3,883	19.0%
Nonchild Welfare Services Program	745	123	0.2	1,480	8.3%

¹ All times are reported for the 2-week data reporting period.

² For collateral contact by agency type, by program, and by services, percentages are calculated based on the total case-related hours for the specific agency, program or service.

Continued on following page

Table 4.5 Time Spent in Contact with Collaterals and in Reviews by Agency Type, Program, Service, and Task (continued)

Agency Type, Program, Service, or Task	Case-Workers	Total Hours Collateral Contact	Mean Hours Collateral Contact	Total Case-Related Hours	Collateral Contact Time as Percent of Case-Related Time
Collateral Contacts and Reviews by Task³					
Contact with/oversight of service providers and potential service providers	1,353	4,032	3.0	130,384	3.1%
Contact with collaterals	1,839	7,631	4.2	130,384	5.9%
Contact with supervisor and/or management	1,733	4,514	2.6	130,384	3.5%
Consultation with peers (receiving or providing)	1,420	3,233	2.3	130,384	2.5%
Preparing for and participating in formal case review and planning meetings	839	2,262	2.7	130,384	1.7%
Preparing for and participating in administrative/fair hearings	229	390	1.7	130,384	0.3%
Case Preparation Time	1,373	3,914	2.9	130,384	3.0%
Waiting time	632	693	1.1	130,384	0.5%

³ For collateral contact by task, percentages are calculated based on the total case-related hours overall.

Table 4.6 Court Time by Agency Type, Program, Service and Task¹

Agency Type, Program, Service, or Task	Case-Workers	Total Hours for Court Time	Mean Hours Court Time	Total Case-Related Hours	Court Time as Percent of Case-Related Time ²
Court Time by Agency Type					
LDSS	740	2,509	3.4	42,533	5.9%
ACS	397	2,224	5.6	24,246	9.2%
VA – LDSS	471	744	1.6	27,168	2.7%
VA – ACS	600	2,950	4.9	36,437	8.1%
Total Participating Staff	2,208	8,426	3.8	130,384	6.5%
Court Time by Program					
CPS	722	2,871	4.0	37,976	7.6%
Preventive Services	792	621	0.8	28,909	2.1%
Foster Care Services	1,063	4,370	4.1	51,844	8.4%
Article 10 Direct Placements with Relatives	108	189	1.8	1,285	14.7%
Adoption Services	215	251	1.2	3,858	6.5%
Post Adoption Services	49	3	0.1	89	2.8%
After Care Services	73	62	0.9	1,059	5.8%
Management/Admin	1,119	50	0.1	3,883	1.3%
Nonchild Welfare	745	10	0.0	1,480	0.7%
Court Time by Service					
CPS Intake	142	27	0.2	631	4.3%
CPS Investigation	559	1,341	2.4	25,219	5.3%
Ongoing Protective	385	1,502	3.9	12,126	12.4%
Preventive Case Management	207	110	0.5	3,528	3.1%
Preventive Case Planning	630	330	0.5	19,470	1.7%
Preventive Casework	351	181	0.5	5,911	3.1%
Foster Care Case Management	308	468	1.5	6,596	7.1%
Foster Care Case Planning	858	2,825	3.3	29,565	9.6%
Foster Care Casework	636	1,077	1.7	15,682	6.9%
Article 10 Direct Placements with Relatives Services	108	189	1.8	1,285	14.7%
Adoption Case Management	52	23	0.5	329	7.1%
Adoption Case Planning	174	169	1.0	2,486	6.8%
Adoption Casework	100	59	0.6	1,044	5.6%
Post Adoption Case Management	18	–	–	24	–
Post Adoption Case Planning	24	–	–	40	–
Post Adoption Casework	19	3	0.1	25	9.9%
After Care Services	73	62	0.9	1,059	5.8%
Management/Admin	1,119	50	0.1	3,883	1.3%
Nonchild Welfare Services Program	745	10	0.0	1,480	0.7%
Court Time by Task³					
Preparing for court	890	2,501	2.8	130,384	1.9%
Appearing in court	970	2,748	2.8	130,384	2.1%
Waiting time in court	840	3,176	3.8	130,384	2.4%

¹ All times are reported for the 2-week data reporting period.

² For court time by agency type, by program, and by services, percentages are calculated based on the total case-related hours for the specific agency, program or service.

³ For court time by task, percentages are calculated based on the total case-related hours overall.

Table 4.7 Time Spent in Case-Related Documentation by Agency Type, Program, Service and Task¹

Agency Type, Program, Service, or Task	Case-Workers	Total Hours for Case-Related Documentation Time	Mean Hours Case-Related Documentation Time	Total Case-Related Hours	Case-Related Documentation as Percent of Case-Related Time ²
Case-Related Documentation by Agency Type					
LDSS	740	13,315	18.0	42,533	31.3%
ACS	397	8,955	22.6	24,246	36.9%
VA – LDSS	471	6,580	14.0	27,168	24.2%
VA – ACS	600	11,247	18.7	36,437	30.9%
Total Participating Staff	2,208	40,097	18.2	130,384	30.8%
Case-Related Documentation by Program					
Child Protective Services	722	13,284	18.4	37,976	35.0%
Preventive Services	792	9,141	11.5	28,909	31.6%
Foster Care Services	1,063	15,052	14.2	51,844	29.0%
Article 10 Direct Placements with Relatives Services	108	312	2.9	1,285	24.3%
Adoption Services	215	1,362	6.3	3,858	35.3%
Post Adoption Services	49	34	0.7	89	38.6%
After Care Services	73	257	3.5	1,059	24.2%
Management/Admin	1,119	582	0.5	3,883	15.0%
Nonchild Welfare	745	73	0.1	1,480	4.9%
Case-Related Documentation by Service					
CPS Intake	142	200	1.4	631	31.6%
CPS Investigation	559	8,894	15.9	25,219	35.3%
Ongoing Protective	385	4,191	10.9	12,126	34.6%
Preventive Case Management	207	1,561	7.5	3,528	44.2%
Preventive Case Planning	630	6,307	10.0	19,470	32.4%
Preventive Casework	351	1,273	3.6	5,911	21.5%
Foster Care Case Management	308	2,480	8.1	6,596	37.6%
Foster Care Case Planning	858	8,746	10.2	29,565	29.6%
Foster Care Casework	636	3,826	6.0	15,682	24.4%
Article 10 Direct Placements with Relatives Services	108	312	2.9	1,285	24.3%
Adoption Case Management	52	120	2.3	329	36.4%
Adoption Case Planning	174	906	5.2	2,486	36.4%
Adoption Casework	100	336	3.4	1,044	32.2%
Post Adoption Case Management	18	11	0.6	24	46.8%
Post Adoption Case Planning	24	14	0.6	40	35.5%
Post Adoption Casework	19	9	0.5	25	35.7%
After Care Services	73	257	3.5	1,059	24.2%
Management/Admin.	1,119	582	0.5	3,883	15.0%
Nonchild Welfare Services Program	745	73	0.1	1,480	4.9%

¹ All times are reported for the 2-week data reporting period.

² For case-related documentation time by agency type, by program, and by services, percentages are calculated based on the total case-related hours for the specific agency, program or service.

Continued on following page

Table 4.7 Time Spent in Case-Related Documentation by Agency Type, Program, Service and Task (continued)

Agency Type, Program, Service, or Task	Case Workers	Total Hours for Case-Related Documentation Time	Mean Hours Case-Related Documentation Time	Total Case-Related Hours	Case-Related Documentation as Percent of Case-Related Time
Case-Related Documentation by Task³					
Safety Assessment or Risk Assessment (if done separately from FASP)	436	1,114	2.6	130,384	0.9%
FASP (includes Safety or Risk Assessment if done together)	1,328	6,859	5.2	130,384	5.3%
Permanency Hearing Report	516	1,864	3.6	130,384	1.4%
Progress notes	2,050	20,960	10.2	130,384	16.1%
Eligibility determination or redetermination	300	597	2.0	130,384	0.5%
Local requirements	698	2,257	3.2	130,384	1.7%
Other documentation	1,594	6,446	4.0	130,384	4.9%

³ For case-related documentation by task, percentages are calculated based on the total case-related hours overall.

Table 4.8 Time for Case-Related Travel by Agency Type, Program, Service and Task¹

Agency Type, Program, Service, or Task	Case-Workers	Total Hours for Case-Related Travel Time	Mean Hours Case-Related Travel Time	Total Case-Related Hours	Case-Related Travel as Percent of Case-Related Time ²
Time for Case-Related Travel by Agency Type					
LDSS	740	4,811	6.5	42,533	11.3%
ACS	397	2,340	5.9	24,246	9.7%
VA – LDSS	471	3,336	7.1	27,168	12.3%
VA – ACS	600	4,070	6.8	36,437	11.2%
Total Participating Staff	2,208	14,556	6.6	130,384	11.2%
Time for Case-Related Travel by Program					
Child Protective Services	722	4,917	6.8	37,976	12.9%
Preventive Services	792	3,208	4.1	28,909	11.1%
Foster Care Services	1,063	5,409	5.1	51,844	10.4%
Article 10 Direct Placements with Relatives	108	162	1.5	1,285	12.6%
Adoption Services	215	356	1.7	3,858	9.2%
Post Adoption Services	49	6	0.1	89	6.5%
After Care Services	73	166	2.3	1,059	15.7%
Management/Admin	1,119	167	0.2	3,883	4.3%
Nonchild Welfare Services	745	165	0.2	1,480	11.1%
Time for Case-Related Travel by Service					
CPS Intake	142	82	0.6	631	12.9%
CPS Investigation	559	3,508	6.3	25,219	13.9%
Ongoing Protective	385	1,328	3.5	12,126	10.9%
Preventive Case Management	207	165	0.8	3,528	4.7%
Preventive Case Planning	630	2,235	3.6	19,470	11.5%
Preventive Casework	351	808	2.3	5,911	13.7%
Foster Care Case Management	308	322	1.1	6,596	4.9%
Foster Care Case Planning	858	3,147	3.7	29,565	10.6%
Foster Care Casework	636	1,940	3.1	15,682	12.4%
Article 10 Direct Placements with Relatives Services	108	162	1.5	1,285	12.6%
Adoption Case Management	52	28	0.5	329	8.4%
Adoption Case Planning	174	213	1.2	2,486	8.6%
Adoption Casework	100	116	1.2	1,044	11.1%
Post Adoption Case Management	18	1	0.1	24	4.1%
Post Adoption Case Planning	24	2	0.1	40	5.4%
Post Adoption Casework	19	3	0.1	25	10.6%
After Care Services	73	166	2.3	1,059	15.7%
Management/Admin Services	1,119	167	0.2	3,883	4.3%
Nonchild Welfare Services Program	745	165	0.2	1,480	11.1%

¹ All times are reported for the 2-week data reporting period.

² For case-related travel time by agency type, by program, and by services, percentages are calculated based on the total case-related hours for the specific agency, program or service.

Continued on following page

Table 4.8 Time for Case-Related Travel by Agency Type, Program, Service and Task (continued)

Agency Type, Program, Service, or Task	Case-Workers	Total Hours for Case-Related Travel Time	Mean Hours Case-Related Travel Time	Total Case-Related Hours	Case-Related Travel as Percent of Case-Related Time
Time for Case-Related Travel by Task³					
Travel to and from clients, parents, caregivers, collaterals, court, etc. (includes attempted in-person contacts)	1,927	14,556	7.6	130,384	11.2%

³ For case-related travel time by tasks, percentages are calculated based on the total case-related hours overall.

5. MONTHLY WORKLOAD AND CASELOAD ESTIMATES

The purpose of this chapter is to use the 2-week workload data presented in Chapter 4 to estimate the average time per case per month (workload) and the estimated average number of cases that can be served, based on the estimated monthly time per case (caseload).¹ Caseload recommendations are presented in the following chapter.

BACKGROUND

For the sake of clarity, it is necessary to explain what the terms “workload” and “caseload” mean for the purposes of this analysis. Workload² is the estimation of the amount of time that caseworkers spend per case, by program or service, in conducting the core functions of child welfare—assessment, case planning, provision and coordination of services, review and monitoring of services, communication with collaterals, participating in the legal process, travel, and documenting case events, etc. (These categories of work are termed case-related work in this report.) The computation of average time per case divides the total number of estimated case-related time by the estimated total number of cases served, to obtain an average time per case. For example, if the total estimated amount of time for investigations per month is 54,600 hours, and the total estimated cases served is 10,557, the workload is approximately 5.2 hours per investigation case ($54,600/10,557 = 5.17$ or 5.2 hours per month per case).

Caseload is the estimation of how many cases can be served by a caseworker given an average workload per case and the amount of case-related time available in the month. The computation of average cases per month divides the total amount of available time per month by the estimated hours per case per month to obtain the average cases served per month. For example, if a CPS caseworker spends, on average, 5.2 hours per month per investigation case, and has 126 hours available for case-related work, then he or she can serve approximately 24 cases ($126/5.2 = 24$ cases per month), if he or she only conducts investigations at the current level of effort.

A summary of each estimation methodology is provided below, along with the study findings. For additional information, see appendix F.

WORKLOAD

The calculation of estimated number of cases served counted all unique Case IDs reported by the caseworkers. Caseworkers were also given the option of indicating that an activity pertained to “multiple cases,” namely 2-5 cases (estimated as 3.5 cases); 6-10 cases (estimated as 8 cases); and more than 10 cases (estimated as 13 cases). Using these categories, the number of unique cases that were included under the category of “multiple cases” was estimated. Based on several reviews of the data, the estimate was that 0.6percent could be considered unique cases.

In addition, 25 percent of the cases that were labeled as “not in CONNECTIONS” were considered unique and included in the estimate of unique cases served. Some of the cases in this

¹ Estimates are provided for all participating agencies; ACS, including the voluntaries associated with ACS, and the 10 other districts in the study, including their voluntary agencies. All estimates are for one month.

² Workload considers time per case. Previous discussions have focused on the time spent per caseworker.

group consisted of children who were in the care and custody of another State, but who were receiving services in New York State, under the Interstate Compact on the Placement of Children. Table 5.1 (at the end of the chapter) provides the estimated number of cases served in a month, the total case-related time, and average time per case by program and service, and agency type.^{3 4} Agency type includes: all participating agencies, ACS and the voluntary agencies serving ACS, and the other district agencies and their voluntary agencies.

The table shows that, across all agencies, the average time per month per case⁵ served was:

- Per CPS case: 5.5 hours
 - Per CPS investigation case: 5.2 hours
 - Per CPS ongoing protective services case: 5.3 hours
- Per Foster Care Services case: 7.7 hours
 - Per Foster Care Services case management case: 2.7 hours
 - Per Foster Care Services case planning case: 6.8 hours
 - Per Foster Care Services casework case: 6.3 hours
- Per Preventive Services case: 5.7 hours
 - Per Preventive Services case management case: 3.1 hours
 - Per Preventive Services case planning case: 5.1 hours
 - Per Preventive Services casework case: 4.6 hours
- Per Adoption Services case: 4.6 hours
 - Per Adoption Services case management case: 2.5 hours
 - Per Adoption Services case planning case: 4.0 hours
 - Per Adoption Services casework case: 3.5 hours

In other words, on average, each case in the major programs, with the exception of Foster Care Services, is receiving less than one day of case-related service per month.⁶

When ACS and the other district agencies were compared in terms of average time per case per month, certain similarities and differences were noted.

³ As explained in appendix F, a multiplier of 1.8 was used to obtain monthly case estimates. The estimated number of cases served in a month is, in general, less than the known average open cases per month, based on administrative data. Some variation, including some estimates that may be higher or lower than estimates based on administrative data, is to be expected, given the estimation procedures, and the actual months of administrative data used for the administrative estimates. Administrative data were used for either January 2004 to June 2006 or from January 2005 to June 2006.

⁴ These estimates are for “pure caseloads” of a single program or service. In the field, caseworkers may carry a mixed caseload of more than one service or more than one program.

⁵ The average per program will vary from the averages per service depending upon the amount of duplication of cases across services. Duplication of cases within program varied from 1.09 to 1.46 when it was examined for ACS and the 10 districts.

⁶ The number of cases which were reported for Article 10 Direct Placements with Relatives Services, Post Adoption Services, and After Care Services cases was low and the estimates associated with these programs may not be as representative of average time spent. While over a thousand cases were reported as receiving management administrative time with a valid family or child CONNECTIONS identifier, it is not clear how this time can be allocated into the major service programs.

- Per CPS case: ACS 7.0 hours; other districts: 4.7 hours
 - Per CPS investigation case: ACS: 6.4 hours; other districts: 4.7 hours
 - Per CPS ongoing protective case: ACS: 6.4 hours; other districts: 4.3 hours
- Per Foster Care Services case: ACS: 7.3 hours; other districts 8.1 hours
 - Per Foster Care Services case management case: ACS: 2.3 hours; other districts: 3.4 hours
 - Per Foster Care Services case planning case: ACS: 7.5 hours; other districts: 6.2 hours
 - Per Foster Care Services casework case: ACS: 7.3 hours; other districts: 5.7 hours
- Per Preventive Services case: ACS: 5.1 hours; other districts: 6.3 hours
 - Per Preventive Services case management: ACS: 4.0 hours; other districts: 2.5 hours
 - Per Preventive Services case planning: ACS: 4.6 hours; other districts: 5.6 hours
 - Per Preventive Services casework: ACS: 3.9 hours; other districts: 5.1 hours
- Per Adoption Services case: ACS: 5.4 hours; other districts 4.3 hours
 - Per Adoption Services case management: ACS: 0.8 hours; other districts: 2.6 hours⁷
 - Per Adoption Services case planning: ACS: 4.6 hours; other districts: 3.8 hours
 - Per Adoption Services casework: ACS: 5.0 hours; other districts: 2.8 hours

These data show that more time, per case, is being spent on case planning services than on case management services. This is consistent with policy. Furthermore, ACS and the other districts differ from each other, in some instances, by more than 1 hour spent per case per month. As seen in the next section, this difference results in different estimates of the number of cases that can be served per month.

CASELOAD

The computation of caseload requires an estimate of the amount of time that is available for case-related work, as well as the data provided above regarding the average time per case, per program or service currently being spent.

Case-Related Time Available Per Month

The time available for case-related work was computed by calculating the amount of time a caseworker was expected to work, then subtracting from the total time the average amount of time spent in activities that were not case-related.

In this study, this computation also took into consideration that the amount of time caseworkers were expected to work varied by agency. In some agencies a standard work week was 40 hours, while in others it was either 37.5 or 35 hours for a full-time employee; less for part-time

⁷ The estimates for Adoption Services case management are based on an estimate of only 9 cases for ACS compared to 266 cases for the other districts. The 9 cases may have been less representative of Adoption Services case management for ACS than is desired.

employees. The mean of all agencies in the study was 37.5 hours or 7.5 hours per day. Given an average 21.65 working days per month, there are 162 work hours available. Time log data indicated that 77.8 percent of those hours are actually available for child welfare case-related work, or 126 hours per month. The other 22.2 percent of time included vacation, holiday, sick leave, and time used in administrative or management tasks not specific to an individual case, such as training and community outreach. Therefore, the calculation of caseload used 126 hours per month as time available for case-related work.

Cases Served

The estimation of the number of cases that can be served—given the average amount of time that is spent per case—is based on dividing the amount of time available by the average amount of time spent per case. Table 5.2 provides estimates of the number of cases by program and service. The data are presented for all participating agencies, the ACS and its voluntary agencies, and the other districts and their associated voluntary agencies.⁸

The estimate of cases that can be served is *inversely* related to the average amount of time spent on a case. In other words, the greater the amount of time spent per case, the fewer the number of cases that can be served. The lower the amount of time spent per case, the greater the number of cases that can be served. Therefore, differences in estimated caseload of cases served reflect the amount of time spent per case.

Table 5.2 shows that, given the time caseworkers currently spend per case, the number of cases that could be served by program and service are:

- CPS cases per month: 23
 - CPS investigation cases per month: 24
 - CPS ongoing protective cases per month: 24
- Foster Care Services cases per month: 16
 - Foster Care Services case management cases per month: 47
 - Foster Care Services case planning cases per month: 18
 - Foster Care Services Casework cases per month: 20
- Preventive Services cases per month: 22
 - Preventive Services case management cases per month: 40
 - Preventive Services case planning cases per month: 25
 - Preventive Services casework cases per month: 27
- Adoption Services cases per month: 27
 - Adoption Services case management cases per month: 50
 - Adoption Services case planning cases per month: 32
 - Adoption Services casework cases per month: 36

When ACS and the other 10 districts were compared in terms of cases served per month, certain similarities and differences were noted.

⁸ The average per program will vary from the averages per service depending upon the amount of duplication of cases across services. Duplication of cases within program varied from 1.09 to 1.46 when it was examined for ACS and the 10 districts.

- CPS cases per month: ACS:18; other districts: 27
 - CPS investigation cases per month: ACS: 20; other districts: 27
 - CPS ongoing protective case: ACS: 20; other districts: 29
- Foster Care Services cases per month: ACS: 17; other districts: 16
 - Foster Care Services case management: ACS: 54; other districts: 37
 - Foster Care Services case planning: ACS: 17; other districts: 20
 - Foster Care Services casework: ACS: 17; other districts: 22
- Preventive Services cases per month: ACS: 25; other districts: 20
 - Preventive Services case management: ACS: 32; other districts: 50
 - Preventive Services case planning: ACS: 27; other districts: 22
 - Preventive Services casework: ACS: 32; other districts: 25
- Adoption Services cases per month: ACS: 23; other districts: 29
 - Adoption Services case management: ACS: 165; other districts: 49⁹
 - Adoption Services case planning: ACS: 27; other districts: 33
 - Adoption Services casework: ACS: 25; other districts: 44

The translation of workload into caseload (cases that can be served at the current level of effort) highlights the dilemmas facing child welfare staff, supervisors, and management. As stated previously, the amount of time spent on a case is inversely related to the number of cases that can be served. Caseload estimates vary, in some instances, between 20 and 50 percent when ACS and the other districts are compared.

SUMMARY

Workload is the calculation of the amount of time spent, on average, per case per month. Caseload is the calculation of the number of cases that can be served, per program, per month based on the average amount of time currently being spent per case, as determined by analysis of the data provided by caseworkers during the 2-week time study. Given that the amount of time available for case-related service is constant, the more time that is spent per case the fewer cases that can be served per month.

When the time log data submitted by more than 2,200 workers were used to estimate average monthly time per case and then average monthly caseloads, several interesting findings emerged.

- The data show that, on average, more time per case was spent in providing case planning services than in case management services. This is consistent with policy.
- In general, cases that were served during the study are estimated to receive a little less than a day of case-related services in a month. These data may not reflect some additional assigned cases, which were not projected as having received services. In some districts, currently assigned caseloads may be greater than the estimated monthly caseloads, based on time spent per case. If these cases were counted, the average time of case-related services provided per case, per month, would be lower.

⁹ See footnote 7.

- Patterns of service provision vary throughout the State. ACS and the other districts differ in the amount of case-related time that is being provided per case in each of the major services. The variation is, in general, more than one hour per case per month.

Table 5.1 Workload: Estimated Average Time per Case, Per Month¹

Program or Service	All Participating Agencies			ACS Plus Its Voluntary Agencies			10 Districts Plus Their Voluntary Agencies		
	Estimated Number of Unique Cases Served	Total Case-Related Time	Average Time per Case (Workload)	Estimated Number of Unique Cases Served	Total Case - Related Time	Average Time per Case (Workload)	Estimated Number of Unique Cases Served	Total Case-Related Time	Average Time per Case (Workload)
Workload Calculation by Program									
Child Protective Services ²	15,007	82,219	5.5	5,306	35,083	7.0	9,971	47,136	4.7
Preventive Svcs	10,942	62,587	5.7	5,399	27,403	5.1	5,543	35,184	6.3
Foster Care Svcs	14,632	112,242	7.7	7,969	58,206	7.3	6,663	54,036	8.1
Article 10 Direct Placements Svcs	647	2,782	4.3	61	397	6.5	586	2,384	4.1
Adoption Svcs	1,823	8,353	4.6	484	2,598	5.4	1,339	5,755	4.3
Post Adoption Services	78	193	2.5	20	73	3.7	59	120	2.0
After Care Svcs	342	2,294	6.7	254	1,992	7.9	89	302	3.4
Management/Admin	1,815	8,406	4.6	700	3,925	5.6	1,115	4,481	4.0
Workload Calculation by Service									
CPS Intake	415	1,366	3.3	130	812	6.2	285	554	1.9
CPS Investigation	10,557	54,600	5.2	2,976	19,053	6.4	7,581	35,547	4.7
Ongoing Protective	4,943	26,253	5.3	2,369	15,219	6.4	2,573	11,034	4.3
Preventive Case Management	2,453	7,639	3.1	1,006	4,006	4.0	1,447	3,633	2.5
Preventive Case Planning	8,215	42,152	5.1	4,162	19,257	4.6	4,054	22,894	5.6
Preventive Casework	2,765	12,797	4.6	1,052	4,140	3.9	1,714	8,657	5.1
Foster Care Case Management	5,322	14,281	2.7	3,528	8,168	2.3	1,794	6,113	3.4
Foster Care Case Planning	9,346	64,009	6.8	4,639	34,885	7.5	4,707	29,124	6.2
Foster Care Casework	5,365	33,951	6.3	2,083	15,153	7.3	3,282	18,798	5.7
Article 10 Direct Placements	569	2,782	4.9	61	397	6.5	508	2,384	4.7
Adoption Case Management	280	712	2.5	9	6	0.8	272	706	2.6
Adoption Case Planning	1,347	5,382	4.0	364	1,672	4.6	983	3,709	3.8
Adoption Casework	654	2,260	3.5	183	920	5.0	471	1,340	2.8
Post Adoption Case Management	24	52	2.2	7	20	2.8	17	32	1.9
Post Adoption Case Planning	35	86	2.5	5	34	7.4	30	53	1.7
Post Adoption Casework	22	55	2.4	7	19	2.6	15	36	2.4
After Care Services	342	2,294	6.7	254	1,992	7.9	89	302	3.4
Management/ Admin	1,815	8,406	4.6	700	3,925	5.6	1,115	4,481	4.0

¹ The average per program will vary from the averages per service depending upon the amount of duplication of cases across services. Duplication of cases within program varied from 1.09 to 1.46 when it was examined for ACS and the 10 districts.

² CPS does not include voluntary agency time.

Table 5.2 Caseload: Estimated Average Cases Per Month A Caseworker Could Carry Based on Current Time Spent Per Case¹

Program or Service	All Participating Agencies			ACS Plus Its Voluntary Agencies			10 Districts Plus Their Voluntary Agencies		
	Average Time per Case (Workload)	Hours per Month of Case-Related Time Available	Caseload: Estimated Cases per Month a Caseworker Could Serve	Average Time per Case (Workload)	Hours per Month of Case-Related Time Available	Caseload: Estimated Cases per Month a Caseworker Could Serve	Average Time per Case (Workload)	Hours per Month of Case-Related Time Available	Caseload: Estimated Cases per Month a Caseworker Could Serve
Caseload Calculation by Program									
Child Protective Services	5.5	126	23	7.0	126	18	4.7	126	27
Preventive Services	5.7	126	22	5.1	126	25	6.3	126	20
Foster Care Svcs	7.7	126	16	7.3	126	17	8.1	126	16
Article 10 Direct Placements Svcs	4.3	126	29	6.5	126	19	4.1	126	31
Adoption Svcs	4.6	126	27	5.4	126	23	4.3	126	29
Post Adoption Services	2.5	126	51	3.7	126	34	2.0	126	62
After Care Services	6.7	126	19	7.9	126	16	3.4	126	37
Management/Admin	4.6	126	27	5.6	126	22	4.0	126	31
Caseload Calculation by Service									
CPS Intake	3.3	126	38	6.2	126	20	1.9	126	65
CPS Investigation	5.2	126	24	6.4	126	20	4.7	126	27
Ongoing Protective	5.3	126	24	6.4	126	20	4.3	126	29
Preventive Case Management	3.1	126	40	4.0	126	32	2.5	126	50
Preventive Case Planning	5.1	126	25	4.6	126	27	5.6	126	22
Preventive Casework	4.6	126	27	3.9	126	32	5.1	126	25
Foster Care Case Management	2.7	126	47	2.3	126	54	3.4	126	37
Foster Care Case Planning	6.8	126	18	7.5	126	17	6.2	126	20
Foster Care Casework	6.3	126	20	7.3	126	17	5.7	126	22
Article 10 Direct Placements	4.9	126	26	6.5	126	19	4.7	126	27
Adoption Case Management	2.5	126	50	0.8	126	165	2.6	126	49
Adoption Case Planning	4.0	126	32	4.6	126	27	3.8	126	33
Adoption Casework	3.5	126	36	5.0	126	25	2.8	126	44
Post Adoption Case Management	2.2	126	58	2.8	126	45	1.9	126	67
Post Adoption Case Planning	2.5	126	51	7.4	126	17	1.7	126	73
Post Adoption Casework	2.4	126	51	2.6	126	49	2.4	126	53
After Care Services	6.7	126	19	7.9	126	16	3.4	126	37
Management/Admin	4.6	126	27	5.6	126	22	4.0	126	31

¹The average per program will vary from the averages per service depending upon the amount of duplication of cases across services. Duplication of cases within program varied from 1.09 to 1.46 when it was examined for ACS and the 10 districts.

6. CONCLUSION

The objective of this chapter is to consider the findings from the detailed time study in light of the other study components—the policy review, the literature review, and the surveys and interviews with districts and voluntary agencies. We also consider performance data, which were obtained from OCFS, based on various management reviews. These analyses lead us to recommend caseload goals for Child Protective Services Investigations, Foster Care Case Planning Services, and Preventive Case Planning Services.

REVIEW OF CHILD WELFARE POLICY

Recent Federal and State changes in policy and practice requirements have significantly impacted the workload of caseworkers in child welfare. At the State level these include:

- **Passage of the Permanency Bill**—The passage of the Permanency Bill increased the number of hearings that pertain to children in foster care and also children placed through Article 10 Direct Placements with Relatives. Permanency hearings must now be held every 6 months, compared to the previous requirement of 12 months. Permanency hearings for youth ages 18-21 who consent to continue in foster care must also be held every 6 months. The Permanency Hearing Report including information on a child’s current health, educational progress, and placement; visitation plans; status of the parent; services offered; and reasonable efforts to achieve the permanency plan must be filed 14 days prior to each 6-month permanency hearing compared to an annual legal petition previously required. A face-to-face case consultation must be held with all the case participants prior to the finalization and submission of the Permanency Hearing Report. These requirements are in addition to other specific timelines established for the completion of other child welfare tasks.
- **Enhanced Casework Contact Standards**—Regulations require monthly casework contacts with all foster children. Previously, monthly casework contacts were only required for children who had been placed in foster care with a child service need. At least two of these monthly contacts every 90 days must occur at the child’s placement location.¹
- **Implementation of CONNECTIONS, Build 18**— Build 18 (a recent release of CONNECTIONS) entailed significant changes to case documentation practices. Build 18 creates a single electronic case record and supports the collection and recording of Child Protective Services, Foster Care Services, Preventive Services and Adoption Services information. However, dual entry for some data into both CONNECTIONS and the Child Care Review Services (CCRS) is still required. Two additional Builds are on the horizon, which will require caseworkers to use CONNECTIONS to document educational and health-related information, financial eligibility, adoption, and legal information.

¹ 18 NYCRR §441.2.

More recent State legislation also impacts child welfare caseworkers' workloads. These include requirements for joint CPS investigations, with a multidisciplinary team, of suspected child abuse or maltreatment alleging physical abuse, sexual abuse or the death of a child; new protocols for reporting and investigating educational neglect and minimum Statewide qualifications and training requirements for CPS supervisors.²

As discussed in Chapter 1, the Adoption and Safe Families Act of 1997 (ASFA) and the concomitant New York State law have significantly changed the time required to move children to permanency. ASFA requires, with some exceptions, that States start proceedings to terminate parental rights if a child has been in a State's custody for 15 of the most recent 22 months.

More recently, Congress passed the Safe and Timely Interstate Placement of Children Act of 2006.³ This law will also have an impact on workload for caseworkers. For a child who may be placed into the State through the Interstate Compact on the Placement of Children (ICPC), a home study must be completed within 60 days.

The major time-related requirements that impact New York State child welfare caseworkers are summarized below. These time frames associated with these requirements show that the child welfare system is expected to act expeditiously and to develop thorough assessments, service plans, and documentation. Caseworkers must complete the following activities within the specified time frames.

- **Child Protective Services**

- Within 24 hours of a report, initiate an investigation, which minimally must include a face-to-face or telephone contact with the subject of the report, other persons named in the report, or other persons in a position to provide information about whether the child may be in immediate danger of serious harm.
- Within 7 days of the receipt of the report, complete the preliminary assessment of the investigation including the safety assessment.
- Within 60 days of the receipt of the report, complete an investigation including a determination of findings, conducting risk and safety assessments, development and submission of a petition to the court to compel services and authorize foster care, if necessary, and receive supervisory approval of the documentation and the findings.
- Within 7 days of initiating Ongoing Protective Services, develop and complete the initial family assessment and service plan.
- Within 90 days of initiating Ongoing Protective Services, complete the comprehensive assessment and service plan, which must be updated every 6 months.
- Within 210 days of initiating Ongoing Protective Services, develop and complete the family reassessment and services plan, which must be updated every 6 months thereafter.

² Chapter 494 of the Laws of 2006; Chapter 525 of the Laws of 2006.

³ P.L. 109-239 (2006).

- **Foster Care Services**
 - Conduct the first permanency hearing after a child is removed from home on the date certain set by the court, within 8 months of removal from the home. Requires the hearing to be completed within 30 days of the date certain.
 - File Permanency Hearing reports 14 days prior to the permanency hearing, including information on plans related to the health, educational progress, and current placement of the child; visitation plans; status of the parent; services offered; and reasonable efforts to achieve the permanency plan.
 - Include concurrent planning efforts for an alternative permanency plan for a child in the permanency hearing report, where it is likely the child will not return home.
 - Conduct initial service plan review of children in foster care between 60-90 days of removal or placement, and then every 6 months thereafter.
 - Within 30 days from the case initiation date, conduct an initial family assessment and develop and complete a service plan, approved by the case manager;
 - Within 90 days of the case initiation date, develop and complete a comprehensive assessment and service plan approved by the case manager;
 - Within 210 days from the case initiation date, complete the first family; reassessment and service plan which must be updated every 6 months thereafter; and
 - Start assistance and services regarding independent living skills;
 - Provide all required health and early intervention assessments;
 - Deliver or arrange for all services and visitation as specified in the plans; and
 - Within 12 months of establishing a permanency goal of adoption, terminate parental rights.
- **Preventive Services**
 - Within 30 days of initiating Preventive Services, develop and complete the initial family assessment and service plan.
 - Within 90 days of initiating a Preventive Services case, develop and complete the family comprehensive assessment and service plan, which must be updated every 6 months.
 - The first family reassessment and service plan must be completed no later than 210 days from the case initiation date; and
 - All subsequent family assessments and service plans must be developed and completed 6 months from the due date of the previous reassessment and every 6 months thereafter.
- **Adoption Services**
 - Within 6 months of termination of parental rights, establish an adoptive placement.
 - Within 12 months of establishing an adoptive placement, finalize the adoption.

Meeting such timelines includes planning, scheduling, travel, and coordination with children, parents, providers, many other public agencies, and the courts. Schools and health care providers, as well as mental health providers, and substance abuse treatment centers, are but a few of the multiple agencies with which child welfare caseworkers must interact. Furthermore, the results of these interactions need to be well documented in order to be useful for the essential reviews of cases.

In addition to the key time frames listed above, policy requires that children and families be frequently seen and assessed by caseworkers:

- Two face-to-face visits per month are required for ongoing case planning for protective services;
- Twelve face-to-face contacts every six months are required for Preventive Services;
- Two face-to-face contacts by case planners within 30 days, and then once a month, are required for foster care services for both the child and the parent; and
- One monthly face-to-face contact with the child's foster caregiver is also required.

REVIEW OF BEST PRACTICE LITERATURE

The above policy mandates are understood within the context of best practice. Three areas of best practice, already part of the child welfare model in New York State, warrant special consideration.

- Child-centered family-focused practice;
- Face-to-face contact with children; and
- Concurrent planning.

This section also discusses some additional areas of best practice.

Child-Centered Family-Focused Practice⁴

Child abuse and maltreatment are not the sole issues that impact cases being served by child welfare caseworkers. There are often other co-occurring issues—such as substance abuse, health problems, past child and/or sexual abuse of the parents, involvement in the criminal justice system, serious mental illness, domestic violence, HIV/AIDS, poverty, and inadequate or unsafe habitation. These serious difficulties combine to produce multiple family problems, which may be difficult to resolve. In addition, the children—who come to the attention of the child welfare system—often have physical and emotional problems, developmental delays, and learning disabilities, which may not have been previously diagnosed or treated.

Child-centered family-focused practice has its roots in traditional social services, but has renewed emphasis in today's child welfare practice. At the center of this approach is the engagement and partnering with, and empowerment of, families through goal setting and decision-making processes. This approach can be time-intensive and requires staff with such skills as being able to:

- Advocate and negotiate on behalf of children and families with other child-and family-serving systems and community resources;
- Understand the dynamics of ethnic and cultural variations;

⁴ Pecora, P., Whittaker, J., Maluccio, A., Barth, R. (2000). *The Child Welfare Challenge, Second Edition*. New York: Walter de Gruyter, Inc.

- Use a strengths-based perspective; and
- Understand the stages, processes, and milestones of physical, cognitive, social, and emotional development of children; adult development and family life; and the impact of substance abuse, family violence, poverty, and lack of education on such stages and processes.

Especially in the provision of Foster Care Services, a service that is traditionally child-focused, this best practice requires additional direct service time. It is recognized that, in order for reasonable efforts to be made to reunify children with their parents and achieve permanency within the time frames set by Federal law, significant attention must be given to the family's conditions and needs, as well as the child's.

Face-to-Face Contact with Children, Parents, and Caregivers

The importance of face-to-face contact with children and their families cannot be overstated. Such time is needed to understand the needs of the child and his parents; provide clinical and nonclinical services; and facilitate the parent's or caregiver's role in providing safety, permanency, and wellbeing for the child. Face-to-face visits are the foundation for making assessments; developing service plans; assisting families to implement changes; monitoring progress of children and families; ensuring that comprehensive reviews are conducted and appropriate information is available for such reviews; and achieving the desired outcomes for all children.

One of the most significant findings of the Child and Family Service Reviews (CFSR) of all States, the District of Columbia, and Puerto Rico, conducted by the Children's Bureau in the U.S. Department of Health and Human Services, was that family involvement and caseworker contacts with children and families are related to achieving safety and permanency goals. The reviews showed that the *quality and frequency* of caseworker visits result in improved ability to:

- assess children's risk of harm and need for alternative permanency options;
- identify and provide needed services; and
- engage children and parents in planning for their future.⁵

Therefore, if caseworkers are to meet the needs of children and their families, they and other service providers must be in direct contact with children and their families.

Concurrent Planning

Historically, caseworkers have conducted permanency planning in a sequential manner. That is, caseworkers actively work with the biological family so that the child can be returned to them; then, after a year or two, if reunification is unlikely, caseworkers began to look at other permanency options for the child. In contrast, concurrent planning is a model of child welfare practice in which caseworkers consider and develop reunification and other permanency options

⁵ Stated in a presentation on Findings from the Initial Child Welfare Services Reviews (2001-2004). Retrieved November 9, 2006 from <http://www.acf.hhs.gov/programs/cb/cwmonitoring/results/sld014.htm> . Also discussed in a National Conference of State Legislators. (2006). *Child Welfare Caseworker Visits with Children and Parents*. Retrieved November 9, 2006 from <http://www.ncsl.org/programs/cyf/caseworkervisits.htm>.

“concurrently,” in order to better ensure that children in foster care are placed with permanent families with less delay, less negative impact on children within established time frames set by Federal law.

The National Resource Center for Foster Care and Permanency Planning defines concurrent planning as:

*“ a process of working towards reunification while at the same time establishing an alternative contingency back-up plan...concurrent rather than sequential planning efforts to more quickly move children from the uncertainty of foster care to the security of a safe and stable permanent family... ”*⁶

Concurrent planning is an important approach in meeting the shortened time frames for achieving permanency required by the ASFA and New York State law. ASFA supports the use of concurrent planning and states that reasonable efforts to place a child for adoption or with a legal guardian may be made concurrently with reasonable efforts to reunite the family.⁷ States are required to make reasonable efforts to find permanency for children who cannot return to their biological families. ASFA requires that a petition to terminate parental rights is filed for children who have been in foster care 15 of the most recent 22 months, when certain exceptions do not exist. The State must *concurrently* identify, recruit, process, and approve a qualified family for an adoption when it petitions to terminate parental rights.

New York State policy and guidance require many of the main components of the concurrent planning model including:

- Early assessment of the core conditions that led to the out-of-home placement, the strengths of the family, and the likelihood of reunification within 12-15 months;
- Initial placement of the child with a resource family who can, if necessary, become the permanent home;
- Case planning that includes early and intensive service provision to parents, focusing on parental ability and willingness to make changes to undertake caretaking responsibilities;
- Early and diligent search for absent fathers and relatives who may be a permanency resource for the child;
- Firm timelines for permanency decisionmaking—usually 12 months unless there are extenuating circumstances—during which both reunification and alternative permanency options are pursued;

⁶ National Resource Center for Foster Care and Permanency Planning. (n.d). *Tools for Permanency, Tool #1: Concurrent Permanency Planning*. Retrieved November 13, 2006, from <http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/tools/ccp-tool.pdf>.

⁷ 42 U.S.C §671(a)(15)(F).

- Coordination of service provision and court decisionmaking around permanency timelines; and
- Regular reviews of progress focusing on treatment plans and visitation.⁸

Concurrent planning is best conducted within a child-centered and family-focused framework. It requires additional time for caseworkers to plan and explain this approach to the family, as well as other service providers, so that there can be greater coordination of effort for the best outcomes for children. Other service providers often have different eligibility criteria and regulations. Thus, the amount of time needed for collaboration may increase at the same time as the length of time in which to complete case objectives may decrease. Reasonable caseloads are needed in order to conduct concurrent planning.

Additional Best Practices

Changes in policy to improve the framework for decisionmaking and practice in child welfare are designed to enhance outcomes for children and their families. Additional areas of best practice, some of which are underway in New York State, include:

- Increased court oversight;
- The use of automated information systems to support case planning and case management and increase accountability;
- Family group decisionmaking; and
- Alternative response.

In the 26 years since the passage of P.L. 96-272, the role of the courts in child welfare practice has expanded. Courts are no longer solely the determiners of facts. They play a critical role in seeing that appropriate services are provided, service plans are developed and implemented, assessments are conducted, and outcomes are achieved. The courts are becoming more engaged in dependency hearings and often require earlier, more frequent and more comprehensive information on each case. As more cases are contested or appealed, caseworkers find themselves needing to spend increased time in preparing for, and participating in, court hearings. Furthermore, the large volume of cases, and a shortage of judges who can schedule reviews in a timely manner, can result in caseworkers being required to testify at court about events that occurred many months prior. Such testimony requires additional preparation, as well as solid documentation.

The use of automated information systems to support child welfare caseworkers in accessing, retrieving, and documenting information is central to all child welfare practice in the United States. States cannot support either their own performance measurement objectives or those of the Federal Government without such systems. Nevertheless, this is a significant challenge for all States, jurisdictions, and agencies. Not only is the development of such systems complex, but significant time must be dedicated to training caseworkers to use these systems well. For example, the next releases (Build 18.9 and Build 19) of CONNECTIONS will include additional training and practice requirements for caseworkers. Caseworkers also find that they must take

⁸ Schene, P. Implementing Concurrent Planning: A Handbook for Child Welfare Administrators. (2001). National Resource Center for Organizational Improvement. Retrieved November 9, 2006, from <http://www.muskie.usm.maine.edu/helpkids/rcpdfs/concurrent.pdf>.

notes in the field, which later must be entered into the information system, thus requiring additional documentation time. In addition, automation may require changes in practice, district and agency policies and business processes, which also result in training time.

Family group decisionmaking is an additional tool of child welfare.⁹ Based on practices first developed in New Zealand, it is now widely used to enlist all members of the child's family in planning for the successful return of the child from foster care. The family, as a group, develops a plan and holds itself accountable to this plan. The role of the caseworker is to make all contacts necessary to forming such a group, providing additional information to the family, and facilitating the decisionmaking of the family. Family group decisionmaking is consistent with best practices of child-centered family-focused practice, increased contact with the child and family, and concurrent planning. It does, however, require additional time for planning and conducting the family group process.

Alternative response (or differential response) is a more recent and growing practice related to the delivery of child protective services.¹⁰ It involves assessing the needs of low to moderate risk families, to recognize problems and engage the families in appropriate services. This response provides an alternative to conducting an adversarial investigation of allegations of child abuse and maltreatment. Alternative response is used for cases in which families may receive services during the provision of the alternative response from a family strengths perspective. In most States, alternative response is provided by the same caseworkers who conduct investigations. Since additional services are provided during the response, and since cases may remain open longer than they do for an investigation, the implementation of alternative response would have additional implications on caseload.

REVIEW OF PERFORMANCE DATA OBTAINED FROM OCFS

OCFS provided the study with several management review reports. The data from these reports indicate that while some of the key measures are being met, others are not.

With regards to Child Protective Services investigation requirements:

- Through November 8, 2006, 105,526 child protective services investigations had been completed during the year. Of these only 47% were determined within the required 60 days.¹¹
- As of October 31, 2006, there were 27,151 CPS reports that were open for investigation in the districts. Of these, 2,792 (10.3 %) had an overdue initial 7-day safety assessment.¹²

⁹ Hardin, M., Cole, E, Mickens, J, and Lancour R. (1996). *Family Group Conferences in Child Abuse and Neglect Cases*. Washington DC: American Bar Association, Center on Children and the Law. American Humane Association. (1997). *Innovations for children's services for the 21st Century: Family group decision making and Patch*. Englewood, CO: Author.

¹⁰ Schene, P. (2005). The Emergence of Differential Response. *Protecting Children*, Vol. 20, Numbers 2 &3. Englewood, CO: American Humane Association.

¹¹ Office of Children and Family Services, Data Warehouse. (2006). *Statewide Quarterly Report 2006*. Received November 15, 2006 from OCFS.

- Between January 1, 2006 and October 31, 2006, 130,328 safety assessments were approved by supervisors. Fifty-seven percent of these (74,117) were late (approved more than 7 days after intake of the CPS report).¹³

Data from 11 recent Ongoing Monitoring and Assessment (OMA) reports of child protective services performance in a sample of districts, involving a review of 166 cases, showed the following:

- In 34 (20.5%) of the cases an adequate assessment of immediate danger to the child was not conducted within 24 hours.
- In 26 (16.0%) of the cases, the alleged subject of the report was not interviewed face-to-face.
- In 51 (33.4%) of the cases insufficient information was collected to assess risk.
- In 13 (8.0%) of the cases not all of the children in the report were observed.¹⁴

For cases open to Preventive Services and Foster Care Services, the Family Assessment and Service Plan (FASP) provides the structure for conducting and documenting all case planning activities.

- As of October 31, 2006, there were 4,983 FASPs overdue Statewide. Of these, 782 (15.7%) were the initial FASP (due within 30 days of case opening), 1,024 (20.5%) were the comprehensive FASP, and 3,177 (63.8%) were the reassessment and re-evaluation of the family, which must be completed every 6 months as long as the family is receiving services.¹⁵

In addition to the OMA, OCFS conducts periodic Safety and Permanency Assessments (SPA) of foster care cases. Some key findings from the 6 most recent reviews, which involved detailed reviews of 83 cases, are presented below. In each of the following statistics, the denominator is the number of cases for which the indicator is relevant.

- 42% (33 of 79) of the most recent Uniform Case Records (the case planning tool used prior to the development of the FASP) were developed without conducting the mandated service plan review conference.
- 26% (12 of 47) of the parents for whom it was appropriate did not receive services to achieve permanency.
- 32% (15 of 47) of the cases for which it was appropriate did not have a comprehensive visitation plan in the record.

¹² Office of Children and Family Services. *Open Caseload Inquiry, CONNECTIONS Report as of 10/31/06*. Received November 15, 2006, from OCFS.

¹³ Office of Children and Family Services, Data Warehouse. (2006). *Safety Assessments, CONNECTIONS Report January 1, 2006 through October 31, 2006*. Received November 15, 2006, from OCFS.

¹⁴ Office of Children and Family Services, (2006). *Ongoing Monitoring and Assessment, Adhoc Report*. Received November 15, 2006, from OCFS.

¹⁵ Office of Children and Family Services, Data Warehouse. (2006). *Overdue FASP Report, Data as of October 31, 2006*. Received November 1, 2006, from OCFS.

- 67% (31 of 46) of the cases for which it was appropriate did not have at least bi-weekly visits between the child and the discharge resource.
- More than a quarter of the cases, 27% (22 of 83), did not have enough casework contacts to meet State requirements.
- 98% of all required permanency hearings were held (48 of 49). Of these, however, 21% (10 of 48) were not held in a timely manner.¹⁶

The child welfare system is also charged with achieving improved outcomes in terms of the safety, permanency, and well-being of the children who are served. The focus on outcomes has become a major driver of child welfare practice. Indeed the Federal government has established outcomes that each State must meet. In 2002, New York State achieved substantial conformity for two of the seven outcomes for children related to safety, permanency, and child well-being. In 2004, New York State did not, however, meet the following measures.

- Reduce recurrence of maltreatment—In New York State 14.0% of children had a recurrence of maltreatment within 6 months compared to the national standard of 6.1% or less.
- Reduce time in foster care to reunification—in New York State 51.2% of children were reunified in less than 12 months compared to the national standard of 76.2% or more.
- Reduce time in foster care to adoption—in New York State 6.5% were adopted in less than 24 months compared to the national standard of 32% or more.¹⁷

Meeting the standards and indicators of the second round of the Child and Family Services Review will require continued attention throughout the State to meeting policy requirements and best practice guidelines.

REVIEW OF LITERATURE ON CHILD WELFARE CASELOAD STANDARDS

National standards, as well as other workload studies, were reviewed in order to establish comparisons to the data collected through the time study. National standards, which consider best practice, are “intended to be standards of excellence—goals for the continuing improvement of services for children and their families.”¹⁸ Workload studies, which used structured estimation procedures,¹⁹ and interviews asking experts as to their thoughts on the optimum caseload that would allow case workers to achieve not only policy mandates but best practice, provide additional reference points, against which the findings from the time study could be examined.

¹⁶ Office of Children and Family Services. (2006). Safety and Permanency Assessment Report. Received November 15, 2006, from OCFS.

¹⁷ U.S Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. *New York Child and Family Services Review Data Profile*. Received November 15, 2006, from OCFS.

¹⁸ Child Welfare League of America. (1995). *CWLA Standards of Excellence for Family Foster Care Services*. Washington, DC: Author.

¹⁹ Structured estimation is a detailed process by which several forums of experts are asked to examine the findings from a time study in terms of specific tasks and to make estimates as to what would be needed for best practice to be applied to each task and for which proportion of cases. The timeframe for this study did not allow such an approach to be added to the study, but interviews were conducted of local districts as to their estimates of ideal caseloads.

Exhibit 6.1, Optimum Caseload Guidelines from National Standards and Workload Studies, summarizes the guidance from national associations and other workload studies in terms of estimates of caseloads, which can meet best practice needs. (See appendix G.) The guidelines are summarized in terms of the average of the recommendations. Some studies and national standards include ranges of optimum caseloads and these ranges were used in the summary guidelines.²⁰

**Exhibit 6.1 Optimum Caseload Guidelines from National Standards and Workload Studies
(Active Cases per Worker during a Month)²¹**

Source	Child Protective Services	Foster Care Services	Preventive Services
Child Welfare League of America (CWLA)	12 active risk assessments; or 10 active ongoing when combined with 4 active assessments (14 open cases)	12-15 children per worker	12 families per worker
Council on Accreditation (COA)	15 investigations 15-30 open cases	18 children per worker	12-18 families per worker
Utah (1995)	n/a	13.5 children	20 families (protective supervision)
Arizona (1998)	14 active investigations	n/a	n/a
California (2000)	9.9 investigations	12 children	10.2 families
Monroe County, NY (2000)	8 investigations	10 children	12-14 families
Allegheny County, PA (2002)	16 investigations	n/a	17 families
Montana (2006)	21.7 investigations	n/a	11.2 families
New York State (based on interviews with district staff) (2006)	12 investigations	12-15 children	12-15 families
Summary of Guidelines (average of recommendations)	13.6 (14 active investigations) (20 open cases, including ongoing protective)	12.9-13.9 (13-14 children)	13.3-14.7 (13-15 families)

²⁰ The summary guidelines were constructed by computing the average of the recommendations. If only one recommendation was provided it was used in computing both the low and the high ends of the range.

²¹ Appendix H provides a list of citations for these studies.

The table shows that, on average, these sources recommended 14 active investigations per month per worker, 13-14 children per foster care caseworker per month, and 13-15 families per preventive services caseworker per month.

As seen in exhibit 6.1, national standards and other workload studies do not make a specific distinction between case management and case planning. Most recommendations are framed in terms of activities that are conducted under, what are called in New York State, the following services: child protective services investigations, foster care case planning services, and preventive case planning services (which can include Ongoing Protective Services).²² This New York State terminology for services and the related data from the time study are used in the rest of the chapter.

The implications of the recommendations of cases per worker seen in exhibit 6.1 are presented in exhibit 6.2, Projected Average Time per Case by Optimum Caseload Guidelines Compared to NYS Projected Average Time per Case per Month from the Time Study. In exhibit 6.2, the data reported for ACS and for LDSS include the data from the appropriate voluntary agencies primarily associated either with ACS or LDSS. In other words, the estimated average hours of case-related services per month pertain to both the district offices and the voluntary agencies, which provide such services.²³

Hours per case per month are based on dividing the average 126 hours of case-related time available per month in New York State, a finding of this study, by the number of cases either recommended by the national associations and other workload studies or observed in this time study.

Exhibit 6.2 shows that the smaller the caseload, the more hours of service can be provided per case. For example, if a recommended caseload is 12 investigations per month, each investigation can receive an average of 10.5 hours of service. This is based on the availability of 126 hours per month for case-related service. However, if the recommendation is 14 investigations per month, each investigation could receive an average of 9 hours of service a month in New York State given the availability of 126 hours for case-related work. The currently observed estimated caseloads in New York are higher than the majority of recommendations. The currently projected hours per case per month are lower than the majority of projections, based on recommended caseloads.

²² Time log study data was insufficient to make estimates for adoption services, which is another main program for which there are national standards. Adoption services are however often provided by caseworkers who also provide foster care services.

²³ CPS investigation services are provided only by district office staff.

**Exhibit 6.2 Projected Average Time per Case by Optimum Caseload Guidelines
Compared to Projected NYS Average Time per Case per Month**

*(italicized hours are estimates based upon 126 hours of case-related time available per month)*²⁴

Source	CPS Investigation Services		Foster Care Case Planning Services		Preventive Case Planning Services	
	Cases/Month: Investigations	Hrs/Case/ Month	Cases/Mo: Children	Hrs/Case/ Month	Cases/Mo: Families	Hrs/Case/ Month
Child Welfare League of America	12	<i>10.5 hrs</i>	12-15	<i>10.5-8.4 hrs</i>	12	<i>10.5 hrs</i>
Council on Accreditation	15	<i>8.4 hrs</i>	18	<i>7 hrs</i>	12-18	<i>10.5-7 hrs</i>
Utah (1995)	15	<i>8.4</i>	13.5	<i>9.3 hrs</i>	20	<i>6.3 hrs</i>
Arizona (1998)	14	<i>9</i>	n/a	<i>n/a</i>	n/a	<i>n/a</i>
California (2000)	9.9	<i>12.7</i>	12	<i>10.5</i>	10.2	<i>12.4 hrs</i>
Monroe County, NY (2000)	8	<i>15.8 hrs</i>	10	<i>12.6 hrs</i>	12-15	<i>10.5-8.4 hrs</i>
Allegheny County, PA (2002)	16	<i>7.9 hrs</i>	n/a	<i>n/a</i>	17	<i>7.4 hrs</i>
Montana (2006)	21.7	<i>5.8 hrs</i>	n/a	<i>n/a</i>	11.2	<i>11.3 hrs</i>
New York State (based on interviews with district staff) (2006)	12	<i>10.5 hrs</i>	12-15	<i>10.5-8.4 hrs</i>	12-15	<i>10.5-8.4 hrs</i>
Westchester County, NY (draft 2006)	n/a	<i>11.1 hrs</i>	n/a	<i>7.8 hrs</i>	n/a	<i>11.9 hrs</i>
Summary Guidelines	14	<i>9 hrs</i>	13-14	<i>9.7-9 hrs</i>	13-15	<i>9.7-8.4 hrs</i>
ACS and Voluntary Agencies	20	<i>6.3 hrs</i>	17	<i>7.4 hrs</i>	17	<i>4.7 hrs</i>
LDSS and Voluntary Agencies	27	<i>4.7 hrs</i>	20	<i>6.3 hrs</i>	20	<i>5.73 hrs</i>

²⁴ Projected hours per case per month vary slightly from estimated hours per case in Table 5.1, due to the rounding methods used in Table 5.1. In this table, all case estimates were divided into 126 to obtain projected average time per case.

RECOMMENDATIONS

The findings of the time log data collection and the other components of this study lead us to recommend that New York State reduce its caseloads for Child Protective Services Investigations, Foster Care Case Planning Services, and Preventive Case Planning Services. This recommendation applies to both the districts and the voluntary agencies that provide these services.

Based on the time log data, we estimate that, on average, district offices and voluntary agencies are spending between .6 and 1.5 hours (approximately 35 to 90 minutes) of face-to-face contact with children and their families per case per month.²⁵ Face-to-face contact consists of in person contact with children and/or parents or caregivers, including conducting assessments, planning services, and providing direct services. Additional time may be spent in accompanying and assisting clients in receiving services in other venues. The average amount of time being spent in face-to-face contact with children and their parents and caregivers is not enough to meet their needs or the policy and best practice mandates of the State and the local districts.

We recommend the following caseloads for New York State, for both the district offices and the voluntary agencies.

- For Child Protective Services Investigations, we recommend that New York State achieve the goal of 12 active investigations per caseworker per month, compared to the current estimated caseload (based on time spent per case) of 20 investigations per month for ACS and 27 for the other 10 participating districts.
- For Foster Care Case Planning Services, we recommend that New York State achieve the goal of 11-12 children per caseworker per month, compared to the current estimated caseload (based on time spent per case) of 17 children per month for ACS and its voluntary agencies, and 20 per month for the other 10 participating districts and their voluntary agencies.
- For Preventive Case Planning Services, we recommend that New York State achieve the goal of 12-16 families per caseworker per month, compared to the current estimated caseload (based on time spent per case) of 27 cases per month for ACS and its voluntary agencies, and 22 per month for the other 10 participating districts and their voluntary agencies.

Achieving such caseloads would increase the average amount of case-related time per month as follows.

- For Child Protective Services Investigations, on average a caseworker would be able to spend 10.5 hours per investigation per month compared to the current estimates of 6.4 hours per investigation per month for ACS and 4.7 for the other 10 participating districts.

²⁵ This estimate is based on data in Chapters 4 and 5. Further analysis would be needed to confirm the estimates for specific districts and voluntary agencies by service.

- For Foster Care Case Planning Services, on average a caseworker would be able to spend 10.5 to 11.5 hours per child per month compared to the current estimates of 7.5 hours per child per month for ACS and its voluntary agencies, and 6.2 hours for the other 10 participating districts and their voluntary agencies.
- For Preventive Case Planning Services, on average a caseworker would be able to spend 7.9 to 10.5 hours per family per month compared to the current estimate of 4.6 hours per family per month for ACS and its voluntary agencies, and 5.6 for the other 10 participating districts and their voluntary agencies.

These caseloads might vary from month-to-month over the duration of a case, but represent an average amount of case-related work per case per month.

These recommendations take into consideration the need to improve performance on many indicators including: completing investigation determinations in a timely manner; interviewing of all alleged subjects of abuse and maltreatment face-to-face; facilitating bi-weekly visits between children in foster care and their parents or discharge resource; providing sufficient caseworker contacts to meet State requirements; and completing more comprehensive assessments within a timely fashion. Reducing caseloads will be an important step towards achieving, within the required time frames, the safety, permanency, and well-being of all children and their families.

NEXT STEPS

The addition of caseworkers in New York State will be critical, but not sufficient, to improving the standard of child welfare practice, as measured by State and Federal performance indicators. Increasing the numbers of caseworkers, in order to reduce caseloads, will also necessitate increasing the number of supervisors and other infrastructure staff.

As each district goes forward, it will need to address training and management needs, which are discussed below. Suggestions for additional analyses are also discussed.

Training and Supervision Needs

A stable and highly skilled workforce is a prerequisite to achieving desired child welfare outcomes. Whenever districts and voluntary agencies have high turnover, there is the likelihood of an increased workload on remaining caseworkers and supervisors. There are also human and fiscal costs when an agency is hiring and training new staff.

Training and supervision are critical components of maintaining a highly skilled workforce. Caseworkers in modern child welfare agencies need specialized training in a wide range of areas including child development, risk assessment, culture and ethnicity, service trajectories, and evaluation of parental functioning. Communication skills, use of electronic data systems, knowledge of judicial processes, and an understanding of child abuse and maltreatment are core competencies that must be obtained. Such training must be supported by effective supervision and technical assistance.

This study found that, while some agencies are experiencing a stable workforce, other agencies are experiencing high turnover. As of August 1, 2006, staff vacancies or positions filled by trainees carrying reduced caseloads, accounted for 5.5 percent to 28 percent of the workforce among the agencies in the study. Districts reported that delays in processing new hires also contributed to gaps in staff coverage.

Management Needs

Just as the nature of casework is changing, the nature of management of human services agencies is also changing. Administrators today must bring not only a deep knowledge of the service arena—its policies, mission, fiscal foundations, and service approaches—but they must also bring or acquire experience in managing a changing environment. Changes can be seen as opportunities or threats. For the sake of the children being served, the benefits of change or reform must be assessed and maximized. Workloads and caseloads need to adjust as the environment changes, and managers must be able to make additional refinements to meet the needs of their local communities.

From the perspective of the caseworkers in the field, three factors need the critical attention of management. These are differential complexity of cases, the requirements of documentation, and the work related to the courts.

- A caseworker's workflow will rarely be smooth or predictable. Different needs of families require different services. Factors such as the seriousness and complexity of the case, the number of children and their needs, and the strengths or weaknesses of parents all contribute to the unique aspects of each case. Sufficient time must be available to meet the mix of issues in a caseload. Sufficient ratios of supervisors to caseworkers will be needed to provide guidance to caseworkers as to priorities and also to adjust caseloads, as needed. In addition, well-run districts will require sufficient administrative support staff, human resources staff, training staff, information systems support staff, and other infrastructure staff so that caseworkers may be productive and efficient.
- The impact of requirements for documentation and maintaining electronic records on workload is of high concern in the field. The time study found that overall 31 percent of case-related time is spent on documentation, compared to 17 percent of case-related time spent on face-to-face contact with children and their families, and an additional 7 percent spent on other forms of communication with children and their families. Additional attention will be needed to adjust these proportions in order to increase the amount of contact and communication with families and children even with reduced caseloads. Additional training or infrastructure staff may be needed.
- Furthermore, the need to prepare for court, attend hearings, and follow up on hearings is a demanding part of the caseworker's week. The time study found that some caseworkers are spending an average of 15 percent of their time on court-related matters.

Therefore, if caseloads are to be well-managed, each district must have sufficient infrastructure and management support for its caseworkers.

Additional Analyses

Suggestions are made for future analyses, which could elaborate upon the findings of this report. These are:

- *Provide each district and voluntary agency with more detailed information* on its workload and caseload so that the variations noted in this report can be further studied at the district level. This would assist each district in determining what will be needed in order to meet these recommendations.
- *Conduct a more detailed review of practices in the field* by experienced caseworkers, supervisors, and administrators in each of the districts, to assess whether the proportions of time spent on different case-related tasks can be realigned to provide more time for work with children and families.
- *Conduct an analysis of outcomes of cases* and link outcomes to time spent on cases. While not all cases in this study will have achieved an outcome in the next several months, it may be possible to gather additional data on the cases included in this study to further examine the relationship between intensity of work and case outcome.
- *Provide OCFS, all its districts and, to the extent possible, all its voluntary agencies, with a mechanism for monitoring workload* and estimating caseloads, which could be used periodically to develop information for managers and administrators. Such data gathering would improve the ability to manage child welfare services in the districts.

SUMMARY

Based upon the time log data collected from over 2,200 caseworkers, and the review of State policies, best practice guidance, indicators of current performance, national standards, and findings of other workload studies, this study recommends that New York State reduce the caseloads of caseworkers providing Child Protective Investigation Services, Foster Care Case Planning Services, and Preventive Case Planning Services.

The study recommends that New York State implement caseloads of 12 active CPS Investigations per caseworker, 11-12 active child cases per caseworker for Foster Care Case Planning Services, and 12-16 active family cases per caseworker for Preventive Case Planning Services in all districts and among all voluntary agencies.

APPENDIX A. FEDERAL STATUTORY FRAMEWORK

Child Abuse Treatment and Prevention Act (CAPTA) of 1974¹ provides Federal funding to the States in support of prevention, assessment, investigation, prosecution, and treatment activities that address child abuse and neglect. It was originally enacted in 1974 and has been amended several times. Most recently, CAPTA was reauthorized and amended by the Keeping Children and Families Safe Act of 2003 (P.L. 108-36).²

The authorized funding for CAPTA programs is \$200 million. CAPTA provides:

- State grants, which provide funds for States to improve child protective services;
- Community-based grants, which help States develop and implement effective approaches to preventing child abuse and neglect. Prevention strategies eligible to receive CAPTA Title II funds include parenting education, home visiting programs, mutual self-help support groups for parents, and crisis nurseries; and
- Discretionary research and demonstration grants. CAPTA discretionary dollars pay for data collection, technical assistance, and grant-funded research and demonstration projects.

The Multi-Ethnic Placement Act (MEPA) (P.L. 103-382) as amended by the Inter-Ethnic Placement Provisions³

Enacted in 1994, the Act prohibited States from delaying or denying adoption and foster care placements on the basis of race, color, or national origin of the foster or adoptive parent, or of the child. MEPA also required the States' Title IV-B plan to provide for the diligent recruitment of prospective foster and adoptive families that reflect the different racial and ethnic backgrounds of children needing placement. In 1996, MEPA was amended by the Inter-Ethnic Placement Provisions⁴ which repealed the MEPA provision that permitted consideration of race and ethnicity as one of a number of factors that could be considered in making placement decisions.

Foster Care Independence Act of 1999⁵

In 1986, Congress amended Title IV-E of the Social Security Act and created the Independent Living Program, which provided Federal funds to the States to assist youth aged 16 and over in making the transition from foster care to living independently. In 1999, it was replaced with the John H. Chafee Foster Care Independence Program (CFCIP) by the Foster Care Independence Act. CFCIP expanded the range of social services available to: (1) former foster youth (age 21 or younger) who have aged out of the foster care system, and (2) adolescents who are transitioning from foster care to self-sufficiency. In 2001, the Act was amended to provide a new educational and vocational program for older youth leaving foster care.⁶ Key provisions of the Foster Care Independence Act, as amended in 2001, include:

¹ P.L. 93-247.

² P.L. 108-36.

³ P.L. 103-382.

⁴ P.L. 104-188.

⁵ P.L. 106-169.

⁶ P.L. 107-133.

- Providing vouchers for educational and vocational training, financial and housing assistance, and counseling and other support services needed to help current and former foster youth successfully transition to independence;
- Eliminated the minimum age of eligibility of 16 years of age and includes youth up to the age of 21 who are likely to remain in foster care until age 18. States must use a portion of the funds for older youth who have left foster care but who have not reached age 21;
- States may use up to 30% of their Independent Living Program funds for room and board for youth aged 18-21 who have left foster care;
- States are given the option of extending Medicaid to youth 18-21 years old who have left foster care;
- States must develop a 5-year Independent Living plan with input from the private and public sector; and
- Each Indian Tribe in the State shall be consulted about the State's IL programs, and programs must be available equally for Indian children in the State, as they are for other children in the State.

Strengthening Abuse and Neglect Courts Act of 2000⁷

The Strengthening Abuse and Neglect Courts Act of 2000 authorized a grant program for State and local courts to:

- Reduce the backlog of abuse and neglect cases by hiring additional court personnel or lengthening court hours;
- Improve individual case monitoring, and expedite the flow of cases through the court system by automating case-tracking and data-collection systems; and
- Train Court-Appointed Special Advocates (CASA) volunteers to give children support during court proceedings.

Indian Child Welfare Act⁸

In response to concern about the high number of Native American children being removed from their families and placed outside Native American communities, Congress enacted the Indian Child Welfare Act of 1978 (ICWA). Under ICWA, all child welfare court proceedings involving Indian children must be heard in tribal courts, if possible, and tribes have a right to intervene in State court proceedings. ICWA also established specific guidelines for family reunification and placement of Native American children.

⁷ P.L. 106-314.

⁸ P.L. 95-608.

APPENDIX B. PROGRAM, SERVICE, TASK DOMAIN, AND TASK DEFINITIONS

1.0 CHILD PROTECTIVE SERVICES (CPS)

CPS is provided by LDSS or ACS caseworkers in response to a report of alleged child abuse or maltreatment, or as ordered by the court, in order to ascertain a child's or children's safety, the existence of abuse or maltreatment, and the need for protective intervention from their parent/caregiver.

1.1 CPS Intake: The process of receiving a report from the State Central Register (SCR) and assigning it to a LDSS or ACS caseworker for investigation, or rejecting the report.

1.2 CPS Investigation: The process, activities and services related to gathering information on safety, risk and evidence of the existence of abuse or maltreatment, in order to make a decision on the need for safety interventions, risk reduction services and case determination. The implementation of interventions and the provision of, or arrangement for, services during the investigation period are part of the Investigation. CPS Investigation begins at the point of case assignment and ends with the determination decision.

1.3 Ongoing Protective Services: The active and continued involvement of LDSS or ACS staff in indicated cases of child abuse and maltreatment that are open for services. The CPS worker may or may not be the primary service provider for the case. These services include providing CPS monitoring when another service, such as foster care or preventive services, is also being provided. The purpose is to safeguard the continued safety of the child(ren) in the case either directly, or through monitoring, controlling for safety and reducing risk, and through appropriate case plans and involvement in key decisionmaking.

2.0 PREVENTIVE SERVICES

Preventive Services is a program to prevent children from entering foster care, or to return them home from foster care more quickly.

2.1 Preventive Services Case Management: Is the responsibility of LDSS or ACS and includes authorizing the provision of Preventive Services, determining funding eligibility, approving client programmatic eligibility, approving family assessment and services plans, and approving payment for services. It begins at the time of intake or assignment to Preventive Services through case closing.

2.2 Preventive Services Case Planning: The processes, activities and services related to providing, coordinating and evaluating the provision of services to a child/family, including the development and implementation of the Family Assessment and Service Plan (FASP).

2.3 Preventive Services Casework: The processes, activities and services provided to a child and family by someone who has a role in the case, other than the case planner or case manager.

3.0 FOSTER CARE SERVICES

The Foster Care Services program provides for the care of children who are placed in the custody of LDSS or ACS by the court, so that their needs for safety, permanency and well-being can be met. The Foster Care Services program provides rehabilitative services to parents, development and support of foster homes and residential settings, and processes for the achievement of permanency goals.

3.1 Foster Care Services Case Management: Is the responsibility of LDSS or ACS and includes authorizing the provision of Preventive Services, determining funding eligibility, approving client programmatic eligibility, approving family assessment and service plans, and approving payment for services. It begins at the time of assignment to foster care and continues through final discharge.

3.2 Foster Care Case Planning: The processes, activities and services related to providing, coordinating and evaluating the provision of services to a child/family, including the development and implementation of the FASP.

3.3 Foster Care Casework: The processes, activities and services provided to a child/family by someone who has a role in the case, other than that of case planner or case manager.

4.0 ARTICLE 10 DIRECT PLACEMENTS WITH RELATIVES

This program provides services to non-LDSS-custody children and their parents, and the relative or other suitable person to whom the court has given custody of the child, and for whom the court has ordered monitoring and supervision by DSS, so that the child may remain safely with the relative/resource, or be enabled to return home.

4.1 Article 10 Placements with Relatives Services: Supervision and/or services provided to a child, their parents and the relative or other suitable person to whom the court has given custody of the child, and for whom the court has ordered monitoring and supervision by LDSS, so that the child may remain safely with the relative/resource or be enabled to return home.

5.0 ADOPTION SERVICES

The Adoption Services program provides for the location and development of adoption resources for children who are legally free for adoption, and the provision of services to legally-freed children to support their safety, permanency and well-being.

5.1 Adoption Services Case Management: Is the responsibility of LDSS or ACS and includes authorizing the provision of adoption services, determining funding eligibility, approving client programmatic eligibility, approving family assessment and services plans, and approving payment for services. This role begins at the same time the child is legally freed for adoption, and is assigned a goal of adoption, and continues through the child's final discharge to an adoptive home or exit from care at the age of majority.

5.2 Adoption Case Planning: The processes, activities and services related to providing, coordinating and evaluating the provision of Adoption Services to a child/prospective adoptive parent, including the development and implementation of the FASP. This service begins at the time the child is legally freed for adoption and assigned a goal of adoption and continues through the child's final discharge to an adoptive home or exit from care at the age of majority.

5.3 Adoption Services Casework: The processes, activities and services provided to a child/prospective adoptive parent by a worker with a role in the case other than the case manager or case planner.

6.0 POST ADOPTION SERVICES

The Post Adoption Services program provides for supports to children who have been adopted, and to their adoptive family, for three years post-finalization, in order to stabilize and support the adoption.

6.1 Post Adoption Services Case Management: The processes, activities and tasks related to the case management of Post Adoption Services, such as the review and approval of case plans, oversight of the coordination of service providers, and review and approval of payments for services. Case management may begin at the time the adoption is finalized and may continue for up to three years after finalization. LDSS and ACS provide this service.

6.2 Post Adoption Services Case Planning: The processes, activities and services related to providing, coordinating and evaluating the provision of Post Adoption Services to a child and his or her adoptive family. This service may begin at the time the adoption is finalized and can continue for up to three years after finalization. LDSS, ACS or voluntary agency staff provide this service.

6.3 Post Adoption Casework: The processes, activities and services provided to a child and his or her adoptive family by a worker with a role in the case other than the case manager or planner.

7.0 AFTER CARE SERVICES

The After Care Services program supports youth in their transition to adulthood if they have been discharged from foster care, wish to continue services, are over 18 years of age but less than 21 years of age, and are not in the custody of the Commissioner.

7.1 After Care Services: Includes assessing the need for, providing, coordinating and evaluating the provision of, services to a youth, including the development and implementation of after care service plans, documentation of client contact and progress, referral for services, and payment for services.

8.0 MANAGEMENT/ADMINISTRATIVE

The management or administration program provides for the tasks and activities that are necessary for the functioning of child welfare districts or agencies, but that are not directed or conducted on behalf of a specific case.

8.1 Management/Administrative: This service provides for the management or administration of tasks and activities that are necessary for the functioning of child welfare districts or agencies, but that are not directed or conducted on behalf of a specific case.

9.0 NONCHILD WELFARE SERVICES

Nonchild welfare service programs, such as adult protective services, day care, and domestic violence services are not part of child welfare.

9.1 Nonchild Welfare Services: These services are not part of child welfare and do not pertain to any child welfare program or case, such as adult protective services, day care, and domestic violence services.

TASK DOMAIN & TASK DEFINITIONS

A task is an activity or set of activities that make up the daily work of case planners, caseworkers and case managers. While case planners, caseworkers, and case managers do a great variety of things, for the most part, their activities fall into eight domains, or major groupings of tasks. In this survey the major groupings are called “Task Domains.” Within each Task Domain (A through H) are lists of more specific “Tasks.” The “Tasks” capture the major casework tasks that are done, to a large extent, in each of the program and service areas.

A. TASK DOMAIN: IN-PERSON CONTACT WITH CHILD(REN) AND/OR PARENT(S) OR CAREGIVER(S)

This group of tasks captures caseworker time spent in direct, in-person work with the children, youth, their parent(s) and/or caregiver(s) on their caseload or with whose case they have a role. Caregivers include foster parents, prospective adoptive parents, relatives or other family resources. This task includes providing in-person Post Adoption Services and After Care Services. Time spent on consultation with children, parents, or caregivers to gather information for the Permanency Hearing Report would NOT be noted here (Note in C.1 Preparing for Court).

Tasks:

A.1. Conducting assessment of and planning with child(ren): In-person contact between case planner or case manager and a child(ren) where the child(ren) is the focus of the assessment and/or planning. This includes:

- Direct observation of child(ren);
- Examination of physical well-being for injuries; and
- Face-to-face meetings with child(ren) to:
 - Assess their safety;
 - Gather information to assist in allegation determination;
 - Assess their progress, well-being and needs, and any impact of services or programs, including Post Adoption Services or After Care Services;
 - Gather information on their school experiences;
 - Discuss their case plans and goals, their adjustment to placement, or to new services; and
 - Assess needs for youth in aftercare.

The distinguishing feature of this task is that the child(ren) is(are) the focus of the contact and assessment and/or planning. If an infant is assessed for developmental delay or for injuries while the mother is in the room, that assessment would be counted here as the focus is the child.

A.2. Conducting assessment of and planning with parent(s) or caregiver(s): In-person contact with the family or caregiver(s) where the family or caregiver(s) is the focus of the assessment and/or planning. This includes: direct observation, investigation, assessment and planning interviews with parents, primary and secondary caregivers, other family members responsible for care of the child(ren) and foster and prospective adoptive parents for the purposes of:

- Assessment to gather information on safety;
- Assessment to gather information to assist in allegation determination;
- Assessing the presence of risk elements;
- Assessing strengths, functioning, progress, well-being and needs, and any impact of services or programs; and
- Gathering information on their preparedness and appropriateness to become caregivers.

The distinguishing feature of this task is that there is face-to-face contact with the parent(s)/caregiver(s), for assessment and planning. Service delivery, such as casework counseling and formal meetings, such as Service Plan Reviews, do NOT fit in this category.

A.3. Conducting assessment of and planning with child(ren) and parent(s), caregiver(s) or others: In-person contact with child(ren) and the parent(s) or caregiver(s) where both the child(ren) and the parent(s) or caregiver(s) are the focus of the assessment and/or planning. This includes:

- Assessment, planning and investigation activities where children and their family/caregivers are interviewed or observed together or while in the presence of others to:

- Gather information on safety;
- Gather information to assist in allegation determination;
- Assess the presence of risk elements;
- Assess their strengths, functioning and needs;
- Assess either the child's, the caregiver's or the family's abilities and needs, their well-being, and their progress; and
- Develop and adjust plans.

Formal family meetings such as the Service Plan Review are NOT included in this task.

A.4. Providing direct services to child(ren): Providing in-person casework services (other than assessment and planning) to the child(ren). This would include: visits, providing casework counseling, providing clinical and nonclinical services, assisting and guiding the child in resolving any issues/problems, working with the child to identify and obtain any needed services. Also included in this task is making protective removals and placing a child in a foster care setting.

A.5. Providing direct services to parent(s) or caregiver(s): Providing in-person casework services (other than assessment and planning) where the focus is on the parent(s) or caregiver(s). This includes: providing casework counseling, clinical and nonclinical services, facilitating the parent's or caregiver's role in achieving the desired outcomes for the child, guiding the child's parent(s) toward a course of action aimed at resolving identified issues, preparing parent(s) and/or caregiver(s) for visitation or transitions, and post adoption adjustments.

A.6. Providing direct services to child(ren) and parent(s) and/or caregiver(s): Providing in-person casework services (other than assessment and planning) where the focus is on both the child(ren) and parent(s) and/or caregiver(s). This includes, providing casework counseling, supervised visitation, and working with the child(ren) and parent(s) and/or caregiver(s) to identify and implement a course of action to achieve the desired outcomes.

B. TASK DOMAIN: COMMUNICATION WITH CHILD(REN), PARENT(S), AND CAREGIVER(S) (PHONE, EMAIL, FAX)

Time spent communicating with child(ren), parent(s), or caregiver(s) to gather information for the Permanency Hearing Report would NOT be noted here (Note in C.1 Preparing for court).

Tasks:

B.1 Communication with child(ren): Any communication outside of face-to-face observation/meeting with a child or children on an active caseload would be noted in this category. This includes sending or receiving voice mail or email messages to children/youth.

B.2 Communication with parent(s) or caregiver(s): Any communication outside of face-to-face observation/meeting with a parent(s)/caregiver(s) on an active caseload would be noted in this category, including sending or receiving voice mail messages. Communication with foster parents would be noted here.

B.3 Communication with children and parent(s) and/or caregiver(s): Any communication outside of face-to-face observation/meeting conducted simultaneously with a parent/caregiver and the child(ren). This could include conference calls with child(ren) and a parent/caregiver.

C. TASK DOMAIN: COURT

This domain includes all activities related to preparing for and participating in court processes, including all child welfare and CPS petitions, court hearings/proceedings, and follow-up debriefings or required information gathering.

Tasks:

C.1 Preparing for court: This task includes meetings with LDSS, ACS or agency attorneys to prepare for, or debrief, case-specific court activity. Included in this category is consultation with others, such as supervisors or law guardians in preparation for case-specific court activity. Follow-up activity such as gathering additional information and submitting it to the court is also included here. Time spent on consultation with children, parents, law guardians and service providers to gather information for the Permanency Hearing Report would be noted here. Also included in this task is time spent on preparing petitions and preparing any reports ordered by the court, as well as the time spent on the writing, review/approval of, and the distribution of, any petitions and court reports other than the Permanency Hearing Report (Permanency Hearing Report documentation is listed under E.3). Implementing the court order is NOT captured here.

C.2 Appearing in court: This task includes all case-related courtroom appearance time when the case has been called before the judge or magistrate, whether actually called upon for testimony or not.

C.3 Waiting time in court: This task includes caseworker time spent outside or inside a court or hearing room waiting for a specific case to be heard.

D. TASK DOMAIN: OTHER CASE-SPECIFIC ACTIVITY

The tasks in this domain include those that are performed for a specific child/family other than personal contact with the child(ren), parent(s) or caregiver(s). These activities include meetings with service providers and collaterals; receiving supervision or consultation on a specific case on an open, active caseload; and child-specific home finding.

Tasks:

D.1 Contact with/oversight of service providers and potential service providers: Any contact (face-to-face, phone, fax, email) with a direct service provider to arrange, coordinate or monitor the provision of a specific service for a child(ren), parent(s), or caregiver(s). Examples include: day care provider, mental health therapist, homemaker, etc., with whom services are being arranged, who are currently providing services, or did provide services to a specific child or

caregiver on a caseload. This task also includes child-specific home finding. For case managers, this category includes:

- Contact with service providers;
- Monitoring and quality assurance of the implementation of case-specific assessments and plans by service providers; and
- Reviewing case plans for adherence to practice and policy standards.

This task also includes contact between LDSS or ACS staff and voluntary agency case planners and caseworkers.

D.2 Contact with collaterals: Any contact (face-to-face, phone, fax, email) with non-service-providing collaterals to gather information, conduct investigations and assessments, evaluate progress, etc. Examples of contacts that would be noted in this category include:

- Contact with school personnel;
- Contact with medical staff; and
- Contact with members of the family and community network of a specific child and/or family.

D.3 Contact with supervisor or management: Participating in supervision from a supervisor, or receiving consultation on a case from a manager or director. If a supervisor accompanies a caseworker to a family visit, or a case manager's supervisor accompanies a case manager to a case meeting, only the time spent receiving feedback from the supervisor would be counted here. The rest of the time with the supervisor would be coded as appropriate to the purpose and participants in the contact or meeting.

D.4 Consultation with peers: Any consultation with a peer on a case-specific issue would fall under this task. This would include receiving input as well as providing it.

D.5 Preparing for and participating in formal case review and planning meetings: Family Team Conferences, Service Plan Reviews, mediation meetings, ACS 72-Hour, 30-Day and Elevated Risk family conferences would be noted under this category, as the focus is on a specific child and/or family. Work in setting up, facilitating, and participating in these conferences would be noted in this task.

D.6 Preparing for, and participating I, administrative/fair hearings: Time spent in reviewing case information, preparing for an appearance, or appearing at an administrative hearing or fair hearing would be recorded here.

D.7 Case-specific preparation: Time spent determining a particular course of action on a specific case. This includes time spent considering options and strategizing for general case planning. This also includes time thinking about, and preparing for, conversations with, or meeting with, children, parents and caregivers. This does not include time spent thinking or strategizing about, or preparing for Tasks D.1–D.6 or C.1. In these tasks, thinking and strategizing time is included.

D. 8 Waiting time: This is where any time spent waiting to meet with service providers, collaterals, supervisors, child(ren), families, or parent(s)/caregiver(s) would be noted.

E. TASK DOMAIN: CASE-RELATED DOCUMENTATION (ACCESSING, ORGANIZING, INPUTTING, AND APPROVING)

The tasks in this domain capture the time spent in case-specific documentation, outside of legal or court documentation that is captured in C.1 Preparing for court. The process of developing an assessment and a case plan is a mental process of synthesis and analysis, as well as a process of documentation of those analyses, the completion of check lists and narratives required by the State, the local district and specific agencies. To the extent that you develop the assessment and plan with the family while meeting with them, that time would be documented in Task Domain A. “In-Person Contact with Children, Parent(s) and/or Caregiver(s).” The time spent entering the information into the FASP would be noted here. Time spent in computerized and in paper documentation is noted in this domain.

Tasks:

E.1 Safety Assessment or Risk Assessment: Time to document the safety assessments and the Risk Assessment Profiles *that are not part of a FASP* is noted here. For open cases, the safety and risk assessment documentation time is to be noted in E.2 FASP.

E.2 FASP: Time spent completing any part of a Family Assessment and Services Plan (FASP) would be entered under this code. This would include Safety or Risk Assessment, if done together.

E.3 Permanency Hearing Report: Time spent writing the Permanency Hearing Report is captured under this task. A case manager’s time reviewing and documenting components of the Permanency Hearing Report are noted here. The pre-report consultation is NOT noted here. That is to be noted in C.1 Preparing for court.

E.4 Progress Notes: Time spent entering progress notes, revising progress notes, and adding addendums to progress notes.

E.5 Eligibility determination or redetermination: Documentation of eligibility information is noted here.

E.6 Local requirements: District-specific or agency-specific casework documentation is noted here. Districts and agencies may require additional forms or protocols. These may be additional assessments, services request forms, or approval or quality assurance forms that pertain to a specific case. Examples include, CPRT (ACS), Domestic Violence protocols, and Drug/Alcohol protocols. That time should be noted here.

E.7 Other documentation: Time spent filling out any other documentation for a specific case is noted here, such as CCRS, completing a voucher for reimbursement for travel to a client’s home or to a residential facility, etc. Also, time spent in completing documentation related to the

Interstate Compact for the Placement of Children (ICPC) for children being sent out of NYS to another State, would be noted here.

F. TASK DOMAIN: CASE-RELATED TRAVEL

All travel time related to a specific case is noted in this domain.

Tasks:

F.1 Travel to and from clients, parents, caregivers, collaterals, court etc.: All travel time related to a specific case is noted here, including travel to attempted in-person contacts. Case manager travel to an agency or to a field office is noted here. Agency travel to a district for a Service Plan Review or case conference (or vice-versa) would be noted here. A case manager traveling to an agency as part of a program review would NOT be noted here.

G. TASK DOMAIN: MANAGEMENT/ADMINISTRATION

Tasks in this domain pertain to all tasks that are NOT specific to an individual case on a worker's/case manager's caseload. What distinguishes this domain from all of the others is that the time is spent on other than case-specific tasks that are part of work time.

Tasks:

G.1 Training: Time spent in preparing, delivering, or receiving training in any form. This includes training provided inside and outside of the district/agency and training in any format such as self-instructional training, CBTs, videoconferences, etc. Also included would be providing training to foster/adoptive parents, to mandated reporters, and providing orientation training to new employees, life skills training to youth, etc.

G.2 Staff or agency and other noncase-related meetings: Meetings that are not case-specific, such as meetings on policy, on district or agency procedures, union meetings, meetings with practice/quality improvement workgroups, etc. are noted here. Meetings where cases other than those on a caseworker's caseload are discussed or reviewed, for purposes of improving staff knowledge and skills, should be noted under G.1 Training, instead of in this task. If a case is discussed/presented for group input/supervision, that time should be noted under D.3 Contact with Supervisor or Manager.

G.3 Community outreach: Time spent on providing information to other agencies or to the community on the role of your district/agency, time spent at community activities staffing an agency booth, visiting a new program to review the services/facilities they can provide to a district/agency. General foster care or adoption recruiting activities are counted here. Child-specific recruitment is NOT recorded here, but is recorded in D.1 Contact with/oversight of service providers and potential service providers.

G.4 Administration (noncase specific): This task includes completion of timesheets, personnel forms, travel vouchers not related to case-specific travel, work organization such as filing,

computer and system maintenance, participation in research, Federal and State audits, focus groups, and staff evaluations etc.

G.5 Workload study: The time it takes the time study participant to enter data into the time log or receive technical assistance for completing the data entry.

G.6 Paid on call, no contact: This task relates to the time a worker spends on call as a paid shift, but where there is no contact made and no work done during that time. Any work that is undertaken while on call relates to a specific case and should be recorded as appropriate in the other task domains for specific active cases.

G.7 Non case-related travel time: This task includes time to/from trainings or other noncase-related work activities.

H. TASK DOMAIN: NON-WORK TIME

This group of tasks allows the worker to report gaps in time between work activities.

Tasks:

H.1 Paid, nonwork time (breaks, vacation, holidays, sick leave, etc.): This task captures the time spent on paid breaks, vacation, sick or personal leave.

H.2 Nonwork time (meals, interruptions, etc.): This task captures time during the workday spent on lunch/dinner breaks, meeting personal needs such as calling home or children's schools, bathroom breaks, and socializing with colleagues informally (including cake/coffee birthday recognition, etc.). This task also includes the time between the end of a regular work day and the start of unscheduled after hours work.

APPENDIX C. OUTPUT RECORD LAYOUT

Field Name	Description	Values
CW_ID	Caseworker Person ID	User entered
DT_WORK	Date of Work	User entered
TM_START	Start Time	User entered initially, then automatically populated
TM_END	End Time	User entered
MINUTES	Duration in Minutes	Computed
ID_CASE	Case/Family Person ID	User selected from populated list
CASE_JURS	County of Case Jurisdiction	001 ALBANY 002 ALLEGANY 003 BROOME 004 CATTARAUGUS 005 CAYUGA 006 CHAUTAUQUA 007 CHEMUNG 008 CHENANGO 009 CLINTON 010 COLUMBIA 011 CORTLAND 012 DELAWARE 013 DUTCHESS 014 ERIE 015 ESSEX 016 FRANKLIN 017 FULTON 018 GENESEE 019 GREENE 020 HAMILTON 021 HERKIMER 022 JEFFERSON 023 LEWIS 024 LIVINGSTON 025 MADISON 026 MONROE 027 MONTGOMERY 028 NASSAU 029 NIAGARA 030 ONEIDA 031 ONONDAGA 032 ONTARIO 033 ORANGE 034 ORLEANS 035 OSWEGO 036 OTSEGO 037 PUTNAM 038 RENSSELAER 039 ROCKLAND 040 ST. LAWRENCE 041 SARATOGA

		042	SCHENECTADY
		043	SCHOHARIE
		044	SCHUYLER
		045	SENECA
		046	STEUBEN
		047	SUFFOLK
		048	SULLIVAN
		049	TIOGA
		050	TOMPKINS
		051	ULSTER
		052	WARREN
		053	WASHINGTON
		054	WAYNE
		055	WESTCHESTER
		056	WYOMING
		057	YATES
		058	ST. REGIS
		070	BRONX
		071	KINGS
		072	MANHATTAN
		073	QUEENS
		074	RICHMOND
		075	Office of Confidential Investigations
		080	State Central Register
		081	Division for Youth
		083	Office of Mental Retardation Disabilities
		084	Commission of Quality Care
		085	Office of Mental Health
		091	Buffalo Regional Office
		092	Rochester Regional Office
		093	Syracuse Regional Office
		094	Albany Regional Office
		095	NYC Regional Office
		096	Yonkers Regional Office
		098	State
		099	All
STAGE	Stage	INT	CPS Intake
		FSI	Family Services Intake
		INV	Investigation
		FSS	Family Services Stage
		ARI	Administrative Review of Investigation
		FAD	Foster/Adoptive Home Development
		FAR	Finalized Adoption Record
INDV_ID	Child Person ID	User selected from populated list	
INDV_JURS	County of Individual (Child) Jurisdiction	Same as CASE_JURS	
PROGRAM	Program	1	Child Protective Services (CPS)
		2	Preventive Services
		3	Foster Care Services
		4	Article 10 Placements
		5	Adoption

		6	Post Adoption Services
		7	After Care Services
		8	Management/Administrative
		9	Non Child Welfare Services
SERVICE	Service	1.1	CPS Intake
		1.2	CPS Investigation
		1.3	Ongoing Protective Services
		2.1	Preventive Case Management
		2.2	Preventive Case Planning
		2.3	Preventive Casework
		3.1	Foster Care Case Management
		3.2	Foster Care Case Planning
		3.3	Foster Care Casework
		4.1	Article 10 Placement Services
		5.1	Adoption Related Services
		5.2	Adoption Case Planning
		5.3	Adoption Casework
		6.1	Post Adoption Case Management
		6.2	Post Adoption Case Planning
		6.3	Post Adoption Casework
		7.1	After Care Services
		8.0	Management/Administrative Activities
		9.1	Non Child Welfare Service Program
TASKDOM	Task Domain	A	In person contact with child(ren) and/or parent(s) or caregivers
		B	Communication with child(ren), parent(s), and caregiver(s)
		C	Court
		D	Other case specific
		E	Case related documentation
		F	Case related travel
		G	Management and administration
		H	Non-work time
TASK	Task	A.1	Conducting assessment of and planning with child(ren)
		A.2	Conducting assessment of and planning with parent(s) or caregiver(s)
		A.3	Conducting assessment of and planning with child(ren) and parent(s), caregiver(s) or of
		A.4	Providing direct services for child(ren)
		A.5	Providing direct services for parent(s) and/or caregiver(s)
		A.6	Providing direct services for child(ren) and parent(s) and/or caregiver(s)
		B.1	Communication with child(ren)
		B.2	Communication with child(ren) and parent(s) and/or caregiver(s)
		B.3	Communication with parent(s) or caregiver(s)
		C.1	Preparing for court
		C.2	Appearing in court
		C.3	Waiting time in court
		D.1	Contact with/oversight of service providers and potential service providers
		D.2	Contact with collaterals
		D.3	Contact with supervisor and/or management
		D.4	Consultation with peers (receiving or providing)
		D.5	Preparing for and participating in formal case review and planning meetings
		D.6	Preparing for and participating in administrative/fair hearings

		D.7 Case specific preparation D.8 Waiting time E.1 Safety Assessment or Risk Assessment E.2 FASP E.3 Permanency Hearing Report E.4 Progress notes E.5 Eligibility determination or redetermination E.6 Local requirements E.7 Other documentation F.1 Travel to and from clients, parents, caregivers, collaterals, court, etc. (includes attempted) G.1 Training G.2 Staff or agency and other non-case-related meetings G.3 Community outreach (includes general recruitment) G.4 Administrative, non-case-specific G.5 Workload study G.6 Paid on call, no contact G.7 Non case-related travel time H.1 Paid, non-work time (breaks, vacation, holidays, sick leave etc.) H.2 Non-work time (meals, interruptions, etc.)
EMB_TASK	Embedded Task Flag	Yes No
ON_CALL	On-Call Task Flag	Yes No
REG_WORK	Region of Work	01 Albany 02 Buffalo 04 NYC 05 Rochester 06 Syracuse 07 Yonkers
CNTY_WORK	County of Work	Same as CASE_JURS
MULTI_CASE	Multiple Case	1 Multiple Cases 2-5 2 Multiple Cases 6-10 3 Multiple Cases 10+ 4 Other Person's Case 5 Non-enrolled Client 6 Interstate Compact ICPC
OTH_CASE	Assisting on Other Caseload	Yes No
AFTER_HRS	After Hours Worker	Yes No
CASE_REL	Relationship to the case	AB Absent Parent AD Attend Teacher AG Community Agency AN Anonymous AR Administrator AS Physician's Assist AT Attorney AU Aunt/Uncle BF Biological Father CC Concerned Citizen CH Child CO Cousin

		CR	Clergy
		CT	Court
		CW	Child Care Worker
		DA	Daughter
		DA	Daughter/Son
		DC	Daycare Fac/Provider
		DI	Director
		DO	Director/Operator
		DS	DSS Worker
		DT	District Attorney
		DV	Detective
		EM	EMS/EMT
		FC	Foster Child
		FM	Other Family member
		FP	Foster Parent
		FR	Friend
		FV	Family Viol. Shelter
		GC	Grandchild
		GG	Godparent
		GN	Guidance Counselor
		GP	Grandparent
		GU	Guardian
		IC	Institut. Contracted
		IN	Institutional Non-Prof.
		IP	Institut. Pers/vol.
		IS	Institutional Staff
		LA	Law Enforcement
		MC	ME/Coroner
		MF	Medical Fac. Staff
		MH	Mental Health Prof
		MO	Mother
		NE	Neighbor
		NN	Niece/Nephew
		NO	Non-relative
		NP	Non-custodial Parent
		NP	Non-Custodial Parent
		NR	Nurse
		OS	Other Shelter
		PA	Parent
		PH	Public Health
		PI	Psychiatric Staff
		PL	Psychologist
		PN	Principal
		PO	Police Officer
		PS	Parent Substitute
		PS	Parent Substitute
		PS	Parent Substitute
		PT	Psychiatrist
		PT	Psychiatrist
		PT	Psychiatrist

		PZ Physician SA Other St. Agency SB Sibling SB Sibling SC School Personnel SC School Personnel SC School Personnel SO Son SO Son SP Spouse SP Spouse ST Step-Parent SW Social Worker TC Teacher TP Therapist UH Unrel. Home mem UK Unknown XX Other
INDV_ROLE	Person Role Associated with ID_CASE	AB Abused Child AS Alleged Subject CA Confirmed Abused CM Confirmed Maltreated COL Collateral CP Case Planner CS Confirmed Subject CW Case Worker HC Histor. Case Worker HL Histor. Case Planner HM Histor. Manager HP Histor. Primary HS Historical Secondary HW Histor. Wkr/Monitor MA Maltreated Child MG Case Manager NA Non-confirmed Abused NA N/A NM Non-confirmed Maltreated NO No Role NS Non-Confirmed Subject PC Primary Child PR Primary PRN Principal RP Reporter RS Services Recipient SA Services Applicant SE Secondary SR Source SS Sustained Subject STF Staff SU Suspect

		UK VI WM XE	Unknown Victim CPS Worker/Monitor Reported In Error
INDV_REL	Person Relationship Associated with ID_Case	Same as CASE_REL	
CW_ROLE	Caseworker in Unit Role	ACC ADP ADR ADS ADT AOC ATC AUD CA2 CA3 CAP CAW CHP CLA CLS CNV COM COS CUS DDA DDC DDO DOC DPC DTD EAA EDC ELG EXD EXS FCA FDD FIS FOS HAS HOF INC LCO LIA MCO MGR MHC	Accounting Assistant Program Director Administrator Administrative Staff Adoption Services Associate Commissioner Assistant Commissioner Auditor Clerical Associate 2 Clerical Associate 3 Case/Program Aide Caseworker Child Protective Services Clerical Aide Clerical Support Conversion Commissioner Community Services Worker/Aide Custodial Deputy Director-Administration Deputy Director-CES Deputy Director-Operations Doctor Deputy Commissioner District Director Executive Administrative Assistant Executive Deputy Commissioner Eligibility Executive Director Executive Secretary Family and Community Advocate First Deputy Director Fiscal Foster Care Services House Aide Home Finder Interstate Compact Legal/Court Liaison/Coordinator Mentor Coordinator Manager Mental Health Coordinator

		MIS	MIS Staff
		NEW	New
		NUR	Nurse
		OFM	Office Manager
		PA1	Principal Administrative Associate 1
		PA2	Principal Administrative Associate 2
		PA3	Principal Administrative Associate 3
		PAM	Parent Advocate/Mentor
		PDM	Per Diem
		PMA	Child Protection Manager-Administration
		PMC	Child Protection Manager-CES
		PMO	Child Protection Manager-Operations
		PRE	Preventive Services
		PRM	Program Manager
		PRO	Program Director
		PSG	Psychologist
		PST	Psychiatrist
		QUA	Quality Control
		RCR	Recreation Coordinator
		REC	Receptionist
		RST	Regional Staff
		SDI	Site Director
		SEC	Secretary/Typist
		SEW	Senior Caseworker
		SEY	Senior Youth Counselor
		SOC	Social Worker/Clinician
		SP1	Supervisor I
		SP2	Supervisor II
		SPA	Special Assistant
		STA	Staff Development
		STD	State Adoption Services
		STK	Stockroom
		STR	State Central Register
		STY	Security
		SUP	Supervisor
		SUS	Support Staff
		TCH	Teacher
		TMP	Temporary
		TRN	Trainee
		VSC	Visitation Specialist/Coordinator
		YCO	Youth Counselor
CW_AGENCY	Caseworker Agency	AST	State
		BRG	Regional
		CCF	CCF
		CQC	CQC
		DDS	District
		DFY	DFY
		EVA	Vol Agen

		OMH OMR	OMH OMRDD
CW_REG	Caseworker Region	Same as REG_WORK	
CW_CNTY	Caseworker County	Same as CASE_JURS	
CW_OFFICE	Caseworker Office	Code	Voluntary Contract Agencies
		P10	Abbott House
		T01	Baker Victory Services
		P33	Berkshire Farm Center & Services for Youth
		Q90	Buffalo Urban League
		S09	Builders for Family and Youth
		N01	Cardinal McCloskey Services
		T03	Catholic Charities of Buffalo
		N07	Catholic Guardian Society and Home Bureau
		W03	Cayuga Home for Children
		SG3	Child and Adolescent Treatment Services
		T07	Child and Family Services of Erie
		U02	Children's Aid Society
		C14	Children's Home of Wyoming Conference
		U31	Concord
		IQQ	East Harlem Council for Community Improvement
		C08	Elmcrest Children's Center
		P15	Edwin Gould Services for Children and Families
		P27	Episcopal Social Services of NY
		P01	Forestdale
		T10	Gateway-Longview, Inc.
		N40	Good Shepherd Services
		T11	Gustavus Adolphus Child & Family Services
		S60	Harlem Children's Zone
		B05	Heartshare Human Services of NY
		W09	Hillside Family of Agencies
		T12	Hopevale, Inc.
		C12	House of the Good Shepherd
		J10	Jewish Child Care Assn. of NY - Edenwald
		SG1	Joan A. Male Family Support Center
		F03	McQuade Children's Services
		B07	MercyFirst
		T24	Native American Community Services of Erie and Niagara
		901	New Alternatives for Children
		T20	New Directions Youth & Family Services
		N03	New York Foundling Hospital.
		U11	Ohel Children's Home and Family Services
		SD9	Rochester Society for Protection and Care of Children
		B06	Saint Christopher-Otilie (SCO) Family of Services
		N04	Saint Dominic's Home
		P18	Salvation Army
		R24	Timothy Hill Children's Ranch
		SF4	Youth Advocate Program

		<p>Local Departments of Social Services</p> <p>Broome Erie Jefferson Lewis Monroe Onondaga Orange Schoharie Seneca Suffolk Total</p> <p>Administration for Children's Services</p> <p>Bronx Brooklyn Manhattan Queens SI ECS OCI DCFS OCM Preventive</p>
CW_TM_START	Caseworker Start Time	User entered
CW_HRS_WEEK	Caseworker Hours per Week	User entered
SUPERV	Supervisor Flag	Yes No

APPENDIX D. LDSS INTERVIEW PROTOCOL

NEW YORK STATE Office of Children and Family Services

CHILD WELFARE WORKLOAD STUDY LDSS INTERVIEW

GENERAL INFORMATION

Name of Person(s) Participating in the Interview & Title(s):

District Name:

District Number:

Other Participants:

Contact Information:

QUESTIONS

A. District Organization

1. Please walk us through your organization chart for child welfare services. What are the functions of each unit? In addition to your case carrying staff, what specialized staff do you have that support these case carrying staff? What programs do they support? What services do they provide that would otherwise be provided by the case carrying staff?
2. How is after hours coverage handled in your district? Separate staff who do not carry a caseload, regular case carrying staff who are on-call, other?

B. Additional Local District Requirements/Special Projects

1. Does your District use shorter or longer time frames than those mandated by State or Federal law for specific case activities, e.g. CPS investigations to be completed by day 50

versus the State mandate of 60 days, permanency hearings, service plan reviews? If Yes, please discuss.

2. Does your District require activities that impact upon workload beyond those mandated by State or Federal law? For example, does your agency require more frequent case work contacts with children and families for foster care cases or require additional in-home contacts for preventive services cases, or additional assessments? (Discuss by program.)
 - CPS
 - Preventive
 - Foster Care
 - Article 10 Direct Placements
 - Adoption
 - Post Adoption
 - After Care
3. Are there any special projects or best practice models that your District is implementing or contracting for that impact current workloads, e.g. mediation or family group conferencing, family drug court, etc.? (Discuss by program.)
4. Is your District planning on instituting any new policies or practices that you think will positively or negatively impact workload in 2007? (Discuss by program.)

APPENDIX E. DISTRICT AND VOLUNTARY AGENCY STAFFING PATTERNS SURVEY INSTRUMENTS

NEW YORK STATE Office of Children and Family Services

CHILD WELFARE WORKLOAD STUDY DISTRICT STAFFING PATTERNS SURVEY

Name of Person (s) Completing the Survey & Title(s): _____

District Name: _____

District Number: _____

This survey asks you for information on the **child welfare staff resources** of your district. It is a component of the Child Welfare Workload Study, which is collecting daily workload data from child welfare staff during two weeks in September 2006.

This survey will provide us additional information on the variation of staffing patterns and workloads among the participating local departments of social services (LDSS). Data collected for the survey, however, will be analyzed at an aggregate level by Administration for Children's Services (ACS), LDSS, and voluntary contract agencies.

PART A: WORK HOURS AND DAYS IN THE YEAR

1. How many hours compose your agency's standard workday? (Not including unpaid lunch or other unpaid breaks) Please check one.

- 7 hours
 7.5 hours
 8 hours
 Other Please indicate number of hours _____

2. What is the definition of **full time (not including overtime)** work in your agency? Please check a maximum and minimum.

- | Maximum | | Minimum |
|--|-----------------------------------|---|
| <input type="checkbox"/> 40 hours | | <input type="checkbox"/> 40 hours |
| <input type="checkbox"/> 37.5 hours | | <input type="checkbox"/> 37.5 hours |
| <input type="checkbox"/> 35 hours | | <input type="checkbox"/> 35 hours |
| <input type="checkbox"/> Other, Please indicate # of hours _____ | <input type="checkbox"/> 30 hours | <input type="checkbox"/> Other Please indicate # of hours _____ |

3. How many paid **holidays** (include floating holidays) per year do caseworkers receive? _____

4. How many **sick days, on average**, are used per worker per year? _____
(In many agencies, workers can rollover sick days from one year to another. This question asks how many are used on average given that sick days may vary by tenure.)

5. How many **vacation days** (including personal days), **on average**, are used per worker per year? _____
(In many agencies, workers can rollover vacation days from one year to another. This question asks how many are used on average given that vacation days vary by tenure.)

PART B: STAFF

1. **Total Staff**

a. As of August 1, 2006, please provide the total number of case carrying child welfare staff in your district. For purposes of this survey, case carrying child welfare staff that are available to provide primary casework services includes:

- casework trainees who have more than 6 months of experience
- caseworkers

e. **All Adoption Services Staff**

FTE Case Carrying Staff: _____

FTE Supervisors: _____

If you are able to allocate the above Adoption Services between adoption services and post adoption service, please do so below. In you are unable to do so, please check this box.

Adoption Services FTE (not including post adoption services staff)

FTE Case Carrying Staff: _____

FTE Supervisors: _____

Post Adoption Services FTE (not including adoption staff)

FTE Case Carrying Staff: _____

FTE Supervisors: _____

f. **After Care Services FTE** (If After Care Services are included in Foster Care Services skip this question)

Not applicable

FTE Case Carrying Staff: _____

FTE Supervisors: _____

3. Staff Vacancies

a. As of August 1, 2006, please indicate the number of child welfare staff vacancies your district has for staff that would be expected to carry cases and the number of vacancies you have for supervisors.

_____ Number of Full-Time Casework Staff

_____ Number of Part-Time Casework Staff

_____ Number of Full-Time Supervisors

_____ Number of Part-Time Supervisors

b. Please provide information on the number of staff vacancies you have by program in the table below. If your district does not provide the service indicate N/A in the program box. If you are unable to provide information on staff vacancies by program, please check this box

Program	Caseworkers Includes all staff that would be expected to carry a caseload. Do not include specialized staff.		Supervisors	
	Full-Time	Part-Time	Full-Time	Part-Time
CPS <input type="checkbox"/> N/A	_____	_____	_____	_____
Preventive Services <input type="checkbox"/> N/A	_____	_____	_____	_____
Foster Care <input type="checkbox"/> N/A	_____	_____	_____	_____
Article 10 Direct Placements <input type="checkbox"/> N/A	_____	_____	_____	_____
Adoption Services <input type="checkbox"/> N/A	_____	_____	_____	_____
After-Care Services <input type="checkbox"/> N/A	_____	_____	_____	_____
Total	_____	_____	_____	_____

4. Do any supervisors carry cases? Yes No

a. If yes, what is their average caseload? _____

b. If yes, please explain why supervisors are carrying cases? _____

5. Do any senior caseworkers carry cases? Yes No

- a. If yes, what is their average caseload? _____
- b. If yes, please explain why senior caseworkers are carrying cases? _____
6. Do any casework trainees (staff with less than six months of experience) carry a reduced caseload?
- Yes No
- a. If yes, how does it compare to a full time caseworkers caseload (e.g. half a caseload)? _____
7. What is the ratio of supervisors to caseworkers by program? Example: 1 supervisor for 5 staff (1:5)
- _____ CPS
 _____ Foster Care
 _____ Preventive
 _____ Article 10 Direct Placements
 _____ Adoption Services
 _____ After Care Services

PART C: SPECIALIZED CHILD WELFARE STAFF

Some districts have staff dedicated to providing specialized support services, such as transportation, overseeing supervised visitation, doing data entry, conducting eligibility determinations, after hours coverage, etc. Such tasks may be provided by district staff or contract staff. Specialty staff may even support multiple programs in your agency. Please provide information on any specialized staff that you have supporting child welfare work in your district. Do not include case carrying staff that is captured in question B.1. a. above

1. Total Specialized Staff

As of August 1, 2006, please provide the total number of non case carrying specialist staff that you have in your district.

_____ Number of Full-Time Staff _____ Number of Part-Time Staff

2. Specialized District Staff

In the table below, please indicate if you have the following specialized staff performing the identified functions or any other function that is not identified in the "Other" category. Please indicate how many full-time and part-time district staff in these positions. Contract staff will be captured in the next question. Do not include temporary staff.

In addition, please provide your best estimate of the amount of FTE time that these staff represents. If they represent less than one FTE, estimate a quarter time or less as .25, between quarter time and half time as .5, and more than half time but less than FTE as .75. Finally, please indicate all programs that these staff support. Please note that this does not include COPS staff.

Specialized District Staff

Service	Provided by Specialized District Agency Staff					
	No	Yes	# Full- Time Positions	# Part- Time Positions	Estimated # FTEs Represented	Programs Supported Check All that Apply
Supervised visitation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> CPS <input type="checkbox"/> Preventive <input type="checkbox"/> Article 10 Direct Placements <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care

Service	Provided by Specialized District Agency Staff					
	No	Yes	# Full- Time Positions	# Part- Time Positions	Estimated # FTEs Represented	Programs Supported Check All that Apply
Child/family advocacy/liaison services <i>These are services provided to assist families in obtaining needed services such as educational assessments, housing, vouchers, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> CPS <input type="checkbox"/> Preventive <input type="checkbox"/> Article 10 Direct Placements <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
Medical/health liaison services – <i>These are services provided to help families gain access to medical services including mental health services and/ or to attain or maintain a favorable physical or mental health condition.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> CPS <input type="checkbox"/> Preventive <input type="checkbox"/> Article 10 Direct Placements <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> CPS <input type="checkbox"/> Preventive <input type="checkbox"/> Article 10 Direct Placements <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
Legal services (e.g. court liaison) <i>These services may include preparation of reports for court, providing follow-up documents to the court, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> CPS <input type="checkbox"/> Preventive <input type="checkbox"/> Article 10 Direct Placements <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
Eligibility determinations and Re-determinations	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> CPS <input type="checkbox"/> Preventive <input type="checkbox"/> Article 10 Direct Placements <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
Legacy system (WMS & CCRS) data entry	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> CPS <input type="checkbox"/> Preventive <input type="checkbox"/> Article 10 Direct Placements <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
CONNECTIONS data entry (including progress notes)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> CPS <input type="checkbox"/> Preventive <input type="checkbox"/> Article 10 Direct Placements <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care

Service	Provided by Specialized District Agency Staff					
	No	Yes	# Full- Time Positions	# Part- Time Positions	Estimated # FTEs Represented	Programs Supported Check All that Apply
Home Finding (including general recruitment activities and foster and adoptive parent training.)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> CPS <input type="checkbox"/> Preventive <input type="checkbox"/> Article 10 Direct Placements <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
Independent Living Services. <i>These are services provided to youth by staff that is not the caseworker for the youth. It could include assistance in filling out school/job applications, getting housing etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> Preventive <input type="checkbox"/> Article 10 Direct Placements <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
After Hours (include only after hours staff who do not carry a caseload. Staff who provide after hours coverage through an on-call system, and do carry a caseload should not be included here)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> CPS <input type="checkbox"/> Preventive <input type="checkbox"/> Article 10 Direct Placements <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> CPS <input type="checkbox"/> Preventive <input type="checkbox"/> Article 10 Direct Placements <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> CPS <input type="checkbox"/> Preventive <input type="checkbox"/> Article 10 Direct Placements <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care

3. Specialized Contract Staff

Please indicate in the table below if you contract for the following specialized services. In addition, provide your best estimate of the amount of FTE time that these staff represents (one way of thinking about this is to estimate the number of additional staff it would take to provide these services). If they represent less than one FTE, estimate a quarter time or less as .25, between quarter time and half time as .5, and more than half time but less than FTE as .75. Finally, please indicate all programs that these staff support. These do not include temporary staff.

Specialized Contract Staff

Service	Yes	No	Estimated #FTEs Represented	Programs Supported Check All that Apply
Supervised visitation	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> CPS <input type="checkbox"/> Preventive <input type="checkbox"/> Article 10 Direct Placements <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care

Service	Yes	No	Estimated #FTEs Represented	Programs Supported Check All that Apply
Child/family advocacy/liaison services <i>These are services provided to assist families in obtaining needed services such as educational assessments, housing, vouchers, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> CPS <input type="checkbox"/> Preventive <input type="checkbox"/> Article 10 Direct Placements <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
Medical/health liaison services <i>These are services provided to help children gain access to medical services including mental health services and/ or to attain or maintain a favorable physical or mental health condition.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> CPS <input type="checkbox"/> Preventive <input type="checkbox"/> Article 10 Direct Placements <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> CPS <input type="checkbox"/> Preventive <input type="checkbox"/> Article 10 Direct Placements <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
Legal services (excluding attorneys) <i>These services may include preparation of reports for court, providing follow-up documents to the court, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> CPS <input type="checkbox"/> Preventive <input type="checkbox"/> Article 10 Direct Placements <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
Home Finding (including general recruitment activities and foster and adoptive parent training.)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> CPS <input type="checkbox"/> Preventive <input type="checkbox"/> Article 10 Direct Placements <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
Independent Living Services. <i>These are services provided to youth by staff that is not the caseworker for the youth. It could include assistance in filling out school/job applications, getting housing etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Preventive <input type="checkbox"/> Article 10 Direct Placements <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
After Hours (include only after hours staff who do not carry a caseload. Staff who provide after hours coverage through an on-call system, and do carry a caseload should not be included here)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> CPS <input type="checkbox"/> Preventive <input type="checkbox"/> Article 10 Direct Placements <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> CPS <input type="checkbox"/> Preventive <input type="checkbox"/> Article 10 Direct Placements <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> CPS <input type="checkbox"/> Preventive <input type="checkbox"/> Article 10 Direct Placements <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care

PART D: REDEPLOYED STAFF TO FIELD OFFICE (ACS ONLY)

1. As of August 1, 2006, how many staff did you redeploy to assist the DCP units in the field offices? _____

NEW YORK STATE
Office of Children and Family Services
CHILD WELFARE WORKLOAD STUDY
VOLUNTARY CONTRACT AGENCY
STAFFING PATTERNS SURVEY

Name of Person (s) Completing the Survey & Title(s): _____

Agency Name: _____

Agency Number: _____

This survey asks you for information on the **child welfare staff resources** of your agency. It is a component of the Child Welfare Workload Study, which is collecting daily workload data from child welfare staff during two weeks in September 2006.

This survey will provide us additional information on the variation of staffing patterns and workloads among the voluntary agencies. Data collected for the survey, however, will be analyzed at an aggregate level by the Administration for Children's Services (ACS), the local departments of social services (LDSS) and voluntary agencies.

PART A: WORK HOURS AND DAYS IN THE YEAR

3. How many hours compose your agency's standard workday? (Not including unpaid lunch or other unpaid breaks) Please check one.

- 7 hours
 7.5 hours
 8 hours
 Other Please indicate number of hours _____

4. What is the definition of **full time (not including overtime)** work in your agency? Please check a maximum and minimum.

- | Maximum | Minimum |
|--|---|
| <input type="checkbox"/> 40 hours | <input type="checkbox"/> 40 hours |
| <input type="checkbox"/> 37.5 hours | <input type="checkbox"/> 37.5 hours |
| <input type="checkbox"/> 35 hours | <input type="checkbox"/> 35 hours |
| <input type="checkbox"/> Other, Please indicate # of hours _____ | <input type="checkbox"/> 30 hours |
| | <input type="checkbox"/> Other Please indicate # of hours _____ |

6. How many paid **holidays** (including floating holidays) per year do caseworkers receive? _____

7. How many **sick days, on average**, are used per worker per year? _____
(In many agencies, workers can rollover sick days from one year to another. This question asks how many are used on average given that sick days may vary by tenure.)

8. How many **vacation days** (including personal days), **on average**, are used per worker per year? _____
(In many agencies, workers can rollover vacation days from one year to another. This question asks how many are used on average given that vacation days vary by tenure.)

PART B: STAFF

1. Total Available Staff

a. As of August 1, 2006, please provide the total number of **case carrying child welfare staff** in your agency. For purposes of this survey, case carrying child welfare staff that are available to provide primary casework services includes:

- casework trainees who have more than 6 months of experience
- caseworkers
- case planners

- case managers
- senior caseworkers carrying a caseload
- supervisors carrying a caseload

Do not count vacant positions and staff on extended leave, e.g. disability, or educational leave, etc. Do not count non case carrying specialist staff. They are counted in the next section of the survey.

_____ Number of Full-Time Staff

_____ Number of Part-Time Staff

b. As of August 1, 2006, please provide the total number of child welfare supervisors in your agency.

_____ Number of Full-Time Staff

_____ Number of Part-Time Staff

Of the total number of supervisors in your agency, how many are carrying cases and were included in question 1.a. above? _____

c. As of August 1, 2006, please provide the total number of casework trainees with less than 6 months experience that you have on staff.

_____ Number of Full-Time Staff

_____ Number of Part-Time Staff

2. Available Staff by Program

Of the case carrying child welfare staff identified in question 1a., please indicate, by each of the child welfare programs that your agency serves, your best estimate of the proportion of time dedicated by these staff to each of the programs by FTE.

Of the supervisors identified in question 1b., please provide your best estimate of FTE supervisors (that are not carrying cases) for each of the programs.

If case carrying child welfare staff or supervisors split their time between different programs, please base the FTEs on your best estimate of what proportion of time is spent on each program. Estimate a quarter time as .25, between a quarter time and half-time as .5, and more than half time but less than a full FTE as .75.

If your agency does not provide the service, please indicate N/A by checking the box in the appropriate Program.

Do not include case carrying specialist staff. They are counted in the next section of the survey.

Number of Staff by Program Area

Program	Caseworkers	Supervisors
Preventive Services <input type="checkbox"/> N/A	_____ FTEs	_____ FTEs
Foster Care <input type="checkbox"/> N/A	_____ FTEs	_____ FTEs
Adoption <input type="checkbox"/> N/A	_____ FTEs	_____ FTEs
Post-Adoptive Services <input type="checkbox"/> N/A	_____ FTEs	_____ FTEs
After-Care Services <input type="checkbox"/> N/A	_____ FTEs	_____ FTEs
Total	_____ FTEs	_____ FTEs

Please indicate in the table below if you have the following specialized staff and how many full-time and part-time staff in these positions. In addition, please provide your best estimate of the number of FTE time that these staff represent. If they represent less than one FTE, estimate a quarter time or less as .25, between quarter time and half time as .5, and more than half time but less than FTE as .75. Finally, please indicate all programs that these staff supports.

Service	Specialized Agency Staff					
	No	Yes	# Full- Time Positions	# Part- Time Positions	Estimated # FTEs Represented	Programs Supported Check All that Apply
Supervised visitation	<input type="checkbox"/>	<input type="checkbox"/>	—	—	—	<input type="checkbox"/> Preventive <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
Child/family advocacy/liaison services <i>These are services provided to assist families in obtaining needed services such as educational assessments, housing, vouchers, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	—	—	—	<input type="checkbox"/> Preventive <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
Medical/health liaison services – <i>These are services provided to help families gain access to medical services including mental health services and/or to attain or maintain a favorable physical or mental health condition.</i>	<input type="checkbox"/>	<input type="checkbox"/>	—	—	—	<input type="checkbox"/> Preventive <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	—	—	—	<input type="checkbox"/> Preventive <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
Legal services (e.g. court liaison) <i>These services may include preparation of reports for court, providing follow-up documents to the court, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	—	—	—	<input type="checkbox"/> Preventive <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
Home Finding (including general recruitment activities and foster and adoptive parent training.)	<input type="checkbox"/>	<input type="checkbox"/>	—	—	—	<input type="checkbox"/> Preventive <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care

Service	Specialized Agency Staff					
	No	Yes	# Full- Time Positions	# Part- Time Positions	Estimated # FTEs Represented	Programs Supported Check All that Apply
Independent Living Services. <i>These are services provided to youth by staff that is not the caseworker for the youth. It could include assistance in filling out school/job applications, getting housing etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> Preventive <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
After Hours (include only after hours staff who do not carry a caseload. Staff who provide after hours coverage through an on-call system, and do carry a caseload should not be included here)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> Preventive <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> Preventive <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> Preventive <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Post Adoption <input type="checkbox"/> After Care

PART D: ADDITIONAL COMMENTS

1. Workload

In this section you are provided space to add any comments about how you perceive the workload of your staff by program. You may discuss if you think the current workload is appropriate or not. If more space is needed, please add additional pages. Indicate current caseloads.

- a. Preventive _____
- b. Foster Care _____
- c. Adoption _____
- d. Post-Adoption Services _____
- e. After Care Services _____

2. Special Initiatives

Please describe any special initiatives that your agency has that may impact workload. If more space is needed, please add additional pages or include already prepared summaries with your survey. _____

APPENDIX F. METHODOLOGY FOR CALCULATING AND USING WEIGHTS TO ADJUST THE AMOUNT OF TIME AND NUMBER OF CASES SERVED

There are two types of weighting (or estimation techniques) necessary for the New York State child welfare time log study data. Weighting was used to estimate the amount of time spent and the number of cases served. Weighting was necessary for the following reasons:

- One Week Participation for Some ACS CPS Field Offices—Some ACS staff who provide CPS investigations and ongoing protective services were allowed to record data for only 1 week of the 2-week data collection period. All other participants were expected to record data for the full 2 weeks. Time spent and cases served by the ACS CPS caseworkers were adjusted to be comparable to the data from all other participants.
- Adjusting Results to Obtain One Month Estimates—Workload data were gathered for a 2-week period; however, caseloads are more usefully considered for a period of one month. Time and case data for all participating caseworkers were prorated from 2 weeks to a month.
- Adjusting for Use of Multicase Recording—Study participants were told that if they provided some service to multiple cases over a very short period of time, not exceeding 5 minutes, they could record their work as serving “multiple cases.” One assumption is that such time records include cases already counted as unique cases. Under this assumption, no adjustment would be needed to estimate the total number of unique cases. However, review of the data indicated that an adjustment would need to be made to include some cases reported under “multiple cases” as unique cases.

WEIGHTING THE AMOUNT OF TIME REPORTED

For the reasons described above, the amount of time reported was adjusted for those caseworkers who recorded time log data for only 1 week so that the data were comparable with data from the remaining study participants who reported data for the full 2-week period. Similarly, the time reported for the 2-week data collection period was prorated so that it would be comparable to a month’s work.

Adjusting Time from One Week to Two Weeks

Adjusting the time reported from 1 week to be comparable with the 2-week data reported by other time log study participants was completed by multiplying the reported time by a factor of 2. The assumption underlying this procedure was that workers spend their time in much the same way each week, on average.

Adjusting Time from Two Weeks to One Month

For analytic purposes, workload and caseload estimates were developed for a period of 1 month; therefore, it was necessary to prorate all time reported from 2 weeks to a month. On average a month has 21.65 working days. There were 10 working days in the 2-week data collection period. Assuming that caseworkers work the same amount of time each

day on average, the number of working days in a month was divided by the number of working days in the data collection period, so that a weight of 2.165 was used to prorate the time from 10 working days (2 weeks) to a month (average of 21.65 working days). That is, the amount of time was multiplied by a factor of 2.165 to generate monthly estimates.

WEIGHTING THE NUMBER OF CASES

As with the amount of time, the number of cases needed to be adjusted for the caseworkers who reported data for a 1-week period, as well as adjusting all data from 2 weeks to a month. In addition, adjustments were necessary to include the cases that were reported as part of a time log record related to multiple cases. There were also some cases that were served but that did not have a case ID in CONNECTIONS as part of the caseworker's assigned caseload. These included:

- cases that were not enrolled but that received some service nevertheless;
- cases that were assigned to another caseworker but for which the reporting caseworker provided some assistance; and
- children under the jurisdiction of other States that were in placement settings in New York and for whom caseworkers in the participating districts provided supervision and other services under the terms of the Interstate Compact on the Placement of Children (ICPC).

There may have been a few cases that were not in CONNECTIONS because they had not yet been opened when the time log data were recorded. The database in the time log study was refreshed from CONNECTIONS twice a day, at noon and at 4:00 a.m., and caseworkers were instructed to go back to any time log records that did not have a CONNECTIONS case ID after the next refresh of the database and enter the appropriate ID. There may have been some instances in which such updates did not occur.

Prorating Cases Because of Time Issues

Prorating the number of cases that could be served during a 2-week or 1-month period, based on the number of cases that were reported to be served during the data collection period, is a more complex process than adjusting the amount of time. Experience with other such studies indicates that it is not reasonable to make the assumption that the number of cases served would be roughly the same each day. A regression procedure was utilized to develop an appropriate factor for estimating the additional number of cases that would be served during the additional 2-3 weeks in the month. This procedure is described in the following paragraphs.

Calculating the Weights

To calculate case weights, the edited data file without time weights was used. To edit the cases, records with the following case characteristics were excluded:

- case IDs indicating multiple cases;
- case not in CONNECTIONS;
- other person's case;

- non-enrolled case; or
- ICPC case.

In addition, records involving services other than child welfare were excluded. All time was excluded if it was recorded for the weekend.

Following the exclusion of records, data were aggregated by case ID and caseworker ID to obtain:

- the first date the caseworker provided any service to that case;
- the service provided to the case;
- the type of agency in which the caseworker works; and
- the total number of dates on which the caseworker provided service to that particular case.

After the aggregation generated data at the caseworker level for each case, all records for caseworkers in ACS that were designated to participate in the time study for just 5 days were removed. Two steps were performed to calculate the number of new cases for each service, for each of the ten days of the time study. First, the data were aggregated by caseworker ID and the first date of work of each case to obtain the service the caseworker performed on that date and the total number of new cases the caseworker worked on that date. Second, with this aggregated data file the data were aggregated once more by service and date to obtain the mean number of new cases per worker for each service for each of the 10 days in the study.

A mean number of new cases per worker by service was obtained for each of the 10 days in the time log study. These means were plotted over time for each program category. When analyzing the plotted data, it appeared that some services within a specific program were too different to model together when fitting the curves. The services were grouped according to the most similar plots of the mean number of new cases across the 10 days. These combined services were then modeled together using curve estimation. For all models with an R^2 of greater than .50, the computed mean number of new cases per day in the time log study for one of the services in the model, the intercept, and the slope for the curve, were used to predict the number of new cases a caseworker would have in days 11 through 21.65.

The regression calculations were as follows: to obtain the predicted daily mean number of new cases, the intercept plus the value of the slope was divided by the day for which the mean number of new cases was being predicted (e.g., 11th day of 21.65 days would be 11). The predicted daily mean number of new cases was then added to the total cumulative mean (e.g., actual cumulative mean for day 10) to obtain the predicted cumulative mean number of new cases for the following day (e.g., 11th day).

To calculate the mean number of new cases a caseworker would accumulate between days 6 through 10, the cumulative mean for the 10th day was divided by the cumulative

mean for the 5th day. This became the case weight for ACS caseworkers who were designated to participate in the time log study for 5 days.

To obtain the weight that was used to estimate the mean number of new cases a caseworker would add between days 11 and 21, the total predicted cumulative mean number of new cases (i.e., 21.65th day) was divided by the cumulative mean number of new cases for the 10th day. This result became the case weight used to prorate the number of cases served from 2 weeks to 4 weeks.

The weights that were developed following these procedures varied somewhat depending on the service. The weight used for the CPS caseworkers who reported data for 5 of the 10 days of the data collection period was 1.6 times the number of cases that were served in the 5-day period. To prorate the 2-week data to a period of 1 month, for the 10th to 21.65th day the weights ranged from 1.7 to 1.9 times the number of cases served by the 10th day. The overall mean weight of 1.8 was used to calculate the estimated number of cases served in a month by agency types. The weights used for analysis by programs and services varied.

Using the Time-related Weights

For the ACS field office caseworkers providing Child Protective Services (CPS) investigation and ongoing protective services, who completed 1 week of time log study data recording, the workload data were prorated to 2 weeks as the first stage of weighting. The time that was recorded in the reporting week was multiplied by 2. The number of CPS investigation and ongoing child protection cases that were served by staff in these offices was multiplied by the 1.6 weight determined from the analysis. The resulting weighted number of cases affected the number of cases that were served in the CPS program, the number of cases served by ACS, and the overall total number of cases served in the 2-week data collection period.

After the time and case data had all been made equivalent to a 2-week period, the weights were used to prorate the number of cases served from 2 weeks to a month for each category. For services, the 2-week data were prorated to a month using individual service weights. For program categories, 2-week data were prorated to a month using program weights. For the agency types, 2-week data were prorated to a month using an average weight for all case types. The overall estimated count of cases served was the sum of the agency type categories. The weights used are summarized in exhibit F-1.

Exhibit F-1. Summary of Time- and Case-Related Weights

Time and Cases Prorated From	Time and Cases Prorated To	Time Factor	Case Factor
1 week	2 weeks	2.0	1.6 (CPS in ACS only)
2 weeks	1 month	2.165	1.8 for agency types Varies for programs and services

Multiple Case Contacts

The percentage of reported time that was linked to multiple cases indicated a need for further analysis and adjustments before estimates of workload could be made. When the amount of time reported for multiple cases was divided by the number of records involving multiple cases for each of the four agency types it became apparent that participating caseworkers had often ignored the instruction to limit such reporting to very brief periods of time. In actuality, some records involved several hours. The mean amount of time involved in these multiple-case records ranged from 11 minutes for caseworkers from the 10 districts other than ACS, to 24 minutes for ACS caseworkers, with records for the voluntary agency caseworkers falling in between. Since all time was included regardless of whether a specific ID was provided or whether the record was identified as “multiple case” there was no impact on the calculations of amount of time. Adjustments needed to be made in terms of counts of unique cases.

Computation Procedures for the Cases Served in Multiple Contacts

Caseworkers were allowed to select from among three response categories of multiple cases: 2 to 5, 6 to 10, and more than 10. Any procedure developed to estimate the number of unique cases that were included in multiple-case records in the time log study, but that were not included in other records, had to allow for estimating the number of cases that each of these three categories represented. It was assumed that the midpoint of each category represented the number of cases involved in each record. Since the last category is open-ended, the estimated number of cases involved was selected based upon other workload studies and what seemed feasible. For the category of 2 to 5 cases, the midpoint of 3.5 cases was used. The midpoint of 8 cases was determined to be the number involved in multiple case records selecting the 6 to 10 category. For records reporting on more than 10 cases it was assumed that 13 cases were involved.

Because a single case could be represented in more than one multiple-case record it was necessary to use a procedure for estimating and removing such duplication. The first step involved calculating the number of “contact events” by multiplying the midpoint of the category times the number of records reporting that category and summing the three results to generate a total number of “contact events.” Based on experience in other workload studies, as well as exploration of anecdotal evidence regarding the use of multiple-case reporting in this study, the number of unique cases that were included in these multiple-case records, in addition to the cases that were reported individually in other records, was estimated by calculating 0.6% of the “contact events.” This figure was

then added to the number of uniquely-identified cases, plus 25% of the nonenrolled cases that were reported, including all ICPC cases, to generate the total estimated number of cases that were served in the 2-week data reporting period. To generate the number of cases that were served in a month, the 2-week estimate was multiplied by the factor of 1.8 developed through the regression procedures.

The resulting data on the estimated monthly number of cases that were served, based on the data reported in the time log study, were compared to data on the average monthly number of cases that were open for service, according to the State's administrative data. The results were comparable to the administrative data, to the degree that could be expected, and were deemed appropriate for estimation.

Computation Procedures for the Amount of Time per Case

For each program and service category, the total amount of time recorded in each of the three categories of multiple-case time log records was computed. These three totals for each program area were summed and added to the time reported in the time log study as being spent in the particular program or service. These totals were then multiplied by 2.165 to generate the estimated monthly amount of time spent on the program or service. To generate the amount of time per case for the program or service, these totals were divided by the estimated monthly number of cases receiving service through the program or service involved.

TIME FOR MULTIPLE SERVICE CASES AND DUPLICATED CASE COUNTS

In some estimates of time per case the program area that corresponds to a set of services may have a higher average time than the any average time for the corresponding service categories. This is due to the presence of cases that receive more than one service and are counted for each service, but only once at the program level. This is especially noticeable for the foster care program and services for the 10 districts as seen in Table 5.1, Chapter 5. For this example, of the 6,663 cases that received foster care services from the 10 districts and their voluntary agencies, approximately 40% of the cases received more than one type of foster care service. Consequently, the total foster care service time average of 8.1 hours per case was higher than any average of a particular foster care service.

The appearance of cases in more than one service category in the sum of the Foster Care service categories of the 10 district and their voluntary agencies (9,783) is greater than the total number of cases in the Foster Care program (6,663). Some cases received two of the services and some cases received all three services. If all of the hours of the three service categories are added, the sum equals the total hours for the Foster Care program. For the service category averages, the number of hours is divided by the service category case count, which in sum is much larger than the overall Foster Care program case count. As a result, the time per case average of the service categories are all less than the time per case average at the program level.

APPENDIX G. SELECTED CWLA AND COA CASELOAD STANDARDS

Service Area	CWLA Standard	COA Standard
Child Protective Services	<p>Child protection workers should:</p> <ul style="list-style-type: none"> • Have no more than 12 actively worked risk assessments per month. • Not be providing ongoing services to families opened for services and support for more than 17 active families assuming the rate of new families assigned is no more than 1 for every 6 cases open. • Not have more than 10 active ongoing families when the caseload is combined initial assessments and ongoing services to families and no more than 4 active initial assessments. 	<p>Generally, caseloads should not exceed 15 investigations or 15-30 open cases. New personnel should not carry independent caseloads prior to the completion of training. Cases should be assigned according to a standardized system that takes into consideration:</p> <ul style="list-style-type: none"> • The qualifications and competencies of the worker and the supervisor; • The complexity and status of the case; • Services provided by other professionals and team members; and • And other organizational responsibilities.
Preventive Services	<ul style="list-style-type: none"> • For family-centered casework services, the caseload should not exceed 12 families per worker. • For intensive, family-centered crisis services, the caseload should be not more than 2-4 families per worker or 6 families per worker team. 	<p>Generally, caseloads should not exceed:</p> <ul style="list-style-type: none"> • 12- 18 families in programs providing family preservation and stabilization services. • 2-6 families in programs providing intensive family preservation and stabilization services. • When services are provide through a home visiting model, caseload should not generally exceed 15 families if providing weekly home visits or 25 families if working with less intensive cases.
Foster Care & Kinship Care Services	<ul style="list-style-type: none"> • The caseload size for family foster care social workers should be between 12 and 15 children per worker, depending upon the level of service required to meet the assessed needs of each child. 	<ul style="list-style-type: none"> • Caseloads for family foster care and kinship workers should not exceed 18 children or 8 children with special therapeutic needs.

Service Area	CWLA Standard	COA Standard
Adoption	<p>A full-time caseload for:</p> <ul style="list-style-type: none"> • A worker conducting counseling with birth families, preparing and assessing adoptive applicants for infant placements, and supporting these families following placement should be 20-25 families per worker. • A worker preparing children for adoption who are older or who have special needs should be 10-12 children per worker. • A worker assessing and preparing adoptive applicants for the placement of children who are older or have special needs and providing support to these families following placement should be 12-15 families per worker. 	<ul style="list-style-type: none"> • Generally, caseloads should not exceed 12-25 families taking into account case complexity including the intensity of child and family needs and size of the family.
After Care Services (former foster children who are still receiving independent living supports or financial assistance)	<ul style="list-style-type: none"> • Between 4 and 10 cases for each worker providing direct independent living services as part of a team. • Between 15 and 20 cases for each worker providing care/case management and coordination services. 	<ul style="list-style-type: none"> • Generally, between 12 and 20 as a maximum. The number of cases carried should be smaller when the youth receive counseling and other intensive services than when a worker is providing primarily follow-up services or less intensive services.

SOURCES: Council on Accreditation 8th Edition Standards Beta Version, 2005; CWLA Standards of Excellence for Service for Abused or Neglected Children and Their Families, 5.9 (1999), Washington, DC: Child Welfare League of America; CWLA Standards of Excellence for Services to Strengthen and Preserve Families with Children (2003), 5.11 Washington, DC: Child Welfare League of America; CWLA Standards of Excellence for Family Foster Care Services, 3.48, 3.49 (1995), Washington, DC: Child Welfare League of America; CWLA Standards of Excellence for Adoption Services (2000), Washington, DC: Child Welfare League of America.; CWLA Standards of Excellence for Transition, Independent Living, and Self-Sufficiency Services (2005), Washington, DC: Child Welfare League of America.

APPENDIX H. WORKLOAD STUDY CITATIONS

The workload studies whose findings were used for comparative purposes are listed below in chronological order from oldest to most recent.

Utah

Hoyt, J., Fisher, M., Larsen, B., and McGarry, B. (August 31, 1995). *Division of Family Services Caseload Staffing Analysis*. Salt Lake City, UT: Utah Department of Human Services Office of Budget Bureau of Internal Review and Audit.

Arizona

Fluke, J., Edwards, M., Tooman, G., Kern, H., Hollinshead, D., Conley, M., Rausch, J., Huston, M., and Callahan, M. (March 30, 1999). *Arizona Department of Economic Security Division of Children and Family Services Time and Workload Estimation Study: Final Time Study Report*. Englewood, CO: American Humane Association.

Monroe County, NY

Monroe County Department of Social Services. (February 10, 2000). *Bricks Without Straw: Rebuilding the Foundation of Child Welfare Services*. Rochester, NY: Author.

California

American Humane Association. (April 2000). *SB2030 Child Welfare Services Workload Study Final Report*. Englewood, CO: Author.

Allegheny County, PA

Yamatani, H., and Engel, R. (November 1, 2002). *Workload Assessment Study Allegheny County Office of Children, Youth, and Families*. Pittsburgh, PA: Allegheny County Office of Children, Youth, and Families.

Westchester County, NY

Hornby-Zeller Associates. (September 2006). *Workload Study Draft Report*. Troy, NY: Author.

Montana

American Humane Association. (2006). *Montana Children and Family Services Division Work Measurement Study Interim Summary*. Englewood, CO: Author.

