An Assessment of Kansas' Front-End Child Welfare System:
Recommendations for Building a Solid Front-End System

June 2013

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Lastly, the assessment and report could not have been completed without the assistance of the team recruited by Casey Family Programs. Thank you to Dee Wilson, Lien Bragg, Isabel Blanco, Justin Lee, and Toni Sebastian. The team's experience, sharing of best practice and national research and recommendations were instrumental in the development and writing of this report.

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Executive Summary

In January 2013, Casey Family Programs partnered with the Kansas Department for Children and Families (DCF) to conduct an assessment of the front-end of their child welfare (CW) system that would result in a redesign that incorporates best practices and important research findings. CFP provided an Executive on Loan to assess the current system and provide guidance to the state in redesigning their system. The assessment period started in January 2013 with the final recommendations being made to the state in June 2013, the entire process was over a six-month time period. Throughout the process, best practices and national research were shared from around the country. Connections were made with child welfare systems in other states to gain a national perspective and start the dialogue about possibilities available for system reform in Kansas.

The completed assessment focuses on the front-end of the Kansas CW system that begins when an intake is received at one of two Kansas Protection Report Centers (KPRC). The assessment also included a review of the current process for investigating reports, tools used to assess risk and safety and the continuum of services provided for families to protect children in their parents' homes whenever possible.

The assessment and the redesign is intended to achieve the following outcomes in Kansas:
- Improve quality of services to families;
- Improve efficiencies in the current system;
- Improve workforce recruitment and retention;
- Provide a strong array of services to support families, and;
- Safely reduce the number of children in out of home care.

As part of the assessment, a Working Committee and an Advisory Committee were established, both composed of child welfare staff from various levels of the organization and key stakeholders in the community. The committees were tasked with oversight of the assessment process, provision of feedback and recommendations, collection of information around best practices and important research findings, and assistance with thinking through the creation of a new state child welfare system.

A key piece of the assessment included gathering feedback from front-line staff in Kansas. The Kansas DCF is divided into four regions: East, West, Kansas City and Wichita. As part of the front-end assessment, CFP conducted focus groups with staff from the four regions, including intake screeners and social workers at the Kansas Protection Report Centers (KPRC). A total of 93 caseworkers and 33 supervisors participated in the focus groups. An electronic survey was also conducted with staff; allowing for a larger number of staff to provide feedback. Two hundred forty-seven (247) front-line staff and supervisors completed surveys. In addition, feedback was solicited from both committees that involved DCF staff in all four regions as well as community leaders. In addition, numerous pieces of data were reviewed and visual flowcharts of

the intake and investigative processes were created in order to provide a clear picture of Kansas's current system. Information taken from the focus groups, staff surveys, review of data, and input from both committees was used to develop the recommendations.

Strengths

Numerous strengths were identified as a result of the assessment. These identified strengths became apparent through conversations during the focus groups and time spent with front line staff and managers in leadership positions.

- Leadership is committed to the change process and to continuous improvement of the system.
- The dedication of staff to the agency mission is evident throughout the state. The participation of staff in focus groups and the significant number of staff who voluntarily responded to the survey are strong indicators of a dedicated and committed workforce.
- The main focus and guiding principle among staff is to help children and families remain safely in their homes.
- Staff in the field seek out community resources to help children and families.
- Work units exhibit exceptional teaming and mutual support among unit members.

Findings

- Intervention of a state's public child welfare system into a family's life is necessary in situations where a child's safety is threatened. It is critical that any child welfare system have a strong practice model that provides the guidance and rationale for state intervention. The Kansas DCF lacks a practice model with a clear mission, vision, values and rationale for its child welfare system, service delivery, and operations.
- Placement of children in out-of-home care should be an action taken only when safety cannot be achieved. Placement should be linked to the dangers and risks in the home that cannot be controlled by a safety plan. The Kansas DCF definitions of abuse and neglect are not adequately defined in agency policy and the rationales for accepting cases for investigation and removing children from the home are not aligned.
- Agency policies cause unintended negative consequences and workload pressures, as staff are not given discretion to waive policies based on case circumstances.
- Formal assessment tools across front-end functions are not used to guide the decision making process.
- The KPRC requires significant changes to operate more effectively and efficiently.
  - o Mandated reporting through the DCF website and the use of voicemails for calls from the public are viewed as threats to the safety of children because of failed attempts to report abuse and neglect.
  - o Current policy framework for intake screening decisions is overly subjective.

- o Plans for inclement weather at the KPRC are inadequate, possibly creating safety issues for workers.
  - o Kansas City Police Department reports on children and juveniles cause considerable backlogs and workload pressures for intake workers and social worker screeners.
- High caseloads and workload demands negatively impact the ability of staff to perform their job responsibilities and compromise child safety. When social workers do not have time to complete full assessments of child safety and family functioning, decision-making is made based on only the amount of information the social worker has time to gather. As a result, placement of children may be the only action social workers are confident will keep the child safe, which increases the placement rate.
- The lack of focus and implementation of workforce initiatives throughout the system contribute to recruitment and retention issues.
  - o The turnover rate for caseworkers and supervisors in the field is not tracked, representing a missed opportunity for continuous quality improvement related to retention.
  - o Staff compensation issues negatively affect workforce retention.
- Initial, ongoing training, and job shadowing are not formalized, comprehensive, or adequate to meet the needs of staff at all levels.
- The current service array available to caseworkers is inadequate.
- The purpose and delivery of the state's current Alternative Response Services (ARS) are misunderstood among line staff. ARS is delivered in only part of the state. There is currently no budget or plan to take ARS to scale.
- Family Preservation services are viewed as lacking intensive support for families.
- Resource availability, access to services, and staff knowledge of community resources are limited, especially in rural areas.
- Staff view the KIPS, KIDS and FACTS databases as cumbersome and challenging.
- Formal modes of communication and feedback loops between and among the four regions and the state office are absent.

Recommendations

Recommendations for the state, based on best practices and research, address all the areas identified as barriers to an efficient and effective front-end CW system design. The recommendations below are grouped in categories of large system reform changes and describe the overarching issues that must be addressed for sustainable change that will transform the system. The four categories addressed include:
- A change in mindset;
- A change in infrastructure;
- Enhanced skills sets; and,
- A change in tool sets.

The list of recommendations below is by no means exhaustive. The current structure, business processes, tools and workforce were assessed to identify potential improvements; however, there remain a number of other practices or needs that impact

transformation. The community and key stakeholders must be part of the process in order for the change to be sustainable. It is recommended that the state continue to include the community in the next phase of implementation as well as front-line staff and supervisors from the four regions.

Numerous recommendations appear below. DCF will need to review and prioritize action steps to move forward, without overwhelming agency staff. Workplans need to be developed for short and long-term change as budget and staffing resources allow. There are many opportunities for the state to make significant improvements. Since child welfare works as one system and each piece affects another, any change made will ultimately benefit the entire continuum of services and interventions.

➢ A Change in Mindset

- o Create and implement a practice model for the state. A solid practice model should contain explanations of how DCF operates and partners with stakeholders in delivering child welfare services.
- o Redefine abuse/neglect and non-abuse/neglect categories and definitions. It is recommended that the categories for removal of children be consolidated and clearly defined and that assignment and removal reasons be better aligned.
- o Create effective workforce initiatives. Invest in the child welfare workforce, through such means as increasing salary ranges and providing special incentives for staff with specific certifications such as substance abuse or mental health, reducing caseloads; establishing a communication mechanism for front line staff to voice concerns, ideas, and questions; and including all staff as part of system reform.
- o Implement Differential Response throughout the state.
- o Restructure the current administration so that all child welfare tasks are under one administrator.
- o Create a stronger connection between top managers and field offices and create communication loops to elicit feedback so that leadership can receive feedback on system changes, policy development, the quality of contracted service providers and other changes that affect front-line staff.
- o Build stronger partnerships with the community, including the school system, Department of Juvenile Justice (DJJ), law enforcement, the medical community and the faith-based community.
- o Develop a process to track the turnover rate of Prevention and Protection social workers, who investigate allegations of abuse and neglect, and supervisors.
- o Create a mechanism to track the number of new investigations assigned per caseworker on a monthly basis.
- o Create a culture of open communication and trust where feedback of front line staff is valued and appreciated.
- o Evaluate current policies, clarify intent of policies and revise current process for policy development to include more input from front-line staff.

➢ **A Change in Infrastructure**

- o Increase staffing levels at KPRC in order to reduce reliance on voicemail.
- o Move the Office of Customer Service (OCS) from the KPRC to state office.
- o Revise contingency plan for KPRC operations so staff can work from home during inclement weather.
- o Work with Kansas City Police Department (KCPD) to develop an understanding about reportable child abuse and neglect and how to make reports that will be accepted for investigation.
- o Provide staff with updated technology to improve efficiencies in workload.
- o Assess case management information technology systems and consider consolidation of current systems.
- o Co-locate family preservation staff with PPS social workers to increase communication and build teamwork among staff, emphasizing the common goal of keeping children safely in their homes.
- o Expand service array to include evidence-based practices and to more closely match the needs of families whose children are at risk of removal from the home.

➢ **An Enhancement of Skill Sets**

- o Staff KPRC intake with experienced and well-trained social workers.
- o Create a training and professional development model that includes a training academy for all caseworkers and supervisors. The training model should provide ongoing training, professional development and coaching and mentoring for supervisors.

➢ **Change of Tool Sets**

- o Modify current safety and risk assessment tools or select new tools for screening cases and investigations/assessments.

Introduction

In 1996, Kansas privatized its child welfare system, which included all family preservation and foster care services. The front end of the system, including intake of abuse and neglect and investigations, is still managed by the state office in Topeka, Kansas.

The state is divided into four regions: East, West, Kansas City and Wichita. A Regional Director currently oversees each region. Separate from the regions are the KPRC with locations in Wichita and Topeka. The KPRC receive intakes of alleged maltreatment and are overseen by the Prevention and Protection Services (PPS) Director in the state office. The PPS Director also oversees family preservation services and foster care contracted services relating to the child welfare system.

Currently the state has four foster care providers and two providers for family preservation. As of July 1, 2013, there will be two contracted providers for foster care and two for family preservation. The state still provides direct services for investigations/assessments and for the ARS program.

In January 2013, CFP partnered with the Kansas DCF to complete an assessment of the front-end of its child welfare system. Kansas is one of 16 states that CFP has designated as a priority jurisdiction for the next two years. Jurisdictions throughout the country were selected for a number of reasons, including the belief that with the support of CFP, these jurisdictions will be able to meet Casey's goals of safely reducing the number of kids in foster care. Furthermore, priority jurisdictions have shown a strong commitment from leadership, a willingness to use data to track their progress, and have an out of home care rate higher than the national average. ***Kansas' current rate of children in care is 8.4 per 1000 children in the population, compared to the national average of 5.2 per 1000.***

This report provides a current snapshot of the front-end of Kansas' child welfare system. The report identifies strengths, areas of possible improvement and recommendations for reform.

Assessment Process

As part of the assessment process, a number of activities were completed in order to create a clear picture of the front-end system in Kansas. Below is a list of items that were included in the assessment process to determine system strengths, areas for improvements, and recommendations for needed improvements.

Staff Interviews and Focus Groups: CFP conducted focus groups throughout the four regions in Kansas, including the KPRC. A total of 93 caseworkers and 33 supervisors participated in the focus groups. Focus groups were conducted in 90-minute segments with groups of staff ranging from two to 12 people. Assistant Program Administrators or Program Administrators identified and coordinated voluntary staff participation. A focus group facilitator asked questions and a scribe took notes.

Focus group discussions were analyzed for major themes including strengths, areas for needed improvement, gaps in the current system and recommendations for front-end redesign. Each region's Program Administrator and/or Assistant Program Administrator were provided with focus group summaries for their respective offices. Focus group summaries did not include any identifying information regarding participants other than position type. The statewide summary of findings as well as a list of questions asked to participants can be found in the Appendix, pages 1-14.

In addition, a total of 13 staff interviews were conducted with state office staff, regional administrators and community providers.

Staff Survey: A total of 247 staff, including 34 intake workers, 18 KPRC social worker screeners, 174 PPS social workers/investigators and 30 supervisors, completed a survey. Results of the survey are shared throughout this report. The complete summary of the survey can be found in the Appendix, pages 15-21.

Establishment of Working and Advisory Committees: At the beginning of the assessment and redesign project, two committees were formed to work with the Casey Executive on Loan. Tasks of the committees included identifying strengths and areas of improvement as information was shared, help in implementation of future changes throughout the system resulting from the study and reviewing best practices and research findings.

The Working Committee comprised staff from the four regions in Kansas as well as state office staff. It was determined that Working Committee members would serve as liaisons to their respective regions. As liaisons, Working Committee members were tasked with answering questions, eliciting ongoing feedback from staff about the front-end redesign, and providing updates via staff meetings and other forums. Working Committee meetings were designated as a safe place to share information, concerns, and opinions regarding the front-end redesign. Committee members were encouraged to be open and honest in their comments during meetings. The minutes from all Working Committee meetings can be found in the Appendix, pages 22-38.

The Working Committee established outcomes for the redesign as part of the committee's working charter. The agreed upon outcomes are listed below:

- Improve quality of services to families in Kansas;
- Improve efficiencies in the current system;
- Improve workforce recruitment and retention;
- Provide a strong array of services to support families;, and,
- Safely reduce the number of children in out-of-home care.

The Advisory Committee was established to review findings as part of the assessment as well as obtain information regarding best practices being used in other states and as identified by research. Feedback from the Working Committee was shared with the Advisory Committee on an ongoing basis for discussion and recommendations. The Executive on Loan, Project Manager and Deputy Director of Training and Policy participated in both committees and served as liaisons between the two committees. The liaisons provided updates and presented recommendations during Advisory Committee meetings. The minutes from Advisory Committee meetings can be found in the Appendix, pages 39-47.

Strengths of Current System

The following strengths, identified during the assessment, will serve the state well in implementing the recommendations and in making improvements to their current system.

Leadership is committed to the change process and to continuously improve their system. It is apparent that Kansas DCF is committed to change, and has been an active partner with CFP in allowing access to data, systems, staff and community providers. The leadership was instrumental in establishing both committees, and was open to hearing feedback from front-line staff in order to conduct a full assessment of the system and identify critical issues in developing and implementing sustainable reforms.

The dedication of staff is evident. The state has dedicated staff who are committed to strengthening families through the provision of appropriate resources to families, minimizing risk to children, and keeping children safely with their families.

The main focus and guiding principle among staff is to help children and families remain safely in their homes. Despite significant challenges related to workload demands, staff's values are strongly aligned with good social work practice.

Staff in the field seek out community resources to help children and families. Staff exhibited a strong desire to find tailored services to meet the needs of children and families. Strong local community partnerships and resources, where available, are accessed regularly by staff to assist families with many and various needs.

Staff within units exhibit exceptional teaming and mutual support. All levels of staff participating in focus groups discussed strong support and teaming to perform their work. Teamwork and support consisted of troubleshooting difficult cases, providing emotional support and encouragement, and providing job-shadowing opportunities for new employees.

1) **The state lacks a practice model with a clear mission, vision, values and rationale for service delivery and operations.** A well-articulated practice model is missing in the current system. Once the state selects the practice model desired for organizing child welfare services, implementation efforts can begin. The chosen model will guide the state's efforts to better define abuse/neglect and non-abuse neglect; to select the appropriate tools for assessment; and to build effective service delivery structures.

2) **Definitions of abuse/neglect (A/N) and non-abuse neglect (NAN) categories are not clear, and assignment/removal reasons are not aligned.** The state's current categories for abuse/neglect and non-abuse/neglect are ambiguous and lack operational meaning. The primary reasons for child removal are not adequately articulated, and case assignment and removal reasons are not aligned.

3) **Agency policies cause unintended negative consequences and workload pressures, creating required activities without permission for supervisors to waive policies based on individual case circumstances.** All levels of staff mentioned that strict timelines and strict adherence to policy requirements are factors that cause workload pressures. The policies most commonly mentioned include the following: Having to reassess the safety of children under six years of age within ten days; having to keep cases open and visit families every thirty days even if the cases have been satisfactorily resolved but cannot be closed due to missing information from law enforcement; requiring face-to-face staffing between PPS social workers and supervisors, and inability of supervisors to screen-out unnecessary reports coming into KPRCs. While consistency and adherence to policy is important, supervisors must be allowed to use professional judgment when individual case circumstances necessitate exceptions.

4) **Formal assessment tools across front-end functions are not used to guide the decision making process.** Neither KPRC social worker screeners nor PPS social workers use assessment tools to make decisions when screening intake reports or making decisions about child safety according to input from focus groups. Instead, staff rely on policy and their experiences in the field. Assessments are often viewed as merely paperwork that must be completed in order to move a case along in the process or to close a case. The state's current safety and risk assessments, created by the University of Kansas in 1999, have never been updated.

5) **The Kansas Protection Report Center needs significant changes to operate more effectively and efficiently.**

- **Mandated reporting through the DCF website and the use of voicemails for calls from the public are viewed as threats to the safety of children.** The mandated reporter form located on the DCF website was described by staff as not being user-friendly or reliable in making reports. The Executive on Loan and national consultant confirmed this as test cases were entered in the system. The usability of web reporting is a concern for mandated reporters because it's deficiencies result in delays in processing reports. An additional child safety concern that surfaced during the assessment period was allowing the public the option of leaving a voicemail message when calling to report suspected child abuse or neglect report. The majority of voicemail messages are not returned the same day, which delays the screening and investigation process. Delaying intake, screening, assignment, and investigation can compromise child safety. Figure 1 reflects the number of voicemails and return calls during July 2012 to April 2013.

Figure 1: Number of Voicemails at KPRC and Percentage of Same Day Call Backs

Date (SFY 2013)	Total # of Voicemail	# Of Days in Report Period	Average Voice Mail/Day	Total Same Day Follow Up	Same Day Follow Up % (1 call back was the same day)
July 2012	879	31	28.4	410	46.6%
August 2012	1346	31	43.4	512	38.0%
September 2012	1168	30	38.9	571	48.9%
October 2012	1233	31	39.8	614	49.8%
November 2012	1104	29	38.1	444	40.2%
December 2012	745	35	21.3	365	49.0%
January 2013	963	31	31.1	346	35.9%
February 2013	810	29	27.9	375	46.3%
March 2013	704	31	22.7	439	62.4%
April 2013	1177	32	36.8	569	48.3%

- **Policy and framework for making screening decisions are highly subjective.** In the current system, administrative staff or "intake screeners" receive the call and gathers all information needed to complete the intake. Social workers (SW) then screen the intake to determine whether the case is abuse/neglect or non-abuse neglect. The SW also determines the assignment reason and a response time of 24 hours, 72 hours or 20 working days for face-to-face contact with the child. The current method for determining abuse/neglect and non-abuse/neglect is subjective because a decision/screening tool is not used to make the determination; instead a decision is made based on policy as interpreted by the social worker, tending to create inconsistency in screening decisions. PPS social workers and supervisors in the field are confused as to how screening decisions are made, and they report receiving different screening decisions on similar cases.

- **Plans for inclement weather at the KPRC are inadequate.** There is a concern for staff reporting to the KPRC during times of inclement weather. Staff working at the KPRCs are required to report to work even in cases of emergencies due to

weather conditions. During the assessment period, severe weather conditions caused the state to close DCF offices because conditions made travel too dangerous. The policy of determining that weather conditions cause some offices to close, with workers allowed to remain home, and KPRC workers expected to travel to work or use vacation time is inconsistent. The current process is a concern since it creates safety issues for some, not all workers.
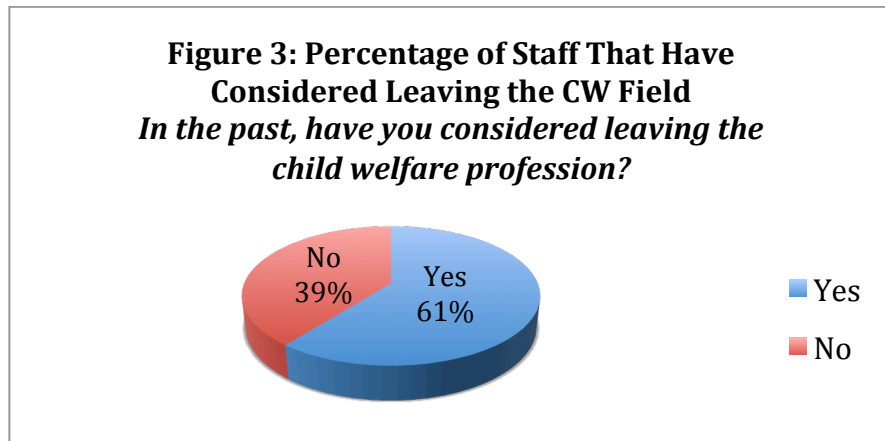
- **Kansas City Police Department reports on children and juveniles cause considerable backlogs and workload pressures for intake workers and social worker screeners.** The KCPD sends all law enforcement reports involving a child under the age of 18 to the KPRC; these reports are faxed to the KPRC. The vast majority of faxed reports do not involve the alleged abuse or neglect of children. For example, one report involved a youth shoplifting a candy bar. Under current policy, all of these reports must be processed by intake workers and screened by social workers. Figure 2 below shows the extent of the issue and the number of hours spent on screened out intakes from the KCPD in an eight-month period.

Figure 2: Intakes from Kansas City Police Department

Time Frame:	July 1, 2012 until February 28, 2013 (Eight month time-frame)
Number of Reports Received that were Screened Out:	2,170
Number of Reports Received *Monthly* that were Screened Out:	271
Average Length of Time to Process A Report and Screen Out:	30 minutes for intake worker and 20 to 30 minutes for social worker screener at KPRC *An average of 271 hours a month is spent processing calls from the KCPD that are screened out*

6) **Large caseloads and workload demands may compromise child safety and negatively impact the ability of staff to perform their job responsibilities.** Staff survey respondents ranked the reduction of high caseloads as the number one item that would help them perform their job duties better. The state does not currently track the number of new investigations per worker. The current number that is tracked is "Cases Open During the Reporting Month". This shows the Ratio of investigation/assessment events to the ratio of staff. *As of April 2013, the statewide average of cases per PPS social worker is 31.8.* Unmanageable caseloads and overly prescriptive agency policies were mentioned as causes of unmanageable workload demands. These issues present challenges to morale, recruitment and staff retention.

7) **There is a lack of focus and implementation of workforce initiatives throughout the system that contributes to recruitment and retention issues.**

- **Turnover rates for PPS social workers/investigations and supervisors are not tracked**. The state does not currently track the turnover rate for PPS social workers in the field or unit supervisors. Turnover is tracked for all social workers in the state but does not provide enough detail to determine the rate of turnover for specific positions. Furthermore, Kansas DCF does not conduct exit interviews in order to identify the issues that led staff to leave the agency. It was evident from the staff survey that more than 50% of staff have considered leaving the agency. Figure 3 below displays the findings of the survey.

Figure 3: Percentage of Staff That Have Considered Leaving the CW Field
In the past, have you considered leaving the child welfare profession?

- **Staff compensation issues negatively affect workforce issues.** Although this was not a prevalent theme, salaries of staff and supervisors were mentioned during the focus groups. Staff throughout the front-end of the system reported receiving small salary increases and cost of living adjustments in 2008 but none during the past five years. Supervisors stated they have not received an increase in compensation for more than 10 years. These issues negatively affect recruitment and retention.

- **There is a lack of technology available to staff in the field.** This was evident during the focus groups and in the survey responses as shown below in Figure 4. During the focus groups, PPS social workers reported they would benefit from being able to use computer tablets or laptop computers in the field as long as that technology was useful, i.e., could connect to the Internet and is able to access DCF databases.

  Furthermore, Figure 4 displays the top three items that would help workers perform their job better. The figure below shows that Access To Technology was listed in the top three responses to what would help staff perform their job duties, after Lower Caseloads and Better Training.

Figure 4: Top Three Items to Help Workers Perform Job Duties Better

Please rank your top 3 choices in order of importance as to what would help you perform your job duties better?		
Response Rating	Response Count	Response Percent
Lower Caseloads	143	56.7%
Better Training	84	33.3%

Access to Technology in the field such as computer tablets, smartphones, etc.	78	31.0%

8) **Initial, ongoing training, and job shadowing are not viewed as formalized, comprehensive, or adequate to meet the needs of staff at all levels.** In all of the focus groups, staff and supervisors mentioned that the quality and frequency of training were significant barriers to job performance. The main issues are that initial training is too basic for licensed social workers while the job shadowing training offered to intake workers and special investigators is inadequate. The job shadowing process is also inconsistent, informal, and often creates workload pressures for veteran caseworkers who are responsible for providing job shadowing to new workers without being relieved of any job duties.

Additional concerns were voiced that ongoing training does not meet the needs of staff, lacks advanced curricula, and is insufficient for social workers to renew their licensure (40 hours every two years). Currently, all KPRC screeners and PPS social workers are required to have a Bachelors in Social Work in Kansas. Workers are also required to be licensed social workers with the state, which requires obtaining 40 hours of training every two years. A larger concern expressed by focus group participants was that due to workload pressures, most staff do not have the time to attend training even when it is available.

Supervisors noted an absence of training and professional development for them and of a well thought out structured process to measure the quality of supervision. Currently, the quality of supervision is determined by caseworkers' compliance with current performance measures. During the focus groups, supervisors also shared that they lack clear expectations of their supervisory roles. They reported that having clear expectations would assist in prioritizing tasks and workload.

Figure 5 displays the responses from staff who completed the survey regarding current training.

Figure 5: Staff Responses Regarding Adequacy of Current Training

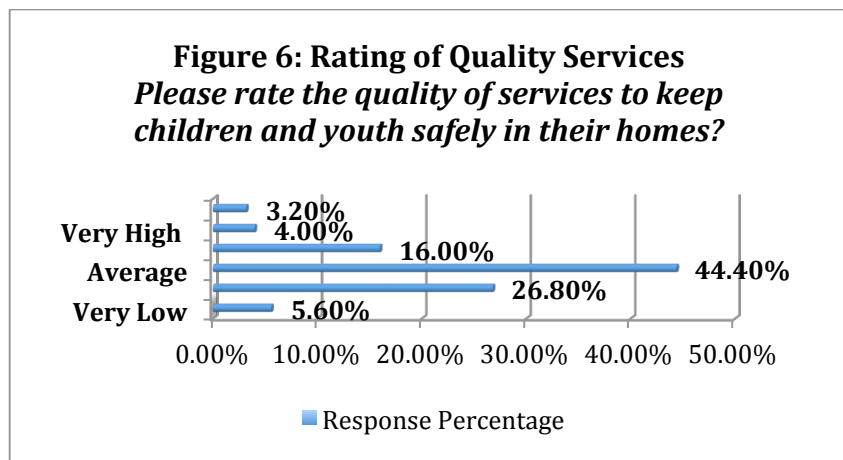| Do you consider the agency's training to be adequate in preparing you to complete your current job?		
Response Rating	**Response Count**	**Response Percent**
Yes	143	57.7%
No	105	42.3%

9) **The current service array available to caseworkers is inadequate.**

▪ **The purpose and delivery of the state's current ARS Program is misunderstood among caseworkers.** Throughout the focus groups, PPS social workers and supervisors lamented the fact that ARS workers had capped caseloads and were not working on higher risk cases. It was evident that staff did not understand the purpose or intent of ARS, the importance of model fidelity

when implementing ARS or why specific cases were being selected for the program. Through observation, it was noted that, while some staff might regard the current ARS program as a differential response program, there is no fidelity to a nationally recognized differential response model. Additionally, ARS is not available statewide and there is no current plan to take the model to scale.
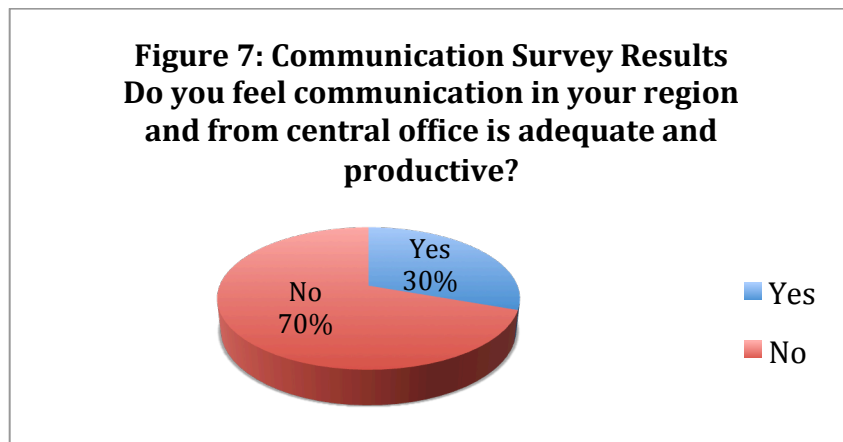
- **Family preservation services were viewed as lacking intensive support for families.** This was a common theme in the statewide summary of focus groups (See Figure 6 below). There were several common themes regarding the quality of family preservation services. Current providers had higher caseloads than required and lacked the intensity of services that were expected of the program. These factors contributed to the lack of confidence of PPS social workers in the program. In addition, poor communication and teaming between DCF staff and provider staff was also mentioned in focus group discussions. While contracts with family preservation providers are changing as of July 1, 2013, many staff still voiced concerns about whether substantive improvements to service delivery will actually occur**.**

- **Resource availability, access, and knowledge are limited; this is especially common in rural areas.** PPS social workers face challenges to keeping children in their homes because of a lack of resources. In rural areas, there are often very limited resources with which to help families. Social workers find they do not have enough time to spend with the family to support keeping children safely in their home. Knowledge of resources varies from caseworker to caseworker as few offices keep updated resource guides. Figure 6 displays caseworkers' and supervisors' rating of services available to children and families. ***76.8% of staff rate the current quality of services as average to very low.***

Figure 6: Rating of Quality Services
Please rate the quality of services to keep children and youth safely in their homes?

Rating	Response Percentage
Very High	3.20%
	4.00%
	16.00%
Average	44.40%
	26.80%
Very Low	5.60%

■ Response Percentage

10) **Databases including KIPS, KIDS and FACTS are viewed as cumbersome and cause significant challenges for staff.** DCF currently has three systems that hold information in the front-end of the system. KIPS is the system that maintains all adult and child intakes, and that serves as the case management function for all adult cases. KIDS is a system developed by DCF that PPS social

workers use for entering their assessments and case information for all investigations/assessments completed. FACTS is the DCFs official state system and is the repository for all the federal data that DCF tracks. Management Information Systems were consistently mentioned as a challenge by all levels of staff. Having to input the same information in multiple databases because the systems are not integrated and having to search multiple databases for different pieces of information were viewed as impediments to meeting deadlines and completing paperwork. More importantly, lost, missed, or out-of-date information can compromise child safety and affect development of case plans and service delivery.

11) **There is a lack of communication and formal feedback loop between and among the four regions and the state office.** Focus group participants indicated that communication from the state office is often not clear. One contributing factor may be the current system for communication between the state office and the regions. This issue is addressed in the recommendations regarding alignment of the CW system under one administrator. Currently information is passed from the PPS Child Welfare Director to the Regional Directors, which is then communicated to staff in the field. The survey also reflected this finding as shown below in Figure 7.

Figure 7: Communication Survey Results
Do you feel communication in your region and from central office is adequate and productive?

Recommendations

The recommendations below reflect best practices and important research findings. The final decisions regarding which specific recommendations are implemented and an implementation plan must be decided by the Front-End Redesign Committees and by DCF Leadership. Ultimately DCF must decide what kind of child welfare system is best for Kansas and the direction to take. Decisions about moving forward are critical in order for the state to take ownership of its system, and explain their role to community and key stakeholders in serving vulnerable children and families. Ownership is a key piece to any reform initiative.

The recommendations below are grouped into four topic areas: A Change in Mindset, A Change in Infrastructure, Enhanced Skills Sets and A Change in Tool sets. Each of these areas is critical in order to make the necessary changes to transform the system.

A Change in Mindset

- **Review abuse/neglect (A/N) and non-abuse/neglect (NAN) categories and provide better articulated definitions linked to operational guidelines, e.g., if x, do y. Revise assignment reasons and removal reasons so they are more closely aligned.**

Figure 8 below is a chart of the states Assignment Reasons and Removal Reasons. This information is for State Fiscal Year (SFY) 2013.

> ➤ The first column shows a list of *Presenting Situations (Assignment Reasons) for Non-abuse/Neglect cases.*

> ➤ The second column shows a list of *Presenting Situations (Assignment Reasons) for Abuse/Neglect Cases.*

> ➤ The third column shows *Primary Removal Reasons for Removals* and whether each category is considered an A/N or NAN reason.

The current recommendations are being made in order to clarify current policies, as well as clearly define assignment and removal reasons. The recommendations guide the development of a consistent and measurable approach to assessing child safety and making decisions about child placement. The specificity in assignment reasons and removal reasons will be beneficial to staff, community stakeholders and families. It is important that families and stakeholders understand why children are being removed from their family so that they can understand what is needed for children to return safely home whenever possible. Most importantly, it will assist the state in developing programs based on an accurate understanding of the needs of families.

**Figure 8: Comparison of Kansas Assignment and Removal Reasons (SFY 2013)
(Assigned Non-Abuse Neglect and Abuse/Neglect Removal Reasons)**

Non-Abuse/Neglect Presenting Situations for Assigned CINC Reports	CINC Reports A/N Assigned to Investigate Alleged Maltreatment	Children Placed in Out of Home Placement by Primary Removal Reason for Removals	Statewide Removals by Age Groups
July 2012-February 2013	July 2012-February 2013	Removed Between July 1, 2012 and February 28, 2013 *(Non-abuse reasons are Italicized)*	Removed Between July 1, 2012 and February 28, 2013
ICPC, 3.4%	Abandonment, 0.7%	Parents Substance Abuse (445), 17% *(Non-abuse)*	Under 1 (370), 15%
Truancy, 10.5%	Emotional Abuse, 17.2%	Other (387), 15% *(Alcohol Abuse by Child, Drug Abuse by Child, Childs Disability, Death of Parent, Failure to Thrive, Inadequate Housing, Incarceration of Parent, Parent Child Conflict, Runaway, Relinquishment) (Non-abuse)*	1 to 3 (493), 19%
Runaway, 3.0%	Lack of Supervision, 19.2%	Physical Abuse (372), 15%	4 to 6 (411), 16%
Without Proper Control, 83.1% *(A child without parental control or subsistence, and the condition is not solely due to the lack of financial means of the child's parents or other custodian; is without care and control necessary for the child's physical, emotional or mental health, is not attending school as required; is willfully or voluntarily absent from child's home without parental consent, or while less than 10 years of age commits a criminal offense)*	Medical Neglect, 4.3%	Neglect (374), 15%	7 to 9 (335), 13%
	Physical Abuse, 34.8%	Caretakers Inability To Cope (238), 9% *(Non-abuse)*	10 to 12 (266), 10%
	Physical Neglect, 13.1%	Lack of Supervision (177), 7%	13 to 15 (436), 17%
	Sexual Abuse, 10.6%	Child's Behavior Problem (163), 6% *(Non-abuse)*	16 to 17 (241), 10%
		Emotional Abuse (115), 5%	
		Abandonment (114), 5%	
		Sexual Abuse, (110), 4%	
		Truancy (57), 2% *(Non-abuse)*	

o **All categories of Child in Need of Care Abuse/Neglect and Child in Need of Care Non-Abuse/Neglect should be reviewed and re-defined in order to provide consistency and clarity in decision-making.**

Currently 50% of children in care in Kansas were placed out-of the home for non-abuse/neglect reasons. Figure 8 shows the Assignment and Removal reasons for children in care. The removal categories that are NAN are specifically labeled in Figure 8. For example, "Parents Substance Abuse," is considered NAN, however, 17% of children placed are in this category. If a child is being removed for a parent's substance abuse (SA), this action should be taken because the parent's use of substances affects their ability to safely care for their child, resulting in some form of abuse or neglect. Some children, reported to DCF, living with a substance-using parent are not removed. It is difficult to reconcile the group of children living with a substance using parent with the 17% of children placed because of their parent's substance use.

o Figure 8 displays the difference in assignment reasons and removal reasons. Assignment reasons (Presenting Situations) should be more aligned with removal reasons. For example, a primary removal reason is "Child's Behavior Problem" but that is not an option under Presenting Situations (Assignment Reasons). The same is true for "Caretakers Inability to Cope". Furthermore, under the NAN Presenting Situations, the category of "Without Proper Control" is not clearly defined and therefore catches most cases of non-abuse, making up 83.1% of the non-abuse category.

o Removal reasons need to be clearly defined. For example, categories such as "Caretakers Inability to Cope" and "Child's Behavior Problems" are not defined, which may cause caseworkers to assign removal reasons inappropriately. The clarity in definitions will allow the state to have greater confidence that placement decisions are based on safety and can better tailor programs to the populations that are most in need of services.

o The state's "Other" category under removal reasons includes nine different categories. The current percentages for the "Other" category are listed in Figure 9 below for SFY 2013. Three reasons for placement make up 87.6% of this category. It is recommended that these three reasons for out-of-home placement be separated into stand alone categories. Furthermore, the category of "Parent-Child Conflict" is at zero percent for SFY 2013 which is concerning considering the number of older youth who enter foster care. The removal reason of "Child's Behavior Problem" may be connected to some cases of "Parent-Child Conflict". It is important that removal reasons are defined and used appropriately in order to accurately provide appropriate services for children and families.

Figure 9: Breakdown of "Other" Removal Types-SFY 2013 (July 2012-March 2013)

Primary Reason for Removal	Count	%
Parent-Child Conflict	*0*	*0.0%*
Alcohol Abuse Child	3	0.7%
Child's Disability	3	0.7%
Death of Parent's	10	2.4%
Drug Abuse Child	11	2.6%
Failure to Thrive	12	2.9%
Inadequate Housing	*99*	*23.6%*
Incarceration of Parent	*171*	*40.8%*
Relinquishment	13	3.1%
Runaway	*97*	*23.2%*
Total	419	100.0%

- o The 20-working day response time for NAN cases should be eliminated. Currently, KPRC social workers can assign a non-abuse/neglect case as a 20-day response time, meaning that it could be 30 calendar days before a child is seen. It is recommended that this option be eliminated. Families reported to DCF and screened in for NAN should be seen in a shorter amount of time or by another service delivery method. Serious consideration needs to be given to whether or not these families fit the DCF practice model. The state needs to decide if these should be served by DCF and, if so, a shorter time frame for initial response would be more appropriate.

- **Create and implement a practice model that defines abuse/neglect and non-abuse/neglect and describes the level of intervention needed to ensure child safety, permanence, and well-being. A well articulated practice model should also contain explanations for how DCF will operate and partner with stakeholders in delivering child welfare services.**

A list of State Practice Models, along with guides and manuals, can be accessed at the following link: **https://www.childwelfare.gov/management/reform/approaches/practicemodels.cfm**.

Once a practice model has been developed and categories aligned, a communication plan for outreach and education to community and stakeholders will be a necessary component of the practice change. This implementation of a practice model will result in a changed understanding for those stakeholders so important to the partnership and collaboration between child welfare and community, especially mandated reporters, such as teachers, law enforcement, social service and medical providers, who are vital to the goal of child protection.

▪ **Implement differential response throughout the state.**

Differential response (DR) is an approach to responding to cases of suspected child abuse or neglect that is dependent upon the level of alleged abuse or neglect and the family's needs. Essentially, the response of the child welfare agency is based on the degree of danger and risk being reported to the child welfare agency. The agency response includes the traditional response of an investigation for screened-in cases of sexual abuse, very serious physical abuse, and very serious neglect of children, and another non-investigative response for lower risk cases where there are no initial concerns about danger or high risk. These cases most often include allegations of neglect. The agency responds with a traditional investigative track or pathway, and a non-investigative track or pathway. Variables that are considered when assigning the family to a track include level of severity and type of the abuse/neglect, prior reports, immediate safety of the child, and involvement of law enforcement (Casey, 2012). DR offers a holistic and family-centered approach to low or moderate risk child protective services reports, responding with services or concrete supports that address a family's need. Most cases referred for DR appear to be low to moderate risk at intake and are often characterized by the association of poverty and neglect (Casey, 2012). Using DR also makes services available to families who would otherwise be screened out of services with unsubstantiated reports, thus offering the possibility of voluntary interventions to prevent future abuse or neglect. Some evaluations of DR implementation have demonstrated a reduction in the rates of re-reports and child removals (Casey, 2012).

In order for DR to be implemented successfully, extensive planning of an implementation process that involves community stakeholders is required. Law enforcement officials, business leaders, the faith-based community, judges and commissioners and advocates for low income families must be engaged in discussions of the rationale for DR. Careful planning and stakeholder buy-in are two critical elements of effective implementation of DR (Casey, 2012).

It is recommended that the state create a steering committee to assess the feasibility of DR in Kansas. CFP completed a report in April 2012 regarding lessons learned from 10 states that implemented DR. It is recommended that the steering committee use this report to guide their planning process. The report, "Comparison of Experiences in Differential Response Implementation, *10 Child Welfare Jurisdictions Implementing DR"* can be accessed at the following link:
http://www.casey.org/Resources/Publications/pdf/DifferentialResponseReport.pdf

▪ **Restructure current bifurcated agency to form one administration managed under one director.**

Currently the functions of the front-end of the child welfare system are managed by two divisions of leadership in the state office. The KPRC, ARS, training and family preservation/foster care services are under the PPS Director in the state office, who has program responsibility. However, PPS social workers and supervisors report to the Regional Directors in the four regions. A visual representation of the current system is

provided below in Figure 10. Each piece of the child welfare system affects the other; therefore, the entire system, from intake to service array, should be under one administrator with the authority to make needed changes.

Figure 10:
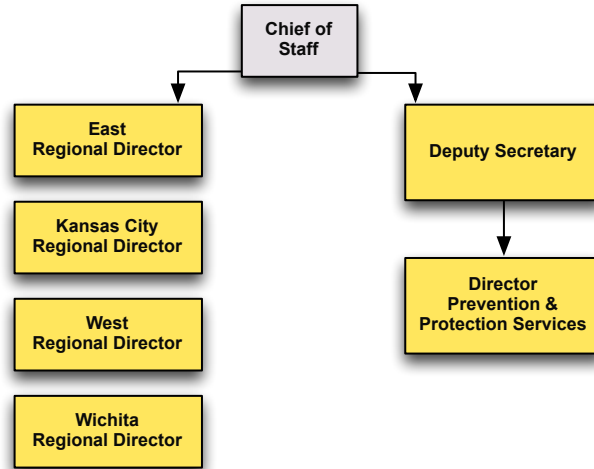
The organizational structure creates the difficulties with communication discussed earlier in the report, challenges in policy and practice implementation, accountability, and training. The current structure creates a disconnect between regions in practice and programs. Because there is a strong connection between program and practice and because of the influence of practice on program and program on practice, both should reside with the same system, with one administrator. The current organizational structure also creates an unclear line of accountability for certain outcomes such as the number of children in out of home care. It is not clear whether the PPS Director or the Regional Directors is responsible for monitoring data and making changes regarding the recent increase in out of home placements as displayed in Figure 11 below. Administrative alignment will allow for consistency in the tasks, roles, and expectations of investigators. In addition, a unified child welfare system will ensure clear accountability for achieving desired outcomes throughout the state.

Figure 11:
Fiscal Year 2013-Out of Home Placement Settings
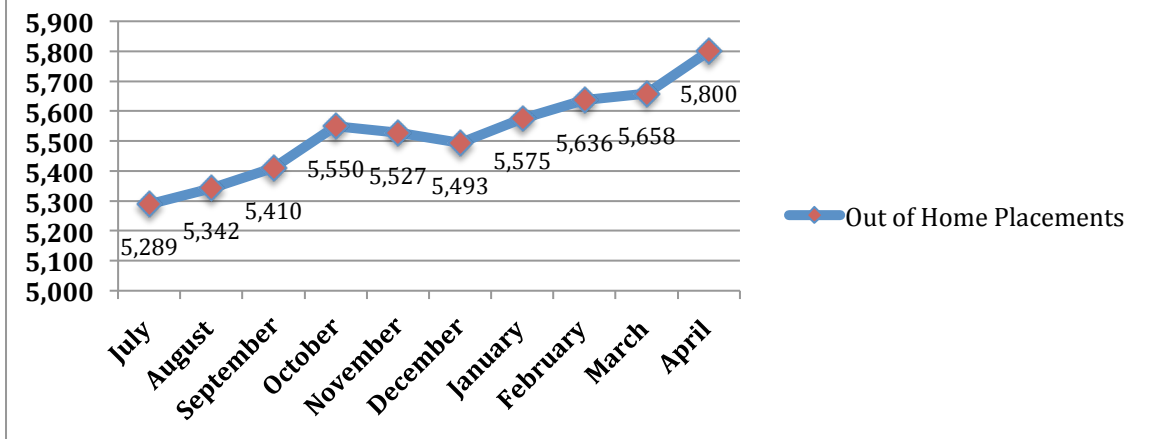
- **Develop a communication feedback loop to the field in order to create a culture of open communication and trust where feedback of front line staff is valued and appreciated.**

Focus group participants stated that there is an absence of communication from state office staff to staff in the regions. One example given was the lack of understanding of the ARS Program by the staff in the field. It was also observed that Request for Proposals and Invitations to Negotiate for Services are made at the state level without input from employees in field offices.

Rzepnicki, Johnson, Kane, Moncher, Coconato and Shulman have presented information for designing a child welfare system as a High Reliability Organization (HRO). The HRO model has been used to decrease accidents in high-risk organizations such as the airlines or health care systems. According to Rzepnicki, et al. (n.d.), "Experiences in these industries have shown that safety and risk mitigation develop best in a culture that supports front line workers." These theories of agencies that have a high degree of reliability and create minimal risk have strong application to the field of child welfare. Overall, a systems perspective regarding how to respond to mistakes serves as the foundation of a HRO agency. The research completed by Rzepnicki, et al. suggest that in order to create a HRO organization, staff must feel comfortable about reporting errors in the system and believe that they will not be punished for disclosure. They need to know that their opinions are valued and may lead to improvements in the system. This requires a culture of learning, open communication, and critical questioning in an atmosphere of mutual respect and trust. In this model, staff are appreciated and in some instances rewarded for identifying system issues and making recommendations for improvement.

Policy changes, the solicitation and selection of new services, and significant changes in the system should include input from front line workers who are the most knowledgeable about current needs and most sensitive to the implications of changes in

their work environment.

- **Strengthen collaborations with community stakeholders, including the educational system, law enforcement, medical providers, Department of Juvenile Justice and the faith-based community.**

Several practice areas could be improved by creating strong partners in the community. Truancy was a common concern among staff who believe agency interventions could be improved through a stronger relationship with school systems. While staff expressed that truancy often masked issues of abuse or neglect, closer partnerships with educators could result in clearer identification of truancy issues versus abuse or neglect. Ensuring that children are attending school is a very different issue than the dangers and risk posed by abuse or neglect. Working with educators may likely have positive impacts on parent engagement around issues of truancy.

Often youth involved in DJJ are also served by DCF. DCF should appoint an individual to work with DJJ to understand the current process and create ways to work together in order to better serve youth that are served by both systems. It was observed that DCF does not have a network of strong community partners that serve families, other than contracted providers for family preservation services. Keeping children safe and building stronger families can, and should, involve many community partners. Business leaders, libraries, universities, local nonprofits, and the faith-based community should be encouraged to partner with DCF in order to share responsibility for their neighbors and vulnerable children and youth.

- **DCF should begin tracking the turnover rate of PPS social workers and supervisors.**

Tracking the current turnover rate would help to understand the impact that staff turnover can have on child safety, workload, agency effectiveness, human resources, other employees, and service delivery systems in child welfare organizations. Employee turnover data should be tracked and monitored because of its importance and usefulness in quality improvement. It is recommended that DCF begin to track the retention rate of PPS social workers and supervisors. Furthermore, the state should begin conducting exit interviews with staff who leave the agency, and look for common themes or trends that explain staff turnover.

> **"Reform Initiatives that invest in more and better services delivered by an overworked and underpaid workforce are unlikely to sustain positive changes in practice."**
>
> **(Wilson, 2011, page 4)**

The turnover rate affects both units and offices. Turnover impacts the budget, costing the state in both time and money as turnover rates increase. According to Collins-Comargo, Ellet, and Lester (2012), "Staff turnover is expensive. One study calculated a cost of $10,000 per vacancy in 1995 dollars" (p. 289).

- **Establish standards for the number of new investigations social workers can be assigned monthly. Create a mechanism to evaluate and track assignment and develop contingency coverage plans when volumes fluctuate beyond standards.**

It is recommended that the state begin to track the average number of new investigations assigned per month by counting the families in new investigations. This is considered by some experts as the most important statistic in measuring the work of CPS investigators. Although many child welfare agencies have created a standard of 12 new investigations a month, 10 is an ideal number of new cases for caseworkers to manage and be able to meet all policy expectations (Wilson, 2012).

- **Create effective workforce initiatives. Make investments in the CW workforce, including salary increases for staff. Increase salaries for staff with specific certifications such as substance abuse or mental health. Reduce caseloads. Create a communication mechanism for front line staff to be heard and included in the system reform.**

Recruitment and retention of qualified staff are two of the most pressing issues facing child welfare agencies today. With an annual turnover rate of 20-25% (Wilson, 2012), that costs agencies tens of thousands of dollars per year (Collins-Camargo, Ellett, & Lester, 2012), child welfare agencies continually have to hire and train new staff, who in turn may leave within a few months or years, thus continuing the cycle of staff turnover. During staff shortages, supervisors often step in to manage cases or delegate additional cases to an already overwhelmed cadre of child protective investigators and caseworkers.

> **"A more skilled and knowledgeable workforce will deliver better services in a wide range of practice models; and they will be able to utilize assessment tools in a way that enhances rather than dumbs down practice. Paying for the cost of certification programs and increasing salaries of certified staff by as little as 5 per cent could lead to major workforce improvements."**
>
> **(Wilson, 2011, page 4)**

Changes to affect staff retention must be made on the deeper organizational level in order to be effective. Systems, not necessarily people, need to change (Wilson, Puckett, and Myslewicz, 2012). These changes take time to plan and implement, and involve additional resource allocations; however, these are the changes that will see the return on investment in the long run (Wilson, 2012). The following are recommendations for enhancing an agency's ability to recruit, develop, and retain employees who do the work to achieve agency outcomes-outcomes that ultimately reflect improvements in children's and families' lives.

- Paying higher salaries for all child welfare staff can be an incentive for recruitment as well as for retention of professional employees (Wilson, 2012; Wilson, Puckett, & Myslewicz, 2012). Paying higher salaries will attract a larger number of individuals with professional training such as those with MSWs to enter the field of child welfare. Illinois and New Jersey pay high entry-level salaries and have higher range top-out salaries. As a result, both states have

experienced turnover rates of approximately 10%, about half the national average (Wilson, 2012).

- Create a culture that encourages training and development, employee commitment, and risk taking. Below are a few examples:
  - o Specialized training in mental health, substance abuse, and domestic violence: With additional demands on staff to achieve state or federal mandated outcomes, staff need additional skills to address the complex needs of families. Occasional staff in-service training does not provide the intensity or duration of training needed to sustain new learning of complex subjects. Inadequate training also has been shown to be one of the factors associated with staff turnover (Wilson, Puckett, and Myslewicz, 2012). Child welfare agencies can address this in two ways-hire staff that have certifications in these areas and provide opportunities for staff certification. Small salary increases can be offered to those who complete certification and who use newly acquired skills in their jobs (Wilson, 2012).

  - o Staff and supervisor involvement with decision making and agency planning: Research has shown that when child welfare staff feel a sense of autonomy and permission to use their knowledge and skills in innovative ways they were more likely to feel invested in their work, thus reducing turnover (Wilson, Puckett, & Myslewicz, 2012). Additionally employees increase their commitment to their work when they are included in decision-making; when they feel a high "sense of organizational fairness in dealing with employees" (Wilson, Puckett, & Myslewicz, 2012, p.7); and when they are satisfied with the quality of supervision (Wilson, Puckett, & Myslewicz, 2012).

    In 2005 the state of Missouri selected high performing supervisors to serve on the committee responsible for developing the Missouri Children's Division Performance Improvement Plan (PIP). Upon completion of the PIP, the group of supervisors was transitioned into the now permanent Supervision Advisory Committee that oversees progress with the strategic plan and provides advice on supervision through an intranet site. According to Wilson, Puckett, and Myslewicz (2012), "supervisor retention rates remained steady at close to 90 percent" (p.23) in the years since 2005.

- Leadership development is critical to retention of employees: Franklin County, Ohio developed a Leadership Academy whose purpose is to develop amongst its trainees the core competencies of communication, interpersonal, performance motivation, cognitive, and administrative skills; and to plan for succession of leadership (Wilson, 2012; Wilson, Puckett, & Myslewicz, 2012). The County experiences a 2% retention rate, and has noted that there has been "an improvement in employees' attitudes throughout the agency" (Wilson, Puckett, & Myslewicz, 2012, p.17).

- Work-home balance (Wilson, 2012): It is imperative that in the emotionally draining and highly stressful work of child welfare professionals, that staff are encouraged to maintain a healthy balance between the demands of work and family. Occasional breaks from case assignment and sabbaticals for training are two possible ways to reduce the stress on caseworkers and other line staff (Wilson, 2012).

- **Review policies ensuring the intent of policies are clearly defined and that front-line staff are part of the policy development process.**

It is recommended that the state review current policies and consider revising to specify the rationale for policies and possibly giving more discretion to caseworkers and supervisors. Hines research (as cited in Rzepnicki et al.) states, "Organizational policies often originate in the highest levels of the organization and filter down to front line staff. In fact, front-line staff may be in the best position to offer effective suggestions for changes in procedure."

Changes In Infrastructure
_____

- **Enhance Infrastructure of KPRC Operations.**

  - **Increase KPRC staff in order to reduce reliance on voicemail.** It is recommended that the state create a plan to minimize the amount of voicemails so calls regarding child abuse and neglect can be treated with a sense of urgency and without delay. Although the KPRC already has a staggered staff schedule based on call volume, an increase of staff is needed to handle the volume of calls. Changes in policy and discretion of supervisors to screen out certain intakes would also reduce the current workload and allow for more calls to be received on a daily basis with current staff levels.

  - **Move the Office of Customer Service to the state office.** Currently, the Office of Customer Service, which responds to all DCF concerns, is handled by the KPRC. This function would best be delivered in the state office by the current customer service department. Intake staff described the challenges in changing from a customer service focus to receiving serious calls of abuse and neglect on a daily basis, and expressed concerns about not being adequately trained to handle the customer service calls.

  - **Revise current contingency plan for KPRC operations so staff can work from home during inclement weather.** The current system requires KPRC intake workers and social workers to report to work during inclement weather. This requirement is a concern since it can require staff to travel to and from work in dangerous situations. There are additional factors such as the lack of child care for these staff during time of office closures which is a challenge for staff who are required to report to work. It

is recommended that a plan be developed that allows staff to work from home during inclement weather or in emergency situations when DCF closes their offices. Conference calls were conducted with Louisiana and Delaware to learn how these states manage operations. Both states have processes in place allowing staff to take intakes from home. Delaware has distributed tablets to their call center staff, fully loaded with the technology systems needed to process intakes. An answering service is then used to distribute calls to staff, allowing staff and management access to the incoming calls on their computer. This is one option for changing the current process.

In addition to contingency plans in the event of an emergency, alternate coverage plans are useful when intake specialists need to attend training, participate in staff meetings, or when unexpected staffing shortages occur. Coverage of intake operations by dually trained staff, intermittent intake staff, or by another intake unit allows for intake staff to remain current on practice and policy changes, remain fully trained, and develop cohesion and practice consistency.

o **Work with Kansas City Police Department to develop an understanding and an agreement about reportable child abuse and neglect.** As discussed prior, the number of reports sent to the KPRC by KCPD create an untenable workload and most often result in intakes that do not meet the standard for investigation or intervention. It is important that a discussion with KCPD result in reports to KPRC that meet a standard criteria of abuse or neglect. KPRC supervisors should have the authority to screen-out inappropriate reports. This recommendation could result in a significant workload reduction for staff.

▪ **Consider increasing access to technology in the field for staff.**

Given the amount of time staff spends in the field and their high caseloads, staff would benefit from access to increased technology in the field. The use of technology, including smartphones, tablets, and notepads can increase efficiencies in the field, save staff travel time between appointments, create mechanisms for safety (GPS on cellphones) and allow staff to make the best use of their work day. This request was prominent in both the focus groups and staff survey, rating as one of the top three items that would help them perform their job duties better.

▪ **Conduct an assessment of DCF's current Information Technology (IT) systems used to input and track child welfare data.**

The request to consolidate the systems was strongly stated in the focus groups by front-line staff and supervisors. Creating a new system for a state is a time consuming and costly undertaking. It is recommended that DCF have an assessment completed to obtain a cost and roadmap for the design of a new system.

- **Co-locate family preservation staff with PPS social workers to increase communication and build teamwork among staff, emphasizing the common goal of keeping children safely in their homes.**

It is recommended that DCF co-locate its staff with providers of family preservation services to improve communication between PPS social workers and family preservation staff. This will not only improve communication, but also allow the two groups of social workers to acquire a better understanding of the others job duties and work as a team toward the common goal of keeping families together.

- **Consider expanding the current service array to include best and evidence-based practices that address reasons for placement.**

Figure 12 below displays "Children Placed in Out of Home Placement by Removal Reasons." This data, along with feedback from front-line staff, should drive the services available and implemented in the state. Services for older youth, mainly teenagers, was a consistent need mentioned by staff in the focus groups.

Figure 12: Children Placed in Out of Home Placement by Primary Removal Reason for Removals between 7/1/2012-3/31/2013

Children Placed in *Out Of Home Placement* *by Primary Removal Reason for Removals*	Statewide Removals by Age Groups (Same Report)
Removed Between **July 1, 2012 and March 31, 2013**	**Removed Between** **July 1, 2012 and March 31, 2013**
Parents Substance Abuse (519), 18%	Under 1 (422), 15%
Other (419),15% *Alcohol Abuse Child (0.7%), Child's Disability (0.7%), Death of Parent's (2.4%), Drug Abuse Child (2.6%), Failure to Thrive (2.9%), Inadequate Housing (23.6%), Incarceration of Parents (40.8%), Relinquishment (3.1%), Runaway (23.2%)*	1 to 3 (552), 19%
Physical Abuse (411), 14%	4 to 6 (454), 16%
Neglect (411), 14%	7 to 9 (381), 13%
Caretaker's Inability To Cope (272), 10%	10 to 12 (298), 11%
Lack of Supervision (197), 7%	13 to 15 (491), 17%
Child's Behavior Problem (190), 7%	16 to 17 (266), 9%
Emotional Abuse (136), 5%	
Abandonment (122), 4%	
Sexual Abuse, (119), 4%	
Truancy (68), 2%	

The field of child welfare has an increasing number of programs that are promising practices or evidence-based programs that have been shown to be effective in helping children and families. Below are evidence-based programs that are recommended to improve the quality of services provided to children and families. It is important to note that implementing evidence-based programs is a rigorous process, which is contingent

upon having a strong child welfare foundation.

- o **Functional Family Therapy.** Functional Family Therapy (FFT) is an intervention program targeted at problem youth aged 11-18. Younger siblings of the targeted pre-adolescent or youth often join in the therapy. Success has been obtained with youth with varying problems and from multicultural backgrounds. FFT intervention, organized into three specific phases, is offered as one-hour sessions over a period of 8-12 sessions with up to 30 sessions for more difficult youth. Each phase of the model highlights the goals to be achieved, the therapeutic techniques to be used, and the therapist skills needed to ensure successful completion of the phase. Intervention can be offered in the home or in a clinical setting. Most FFT cases are resolved in three months of therapy. Data have indicated a reduction in recidivism of up to 60% when FFT is implemented as designed.

- o **Parent Child Interaction Therapy (PCIT) for physical abuse cases and as a treatment for oppositional behavior.** Parent-Child Interaction Therapy (PCIT), highlighted "as a model program or promising treatment practice" (Parent-Child Interaction Therapy With At-Risk Families, 2013, p. 8) offers a family centered approach for abused or at-risk children aged 2 to 8. Based on a design that changes the behavior of both the parent and child together, PCIT teaches parents/caregivers how to interact in a positive manner with children who have been described as having oppositional defiant or conduct disorders, or children who have been labeled as disruptive, disobedient or argumentative. PCIT has also been effective with parents who are coping with the issues of substance abuse, have limited intellectual ability, suffer from mental health disorders, and/or who are at risk of child abuse. Trained therapists serve as coaches for parents, foster parents, or relative caregivers during interactions with their children. The benefits of the live coaching are that many parents practice newly learned behaviors and receive immediate feedback; parents receive support, guidance and direction from the therapist as the parents try out new behaviors with the child; and, parents experience progress in treatment with their children as changes in behavior occur, providing the rewards for continued positive parenting. PCIT can be effective in treating child physical abuse in diverse populations.

- o **Review programs in other states that combine evidence based programs and timely access to services as a way to engage parents with substance abuse issues** (Wilson, D., email communication, May 1, 2013). Parental substance abuse is the number one removal reason for this SFY (July 1, 2012-March 31, 2013). DCF should strengthen their current programs that work with this population. When selecting programs to implement, assure that the programs offer ongoing paraprofessional support during the recovery process. DCF should also develop a comprehensive approach to parents that have co-occurring substance abuse and mental health disorders. A model program to review is Washington's Parent-Child Assistance Program (PCAP). The program is a home-visitation model that focuses on women who are using substances while pregnant. PCAP provides trained case managers to work with 16 mothers and their families for a three-year period. The program was initially funded by a federal research grant from 1991-1995 but is now

funded by the Washington State Legislature. Additional information on the program can be located at
http://depts.washington.edu/chdd/ucedd/ctu_5/parentchildprog_5.html.

Enhancement of Skill Sets

- **Staff KPRC intake with experienced and well-trained social workers.**

Currently, administrative specialists fill the role of intake screeners at the KPRC. Staff are required to have two years of general office, clerical or administrative support experience. For those without the preferred experience, education can be substituted as deemed relevant by the agency. The role of the intake specialist in child welfare is a critical one. The intake specialist has the first contact with the reporter of the child abuse, and this initial conversation can generate important clarifying questions and information about the situation that will be used during the screening and investigation/assessment processes. Because critical information can be gathered during the first contact with the public or mandated reporter, it is recommended that the intake positions be staffed by highly trained and experienced CW social workers that have experience in child welfare. The initial report should be answered by a trained social worker who can engage the caller and obtain information through use of social work skills. Furthermore, the calls regarding sexual abuse, physical abuse, or serious neglect are best handled by a trained professional. Social workers are better equipped to engage callers, listen to and clarify information when needed, and most importantly, appropriately close the conversation as appropriate.

- **Create a training academy for all caseworkers and provide ongoing training and professional development.**

It is recommended that DCF revise the current training program to include training for all new caseworkers and professional development for the current workforce. As part of the assessment, CFP completed a recent review of training programs in child welfare jurisdictions in three states, New Jersey, Ohio, and Washington, which are known for their comprehensive child welfare training and curriculum. Highlights from this March 27, 2013 report, *Child Welfare Training Programs,* follow:

> *"Strong leadership by the supervisor is a prerequisite for achieving a high-quality team, setting the climate and of focusing the work."*
>
> *(Rzepnicki et al., p. 56)*

New Jersey-In New Jersey, child welfare training is delivered through contracts with three state universities and is led by the New Jersey Department of Children and Families Child Welfare Training Academy. The three universities make up a Training Consortium that is responsible for guaranteeing that child welfare training mirrors best practices and guidelines in the field. All new staff are required to attend a pre-service training and all current staff must attend in-service trainings during their first year of employment. Training for new caseworkers lasts two and one-half months and is

divided into classroom and fieldwork sessions. The Academy also offers specialized training for new supervisors and child protective investigators. Child welfare staff can also become certified in the specific areas of domestic violence, adoption, child advocacy, and working with adolescents.

Ohio-Ohio's Child Welfare Training Program, a public/private collaboration, is a wide-ranging system for child welfare agencies in the 88 counties in the state. Most Ohio counties require that all social workers take the same core training of eight standardized modules, while supervisors take a specialized seven-module core training designed for them. The regular core training takes 17 days with an additional 2.5 days of optional training, and the supervisor training takes 12 days. A coaching program is also available to child welfare staff using retired and current child welfare practitioners and directors as coaches.

Washington-Washington's child welfare training program is led by the Washington State Alliance for Child Welfare Excellence under the University of Washington's (UW) School of Social Work. The Alliance comprises two state universities, one private children's agency, and one public entity. The Alliance coordinates a system of training and development for employees of the child welfare system. Training is offered regionally through Regional Core Training (RCT) and is required for all employees new to any position or program, regardless of position. The RCT lasts 60 days and is meant to prepare the employee with the foundational skills necessary for successful job performance. Coaches, assigned to new caseworkers during the RCT, work with child welfare supervisors to determine if caseworkers have successfully completed the RCT and if the new caseworkers are ready to accept cases. Cases are assigned incrementally at the discretion of the caseworker's coach and supervisor, and full caseloads cannot be assigned to new caseworkers during their attendance in the RCT.

Finally, the CFP report clarified that no child welfare agency uses an "evidence-based" child welfare training model, but some child welfare agencies do use "evidence-based practices" in their child welfare training programs. The report also contains information on the most current research about child welfare employee recruitment and retention from the National Child Welfare Workforce Institute. The full report can be found in the Appendix, pages 53-80.

- ▪ **Develop specific training for supervisors and ongoing professional development.**

Kansas should adopt supervisory development as a major theme and develop a basic training that focuses on succession planning; preparing talented supervisors for management positions. In addition to basic training, a leadership development program should be developed (Wilson, D., email communication, May 1, 2013). Supervisors are a key foundational element to improving practice in any child welfare system. According to the Louisiana OCS Job Task Force (2000), "It takes approximately two years for new workers to learn their job, policy, law, and resources to be able to work somewhat independently." This is the time when caseworkers rely on their supervisors for guidance and support as they learn their new position and the complexities of the child

welfare system, as well as the knowledge to think critically about case decisions.

Quality supervision is related to retaining child welfare staff and in positively impacting an agency's culture. Franklin County, Ohio and Missouri have made a significant impact in this area and have created strong leadership development programs that support continuous learning. This model encourages innovation from all levels of staff. Two states that have programs that could be used as models are Ohio and Missouri.

The director of Franklin County, Ohio, created a full time Leadership Developer position and implemented a leadership academy in which about 10% of the workforce participates (Casey, 2012). The director created this comprehensive approach to succession planning in anticipation of the number of staff retiring, and in order to develop new leaders from within the current workforce (Casey, 2012).

Another source of information on staff development is The National Child Welfare Workforce Institute (NCWWI) that has a leadership academy available to all states for implementation (For more information, go to: http://www.ncwwi.org/las). The online training through the NCWWI is provided at no cost to supervisors who have one year of experience in a supervisory role in child welfare. The NCWWI also provides a Leadership Academy for Middle Managers that offers a one-week, off-site training and follow up trainings and coaching via webinars. Both of these programs include transfer of learning components by providing pre and posttest activities as part of the training (Casey, 2012). Both opportunities are also available to states that are implementing changes in their agencies.

Change In Tools

- **Modify current Safety and Risk Assessment tools or select new tools for screening cases and investigations/assessments.**

Since 1999, when Kansas implemented their safety and risk tools, there has been a great deal of work in approaches to assessment of child safety and risk, engagement with caregivers, and the development and application of new decision-making tools. The American Humane Society, the Institute of Applied Research, the National Resource Center for Child Protective Services, and the Children's Research Center, developer of Structured Decision-Making, promote various safety and risk assessment tools. Signs of Safety, the NRCCP Safety Framework, and SDM for risk assessment are the most common tools that have been widely implemented in recent years.

During the assessment period, numerous tools were introduced and explained to DCF by CFP's national consultant. SDM was presented as a reliable and validated method of assessment. The NRCCP safety framework and Signs of Safety were presented as tools used for safety assessment and planning.

Most states use separate safety and risk assessment tools. Each state must decide which set of tools best fit their practice model and system of care. It is recommended that the state use reliable and validated tools discussed by the national consultant or a hybrid model where two of the validated tools are used. In 2011, Casey created a list of tools used in all 50 states. The document can be viewed in the Appendix, pages 48-52.

Assessing Risk

The majority of today's child welfare agencies use risk assessment tools to help guide decision making about risk of re-abuse and cases that should be opened for ongoing services. Risk assessment can assist in prioritizing appropriate interventions with families as well as to ultimately predict the likelihood of safe reunification of children with their families (Akin, McDonald, & Tullis; Coohey, Johnson, Renner, & Easton, 2013; Wells & Correia). Research conducted by Coohey, Johnson, Renner, and Easton (2013) on assessment tools indicated that families assessed as higher risk had a higher chance of abuse/neglect reoccurrence compared to the families assessed as lower risk. Although the use of risk assessments to predict future abuse/neglect is imperfect, the use of the tools can be helpful in decision-making by targeting families at high-risk of recurrent maltreatment (Coohey, Johnson, Renner, & Easton, 2013).

Structured Decision Making

SDM for child welfare agencies was developed by National Council on Crime & Delinquency (NCCD) Children's Research Center (CRC) and is used to assess risk of re-abuse of children referred to child protection programs. The SDM risk assessment tool is used to help workers target families for services and prioritize high-risk families in need of services. The model uses an actuarial tool, and establishes methods of tracking workload and ensuring accountability. SDM provides an assessment tool that agencies can utilize to decrease recurrent maltreatment.

SDM is widely used by child welfare agencies across the nation and is well-researched and studied. Outcomes of studies in various states using SDM are available on the NCCD CRC website. It assists states in making business decisions with limited resources and assists child welfare agencies in developing the service array needed by the families the agency serves.

Assessing Safety

Child safety is assessed with consideration to what is happening in the present. Children in danger cannot wait for conditions to change. When children are in danger, conditions need to change quickly. Once threats or dangers (in the form of people or environment) are identified and described, the assessment of family dynamics, parental capacity, and daily functioning is necessary to determine whether or not a plan can be quickly developed and implemented. Some consideration of history is important, although recent history is most important since it can indicate a presence of conditions that pose ongoing threats to children.

What is common to safety assessment and planning work is the importance of engaging caregivers and others who can prioritize the child's safety above interpersonal relationships and create a safety network or plan for the child. Those important "others" can be family, relatives, kin, friends, teachers, or anyone who has frequent contact with the child and can help monitor the child's safety. The most effective safety plans are succinct, behavioral, and concrete. They describe what will change, how conditions will change, and who is accountable for the changes. Safety plans also include what will happen if conditions deteriorate and the child is in danger.

Unlike SDM and risk assessment, safety assessment and planning is difficult to quantify and challenging to empirically study. There have not been many evaluations on safety assessment tools and there is limited research regarding safety plans and safety planning (Wilson, D., email communication, February 25, 2013).

Signs of Safety

Signs of Safety is a strengths-based approach that creates partnerships with families in order to achieve child safety. The Signs of Safety assessment and planning strategy, designed to give child welfare practitioners an approach of engaging all stakeholders in the child protection case, was developed in Australia in the 1990's by Andrew Turnell and Steve Edwards. Ensuring safety of the child is the primary goal of Signs of Safety (Wilder Research, 2010). Three principles underpin Signs of Safety: forming partnerships with parents and other stakeholders in a collaborative manner, but never to the detriment of child safety; critical thinking; and "landing grand aspirations in everyday practice" (The Signs of Safety Child Protection Practice Framework, 2011). In practice, Signs of Safety practitioners create a map of current circumstances and an ultimate destination of safety for the child at home and in the community. The Signs of Safety approach has been evaluated to a limited degree in the U.S. but has not been researched using experimental designs. Signs of Safety is used internationally, including in child welfare agencies in Massachusetts, Maine and Minnesota in the United States (The Signs of Safety Child Protection Practice Framework, 2011).

NRCCPS Safety Framework

The NRCCPS model is a conceptual approach to the assessment of safety that emphasizes concrete safety threats, the protective capacities of parents and a child's vulnerabilities. In this model, children are seen as either safe or unsafe and the main priority is the child's immediate physical safety. Proponents of the Safety Framework maintain that, if taken in its entirety, the approach can provide the distinction necessary for child welfare agencies to determine which cases should be opened for services.

The NRCCPS Safety Framework is a case management approach with the concept of safety assessment and safety planning embedded in every aspect of decision-making. Children should only be removed if they are assessed as being in danger, the level of danger meets a "safety threshold" and an in-home safety plan cannot be developed. In cases where an "in-home" plan cannot be developed (a safety assessment is used to make this determination), an out-of-home safety plan is developed. Once promoted as

being a starkly different than SDM, the CRC and NRC have recently begun to consider how to integrate safety assessment and risk assessment practice.

As Kansas considers its approach to safety and/or risk assessment, it is important to keep in mind the limited use of assessment and decision making tools. Although reliable and validated tools are helpful, they do not replace the importance of a trained workforce able to apply critical thinking to casework. It is not uncommon to hear supervisors and administrators observe that tools are filled out in order to comply with performance measures rather than be used to provoke additional thought or help come to a conclusion. Workers can become so accustomed to using the tools that completion of the tool becomes rote with decisions about the case plan already made. Training in critical thinking and how supervisors can mentor and encourage staff to think critically needs to be part of DCF's new training program and included in the ongoing professional development of supervisors.

Furthermore, workload can impact caseworkers' ability to assess risk and safety. When caseloads are high, caseworkers have to limit their involvement with children and families, reacting to the most obvious dangers and often through more intrusive practices (i.e., placing children, filing dependency petitions because they have limited time to do additional work). It is important that caseworkers have time to look for information, identify individuals who can act protectively and explore alternative hypotheses to explain alleged abuse or neglect.

If the state decides to use their current assessment tools, it is recommended that revisions be made to both tools in order to bring them up-to-date. Casey Family Programs completed a review of the tools in February 2012 and provided the state with recommendations. It is advised that DCF follow the recommendations in the completed report if the current tools remain in practice.

The Process of Leading Change and Identification of Short Term Wins
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Although DCF leadership will need to review and prioritize recommendations, the following are some short-term wins the state can achieve quickly. These items were selected because they can be implemented within the next three to twelve months, do not require a large amount of financial resources, and will excite the organization about the reform process. The additional recommendations may take years to complete, but short-term wins will provide the drive and motivation for the state to continue moving forward.

Recommendation	Time Frame
(1) Adopt supervisory development as a major theme for agency reform, and develop specific training and ongoing opportunities for leadership development.	3-6 months

(2) Restructure the current administrative structure so all child welfare functions are under one administrator.	3-6 months
(3) Establish monthly standards for number of new investigations and start to track numbers of assignments.	3-6 months
(4) Begin tracking the turnover rate of PPS social workers and supervisors.	3-6 months
(5) Review policies ensuring intent of policies are clearly defined and that front line staff are part of the policy development process.	3-6 months
(6) Move the Office of Customer Service from the KPRC to the state office.	3-6 months
(7) Revise the current contingency plan for KPRC operations so staff can work from home during inclement weather.	3-6 months
(8) Educate the Kansas City Police Department about what constitutes child abuse and neglect and how to make substantive reports. This step could save 270 hours of work time a month at the KPRC, which can be used to reduce the number of voicemails.	3-6 months
(9) Develop a communication feedback loop to the field (which could include ongoing focus groups, surveys, forums, etc.) in order to create a culture of open communication and trust in which feedback of front line staff is valued and appreciated.	6-9 months
(10) Co-locate family preservation staff with PPS social workers to increase communication and build teamwork among both groups of staff, emphasizing the common goal of keeping children safely in their homes.	6-9 months
(11) Start to develop a practice model that defines abuse/neglect and non-abuse neglect. A solid practice model should also contain explanations as to how DCF will operate and partner with stakeholders in delivering child welfare services.	9-12 months *(The process of completing a practice model may take a full 12 months, but the process can start immediately)*
(12) Strengthen collaborations with community stakeholders, including the educational system, Department of Juvenile Justice, mental health providers and the faith-based community.	9-12 months

The first step in creating momentum for change should be creating a sense of urgency. This process has started in the assessment phase as areas for improvement have been identified. The sense of urgency needs to be reinforced by leadership throughout the implementation of the redesign. Hopefully, this report will help DCF create the urgency that is needed as a prerequisite to implementation.

There are key items that create the urgency such as a lack of quality programs available to families in Kansas and the fact that more children are being raised in the child welfare system. Results of the staff survey show that 76.8% of caseworkers rate the current quality of services as average to very low. High caseloads and over-prescriptive policies prevent caseworkers from being able to do social work with families, which involves identifying their strengths and building rapport and trust. *Furthermore, the number of children in out-of-home placement continues to increase. From, July 1, 2012 to April 2013 the number of children in out-of-home placement has increased from 5,289 to 5,800.*

A plethora of opportunities exist to generate improvements throughout the child welfare system. The recommended changes can lead to an exceptional child welfare system in which children thrive in their homes and communities; where social workers feel appreciated in their work that improves others' lives; where the public is proud of their government's efficient use of tax dollars; and where community members feel connected and empowered. It is imperative that leadership and staff act with a sense of urgency in improving their child welfare system, ward off complacency and constantly search for new opportunities to improve services for children and families.

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