Franklin County Children Services &
Public Children Services Association of Ohio

Functional Job Analysis: Focus Group Results

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1.0 **Project Description**

Community Research Partners (CRP) partnered with Franklin County Children Services (FCCS) to create, facilitate, and report on three focus groups conducted on behalf of the Public Children Services Association of Ohio (PCSAO). Specifically, PCSAO was interested in examining caseworker feedback on data collected and analyzed during 2013.

**Background**

In an effort to understand caseworker workloads, PCSAO undertook a state-wide functional job analysis in 2013 to update previous research on the subject. Part of this study included a survey about case characteristics. Caseworkers and supervisors participated in the survey, and answered questions relating to how they spend their time on cases. These questions aimed to understand the following:

- What case characteristics tend to contribute to more time and effort spent on a case
- How many hours per case and per month are spent on cases of varying complexity
- How many hours are spent on “indirect” case activities (those activities where the worker is not working directly with a family)
- What agency factors save time on casework

The responses from the survey were compiled and analyzed against the second part of the study: a time study based on caseworker logged activities. The time study required caseworkers to log all of their activities over a three-month time period into a database, along with information about the cases they were working on, including case characteristics. The time study allowed PCSAO to analyze how much time was spent on different types of activities and discover any connection between case characteristics (e.g. children with special needs, cases involving substance abuse, cases involving mental illness) and the time spent on cases.

The focus groups are the last component of the functional job analysis. They are designed with two objectives: to verify the survey results, and to gain insight into the time study results. To maximize the productive feedback, the caseworker participants were grouped by shared county characteristics, with more rural counties in one group and more urban counties in another group. Grouping by shared characteristics allows for wider participation among the attendees, who can relate to each other’s points and reiterate, build upon, and dig deeper into the points that are raised. The third focus group is composed of caseworker supervisors, who can offer insight into their county’s caseloads and caseworker time management.

**Approach**

*Participant selection*

Caseworker focus group participants were workers with at least 2 years of experience as a caseworker, and represented a mix of intake workers and ongoing caseworkers. Supervisors that directly supervise a group of direct-service caseworkers, and that have had experience working as a caseworker themselves, were selected to participate in the supervisor focus group. The supervisors’ casework experience should not have solely been before the data
entry system, known as SACWIS (Statewide Automated Child Welfare Information System), was implemented.

**Focus group protocol**

In each focus group, the participants were shown slides displaying key findings from the caseworker survey. The participants were asked to consider the slides and discuss whether they agreed with the results or not, and if they would add to them or modify them in anyway.

The time study determined no relationship between the time spent on a case and the most complex case types from the survey responses. Since the time study does not support the survey results, focus group participants were also asked to comment on this discrepancy between the time study and survey.

Supervisors were presented with a slightly different set of focus group questions, designed to inquire further into management of staff and time. These included more prompting for the time study discrepancy and ideal caseload questions, and an additional slide displaying survey results for agency factors that save time on casework.

**Details**

The focus groups took place on the following dates:

**November 3, 2014**  
Urban county caseworkers, 9 participants  
Northeast Ohio Regional Training Center in Akron  

**November 10, 2014**  
Rural county caseworkers, 9 participants  
East Central Ohio Regional Training Center in Cambridge  

**January 28, 2015**  
Supervisors, 10 participants  
Franklin County Children Services in Columbus

Focus group discussions were recorded, with a CRP staff member facilitating, another CRP staff member taking notes, and a PCSAO representative attending. The recordings were used strictly to verify and augment the notes when needed.

The focus group questions and summary notes for the caseworkers and supervisors are included in the Appendix.
2.0 **Focus group results**

Below are the summarized responses of the two caseworker focus groups and the caseworker supervisor focus group. Each group summary is followed by an analysis of the feedback for that group, framed by the two objectives of the focus groups: verification of the caseworker survey results, and insight into the time study results.

The feedback for each group is organized by the questions presented to the group. For reference, the information presented to the participants is listed in the table below.

### Table 1. Content presented to focus group participants

<table>
<thead>
<tr>
<th>Question Topic</th>
<th>Question</th>
<th>Information presented</th>
</tr>
</thead>
</table>
| Child and Family Characteristics | Slide 1: Most complex child and family characteristics | - Children with multiple disabilities/special needs  
- Juvenile delinquents/unruly  
- Four or more children on a case  
- Mental illness  
- Substance abuse  
- Sex abuse |
| Question: Time study discrepancy | “Even though these characteristics were rated in the survey as being the most complex, our time study data showed that caseworkers were not spending more time on logged activities for cases with these characteristics when compared to other types of cases. Do you have any insight about this discrepancy?” |
| | “Do you think caseworkers overestimate the time they are spending?” (supervisors only) |
| | “How does direct casework relate to time spent in SACWIS or other forms of documentation?” (supervisors only) |
| Hours Spent on Casework | Slide 2: Median # of hours spent per case: Investigations | Low need/complexity: 8  
Moderate need/complexity: 14  
High need/complexity: 20 |
| Slide 3: Median # of hours spent per case per month: Ongoing | Low need/complexity: 6  
Moderate need/complexity: 10  
High need/complexity: 20 |
| Slide 4: Median # of hours spent on indirect case activities per month | Time in court: 5  
Case-related travel: 20  
SACWIS data entry: 40  
Other documentation: 20 |
| Ideal Caseload | Question: Ideal number of cases for a worker to carry | “What do you think is the ideal number of cases for a worker to carry?”  
“What is the ideal distribution of low, medium, and high complexity cases?”  
“What is impacted when caseloads are higher?” (supervisors only) |
| Factors That Save Time | Question: factors that help save time on casework | “What resources could be provided to help you do your job better and more efficiently?” |
| Slide 5: Top 3 agency factors that save time on casework (supervisors only) | - Availability of community resources  
- Key programmatic support  
- Availability of technology |

A synthesized analysis of the feedback, spanning the three focus groups, follows in the third section of this report; Themes.
2.1 Urban group

Characteristics contributing to complex cases

Most participants agreed with the characteristics that contribute to a complex case. Some mentioned that the displayed characteristics may impact the time consumption for ongoing cases more than intake cases; "Being an intake worker, if I have a high risk case and do a removal, I only have that case for 10 days, if that. But it's the ongoing worker that has to find another placement if it's interrupted, and [other complications]. So I can see how for ongoing, [these case types] are going to be really time consuming."

For the characteristic of "four or more children on a case," some suggested that the numbers are not necessarily the complicating factor, but rather the behavior and the needs of the children. However, with more children on a case, the caseworkers notice that the parent(s) become overwhelmed, which can make contact and coordination more difficult and time consuming.

There are cases where merely establishing contact is difficult (e.g., where the family is not in permanent housing). This usually means making multiple attempts to locate the family and to set up meetings. "The parent could be in one place and children in another. The children may be in multiple locations." This characteristic, described in the discussion as "transient families," may be an additional characteristic to add to the list.

Caseworkers were particularly sensitive to the "level of risk" of a case, suggesting that complexity may really be associated with the assessed risk to the health and safety of a child. This complexity is demonstrated with high risk cases triggering a series of actions such as collateral calls, safety plans, additional communication with foster parents, etc. Sex abuse cases were singled out as time consuming because of the necessary involvement of other services. This additional involvement "changes the dynamics of the case."

Time study discrepancy

Participants wondered if the discrepancy could be partly explained by inconsistency of activity logging across offices. Some workers were advised to log travel and documentation time, others were not. Others were estimating their time spent, sometimes long after the activity, which some participants suspected resulted in inaccurate entries.

When asked what elements of complex cases might not have been captured in the study, most of the room related how these types of cases impact indirect case activity (as opposed to direct, or face-to-face, time with the family). Many of the participating agencies encounter considerable driving times: one participant explained that driving to an Ashland county site "takes 2 hours to get there, two hours back. The actual meeting in the home only takes an hour and that is what gets captured [in the time study] instead of the five hours the meeting took in total."

Additionally, a participant explained that children that are hard to place (because of their needs) require the caseworker to widen the search for placement, thus they can end up being placed geographically far away, increasing travel times. In this way, high risk or otherwise difficult-to-place children result in greater time consumption in indirect case activity.

Many attendees expressed frustration with long court wait times, also an indirect case activity. Not only are these hours not logged, but they were frustrated that the wait time is not productive since they cannot access the data entry system or other case information at the courthouses.
Some characteristics of complex cases, such as children with multiple disabilities or special needs, require more time to document their conditions in forms (e.g., Med Ed). Each change in diagnosis or medication triggers more documentation, and there is duplication between different forms (Med Ed, medication, behavior). In the case of court involvement, there is additional duplication for taking information to submit at the court. This association between complex cases and documentation may lead to the perception that much more time is spent on these cases in general, including direct case activities.

**Ideal caseload**

Participants were reluctant to provide numbers for an ideal caseload, given the large variation of time and effort caused by individual case characteristics; “it depends on what is going on in the families.” A participant shared that if she “had no custody cases, with three or four kids each case, well 15 cases isn’t that bad. But you have two or three cases with a couple of these components [the complex case characteristics], then the caseload should be lower because you’re doing more work on these each week.”

When asked about an ideal distribution of low, medium, and high, participants brought up the concept of weighting cases. Weighting cases based on type, such as voluntary/custody, number of children, etc., used to be done, but for most there is no longer a system in place for that. Others felt that the supervisors attempt to distribute cases based on different factors, including caseworker experience, but there was not an obvious methodology to it. One intake worker shared that even if there is a methodology, as in their office which aims for about 4 cases a week, the caseload inevitably goes over the ideal capacity where “every unit is over 150%.”

Participants did think weighting was an option to help determine ideal caseloads. However, knowing that cases can and do change dramatically, the initial weighting of cases at intake might not be a reliable indicator of how complex it will become; “you never know, you could have a case come over, you think everything is hunky-dory, and you end up with three kids in custody, and that’s always a moving, changing piece and you can never really tell what might happen.”

The PCSAO representative offered the idea to the group that understanding certain cases at intake may be difficult because the level of case complexity is not always necessarily tied to high risk, but to ambiguity (as opposed to straightforward cases that are clearly simple or undoubtedly extreme with obvious abuse). A participant agreed that custody can be “cut and dry” which can probably be turned over in 10 days, but when “there’s not enough to file on, or when you go out there and everyone denies it, it can take 45-60 days to close.”

**Hours spent on casework**

For intake, participants thought the numbers looked about right, with comments that it depends partly on the experience and skill of the caseworker. However, for ongoing cases, the room mostly thought the figures were low estimates. One suggested the numbers might be close for their county due to their available support services, including transportation and supervision help. It was also suggested that the medians might be accurate but only for simple cases, and only for some types of workers, as workers’ methods and experience vary greatly, impacting time spent per case.

One participant felt that all cases end up being high complexity; even low complexity cases can easily turn into time-consuming cases due to relatively innocuous issues such as missed meetings. Another commented that it really “depends on the point of life of the case,” describing that case complexity changes over time, and case demands increase and decrease.
For slide 4, showing time spent on indirect activities, one worker suspected there would be considerable variation based on the methods of individual caseworkers. Others shared their particular experiences with courts and how it varies by judge and county requirements. When asked to consider the median numbers proportionally, without attempting to arrive at a “better” average number but to view the time comparison between the activities, most of the room felt that SACWIS, which is the largest figure, should realistically be the largest figure. Some felt that the SACWIS time consumption is so high that it can divert time away from direct case-related activities.

A concern with activities not captured was that, in at least one county, supervisory review is done twice a week, which was time not logged or accounted for, and in others there was considerable time spent in department meetings. Also, in some counties there is rotation among ongoing workers to watch and care for children removed from the home in cases of emergency custody while the intake workers handle the paperwork and talk with the parents.

Factors that save time

Participants suggested that technology, especially speech-to-text and iPads, would allow a caseworker to stay in the field and input information while it is still fresh in their memory, which was perceived to improve the quality and time spent on data entry. One mentioned that a document template with the same data entry fields could be used in place of the online version for situations where online access to SACWIS is lost.

The availability of case aides to assist with transportation and other tasks was seen as a valuable time saver as well.

Analysis of urban group feedback

There was a general frustration that the median hours presented were too generalized, and not necessarily reflective of a caseworker’s actual time spent, and that documentation and data entry take considerable time to do effectively.

The indirect activities that were mentioned - court time, travel time, and documentation, may contribute to caseworkers’ perceived sense that they spend more time in general on complex cases.

Table 2. Feedback on slides, Urban group

<table>
<thead>
<tr>
<th>Additions</th>
<th>Subtractions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slide 1</td>
<td>None</td>
</tr>
<tr>
<td>Transient families</td>
<td>None</td>
</tr>
<tr>
<td>Generally, high risk to health and safety of child(ren)</td>
<td>None</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Verification</th>
<th>Comment</th>
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</thead>
<tbody>
<tr>
<td>Slide 2 (investigations)</td>
<td>Confirmed</td>
</tr>
<tr>
<td>Slide 3 (ongoing)</td>
<td>Figures are low</td>
</tr>
<tr>
<td>Slide 4 (indirect activities)</td>
<td>Confirmed proportionally among the different listed activities</td>
</tr>
</tbody>
</table>
2.2 Rural group

**Characteristics contributing to complex cases**

There was general agreement with survey results. Participants suspected that the reason these case types are more complex is related to the fact that “in all [of the listed case types] you are dependent on another agency or entity helping you.” Substance abuse cases, for example, require a counselor, mental health and sex abuse cases require doctors’ visits, and delinquency cases require juvenile court involvement.

Also, all of those listed characteristics require more contacts, either because they are high-risk, which triggers multiple contacts to monitor safety, or because it is difficult to maintain contact with the parents, as in the case of substance abuse. The caseworkers singled out heroin use as requiring “constant babysitting” due to multiple relapses.

One participant noted some case issues related to cultural and ethnic differences between themselves and the clients, explaining that the expectations of what is “normal” for family interactions are different for different cultures, including the “Spanish [speaking] population and the black community.”

In counties with one primary provider per type of service, (therefore only one option for referral, as in one primary mental health and one substance abuse facility in Athens County), caseworkers shared that they have little control over scheduling or the ability to structure the case and manage time; *we are at their [the other facilities’] mercy.* When interacting with other providers, some felt that expectations of care are different for different providers, with one participant commenting that their county’s mental health facility is “notorious for minimizing stuff that is more serious to us.”

**Time study discrepancy**

Participants felt that multiple attempts to contact the clients are not captured, nor are negotiations with other providers, or attempts to coordinate with adjoining counties. Some also suspected that some workers input time inconsistently, and that knowledge of the time study influenced the logged time. Respondents also commented that court involvement was tricky because of a lack of clarity about how to log the time waiting.

**Ideal caseload**

Carrying 10 or 12 cases was the suggested upper limit for ongoing cases, provided the cases were manageable or “small.” Over this amount, they felt that the quality of work suffers; “over 10, it gets really hard to work with the family; you are just doing your mandated things.” Another shared that, when carrying more than 12 ongoing at a time, she is only able “put out small fires.” With ongoing cases there was agreement that up to 12 at a time allows a worker to “provide all the services that you need, plus be able to make contact with the service providers, and make multiple contacts with the family.” For intake, one suggested that a caseload of 8-10 cases is ideal.

There was general agreement that multiple factors should be considered to arrive at an ideal load: seniority or level of experience of the caseworkers, the availability of support within the agency (such as a dedicated intake staff member) and outside the agency, and type of case; “if I’m doing 12 forensic interviews...that is a lot!”

When considering the ideal distribution of low, medium, and high complexity cases, participants felt like at some points, all cases become complex. The room agreed that even if it seems low-risk initially, it can become much more time consuming and complex as the case progresses, and as more information about the case is discovered.
**Hours spent on casework**

For Slide 2 (investigations) there was general confirmation of the results, but only if the figures included assessment, paperwork, and drive time. They felt that low complexity is easier to arrive at a number, but with high complexity, “there is a huge spectrum. I know of a lot of cases where that number [20 hours per case] is extremely low.”

Participants could not confirm the numbers for Slide 3 (ongoing median hours). The high complexity number (20) was perceived as too low, and there was broad agreement that the low number was too low; “six hours would be wonderful!” Simple tasks for low complexity cases, such as finding the people involved in the case, can take 8 hours a month (2 hours more than presented on the slide). Participants suggested that low complexity should be closer to 10 hours, and high complexity cases just vary too much. A participant mentioned they are currently spending 12 hours of travel time for one child.

A caseworker pointed out that over the life of a case, these figures may end up being close to the median, but snapshots month-to-month would show considerable variation.

For indirect case activities, there was general agreement that the travel time displayed was not representative of rural counties. Because of few support services such as transport, some caseworkers spend 20 hours a week traveling to and transporting clients, not 20 a month, as the slide reads. However, when transporting, it was acknowledged that some of that time could be considered direct, face to face time with the client. That being acknowledged, participants still felt they spent, on average, more than 20 hours a month on indirect travel time.

Time in court and preparing for court was considered too low for low-resourced, rural counties as well. There is no clerical support, so direct staff perform all the preparatory work in advance of the time in court.

Documentation and data entry are perceived to take considerable time, even though the utility of those tasks was questioned; some think SACWIS just “captures what is needed to be compliant, not what is actually needed on the ground.” One participant felt that about 25% of their job is data entry.

Participants agreed that one thing that was not listed was helping to train new workers, which takes considerable time, and is something that occurs frequently because there are “always new workers.”

**Factors that save time**

Echoing the urban focus group, technological assistance was regarded as a time-saver, such as dictating the activity logs, or using devices like iPads to take notes on location, although one participant mentioned that they had tried iPads and it was a distraction for the children.

Generally, support services and staff were regarded as the most necessary factor to save time. This could be in the form of clerical support, transportation workers, interns, and volunteers.

Tips for improving processes were to cut back on the number of internal meetings, which are not perceived to directly help clients (“we are meeting to death at our agency”), assign cases by geographical areas to streamline travel, and to call ahead and schedule times for visits to ensure workers are not wasting their time looking for clients or rescheduling no-shows.

Caseworkers perceived a need to coordinate service providers – this can be through family group conferences which get all necessary service providers in the same room with the
family, and also to establish a contact point with the provider who can work on single issues such as mental health or independent living.

Analysis of rural group feedback

In under-resourced counties, caseworkers have few options for referral, yet rely heavily on other service providers to move complex or high-risk cases forward. This leads to some loss of control over managing their cases, and has the potential to make it more difficult to manage caseloads strategically, possibly contributing to more time spent per case.

Caseworkers from rural counties had a stronger sense of an appropriate caseload than their urban counterparts; 10 to 12 was the upper limit for carrying ongoing cases, cautioning that this limit is only appropriate for a caseload of mostly lower complexity. That being said, there was a sense that most cases move across the scale of low to high complexity and back, suggesting that caseloads should be evaluated dynamically, allowing for cases to draw more or less attention as they progress, and impact the assignment of new cases accordingly.

Too many cases creates a serious negative impact on performance and can contribute to an overall triage-type environment where high priority cases are focused on first, but all cases become critical eventually, regardless of how they come in. It was felt that putting enough time into low-risk cases can help prevent them from becoming high-risk. But as it currently stands, “[we are] putting a band-aid on a case until the case becomes critical.”

Table 3. Feedback on slides, Rural group

<table>
<thead>
<tr>
<th>Slides</th>
<th>Additions</th>
<th>Subtractions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slide 1</td>
<td>Cultural, ethnic differences</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Slides</th>
<th>Verification</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slide 2 (investigations)</td>
<td>Confirmed</td>
<td>Accurate if the figures included indirect activities. Hard to confirm a number for high complexity due to wide variation.</td>
</tr>
<tr>
<td>Slide 3 (ongoing)</td>
<td>Figures are low. Low complexity ~ 10. High complexity varies too much.</td>
<td>Median hours may not accurately characterize a case, due to monthly variations, regardless of complexity.</td>
</tr>
<tr>
<td>Slide 4 (indirect activities)</td>
<td>Figures are low for court time, travel time.</td>
<td>Should also account for time training new workers</td>
</tr>
</tbody>
</table>
2.3 Supervisor group

**Characteristics contributing to complex cases**

The group agreed with the slide results that the listed case types consume more time and effort. Unlike the urban group of caseworkers, the supervisors found that 4 or more children in a family can lead to more time, regardless of their needs, simply by the fact that a greater number of children can make it difficult to track them all down and make connections; “the kids may be in multiple locations.”

The group added “medically fragile persons” (children or their guardians) to the list; as well as uncooperative families, especially voluntary cases with uncooperative families (since the court support in custody cases can help move a case along); domestic violence cases; and parents with developmental delays. Delinquent cases were identified as particularly difficult because of the back-and-forth with the justice system.

**Time study discrepancy**

As with both caseworker groups, the supervisors mentioned considerable time spent on indirect case activities including the long wait times in court and long drive times involved. Placements outside of an agency’s county were noted as adding significantly to drive times. One supervisor mentioned that in their county, there was no drug and alcohol in-patient treatment, so if a parent was in treatment, it meant longer drive times. Another reiterated that issue, adding that their county also had no residential facilities.

This group also echoed others saying that “pretty much all cases that go to ongoing are high needs” – suggesting that cases have a tendency to become complex. Also, there is high variation in caseworker case management skills, documentation styles, and efficiency, which could result in high variation of time study results.

Some tasks that the supervisors felt were not being logged, or properly logged, were time spent on referrals and visits with multiple tasks/activities grouped into one visit.

**Ideal caseload**

For intake, some thought 14-16 assignments per month seemed reasonable. After restructuring a weighting system based on worker experience, one agency now averages 13-14 intake assignments a month (down from 19-22), “and the workers are happier.” For ongoing case management, multiple participants agreed that 12 should be the maximum per month. Beyond that, the quality of the work starts to suffer. A caseload that is too high is demonstrated by fewer family visits, poor documentation, missing work and meetings, and complaints from families. It was stressed that these figures are from the perspective of a top performer; those still developing and in-training would, ideally, have a lighter work load.

**Hours spent on casework**

With both the intake numbers and the ongoing case numbers, the group remarked that they seemed like underestimates. Most felt that, for intake, all three case complexities were low figures. Just considering the low complexity intake case, one commented that “by the time you drive to the family’s house, visit and talk with them, see somebody at school, do a safety assessment, follow up, I don’t think you can do that in 8 hours!” Another added that they thought “they all seem low…for a high needs, I’m thinking placement…20 hours, I think that’s really underestimating,” with others agreeing. For ongoing cases, the supervisors explained that cases have more nuance than is indicated by the low, medium, and high complexity categories. Generally, the numbers were perceived as “way underestimated” but that it is not as simple as all cases falling into high complexity. When asked to clarify, most explained that complexity is a dynamic condition, in which a case can start complex but the attention needed for it can lessen over time, or increase; “one month this case is out of control, so you
“devote most of your energy there, the next month it’s the next case. So you ebb and flow, and the case with the most needs wins.”

A participant described that hours spent on a case depend on available supports; “Maybe the caseworker spent 20 hours [a month] but maybe somebody from the visitation spent 4 or 5 hours a week supervising visits, and somebody else did transportation...so if the worker did the whole thing, that would be one thing, but if they have a lot of supports to get other stuff done, then that figure would be very low [compared to counties without supports].” However, regardless of available supports, others commented that it also really depends on caseworker case management skills. The caseworkers that perform up-front work early in the case, or “front-load” their cases, are often able to avoid crises later.

The supervisors were not willing to throw out the concept of sorting cases by difficulty altogether, but there is a “need to understand that cases fluctuate.” A participant commented that supervisors already categorize them to some degree when assigning cases. One suggested that sorting them by case type (voluntary, court-ordered protective supervision, or custody) sometimes makes more sense than determining its complexity based on the listed characteristics; “custody cases, which would probably be rated high complexity, high need, can be easier than voluntary because of the buy-in.” Supervisors are also sensitive to their particular county’s requirements, such as how many visits are required and how frequently. The fluctuations based on the time of year are also considered, where summer is “lighter” or easier to connect with clients because there are no (or fewer) school meetings and events to work around.

The supervisors could not verify the numbers for the indirect case activities, as it was felt that it varies considerably by county. But it did seem reasonable that SACWIS data entry was the largest chunk of time out of all the listed activities.

**Factors that save time**

Similar to the feedback from the caseworkers, supervisors saw value in technologies that allow dictation or speedier note-taking; “it would be nice to be able to have speak-to-text for documentation.”

The supervisors added that properly trained staff is a key element to effective case management that saves time and money. Those with practical, hands-on experience and training are the ones that are the most effective (“more experienced caseworkers are just better”), but they have problems keeping them. Many caseworkers view public children services casework as a springboard to something else, rather than a career in itself. Retaining experienced workers is seen as a key target for improvement.

Members of the group also stressed how training in relevant but complex topics, such as LGBTQ supports or human trafficking awareness, is an important resource that should be made available, or more easily available, to caseworkers. They explained that caseworkers with proper training on these issues save time by making engagement smoother and quicker. They can avoid case issues by addressing the needs on the spot, and it builds trust and confidence between them and the families. Some of the supervisors expressed frustration that much of the training falls on the supervisors to conduct.

As with the caseworker groups, these participants conveyed that access to service providers, such as alcohol and drug treatment centers, is vital to working effectively, and that when access is limited, it adds time and effort to cases. It was also mentioned that children who are difficult to place could be served better by improved connections to services and other resources. However, in more urban counties where resources tend to be more readily available, the caseworkers have heavier loads. This high load can result in less than ideal case management, or at least different processes. So, the unique conditions of each county are major factors in determining the time spent on cases.
Analysis of supervisor feedback

Supervisors had a good sense of ideal caseloads, and implemented their own internal methods for “weighting” cases and worker experience based on their knowledge of staff, county requirements, and case characteristics. However, some still felt they were primarily “putting out fires” and one mentioned having trouble avoiding overtime.

This group was reluctant to confirm the median figures from the survey results, reiterating that cases are just too fluid and varied to be understood by median hours. When thinking through the process and necessary parts of both investigations and ongoing cases, they felt that most of the figures seemed like underestimations.

This group found real value in trainings for their staff, and described how good training in relevant subject areas can create an effective and responsive team of caseworkers. Additionally, experienced caseworkers demonstrate effective case management by anticipating issues or complications at early stages of a case. This may result in more hours initially but can prevent time consuming crises down the road.

Table 4. Feedback on slides, Supervisor group

<table>
<thead>
<tr>
<th>Slide 1</th>
<th>Additions</th>
<th>Subtractions</th>
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<tbody>
<tr>
<td></td>
<td>Medically fragile persons</td>
<td>None</td>
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<tr>
<td></td>
<td>Uncooperative families</td>
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<td></td>
<td>Domestic violence</td>
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<td></td>
<td>Parents with developmental delays</td>
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<tr>
<th>Verification</th>
<th>Comment</th>
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<tbody>
<tr>
<td>Slide 2 (investigations)</td>
<td>Figures are low.</td>
</tr>
<tr>
<td>Slide 3 (ongoing)</td>
<td>Figures are low. The median hours are low for low or under-resourced counties.</td>
</tr>
<tr>
<td>Slide 4 (indirect activities)</td>
<td>Could not verify. Depends on county. SACWIS is appropriately the highest figure.</td>
</tr>
<tr>
<td>Slide 5 (factors that save time)</td>
<td>Confirmed. Added “properly trained staff” and “experienced caseworkers”</td>
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</tbody>
</table>
3.0 Themes

Across the three focus groups, some common themes emerged. These are listed below:

**County variation**

County differences are a major factor. Counties have different support services, resources and referral options, requirements, court procedures, and staff structure. Some have dedicated full-time intake staff, some do not and require caseworkers to rotate on the phones. Some require more visitations for protective supervision cases than other counties. Some have a 35 hour work week and others have a 40 hour work week. Each of these differences contributes to variations in time spent on different activities.

**Cases are fluid**

“Some months a case will be 10 hours, some it will be 30.” — Supervisor focus group participant

When presented with median hours per case or per month, it was difficult for participants to verify the figures; most immediately thought of many examples that did not fall into those median hours (as would be expected with high variability) and most related how cases will “blow up” or change over time. Factors impacting this variability included time of year (whether or not school is in session), the progress of a case (with “good case management” front-loading the time spent on ongoing cases), more family/household information being revealed, uncooperative parents, delays due to other providers, and other case-specific issues.

The rural county caseworker group and the supervisor group suggested that carrying 12 ongoing cases should be the upper limit for quality work. However, all three groups stressed that assignments should be sensitive to the changing dynamics of cases, and that weighting them once at intake may not be sufficient.

**Verified: survey results for factors that save time**

The focus feedback confirmed that the availability of technology; the availability of community resources; and support within their agency on clerical tasks, transportation, and other tasks performed by aides or volunteers were factors that do save time on casework. The caseworker groups were not shown Slide 5, so they arrived at the same results of the survey independently of any suggestion. While some caseworkers choose not to use devices such as iPads during home visits because of personal preference or because, as a supervisor mentioned, “it creates a barrier [between the caseworker and client]” most shared that being able to input data during or right after a visit was an efficient use of time and improved the quality of the documentation. Also, speech-to-text technology was mentioned in the caseworker groups as a way to speed up the documentation process.

**Verified: child and family characteristics that contribute to complex cases**

Participant feedback verified the survey results of the case characteristics that contribute to high complexity cases, with the following additions:

- Transient families
- Cultural, ethnic differences
- Medically fragile persons
- Uncooperative families
- Domestic violence
- Parents with developmental delays
- Cases with high risk to the health and safety of children
Generally, high risk cases were associated with high complexity. While some of the time commitment was attributed to direct case activity, such as more frequent family visits, participants suggested that this association is mostly due to greater time commitments for indirect case activities. Specifically, these activities are: interacting with other providers, more documentation, more time traveling, and multiple attempts to contact the family. Some of the listed and suggested case characteristics are discovered as a case progresses, which results in cases moving along the scale of low, moderate, and high complexity.

**Closing**

The focus groups were able to provide nuanced insight into public children services casework, and revealed that, state-wide, there are considerable differences between agencies that impact time spent on cases. Verifying median hours proved difficult for each group, with multiple participants relating that it “just depends,” “it’s hard to say,” and “the figures seem low.” Participants did have a stronger sense of ideal caseloads, however. This suggests that while caseworkers and supervisors are accustomed to managing the hours within a given number of cases, they do not necessarily consider how hours tend to breakdown by case complexity or case type, but they instead address high priority issues as they arise; “putting out fires,” “the case with the most needs wins,” “put a band-aid on until [the case] becomes critical.”

Apart from the case characteristics, the focus groups also revealed that the characteristics of the caseworkers themselves are important factors of case management. Supervisors and caseworkers alike stressed that experienced and well-trained workers anticipate complications, document effectively, and use their time efficiently.

The feedback from the focus groups indicates that future work on Ohio’s public children services caseloads should address not only county variation but also the changing dynamics of casework over the life of a case, and the necessary steps to create and retain excellent caseworkers.
Appendix

Focus Group Protocol ........................................................................................................................................A1
Urban group summary notes ......................................................................................................................A2
Rural group summary notes .....................................................................................................................A3
Supervisor group summary notes ............................................................................................................A4
Hello, my name is Sarah Goodman and this is _____. We’re with Community Research Partners: a non-profit research organization based in Columbus, and we are working with Franklin County Children Services on behalf of the Public Children Services Association of Ohio, or PCSAO, to learn more about the experiences of caseworkers and supervisors. As you may already know, PCSAO is conducting a large-scale study to update previous research regarding caseworker workloads. You may already be familiar with two parts of this study, which were implemented last year. This included a survey about case characteristics, and a time study to assess how time is spent on casework. Focus groups, including the one you are participating in today, make up the third part of the PCSAO study.

Today I would like to have a conversation with you about these topics to get your valuable insight into the work that you do. I will be showing you some slides displaying results from the survey and time study. I ask that you consider the information displayed and comment on it based on your expertise and knowledge. You may speak from personal experience AS WELL AS your knowledge about coworkers and others you work with. Feel free to share as much or as little as you want. Please know that everything you tell me today will be kept confidential. I will be recording our conversation, but only for the purpose of my own review to summarize the discussion. Nothing said here will be linked to any individual. You can choose, if you want, to mention the county you work in, but it is not required.

I ask that you turn off your cell phones so we are not interrupted. Also, so we can hear what everyone is saying, let’s allow one person to talk at a time. Are there any questions before we begin?

Child & Family Characteristics

Show slide 1 (most complex child and family characteristics)

1. This slide shows the child and family characteristics that were rated by survey respondents as being the most complex, meaning that cases with these characteristics generally require more time and effort than other cases. Do you agree with the survey results? Are there any characteristics that you feel are even more significant in terms of adding to the amount of time spent on a case?

2. Even though these characteristics were rated in the survey as being the most complex, our time study data showed that caseworkers were not spending more time on logged activities for cases with these characteristics when compared to other types of cases. Do you have any insight about this discrepancy? In other words, do you think there is
something about these cases that isn’t captured in logged activities but still adds to the time or effort spent on the case?

Ideal Caseload

3. What do you think is the ideal number of cases for a worker to carry?
   a. What is the ideal distribution of low, medium, and high-complexity cases?

Hours Spent on Casework

Show slides 2 & 3 (median # of hours spent on cases)

4. These next two slides show the median number of hours that survey respondents said they spent on investigations and ongoing cases of low, medium, and high complexity. Do you think this is more time than it should take, less time, or just about right?

Show slide 4 (median # of hours spent on indirect case activities)

5. This slide shows the median number of hours that survey respondents said they spent on indirect case activities each month. Do you agree with the results? If not, what do you think are more accurate numbers?

Resources

Discussion only

6. What are some of the factors that help you save time on casework?
   What resources, besides hiring more people, could be provided to help you do your job better and more efficiently?

Ending Questions – bring closure; allow for reflection (5 minutes)

From everything you discussed about caseload complexity today, or even things you did not discuss, what do you think is the most important thing for us to know? We will go around the room and allow everyone to name something.

Those are all the questions I have for you. If there is anything you did not get the chance to share during our discussion or that you would prefer to share in private, please contact me and I will make sure your feedback is included.

Thank you for your time.
Hello, my name is Sarah Goodman and this is ____. We’re with Community Research Partners: a non-profit research organization based in Columbus, and we are working with Franklin County Children Services on behalf of the Public Children Services Association of Ohio, or PCSAO, to learn more about the experiences of caseworkers and supervisors. As you may already know, PCSAO is conducting a large-scale study to update previous research regarding caseworker workloads. You may already be familiar with two parts of this study, which were implemented last year. This included a survey about case characteristics, and a time study to assess how time is spent on casework. Focus groups, including the one you are participating in today, make up the third part of the PCSAO study.

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Do you have any insight about this discrepancy? In other words, do you think there is something about these cases that isn’t captured in logged activities but still adds to the time or effort spent on the case?

a. Do you think caseworkers overestimate the time they are spending?

b. How does direct casework, or face-to-face interaction with the family, relate to time spent in SACWIS or other forms of documentation?

**Hours Spent on Casework**

*Show slides 2 & 3 (median # of hours spent on cases)*

3. These next two slides show the median number of hours that survey respondents said they spent on investigations and ongoing cases of low, medium, and high complexity. Do you think this is more time than it should take, less time, or just about right?

   a. Does it make sense to sort investigations into low/medium/high complexity?

*Show slide 4 (median # of hours spent on indirect case activities)*

4. This slide shows the median number of hours that survey respondents said they spent on *indirect* case activities each month. Do you agree with the results? If not, what do you think are more accurate numbers?

**Ideal Caseload**

5. What do you think is the ideal number of cases for a worker to carry?

   a. What is the ideal distribution of low, medium, and high-complexity cases?

   b. What is impacted when caseloads are higher?

**Agency Factors that Save Time on Casework**

*Show slide 5 (agency factors that save time on casework)*

6. This slide shows the top three agency factors identified by survey respondents as saving time on casework. Do you agree with the results? Are there any agency factors that you feel save more time on casework?

   c. What resources, besides hiring more people, could be provided to help you do your job better and more efficiently?

**Ending Questions – bring closure; allow for reflection (5 minutes)**
From everything you discussed about caseload complexity today, or even things you did not discuss, what do you think is the most important thing for us to know? We will go around the room and allow everyone to name something.

Those are all the questions I have for you. If there is anything you did not get the chance to share during our discussion or that you would prefer to share in private, please contact me and I will make sure your feedback is included.

Thank you for your time.
PCSASO caseload Complexity Focus Group 11/3/2014 (urban group)

1. Do you agree with survey results? (characteristics of most complex cases)

Most agree with. Nodding heads.

The characteristic 4 or more depends on the needs of the 4 children. Not just purely the numbers.—if 4 are well behaved it is easier than one that is difficult. It could be harder with the one difficult child.

4 or more may be difficult because the parent is overwhelmed.

Number of children does not reflect complexity. Complexity depends on the needs of the kids.

Transient families are hard. If the parent is not at a permanent home it takes a lot of time to locate, communicate, and setup meetings. Parent could be in one place and children in another. Children may be in multiple locations.

What is it that makes them more complex-drill down

Case worker (CW) had one case with one child in custody but 7 other children not in custody. They only have a mandate to manage the one child even though all are affected. Mother has to care for all children. It is hard to find mother when the children are all over the place. Mother and children can be living at different places. Case can be especially difficult when the mother won’t sign release of information.

Sex abuse cases—case workers cannot deal with sex abuse on own. They must call it in to hotline if sex abuse is disclosed. This changes the dynamics of the case. Sex abuse workers get involved for certain parts.

Level of risk can increase attention of case worker.

High risk can make you drop other cases and focus on high risk case. Sex abuse or drugs are high priority for both parent and child.

Time consumption and complexity more difficult for ongoing as opposed to intake.

*Focus group noted at this point that focus group is mix of intake and ongoing case workers. The situation is different for intake and ongoing and even different from county to county in same position.

2. Any insight about discrepancy between logged activities and survey?

Travel time is not accounted for in time study. They could spend hours driving to a site for a half hour meeting. Only the half hour gets logged.
SAR is not captured in time study. This takes time to enter.

Much of the entered data are estimates of time study because it is hard to collect data in real time. CW must either take really detailed notes (and then transcribe those notes) or try to recall the information much later about how much time something took.

Some people are good at their job but not good at capturing activity log data. This does not come out in the report.

CWs have different understanding of what is tracked. The data entry/capture is not consistent across CWs. Travel time not collected for home visit. Some supervisors are saying travel time and notes included but other supervisors just the actual meeting and no travel time or documentation. CWs feel that the data is inconsistent between offices.

General phone log are estimated at end of month.

Phone calls are not being captured because they are being done so often. Don’t log in real time so it is hard to recall. CW may make 5 calls to get one answer. CW can’t remember all the phone calls.

Sarah—What characteristics are not captured in study? 14:40

Court takes time. Only in court room .5 hour but at courthouse 4 hours waiting for case or judge. Lots of frustration here where time at courthouse not reflected in time study. CW could use this time at courthouse to do data entry but have no access to system. This is mostly wasted time.

Travel to Ashland county-2 hours out 2 hours back. The actual meeting in the home only takes a hour and that is what gets captured instead of the 5 hours the meeting took in total.

The children that are difficult to place end up being put geographically far out (CW must widen search location so they can place the child) so they are a large time commitment for travel.

Some cases have multiple people working on the case but that is not recorded in the time study. You could have multiple people working all day to place a difficult group of children and only a 20 min meeting is recorded.

Children with multiple disabilities (special needs; in custody) require lots of time to document their conditions i.e. med ed. Additional documentation/phonecalls time does not get captured. Change in diagnosis or medication change creates more documentation.

Duplicating lots of form entry- med ed plus medication plus behavior-There are redundant data on the different forms.

The outcome referral form is useful with special needs children. “Sparks discussion” and provides alerts.

Have redundant documentation because can’t take computer logged data to court for SAR. Have to maintain separate documentation that can be submitted in court. This is not recorded in the time study. Makes CW nervous because the time does not add up.
3. **What do you think is the ideal number of cases? 22:09**

Depends on what is going on in the family and with the kids. Can’t put number on ideal situation

**Is there an ideal distribution 23:19**

Weighting has been talked about. Certain cases only count as one but take huge amount of time. No ranking. If take custody it is weighted.

Scheduling in batches is helpful so you can catch up in between batches.

Some counties used to do ranking-depended on custody etc. Don’t use weighing system anymore.

Getting cases in batches is helpful because you can catch up in between batches.

Some counties use board numbers that are weighted. Ideal is 4 cases a week but all units are at 150% already so the weighting doesn’t matter. Fighting with screening about why a case was taken in not why did I get a case.

Supervisors are working together to help share workload between CW but there is no input from ongoing CW. Just have to take the cases.

Cases can change very quickly so weighting has to change.

**Scott Summarizes 31:30** - For ongoing cases complexity characteristics matter but for intake it is not that important.

4. **Do you agree with numbers? 33:35**

Questions about where the data came from. Had to explain the slide.

From survey portion not logging

Sounds about right. Not much comment

**Sarah Are these ideal? How much time do you spend not how much should you spend?**

Low and moderate are close. Maybe a bit high for ongoing. If the CW knows families it can be less because they have a relationship with the family.

Number is a little low-need more time to type up family assessment. Need to account for multiple visits due to complications. Parent does not want to interview in front of children.
Urban Group Summary Notes

It depends on case worker’s comfort with interviewing. Some case workers interview each person in household separate and it takes a lot longer. Some case workers will interview them together.

5. Do you agree with numbers for ongoing cases?

Numbers are low. Transportation is not included in meetings. Have to pick up children for meetings. 2 hour meeting with 2 hours of transportation not recorded

Agree it is low.—across the board. All of cases are high complexity.

“In our county” it is accurate because of support services from county. Have transportation and supervision help.

Think they are low. CW expected to do more now than in past. It depends on the point of life of the case. Out of county kids are much higher.

Try to get services in the home and help before the case gets complex. When take custody need to coordinate moving services.

Lots of agreement that they numbers are low.

Even with low complexity can miss connections/meetings. Lots of time spent even though simple case.

6. What are some factors that allow you to save time?

IPads allow them to stay in field and not go back to office to type up notes and do data entry.

Case aids help.

Putting information in as soon as possible is much better.

Speak Write voice recognition dictation software-allows CW to pull off road after meeting and dictate while information is still fresh in memory. Very useful but expensive.

Use a template in Word that has the fields from the data entry program in case the computer goes down. CW will not loose data.

Case aids transporation-want ipads but don’t get it. Dictation to text would be helpful but didn’t get. Speech to text only for ADA compliant

Besides hiring, what things can help do job more efficiently
Remove redundancy from questions and forms. A lot of things go into multiple forms. Where does the CW put detail? In which report?

Wrapup

What is most important thing to know?

Participant asks “What is the average?”

Scott replies

Numbers can be accurate but only if they are simple cases.

Sarah Are these case load number accurate?

These numbers may be good for some workers but everyone is different. Workers do everything different from phone to notes to data entry. Some case workers spend more time talking to clients. Some case workers type really slow. It might be interesting to see the distribution.

Quality is key. Good notes take time.

These numbers are low. Lots of time waiting at court. When at court cannot enter data because there is no access. No computers. Tried to use prosecutor’s office computer.

Data collection is very hard. Lots of manual notes need to be entered into the system. Try to take notes while talking to client. SACWIS data entry is difficult with edits coming at the bottom. End up resubmitting report so it flows.

Scott-Knowing that there are variations, are these numbers good proportionally?

Expectations of state are much higher than with old manual data logs-written notes. Old manual notes were easier. You can’t write notes while you are listening.

It would be nice to record all my meetings so they are perfect. No interpretation.

Now you have double entry and the digital version is the official version. If it is not in case record it didn’t happen.

Any more questions?

Question from Participant- Were there anymore categories of indirect time?

What is not captured is when person is covering for other people even in time coverage study. Logging activities in under other people’s name. Don’t get credit for covering and managing other cases on medical leave.

Scott Are there categories you would add?

What about supervisor reviews
Scott  We struggled with that

Department meetings all the time not being collected.

Rotation for covering intake phone/Screening Room not covered in capture. CWs are spending time on this but it is not in the time study.

Kids corner-not captured taking care of kids while doing the intake paperwork. Some counties have people to take care of children while others have to manage kids and paperwork.

How do numbers reflect the difference in support systems in different counties?
PCSASO caseload Complexity Focus Group 11/10/2014 Cambridge (rural group)

1. Do you agree with survey results? (characteristics of most complex cases)
   Yes. General agreement

   Are any more significant?
   No

   Drill down…what is it about these characteristics that take more time?
   Substance abuse-heroin abuse. Parents not able to clean up. Parents can relapse several times. No quick
   turn around. “Constant baby sitting”. “Two steps forward ten steps back”.

   In all you are dependent on another agency or entity helping you.
   Substance abuse-dependent on counselor to get them in.
   Mental health. Sexual abuse must have doctor’s visits
   Juvenile court with the delinquents

   Cultural differences between families and self-ethnic background
   “I don’t understand the Spanish population”
   No language barrier.
   Expectations of what is normal are different by culture.

   They are all high risk. Have to do more contacts to monitor safety.

   Referencing answer above regarding coordinating with agencies: Do you feel like you can’t move forward
   unless hear back from agency?
   Can make it difficult to access risk if you can’t talk to service provider to see what kind of progress client
   is making.
   Expectations of care are different.
   Mental health facility “notorious for minimizing stuff that is more serious to us”
   In Athens county there is only one primary mental health and one substance facility. Do not have
   options for speed of scheduling. “..we are at their mercy.”

2. Any insight about discrepancy between logged activities and survey?

   With SACWIS you can only spend so much time. So many dropdown boxes by the time you get to the
   narrative you only put in the basics because you don’t have time to document. You might spend 2 hours
   with client and only have a 15 sentence narrative.

   Don’t have time to put all detail.
Question by participant: Time study did not show increase in time?

Scott: Major finding: county variability large, no statewide consistency.

Question by participant: Are we talking today about whole state or just small counties

People were told what was being studied so some “beefed up” their documentation and case work when they knew they were being studied.

There was discrepancy between full trip and time at client.

With substance abuse—multiple half hour attempts not captured. All that is captured is the 5 minutes with the client.

Not captured in survey: Negotiating with providers to take back clients because they are constant no show or calling around to adjoining counties to find facilities that will take clients and planning for getting them there.

People with substance abuse and mental illness avoid case workers.

Court involvement, only recording time in court – need 3 hours for one event

Getting people to identify the problem/understand their own role (mental health, substance abuse) and fix it is key role in case.

3. What do you think is the ideal number of cases?

8-10 is good. If over 10 you are just doing mandated things not working with family.

12-for ongoing if small cases

8-10 but I am in intake

8-12-ongoing

Senior case workers dividing up by court cases and focusing on those. Give voluntary to new workers.

Nothing over 12 for ongoing is good.

Contacts are with family not just with the children and parent. Especially if 4 children and they are in different locations.
County variation—supports staff different so it is hard to give a number. Are cases voluntary or custody? What kind of support staff do you have?

Spending time manning phone blocks out time that you cannot work on other things.

It is hard to say. If they are 12 sex abuse that is a lot. Forensic interview adds complexity. It depends on the number of cases.

a. What is the ideal distribution of cases?

Can’t figure that out. Just the way it fell. Feel like all of the cases are complex.

Low risk can easily get complex. Much agreement on this point.

4. Median number of hours on investigations. Do you agree with numbers?

Participant Question: is that from beginning to end?

Participant Question: Is that the top number? Sarah explains

Participant Question: does this include drive time, data entry and everything?

General agreement if it includes assessment, paperwork, and drive time.

Sarah: Are these the numbers that they should be? Should a low complexity case take 8 hours?

Yes if you include all drive and documentation time.

Sarah: And same for 20 for high complexity?

As a median yes but there is a huge spectrum on high. There are some cases where that number is extremely low.

Do you agree with numbers for per month ongoing cases?

High needs to be higher
Low needs to be higher-agreement-
just to find people can be difficult.
If intake is at 8 and they transfer than ongoing is already burnt.
It depends if you are opening the case plan that month there will be more hours but over the life of the case is gets closer.

Disagree with the average over month. Think it is too low. Spend the 8 hours a month just looking for the parents.

**High complexity?**

It varies. Lots of time just traveling. 12 hours of drive time for one child. Does not include time with parents, counseling

There is a difference between how much time spending now with high case load and how much time with ideal case time.

Taking more time with high case load-case going longer because they can’t spend the time up front.

**Anything more accurate?**

10 for low. Very difficult to find people to make contacts.

5. **Median hours spent on indirect case activities.**

Travel is low. I do a lot of transporting clients to . I spend 20 hours a week traveling

Travel much higher for rural. All think

Scott: *Is the time you spend in car social work?*

I think that you can get a lot of info out of people when in car.

Agreement, you get a lot of info.

That is much different between ongoing and intake. I have a minimum 15 min anywhere I go. Not transporting but looking for people; making contact. Much more than 20 hours.

Time in court is low. It depends on the judge. Traveling judges you could wait hours.

Time in court varies by case between types of cases.

Time in court low. You are locked in one place.

Time in court-have to do prep work. Write out motions. Write out complaints.

If defense subpoenas record you have to do review and redact. If in SACWIS have to print for court. Don’t have clerical support to pull records.
Attempted phone calls take time to enter. Anything with case goes into SACWIS. That takes time to enter attempted home visit.

Seasoned workers/level of experiences changes the amount of work you can do

Much agreement

Finding phrases/wording for documentation. Looking through documentation book to figure out what answering.

There are always new workers. Training new workers takes a long time

Much agreement. Training takes a lot of time.

SACWIS goes down and is slow but it has gotten better. It is particularly bad at the end of the month and beginning of month when everyone is adding data.

6. **What are some factors that allow you to save time?**

Dictation. Call activity logs in. Huge help.

Ipads help. Take notes at location. Foster homes it works.

IPads can be tricky. Tried to do that and it didn’t’ work. Kids want to play on ipad

Lot of clerical support. Legal Dept does complaints.

Have two transportation workers but can be difficult because they are busy.


Interns help. Much difference about the ability of interns. Some counties don’t allow interns to do much. Interns can do a lot of work but they don’t count for time tracking.

Volunteers help. Background check and tutoring.

Some counties have 35 hour work week.

Lots of meetings not related to clients directly. Not much time to do work.

Particular juvenile court judge demands a lot. Court ordered to do lots of things (pick lice) to make sure they happen.
Procedural things that will save time?

Less meetings.

Assign cases by geographical areas. This was helpful. It can break when people move.

When doing AR call before do visits. Schedule before you come out.

Besides hiring, what things can help do job more efficiently

Get as many services together at the same time as possible. Family group conferences with service providers and family.

We are meeting to death at agency but sometimes they are helpful. Gets families into services quicker.

We don’t know, if we did we would have tried it.

Case workers should have been on technology board because data entry system is difficult and redundant

Having contact point coordinating specific issues. Mental health, independent living.

What is most important thing to know?

Can’t do quality work if you have too many cases.

What is captured in SACWIS is what is needed to be compliant not what is actually needed on the ground.

25% of job is data entry

Spend lots of time on data entry.

When not enough time, focusing on more important cases and neglecting less needy family.

When cases are high you feel like you are not doing your job but you are not going to sacrifice your own life because the county won’t hire people.

If you can spend more time on low risk cases they don’t because high risk cases. Respondent wanted to emphasize.

Doing social triage. Putting Band-Aid on case until the case becomes critical. Work on high priority cases until low priority case become problem. Then they work on those.
Supervisor Group Summary Notes

PCSAO Supervisor Focus Group
Franklin County Children Services
January 28, 2015
Focus Group Notes

Slide 1

**Question 1a:** Do you agree with the survey results?

- Are the results in any particular order?
  - No they are not (Sarah)
- General agreement by the group with survey results shown on slide
- Need to include medically fragile persons – it can be difficult to account for them and meet their needs if the case worker is not trained for particular conditions
  - Agreement – especially if the person has very specific conditions/needs
- 4 or more kids in a family is an issue
  - The kids may be in multiple locations that make it more difficult to connect and takes more time

**Question 1b:** Are there any characteristics that you feel are even more significant in terms of adding to the amount of time spent on a case?

- Uncooperative families – spend so much time trying to engage
  - Requires more visits, getting them to engage with service providers
  - More time spent verifying attendance at appointments
  - Voluntary cases with uncooperative families are the worst
- In smaller counties cases with court involvement – the case worker must go to court because there aren’t other staff to go as may be the case in larger counties
- Domestic violence – require a lot more effort – more factors such as legal issues, safety of adults, etc.
- Parents with developmental delays require more service providers and it is difficult to engage a parent who does not understand the process
- Delinquent/unruly cases – courts & children services (CS) go back & forth about how to handle the kids. CS don’t always have access to the appropriate services to meet kids’ needs so kids just get passed between the justice and CS systems
  - Kids who are AWOL from placement don’t get treatment, then the courts become involved, creates more issues to work through

**Question 2a:** Can you provide insight into discrepancy between case worker rated complexity issues and time study results?

- Just reading the documentation provided by services takes a lot of time
- Time spent sitting in court – often just waiting, not actually working on the case
- Does this account for differential versus traditional response cases?
  - (Scott) It does, but they didn’t see differences based on response type, difference were really by county.
- Don’t really have low needs cases anymore, pretty much all cases that go to ongoing are high needs – have all of those [complexity characteristics shown on Slide 1]
- There were problems with misinterpretation about what to record and what is required versus optional
- Drive time is not included
• Time spent waiting in court – case workers are working on other things but don’t get logged
• Lots of placements out of county, so drive time is huge
  o parents may be in disparate counties
  o many [smaller] counties lack specific services in their county so have to drive to neighboring counties
• not documenting time to conduct and document referrals – paperwork takes a lot of time
• family visits are not captured – if the child they went to see is not there, but case worker does a sibling visit

Question 2b: In other words, do you think there is something about these cases that isn’t captured in logged activities but still adds to the time or effort spent on the case?

• May not capture visits with multiple tasks/activities as multiple activity logs
• Some may not document in the most efficient way
  o Variations in how logs are documented
  o Some just leave the log open and do one log per family per day
  o Some don’t use the available technology so they have to re-document to complete the log – use pen and paper during visit instead of iPad and just entering data once
• Documenting the activity log itself takes time – several minutes for each activity log and they are doing many per day

Slide 2

Question 3a: Looking at the estimates of time spent on case investigations of low, medium, and high complexity, do you think they are high, low, or just about right?

• Seem low
  o Can’t do a low complexity case in 8 hours – paperwork, travel, visit, etc. Estimate is low
  o All three case complexities are underestimates
• AR cases – workers go out weekly for visits
  o Open for at least 45 days (Guernsey) – high complexity
  o In intake for well over 100 days (Clermont) – high complexity

Slide 3

Question 3b: Looking at the estimates of time spent on ongoing cases of low, medium, and high complexity, do you think they are high, low, or just about right?

• Way underestimated
• Everyone doesn’t’ have all high complexity cases all of the time
  o Workers don’t have more than 9-10 cases at once, but there is an ebb and flow (Guernsey)
  o For the cases that are high complexity that month – spend way more than 20 hours, especially if prepping the case with the courts
• Even if the case worker spends about 20 hours, there are other people who spend time too – other staff may supervise visits, provide transportation, etc. – especially in larger counties with more specialized staff & resources
• Depends on the case worker too – some spend more time and effort (e.g. go door-to-door versus letting something slide). There is a lot of fluctuation depending on the person
• (Sarah) You said all cases are high need. Does that mean all cases fall into the 3rd column?
Supervisor Group Summary Notes

• Depends on the case – crises may come up during a case that makes it high complexity, but then it settles down
• High complexity up-front but then less time later
• Depends on case management skills – good case workers do the upfront work to avoid crises and complexity later in the case

• (Sarah) Sounds like there are a lot of factors that go into case complexity. So does it make sense to categorize cases by complexity?
  o It’s difficult because cases can go from low to high quickly
  o There is value to it, but need to understand that cases change and fluctuate
  o Supervisors kind of categorize them now when distributing case loads
  o Sometimes the case type is a better way to consider them
    ▪ Example: Custody versus voluntary – it seems like voluntary is easier, but court support can make custody cases easier, just depends on the case & family
  o County matters too, different requirements for visits impact time and complexity
  o Summer is usually lighter – don’t have school meetings

Slide 4

Question 4: Do you agree with median hours spend on indirect case activities each month?

• Varies – as a rural county don’t spend much time in court, but lots of time driving. It might be 1 hour just to go to a single visit
• It’s telling that SACWIS is the largest chunk of time
• Group feels it just depends – don’t really agree or disagree with the numbers

Question 5: What do you think is the ideal number of cases for a worker to carry?

• At intake or ongoing?
• At intake 14-15 intake assignments per month seems reasonable
• Recently restructured the board – were getting 20+ intake cases per month, but now is 13-14 which is reasonable
  o Workers aren’t getting a case everyday (20 days per month) – “gives time to breathe”
• Each supervisor will distribute assignments by complexity/case type but not a single uniform system to do that
• You don’t really know how complex a case will be until start investigating because you only have the report to go off of
• For ongoing, currently averaging 14-16, which is a little high
  o Ideal would be about 12
  o Agree – 12 would allow more time for engagement with the family and to address complex issues as opposed to only putting out fires, which is what happens with 15-18 cases
• 8 ongoing cases would even be enough – still plenty to do to be busy, case workers would just be more involved in their cases
• (Sarah) How can you tell the caseload is too high?
  o Can just tell
    ▪ Looks on their faces, don’t make eye contact
    ▪ Do less documentation
    ▪ Maybe miss or do fewer visits, supervisor will hear from the family

Slide 5
Question 6a: Do you agree with the factors listed as those that save time on casework?

- In Franklin County, because of unavailability of technology, case workers are limited in what they can do from home
  - Would be nice to be able to have speak to text for documentation
- Properly trained staff would save time and money – need more practical, hands-on experience and training
  - Improve recruitment, retention, and training

Question 6b: What resources, besides more funding/hiring more people, could help case workers to do their jobs more efficiently?

- Just passed a mental health levy. Improved access to mental health services is big
  - In rural areas, may not have nearby access to services (e.g. AOD treatment)
- Trying to link parents with cognitive disabilities with the Board of Developmental Disabilities
- Have trouble with difficult to place kids – need to improve connections and resources
- Don’t have the capacity to deal with unruly kids – they go AWOL but residential placements can’t handle them. CS does not have access to locked residential facilities
- More connections and coordination with service providers and related services (e.g. treatment)
- Affordable housing is a challenge
- LGBTQ services and supports – some families may be dealing with perception and religious issues
- Human trafficking is a challenge – pushing awareness and trying to do training internally.
  - Have limited providers available to deal with complex issues such as this
- Mental health providers work on billable hours, so it’s tough to get them to do training around new issues
- Trying to make the agency more aware of and accommodating to the needs of LGBTQ kids
  - Being more aware of issues may save time by making engagement smoother and quicker. If workers understand issues like LGBTQ needs, they can address them and engage with families better
  - If you show you are knowledgeable and aware, the family will trust you and look at you as the expert
  - If you can provide resources specific to their needs, especially on the spot, you can avoid issues and fires later

Final Question: Of everything discussed about caseload complexity, or things not discussed, what is the most important thing for us to know?

- Ohio needs to fund child welfare better
- A lot of case workers view child welfare case work as gunge/springboard work, not a lifelong career
  - Need to figure out how to retain caseworkers for a career
- Training needs – a lot of training ends up falling on the supervisors
  - Training and retention are key – more experience case workers are just better – need to figure out how to keep them
- Counties are all very different – resources vary, processes are different
  - Resources may be more readily available in more urban counties, but case workers often have heavier loads

Revisiting caseload size questions:

- (Scott) Can you give specific number of ideal caseloads for ongoing and intake?
  - 10-12 is a good number for ongoing
Supervisor Group Summary Notes

- 14-16 is a good number for intake
- These numbers are generally thinking of this from a perspective of a top performer. Those still developing and in-training would, ideally, have fewer.