



Ohio Child Welfare Functional Job Analysis Research
Caseload Complexity Survey
Quantitative & Qualitative Analysis – Complexity Ratings
September 19, 2013

Public Children Services Association of Ohio

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Introduction

After the July 19, 2013 meeting of the Functional Job Analysis Oversight Committee, and the presentation of the results of the caseload complexity survey; the results raised a number of additional questions and opportunities for further analysis. PCSAO was assigned the task to complete the Qualitative (text) Analysis and identify how these results could potentially add additional data in the calculation of case assignments and their complexity.

The Quantitative Data was reviewed and compared to the 1,891 Qualitative Responses to identify repetitious answers and identify responses that need to be measured for their potential value. Each Qualitative Responses are listed by the most frequently used words or phase.

In addition, the Quantitative Data was separated and analyzed. A sampling (5 counties) were selected by the size of the counties ranging from Small to Major Metro, the data collected identified that some counties regardless of size and geographic location, have similarities but most have their own individual issues.

Throughout this report, “n” indicates the number of respondents to the given question. In addition to the median, the Oversight Committee chose to present a range that encompasses the “middle 50” – referred to as the interquartile range from the 25th percentile to the 75th percentile – so as to eliminate likely outliers; thus, the use of “Middle-50 range,” sometimes abbreviated “mid-50 range,” throughout.

Functional Job Analysis Oversight Committee

PCSAO is grateful to members of the Oversight Committee for lending their valuable time and outstanding expertise to this important project. We also acknowledge Cuyahoga County Division of Children and Family Services and Franklin County Children Services for their generous financial support of this project.

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Question 6 - Child characteristics: Rank these characteristics of the child from 1 - 8, with 1 being least complex/least time and 8 being most complex/most time.

Characteristic	N	25th Percentile	50th Percentile (Median)	75th Percentile	Mode	Std. Deviation	Range
Foster-to-adopt infants	363	1	2	4	1	1.981	8
Children with multiple disabilities or special needs	564	4	5	7	6	1.937	8
Older children seeking adoptive placements	328	3	5	7	6	2.078	8
Runaways	494	2	4	5	4	1.941	8
Juvenile delinquents/juvenile justice youth/unruly and delinquent	558	4	5	7	6	1.950	8
One child in the case	574	1	2	3	1	1.546	8
Two or three children in the case	574	2	3	5	3	1.555	8
Four or more children in the case	565	4	5	6	4	1.779	8

FJA – Question 7 - Showing 27 Most Important Words and Phrases - What other child characteristics impact complexity level, and how so? (n=353)

Important Words/Phrases	Percentage	# of Times Identified
1. Mental Health	21%	77
2. Issues	16%	59
3. Child	14%	52
4. Parents	13%	49
5. Case	11%	42
6. Family	10%	36
7. Age	5%	20
8. Placed	4%	15
9. Court	3%	11
10. Foster Homes	1%	7
11. Adults	1%	6
12. Disabilities	1%	6
13. Trauma	1%	6
14. Behavior Problems	1%	5
15. Drug Abuse	1%	5
16. Teens	1%	5
17. Sexually Acting	1%	4
18. Attitude	1%	4
19. Trying	1%	4
20. Drug Exposed	0%	3
21. Criminal Charges	0%	3
22. Disruptions	0%	3
23. Injuries	0%	3
24. Living	0%	3
25. Not Allow	0%	3
26. Impact Complexity	0%	2
27. Juvenile Sex Offenders	0%	2

In reviewing the data from the Quantitative Analysis Question #6, the top four issues are:

1. Children with multiple disabilities or special needs
2. Juvenile Delinquents/Juvenile justice youth/unruly delinquent
3. Four or more children in a case
4. Children Seeking Adoptive Placements

In reviewing the Quantitative and Qualitative Responses, the respondents prepared short answers or a narrative to elaborate on their previous answers. Samples of some of their responses are listed below. The eight quantitative responses absorb most of the qualitative responses. However, particular attention should be considered to the last ten remaining Words/Phrasing as they have frequently been out of the scope of the quantitative responses.

Mental:

Barriers to service such as no income, no health care, no transportation, domestic violence, substance abuse, mental illness etc. Those greatly impact a family's ability to maintain stability and complete case plan objectives.

Issues:

Availability of community resources (i.e. small and rural county agencies have to seek resources outside of their vicinity, which leads to increased transportation time and also the time it takes to research resources they are not familiar with (2) Smaller pool of available foster parents. Heavy workloads prevent appropriate amounts of time being allocated to foster care recruitment and licensing. Smaller agencies are left to place with other networks or enter into shared home agreements with other counties, which creates issues with getting children to appointments and more transportation time making monthly visits.

Child:

It depends on the special needs of a child and the dually diagnosed children are harder to deal with, which are usually the older children that display the behaviors more than the younger children who may not display the more inappropriate behaviors. The mental health issues of a child that masks itself in other ways and no one really sees the MH issue.

In reviewing all the written responses, we focused on the bottom ten word/phrases to identify any blatant missed avenues of needs of our consumers.

• Sexually Acting	1%	4
• Attitude	1%	4
• Trying	1%	4
• Drug Exposed	0%	3
• Criminal Charges	0%	3
• Disruptions	0%	3
• Injuries	0%	3
• Living	0%	3
• Not Allow	0%	3
• Impact Complexity	0%	2
• Juvenile Sex Offenders	0%	2

Sexually Acting:

1. Sexually acting out
2. Children with sexual acting out behaviors.
3. Sexually acting out.
4. Sexual acting out seems to greatly increase complexity with regard to finding permanency.

Attitude:

1. Attitude towards being in foster care.
2. The attitude of a child (whether they hold resentment, realize that they needed out of their situation)
3. Overall attitude of the children.
4. Juvenile Sex Offenders Attitude of the child. Child substance abuse.

Trying:

1. Delinquency just because you are trying to find how you can help this child when the court system is not doing anything.
2. Teenagers in Permanent Custody, trying to find a permanent connection for them, when their permanent connection is their bio-family
3. Truancy issues - trying to get the children to go to school everyday. Child involved in juvenile court and continues to not attend school every day.
4. Trying to find placement for unruly/delinquent youth outside of residential.

Drug Exposed:

1. Drug exposed babies
2. Drug exposed children
3. Special needs children, drug exposed infants.

Criminal Charges:

1. Functioning level, criminal charges, nature of charges (misdemeanor, felony, sex offense, etc.)
2. Criminal charges for the parent
3. Children that have criminal activity and charges pending and there is not a protective need.

Disruptions:

1. placement disruptions
2. School disruptions, multiple placements and families who are not meeting their case plan goals.
3. Placing children due to disruptions (at least 2 a month).

Injuries:

1. serious injuries
2. injuries, DV, removal.
3. Severe maltreatment such as severe injuries or sexual abuse with inconclusive evidence. Service team then has to make decisions with a big impact on the family (separation, placement, adoption, reunification with possible risk) where it 's not clear what the best decision is. Special needs kids (DD, mental health) that are aging out of child services with inadequate supports as adults; these young adults can't support themselves and may have inadequate family and community supports as adults.

Question 8 - Family characteristics: Rank these characteristics of the family from 1 - 6, with 1 being least complex/least time and 6 being most complex/most time.

Characteristic	N	25th Percentile	50th Percentile (Median)	75th Percentile	Mode	Std. Deviation	Range
Sex Abuse	541	3	4	6	6	1.615	6
Intimate Partner Violence	568	3	4	5	4	1.394	6
Substance Abuse	579	3	4	5	5	1.497	6
Mental Illness	579	3	4	6	6	1.471	6
Homelessness	569	2	2	3	2	1.408	6
Poverty	578	1	1	3	1	1.419	6

Question 9 - Additional family characteristics: Rank these characteristics of the family from 1 - 5, with 1 being least complex/least time and 5 being most complex/most time.

Characteristic	N	25th Percentile	50th Percentile (Median)	75th Percentile	Mode	Std. Deviation	Range
Fatherhood/ family search and engagement	559	2	3	3	3	1.181	5
Extended/paternal family member involvement	575	1	2	3	2	1.194	5
Older caretaker	572	1	2	3	1	1.188	5
Poor parenting skills	576	3	4	5	4	1.224	5
Low cognitive ability of caretaker	569	3	4	5	5	1.184	5

FJA- Question 10 - Showing 28 Most Important Words and Phrases - What other family characteristics impact complexity level, and how so? (n=257)

Important Words/Phrases	Percentage	# of Times Identified
<u>Parents</u>	21%	55
<u>Involvement</u>	10%	28
<u>Services</u>	10%	27
<u>Children</u>	8%	23
<u>Abuse</u>	8%	23
<u>Mental Health</u>	6%	17
<u>Family Members</u>	5%	15
<u>Support</u>	5%	15
<u>Willingness</u>	4%	12
<u>Custody</u>	4%	11
<u>Issues within the Family</u>	4%	11
<u>Fathers</u>	3%	10
<u>Family History</u>	3%	10
<u>Problems</u>	3%	8
<u>Living</u>	3%	8
<u>CPS</u>	1%	5
<u>Criminal History</u>	1%	4
<u>Conflict</u>	1%	4
<u>Resources</u>	1%	4
<u>Criminal Activity</u>	1%	3
<u>Cultural Beliefs</u>	1%	3
<u>Mental Illness</u>	1%	3
<u>Family Dynamics</u>	1%	3
<u>Increase the Complexity</u>	1%	3
<u>Allegations</u>	1%	3
<u>Poor Relationship</u>	0%	2
<u>Kinship Care</u>	0%	2
<u>Number of People</u>	0%	2

In reviewing the data from the Quantitative Analysis Question #9, the top three issues are:

1. Low Cognitive Skills
2. Poor Parenting Skills
3. Fatherhood/Family search and Engagement

In reviewing the Text Analysis, the respondents prepared short responses or a narrative to elaborate on their previous answers. Samples of some of their responses are listed below.

In reviewing the Quantitative and Qualitative Responses, the respondents prepared short answers or a narrative to elaborate on their previous answers. Samples of some of their responses are listed below. The five quantitative responses absorb most of the qualitative responses. However, particular attention should be considered to the last ten remaining Words/Phrasing as they have frequently been out of the scope of the quantitative responses.

Parents:

1. Insight of individuals into their own issues if they are the parent, and other family members' understanding/insight into the parents issues and children's issues.
2. Differentiating parenting practices, because each child is raised differently and each family member has a different way of raising that child.
3. That extended family can be positive and negative for the family. There are a lot of parents that don't do what is necessary to get their children back when a relative has them and they know that the children are OK and they can continue in their destructive choices and the children still suffer.
4. The parent's willingness to engage in services and the attitude they display towards supportive services greatly impacts how much they will get out of the services and how the children will perceive their own services. Parents with low IQ coupled with drug addiction and/or personality disorder can be particularly challenging due to limited services for this clientele.

Involvement:

1. Their level of understanding why CPS is involved-There are times when we have to continue to review the reason for our involvement, months after the initial investigation, which can take time and it can also take away from progress being made.
2. Willingness of involvement Comparison of where the mother/maternal family live vs. father/paternal family
3. Past history of services involvement.

Children:

1. Basically just not engaging in services so the children can be reunified.
2. Poor relationship between family members often leads to reporting on one another and many times coaching of the children.
3. Insight of individuals into their own issues if they are the parent, and other family members' understanding/insight into the parents issues and children's issues.
4. Children under the age of 5- no eyes on the child (not school age). Divorcing/feuding parents (custody battle)- repeated false allegations
5. Multiple children with different fathers/mothers. Past trauma of family memvbers. Too few workers employed to get the job done well enough to benefit families.

In reviewing all the written responses, we focused on the bottom ten word/phrases to identify any blatant missed avenues of needs of our consumers.

Resources	1%	4
Criminal Activity	1%	3
Cultural Beliefs	1%	3
Mental Illness	1%	3
Family Dynamics	1%	3
Increase the Complexity	1%	3
Allegations	1%	3
Poor Relationship	0%	2
Kinship Care	0%	2
Number of People	0%	2

Resources:

1. Access to resources
2. How the family interacts as a unit, the services they need to fix the issues, the resources/support system they have effect complexity. Just because you are working with an older caretaker on a case, it doesn't mean the case will be complex unless there are a lot of needs or deficiencies with that person. That person could be seen as a strength as well.
3. The relationship between the parents, neighborhood/geo, accessibility of neighborhood resources, transportation
4. limited resources

Criminal Activity:

1. Caretakers cognitive ability/mental illnesses are very significant in regards to complexity level. Caretakers criminal activity impacts complexity level as well.

Caretakers employment status very much affects the availability of the family to work with.

2. criminal activity/involvement
3. Drug use and other criminal activity

Cultural Beliefs:

1. family beliefs such as different cultural values
2. Mental Health, cultural beliefs and religious beliefs.
3. Ethnicity / cultural beliefs. Family members that have no criminal/child welfare history.

Mental Illness:

1. Dual issues such as Drugs and mental illness
2. members with mental illness and substance abuse
3. It is difficult to rank these in order to least and most complex because each characteristic varies from person to person. For example, in one case mental illness might be well controlled with the client being cooperative with services, while in another, the mental illness itself is more severe, not controlled with medication or the parent is noncompliant. Also, a big family characteristic that impacts complexity level is the amount of cooperation, initiative and compliance there is from the family. For example I could have a case that has multiple factors that typically cause a case to be more involved and complex, but if the parents and family are motivated and willing to make changes, this makes the case much easier to work.

Family Dynamics:

1. Family dynamics and insight of the family to needed changes.
2. History of nuclear and extended family dynamics (dysfunctional); Family history of abuse/neglect either that current parent was exposed to or lengthy history as parent;
3. family dynamics play a large part in how complex a case can be. Families where a child is placed with relatives where there is a hostile relationship between parents and relative caregivers often result in a lot of phone calls reporting concerns that constantly need addressed.

Increase the Complexity:

1. most cases have combinations of the above characteristics which also increases complexity

2. The extended family's relationship with the biological parents can increase the complexity if the family is not willing to work with the parents or makes excuses for them.
3. Families who are dealing with legal/criminal issues can increase the complexity level of a case. It can be harder to get parents to work with you if they are concerned about the active warrant they have. This can increase the time spent searching for a parent(s) or coordinating services for them while they are temporarily incarcerated.

Allegations:

1. Single parent families & cooperative 2 parent families are less complex than families with parents that are combative with each other. The latter create many bogus referrals, particularly when attempting to use DCFS to obtain custody. These families also try to bring SW's into custody cases they've already filed with the courts. Combative parents typically have relatives that call SW's more than cooperative parents, and the relatives usually add to suspect allegations or create additional questionable allegations.
2. Children under the age of 5- no eyes on the child (not school age). Divorcing/feuding parents (custody battle)- repeated false allegations
3. Families that deny all the allegations are true and minimize the concerns when there is evidence contrary to what they are reporting.

Poor Relationships:

1. Poor relationship between family members often leads to reporting on one another and many times coaching of the children.
2. poor relationship with MGM and mom, when MGM is caring for her daughter's kids.

Kinship Care:

1. Family has other family adult members in same house. Relationship of family with mother of the children when children put in kinship care. Legal issues w/ family. school.
2. The Kinship Care Approval process

Number of People:

1. Number of people living in the home.
2. For investigations, the number of people residing in a home increases the time that the investigation takes, as it often requires multiple home visits to interview all household members.

Question 11 - Case status: Rank the following case characteristics from 1 - 4, with 1 being least complex/least time and 4 being most complex/most time.

Characteristic	N	25th Percentile	50th Percentile (Median)	75th Percentile	Mode	Std. Deviation	Range
Voluntary	556	1	1	2	1	1.087	4
Court-ordered in-home protective services	550	2	3	3	2	0.865	4
Court-ordered kinship protective services	525	2	2	3	2	0.894	4
Court-ordered custody/paid placement	546	4	4	4	4	1.085	4

FJA – Question 12- Showing 27 Most Important Words and Phrases - What other case characteristics impact complexity level, and how so? (n=208)

Important Words/Phrases	Percentage	# of Times Identified
<u>Case</u>	22%	47
<u>Family</u>	20%	43
<u>Children</u>	13%	29
<u>Placements</u>	13%	28
<u>Court</u>	12%	27
<u>Visits</u>	6%	14
<u>Safety Plans</u>	5%	12
<u>Care</u>	4%	9
<u>Providers</u>	3%	7
<u>Distance</u>	2%	6
<u>History</u>	2%	6
<u>Foster Home</u>	2%	5
<u>Meetings</u>	2%	5
<u>Cooperation of the Parents</u>	2%	5
<u>Resources</u>	2%	5
<u>Alternative Response</u>	1%	4
<u>Client</u>	1%	4
<u>Worker</u>	1%	4
<u>PPLA</u>	1%	3
<u>Level of Cooperation</u>	1%	3
<u>Shared</u>	1%	3
<u>Ability</u>	1%	3
<u>Age of Child</u>	0%	2
<u>Intent to Grant</u>	0%	2
<u>Status of the Foster</u>	0%	2
<u>Versus</u>	0%	2
<u>Sibling</u>	0%	

In reviewing the data from the Quantitative Analysis Question #11, the four issues are:

1. Court-ordered Custody/Placement
2. Court-Ordered In-home Proactive Services
3. Court-Ordered Kinship
4. Voluntary

In reviewing the Text Analysis, the respondents prepared short responses or narratives. Samples of some of their responses are listed below.

In reviewing the Quantitative and Qualitative Responses, the respondents prepared short answers or a narrative to elaborate on their previous answers. Samples of some of their responses are listed below. The four quantitative responses absorb most of the qualitative responses. However, particular attention should be considered to the last ten remaining Words/Phrasing as they are have frequently been out of the scope of the quantitative responses.

Case

1. Families involved in wrap-around services through the county MH board or through DD. Families with several case plan needs such as a combination of mental health and substance abuse.
2. Level cooperativeness specific concerns of the case. Is it the child or parents with greater issue.
3. My most difficult case is communicating with a foster mother. She does not like bio mom and appears to have taken sides with bio dad who refuses services for substance abuse.
4. Degree of cooperation with the agency, cooperation with other family members or foster care providers. This can either help or hinder case management and time spent doing so.
5. Having many family members involved (or not involved) in a case can increase significantly the amount of time on the phone.
6. when family members are out of county. Sometimes there is no one in our county but the court will make us keep the case.
7. Cases received from Juvenile Court of delinquent children that are placed in agency's custody.
8. all the paperwork that is included when taking custody of a child, especially if there is more than one child. The mandated requirements of seeing children in placement while still maintaining other cases and getting new cases. Transferring cases to ongoing is taking a very long time which is creating more responsibility for the intake worker.
9. Safety plans increase the complexity and require the most time making voluntary cases the most time consuming.

Family:

1. Lack of cooperation from the family impacts complexity level. A case can be court-ordered, but that doesn't mean that a family will actually cooperate.
2. The history the family may have with Children's Services overall. The family's cooperation or resistance through the matter.
3. Families involved in wrap-around services through the county MH board or through DD. Families with several case plan needs such as a combination of mental health and substance abuse.

Children:

1. In custody situations, the family's willingness to participate in services to help the child reunify can be difficult, as in situations with older children, parents are more ingrained in their behaviors and parenting, thus they tend to place all of the blame on the child and lack insight. Kinship can pose difficulties because kin caregivers are less inclined to cooperate with substitute care rules and recognize the importance of services for the children in the home. Kin caregivers often do not realize that they will be taking on significant added responsibilities.

In reviewing all the written responses, we focused on the bottom ten word/phrases to identify any blatant missed avenues of needs of our consumers.

Worker	1%	4
PPLA	1%	3
Level of Cooperation	1%	3
Shared	1%	3
Ability	1%	3
Age of Child	0%	2
Intent to Grant	0%	2
Status of the Foster	0%	2
Versus	0%	2
Sibling	0%	

Worker:

1. Not ongoing worker, don't experience these issues.
2. all the paperwork that is included when taking custody of a child, especially if there is more than one child. The mandated requirements of seeing children in placement while still maintaining other cases and getting new cases. Transferring cases to ongoing is taking a very long time which is creating more responsibility for the intake worker.
3. Paperwork and meetings bog down the worker/client contacts.
4. where children are placed in relation to worker.

PPLA:

1. Multiple legal status in cases. Like PPLA and temp custody of children in the same case.
2. Youth In the PPLA
3. PPLA

Level of Cooperation:

1. Lack of cooperation from the family impacts complexity level. A case can be court-ordered, but that doesn't mean that a family will actually cooperate.
2. level of cooperation of the substitute care providers with the job they are supposed to do
3. Depending on the level of cooperation of the parents and the children. Kinship placements can be very useful but on the other hand they can be extremely difficult.

Shared:

1. Relative placements would be a 5 if it were an option. Too many relatives expect to be paid as a foster parent and/or interfere with services. Too many relative placements fail in Cuyahoga County because many of the families share the same issues as the parent that lost custody; and, many of the relative placements abruptly quit wanting to provide any care because the child doesn't have perfect behavior.
2. Past experiences with the agency, especially negative experiences can make cases more complex. Lack of cell phones and land lines that client's possess make cases much more time consuming. All contact then has to be face-to-face, which means drive time, scheduling visits that you can't later adjust, and possibly going out and missing them creating a situation where you have to go out again, just to share information that could have been shared over the phone.
3. Shared cost with collateral agencies.

Ability:

1. Parents outside of the home can impact the ability to provide immediate safety if notice cannot be given.
2. Ability to locate the family, cooperation from the family.
3. age of child, ability of caretaker to protect

Age of Child:

1. age of child, ability of caretaker to protect.
2. age of child

Intent to Grant:

1. Intent to grant custody- require home study and staffing along with traditional investigation tasks.
2. Intent to grant custody cases received from Juvenile Court. Often, there are not concerns of abuse or neglect, but rather parenting skill issues or delinquent teens.

Status of the Foster:

1. Status of the foster home. Now that most are registered as being specialized they require home visits at the same frequency as therapeutic foster homes.
2. Employment status of the foster parents affects availability of times services can be provided.

Versus:

1. ProtectOHIO versus traditional status.
2. Custody cases with children with special needs can be especially overwhelming. Caseworkers are filling out extensive paperwork and constantly updating the med/ed forms to reflect current medical changes. Additionally children in treatment foster homes require more intensive services than children in residential centers, as caseworkers have to coordinate services (versus residential centers where services are automatically in place and on site in a comprehensive way). Similarly to family complexity characteristics, kinship placement can be difficult when working with relatives who do not get along with each other.

Sibling:

1. One sibling is placed out of the home the other remain in the home
2. WHEN CUSTODY CASE GO PC, AND THERE IS A LARGE SIBLING GROUP, AND TIME CONSUMED FOR WHAT THE WOR HAS TO DO TO GET THAT CASE READY FOR TRANSFER.

Question 13 - Placement needs: Rank the following on a scale of 1 - 10, with 1 being least complex/least time and 10 being most complex/most time.

Characteristic	N	25th Percentile	50th Percentile (Median)	75th Percentile	Mode	Std. Deviation	Range
Basic foster care	502	1	2	4	1	2.066	10
Kinship/grandparent placement	522	1	3	5	1	2.246	10
Foster care licensing/certification	210	2	4	6	1	2.816	10
Adoption approval	225	2	4	6	2	2.816	10
Adoption cases with sibling groups	254	3	6	8	9	2.606	10
Treatment foster care	475	3	5	6	4	2.177	10
Group/residential placement	470	3	5	6	6	2.417	10
Multiple moves	496	4	6	8	7	2.451	10
Out-of-county placement/ICPC	457	3	5	7	6	2.527	10
Siblings in different homes	505	4	5	7	5	2.393	10

FJA – Question 14- Showing 22 Most Important Words and Phrases - What other placement issues impact complexity level, and how so? (n=178)

Important Words/Phrases	Percentage	# of Times Identified
<u>Placement</u>	24%	43
<u>Children</u>	16%	29
<u>Visits</u>	12%	22
<u>Needs</u>	11%	21
<u>Caregivers</u>	8%	15
<u>Foster Parents</u>	6%	11
<u>Foster Homes</u>	5%	10
<u>Kids</u>	3%	6
<u>Treatment</u>	3%	6
<u>Consuming</u>	3%	6
<u>Experience</u>	2%	5
<u>Involved</u>	2%	5
<u>Network</u>	2%	5
<u>Required</u>	2%	5
<u>Unknown</u>	1%	3
<u>Takes away from other Cases</u>	1%	3
<u>Willingness</u>	1%	3
<u>Supportive Services</u>	1%	2
<u>Contact</u>	1%	2
<u>Limited</u>	1%	2
<u>Particular</u>	1%	2
<u>Trying</u>	1%	2

In reviewing the data from the Quantitative Analysis Question #13, the top five issues are:

1. Multiple Moves
2. Adoption Cases with Siblings Groups
3. Siblings in Different Homes
4. Out of County Placement/CPC
5. Treatment Foster Care

In reviewing the Text Analysis, the respondents prepared short responses or a narrative to elaborate on their previous answers. Samples of some of their responses are listed below.

In reviewing the Quantitative and Qualitative Responses, the respondents prepared short answers or a narrative to elaborate on their previous answers. Samples of some of their responses are listed below. The ten quantitative responses absorb most of the qualitative responses. However, particular attention should be considered to the last ten remaining Words/Phrasing as they are have frequently been out of the scope of the quantitative responses.

Children:

1. Due to immediate removal it takes a lot of time to travel to all of the different relatives homes to do site and safety checks. Also doing all the police checks on the family while trying to make sure the children are being watched, then placed.
2. How far out of county a placement is makes a difference as to the time spent. The cooperation of the foster parents in assisting with foster children's needs varies. The foster parents who don't want to transport, communicate with parents about appointments for children, or interject their feelings into a case to prevent reunification create major obstacles in working reunification.

Visits:

1. Parents not attending visits.
2. Number of active parents per case can increase the complexity of the family dynamic and require more time to schedule and manage visitation and link family members with services and monitor those services.
3. Bi weekly treatment foster care visits. Agency/supervisor demands us to flex out and sometimes the drive one way may be an hour and 45 min. You spend at least 30-50 min on the visit if there are at least two siblings. Then having to flex next day pushes back caseload paperwork. Very draining. Attempting absent parents out of county three times a month and still having to flex out the next day.
4. Culture ,religion and visitation
5. Willingness of the foster/kinship placement to facilitate reunification. Foster/kinship care givers willingness to help transport for visits.

In reviewing all the written responses, we focused on the bottom ten word/phrases to identify any blatant missed avenues of needs of our consumers.

Network	2%	5
Required	2%	5
Unknown	1%	3
Takes away from other Cases	1%	3
Willingness	1%	3
Supportive Services	1%	2
Contact	1%	2
Limited	1%	2
Particular	1%	2
Trying	1%	2

Foster Parents:

1. Foster parents not trained for the child they accept. Poor skills with foster care workers and not explaining the role as a foster parent
2. When a child is not up for adoption, but a foster parent wants to adopt, this can be difficult for the foster parent, the child, and the parent who is working towards reunification.

Network:

1. The foster parent's cooperation. I've had a few foster parents tell me as soon as I arrive with the child that they don't drive to appointments. Some foster parents aren't prepared for emergency placements and the possibility that the SW has only known the child a few hours and has no clothes other than what the child is wearing. Network workers assigned to those foster parents have typically been of little help to the foster parent, SW, or the child.
2. agency or network home, services available from network for foster children to engage in
3. Different network policies that are different than our agency policies.
4. transportation issues with relative placements and network placements.
5. County foster home vs. Network foster home

Required:

1. Instability in placements is very significant. Also, treatment foster homes require twice the effort. It should be noted that some cases have multiple treatment homes involved in a single case.
2. Number of active parents per case can increase the complexity of the family dynamic and require more time to schedule and manage visitation and link family members with services and monitor those services.
3. The needs of the children, the needs of the family, the blending of attitudes of the team, the amount of paperwork and contact required with the participants (and sometimes more contact is needed than even what is mandated).
4. Parents on case plan moves out of state. We are required to meet with them anyway.
5. FAMILY VISITATION WITH HAVING TO SEE THE CHILDREN WEEKLY AT FAMILY VISITS, AND THEN BEING REQUIRED TO SEE THE CHILDREN IN FOSTER HOMES, ESPECIALLY MULTIPLE HOMES IS TOO TIME CONSUMING. ESPECIALLY WHEN YOU HAVE RESOURCE MANAGERS IN THE HOIME MONTHLY, ALSO.

Unknown:

1. Unknown
2. unknown
3. unknown

Takes away from other cases:

1. Travel out of state. Time consuming, takes away from other cases.
2. Many times if a child is placed in a group home or residential facility, they are placed out of county. Typically far away from Montgomery County. Usually group home placements are in Cleveland. This obviously takes a lot of time to work a case that is more than 4 hours away from Dayton.
3. The more paperwork there is, the more deadlines there and are, and the more time it consumes and takes away from other cases.

Willingness:

1. Willingness of the foster/kinship placement to facilitate reunification. Foster/kinship care givers willingness to help transport for visits.
2. Willingness of foster parents or kinship providers to transport, attend appts for child, etc.
3. Willingness of provider to assist or not.

Supportive Services:

1. distance of location, supportive services
2. Placement issues are impacted by the length of time that a foster placement has been approved and also the needs of child impact how much time is needed for supportive services for the family. Needs of the children in placement can impact time involved with placement.

Contact:

1. The needs of the children, the needs of the family, the blending of attitudes of the team, the amount of paperwork and contact required with the participants (and sometimes more contact is needed than even what is mandated).
2. contact standards

Limited:

1. emergency placements with limited options
2. Time of day, after hours available caregivers are more limited, it is more difficult to search and locate family in evening middle of night.

Particular:

1. Not been knowing how to handle a particular cases overall
2. Unwillingness of county agency to use providers that can meet the needs of the teen or older child due to out of county status. Unwillingness of providers to adapt/modernize their programs to meet the needs of todays youth in particular the teens of Cuyahoga County.

Trying:

1. Due to immediate removal it takes a lot of time to travel to all of the different relatives homes to do site and safety checks. Also doing all the police checks on the family while trying to make sure the children are being watched, then placed.
2. Trying to find relative when parents are not very helpful

Question 15 - If you handle investigations: Estimate the number of HOURS you spend on a TYPICAL investigation throughout the entire case in each of the following categories. Remember, this is time spent on a typical low-need vs. moderate-need vs. high-need case. Be sure to count case-related travel, data entry, court time, and all other effort put into the case. Do not count training, lunch/breaks, vacation, etc. Make your best guess (rather than entering 0 or nothing).related travel, data entry, court time, and all other effort put into the case. Do not count training, lunch/breaks, vacation, etc. Make your best guess (rather than entering 0 or nothing).lunch/breaks, vacation, etc. Make your best guess (rather than entering 0 or nothing).

Case Complexity	N	25th Percentile	50th Percentile (Median)	75th Percentile	Mode	Std. Deviation	Range
Low-need/low complexity	315	4	8	10	10	15.549	3
Moderate-need/moderate complexity	315	8	14	20	15	26.647	3
High-need/high complexity	316	12	20	40	20	56.868	3

Question 16 - If you handle ongoing cases: Estimate the number of HOURS you spend on a TYPICAL case EACH MONTH in each of the following categories. Remember, this is time spent on a typical low-need vs. moderate-need vs. high-need case. Be sure to count case-related travel, data entry, court time, and all other effort put into the case. Do not count training, lunch/breaks, vacation, etc. Make your best guess (rather than entering 0 or nothing)

Case Complexity	N	25th Percentile	50th Percentile (Median)	75th Percentile	Mode	Std. Deviation	Range
Low-need/low complexity	387	3	6	12	5	16.195	3
Moderate-need/moderate complexity	387	6	10	25	10	56.575	3
High-need/high complexity	389	10	20	40	20	507.063	3

Question 18 - Foster care certification factors: Rank the following on a scale of 1 - 4, with 1 being least complex/least time and 4 being most complex/most time.

Characteristic	N	25th Percentile	50th Percentile (Median)	75th Percentile	Mode	Std. Deviation	Range
Complex household make-up	47	2	3	3	3	1.069	4
Long history of placements	46	1	2	3	1	1.021	4
Follow-through on required verifications	48	2	3	4	4	1.136	4
Families who accept more challenging children	47	2	3	4	2	1.026	4

FJA – Question 19 - Showing 6 Most Important Words and Phrases - What other foster care certification factors impact complexity level, and how so? (n=23)

Important Words/Phrases	Percentage	# of Times Identified
Family	26%	6
Sacwis	26%	6
Foster Parents	21%	5
Needed	21%	5
Required	17%	4
Foster Care	13%	3

In reviewing the data from the Quantitative Analysis Question #18, the top four issues are:

1. Follow through on required training
2. Families who accept more challenging children
3. Complex household Makeup
4. Long History of Placements

In reviewing the Text Analysis, the respondents prepared short responses or a narrative. The SACWIS information was not an option for the respondents. Samples of some of their responses are listed below.

In reviewing the Quantitative and Qualitative Responses, the respondents prepared short answers or a narrative to elaborate on their previous answers. Samples of some of their responses are listed below. The four quantitative responses absorb most of the qualitative responses. However, particular attention should be considered to the last ten remaining Words/Phrasing as they are have frequently been out of the scope of the quantitative responses.

Sacwis:

1. Inexperience of foster parents B) Redundant re-entering of information in SACWIS for Foster to Adopt Homes during Recertification 3) Repeated Completion of the ITNA 4) Asking the same questions on the 1385 At Recertification
2. SACWIS is just not user friendly in the provider area and it often takes twice as long to get sometime completed.
3. SACWIS requirements for certification is time consuming. Tracking training in eTrack

Question 20 - Estimate the number of HOURS you spend MONTHLY on a TYPICAL foster care certification case in each of the following categories. Remember, this is time spent on a typical low-need vs. moderate-need vs. high-need case. Be sure to count case-related travel, data entry, court time, and all other effort put into the case. Do not count training, lunch/breaks, vacation, etc. Make your best guess (rather than entering 0 or nothing).

Case Complexity	N	25th Percentile	50th Percentile (Median)	75th Percentile	Mode	Std. Deviation	Range
Low-need/low complexity	48	3	5.5	11.5	1	15.895	3
Moderate-need/moderate complexity	48	3.25	10	20	5	13.352	3
High-need/high complexity	48	4	10	20	20	25.599	3

Question 22 - Independent living factors: Rank the following on a scale of 1 - 6, with 1 being least complex/least time and 6 being most complex/most time.

Characteristic	N	25th Percentile	50th Percentile (Median)	75th Percentile	Mode	Std. Deviation	Range
Children placed far away	156	2	3	5	2	1.709	6
Juvenile delinquency involvement	160	2	4	5	5	1.467	6
Multi-system involvement	159	2	3	4	3	1.437	6
Caregiver participation in IL planning/assistance to child	154	1	2	4	1	1.596	6
High educational needs	158	2	3	4	3	1.425	6
Severe behavioral/mental health issues	157	4	5	6	6	1.516	6

FJA - Question 23 - Showing 15 Most Important Words and Phrases - What other IL factors impact complexity level, and how so? (n=59)

Important Words/Phrases	Percentage	# of Times Identified
Services	16%	10
Child	16%	10
Youth	15%	9
Children	15%	9
Case	10%	6
TEENS	10%	6
Kids	5%	3
County	5%	3
Family Support	3%	2
AGE	3%	2
Funding	3%	2
Factors	3%	2
Placement	3%	2
Providers	3%	2
Assistance	3%	2

In reviewing the data from the Quantitative Analysis Question #22, the six issues are:

1. Severe Behavioral/Mental Health Issues
2. Juvenile Delinquency Involvement
3. Children placed far away
4. Multi-system Involvement
5. High Educational Needs
6. Caregiver Participation in IL Planning

In reviewing the Quantitative and Qualitative Responses, the respondents prepared short answers or a narrative to elaborate on their previous answers. Samples of some of their responses are listed below. The six quantitative responses absorb most of the qualitative responses. However, particular attention should be considered to the last ten remaining Words/Phrasing as they have frequently been out of the scope of the quantitative responses.

In reviewing the Text Analysis, the respondents prepared short responses or a narrative to elaborate on their previous answers. Samples of some of their responses are listed below.

Services:

1. Children placed in locked residential facilities have little opportunity to focus on IL services outside of the facility such as volunteer work, job search, budgeting, etc.
2. Services available. Being from a small county, services are very limited as well as programming
3. Development- some children cannot reside on their own, getting additional services to work with them
4. Finding service providers for children aging out of FC.
5. Community Support Services and Employment
6. Cases that involve DD services that the IL casemangement department refuse to take and work themselves. These cases can be time consuming and take away from the actual adoption cases that are assigned. If the correct department took and handle the cases for children that are in need of IL services it would be better.

Child:

1. Child willing to participate in the program.
2. Child's level of cooperativeness, cognitive and resources available
3. Child not being interested in participating.
4. The child being AWOL and looking for them.

Youth:

1. Youth engagement Service availability
2. Lack of resources, time (CW has to devote to the youth) and identified support
3. Motivation, low expectation/self worth of youth, the idea that preparation for life starts at 16. It should start much sooner. But because I am not in management ~ the group of elite, my ideas are not heard.
4. Many youth do not want take advantage of the extention of custody for six months to live independently for that period of time.
5. Family support from parents or relatives helps lots with emancipating youth.

Case:

1. the complexity level impacted when there are multiple factors wrapped in one case but you have several cases that are the same

In reviewing all the written responses, we focused on the bottom ten word/phrases to identify any blatant missed avenues of needs of our consumers.

<u>TEENS</u>	10%	6
<u>Kids</u>	5%	3
<u>County</u>	5%	3
<u>Family Support</u>	3%	2
<u>AGE</u>	3%	2
<u>Funding</u>	3%	2
<u>Factors</u>	3%	2
<u>Placement</u>	3%	2
<u>Providers</u>	3%	2
<u>Assistance</u>	3%	2

Teens:

1. refusal from teen on case plan services.
2. Teen does not understand the form.
3. AWOL kids, teen parents
4. Children in IL who are already parenting, having multiple or repeat pregnancies. In my case, a set of twins both teen parents, pregnant again with their second child, EACH!!
5. multiple placement changes and runaway teens
6. HARD FOR THE IL WORKER TO IMPACT TEENS WITH IL SKILL BUILDING DUE TO THE HIGH CASE LOAD OF CURRENTLY 24. HARD TO CONTRIBUTE OR STATE IL NEEDS OF TEENS TO ADMINISTRATION. SOME STATE MANDATES AND AGENCY POLICIES ARE ACT AS BARRIERS TO THE IL WORKER TRANSITIONING TEENS INTO THE COMMUNITY.

Kids:

1. AWOL kids, teen parents
2. forcing upon kids things which are not congruent with the child or families wants & needs and not having flexibility or autonomy to design a plan which meets the assessed wants and needs of the family. (i.e. the state requiring cookie cutter one-size-fits all needs for all kids in rural and urban environments).
3. IL workers who don't see the kids or perform their job duties.\

County:

1. Services available. Being from a small county, services are very limited as well as programming
2. Transportation if out of county
3. what type of support system the child has. What resources are available in the county

Family Support:

1. No family support when they emancipate.
2. Family support from parents or relatives helps lots with emancipating youth.

AGE:

1. I am an ongoing caseworker and we do not have a seperate dept. just for IL, therefore, my hours vary based on the age of the children I have on my caseload.
2. AGE WAIVERS FOR GED

Funding:

1. Funding
2. time, resources and available funding

Factors:

1. presence of any combination of 2 or more factors
2. the complexity level impacted when there are multiple factors wrapped in one case but you have several cases that are the same

Placement:

1. disruptions in placement
2. multiple placement changes and runaway teens

Providers:

1. How well the care providers handle the situation. The working relationship between all of the parties.
2. Finding service providers for children aging out of FC.

Assistance:

1. Stuggle with schools to consider higher level of educational assistance for children on IEPs.
2. Financial assistance

Question 24 - Estimate the number of HOURS you spend MONTHLY on a TYPICAL independent living case in each of the following categories. Remember, this is time spent on a typical low-need vs. moderate-need vs. high-need case. Be sure to count case-related travel, data entry, court time, and all other effort put into the case. Do not count training, lunch/breaks, vacation, etc. Make your best guess (rather than entering 0 or nothing).

Case Complexity	N	25th Percentile	50th Percentile (Median)	75th Percentile	Mode	Std. Deviation	Range
Low-need/low complexity	165	2	4	7.5	5	7.995	3
Moderate-need/moderate complexity	165	3	7	12	10	13.696	3
High-need/high complexity	165	5	10	22.5	0	22.881	3

Question 26 - Adoption factors: Rank the following on a scale of 1 - 6, with 1 being least complex/least time and 6 being most complex/most time.

Characteristic	N	25th Percentile	50th Percentile (Median)	75th Percentile	Mode	Std. Deviation	Range
Sibling groups (especially if not placed together)	76	2	3	4	2	1.319	6
Medically fragile children	67	2	4	5	1	1.695	6
Multi-system involvement	76	1	2	3	1	1.414	6
Severe educational needs	75	2	3	4	2	1.367	6
Severe behavioral/mental health issues	76	4	5	6	6	1.467	6
Multiple number of disrupted placement changes	74	4	5	5	5	1.358	6

FJA - Question 27 - Showing 17 Most Important Words and Phrases - What other adoption factors impact complexity level, and how so? (n=39)

Important Words/Phrases	Percentage	# of Times Identified
Child	28%	11
Placements	17%	7
Families	12%	5
Foster	12%	5
Complexity	10%	4
Factors	10%	4
Subsidy	7%	3
Distance	7%	3
Paperwork	7%	3
Resources	7%	3
Kids	7%	3
Adoption Plan	5%	2
Sexual Acting	5%	2
Longer	5%	2
Older	5%	2
Teens	5%	2
Dept	5%	2

In reviewing the data from the Quantitative Analysis Question #26, the top three issues are:

1. Severe Behavioral/Mental Needs
2. Multiple Number of Disrupted Placements Changes
3. Medically Fragile Children

In reviewing the Quantitative and Qualitative Responses, the respondents prepared short answers or a narrative to elaborate on their previous answers. Samples of some of their responses are listed below. The six quantitative responses absorb most of the qualitative responses. However, particular attention should be considered to the last ten remaining Words/Phrasing as they have frequently been out of the scope of the quantitative responses.

In reviewing the Text Analysis, the respondents prepared short responses or a narrative to elaborate on their previous answers. Samples of some of their responses are listed below.

Child:

1. Inexperience of foster parents B) Working with families who are overly eager to adopt & the reunification process. C) Working with families who are overly eager to adopt & are willing to accept if the child's special needs will be a conflict. D) Working with families who want their homestudies forwarded to several in and out of state counties for children they have interest in.
2. Travel time to the child, child's attitude, age and cognitive level. People involved. Paperwork.
3. Number of disrupted adoptions; trauma experienced by child/sibling group
4. Age and child's willingness to be adopted.
5. The caregiver's willingness to transport child(ren) to appointments/sibling visits. The caregiver's motivation to work quickly or delay the adoption process. How quickly the caregiver commits to adoption. The willingness of caregiver to work with agency or other professionals involved with case. If there has been an adoptive home identified. The foster caregiver's and adoptive family's willingness to communicate and work together throughout transition.

Placements:

1. Distance- because of travel time. Subsequent Matching Conferences once a match has been identified-because it may take over 90 days to prepare the case for adoptive placement
2. disrupted adoptions can make a case more complex as it may involve more behavioral/mental health issues, more connections that need maintained or greater grief and loss issues. Distance of placements can significantly increase the amount of time spent on a case in order to accomplish basic tasks.
3. Children not finding a permanent home, and needing to emancipate from custody, preparing children for independent living. This is a very time consuming/intensive process. Another complication is having placements far away from the agency (1.5+ hours away)
4. It's difficult to rank the above factors as multi system involvement, behavioral/mental health issues, and multiple placements are generally coexisting factors. The foster/adoption caregivers involvement level most significantly impacts the complexity level as adoption caregivers who help with scheduling and transporting kids to appts., working with services providers, and are able to handle issues on their own greatly reduce the complexity level for the PCSA agency worker.

Families:

1. Lack of respite providers for adoptive families with children with special behavioral needs. Timeliness of being able to get families or children in to see providers.
2. If there are issues that going on with the adoptive family themselves this can make the case complex. Also if the worker doesn't necessarily agree with an adoption plan but the upper management pushes the move then it can be complex. Also, when ongoing workers do not seek out all interested parties or family members before the case is transferred to the adoption dept. it can make it hard when they do present themselves and are interested in adoption, but an adoption plan is already in place or being pursued.

In reviewing all the written responses, we focused on the bottom ten word/phrases to identify any blatant missed avenues of needs of our consumers.

Paperwork	7%	3
Resources	7%	3
Kids	7%	3
Adoption Plan	5%	2
Sexual Acting	5%	2
Longer	5%	2
Older	5%	2
Teens	5%	2
Dept	5%	2

Paperwork:

1. Travel time to the child, child's attitude, age and cognitive level. People involved. Paperwork.
2. Large amount of paperwork involved.
3. Travel time and paperwork

Resources:

1. Accessing the appropriate services for family and children. Readness factors of families. Lack of financial resources for families, lack of post adoption services. Criminal records and child central registry.
2. Older children remain on your caseload longer and there are limited adoptive resources.
3. Lack of adoption competent resources...

Kids:

1. Complexity has lessened due to the amazing support of Wendy's Wonderful Kids Program.
2. the type of mental health diagnosis. If the foster to adopt parent is in SACWIS with a home study in SCAWIS. Life Start foster parents are not in sacwis, home studies are not. prefinalizations do not transfer over current information from updated home studies. Past experience in adoption with the agency or other agencies. Age of the child being adopted. Kids may want same name and foster to adopt parents do not.
3. It's difficult to rank the above factors as multi system involvement, behavioral/mental health issues, and multiple placements are generally coexisting factors. The foster/adoption caregivers involvement level most significantly impacts the complexity level as adoption caregivers who help with scheduling and transporting kids to appts., working with services providers, and are able to handle issues on their own greatly reduce the complexity level for the PCSA agency worker.

Adoption Plan:

1. Children with emotional needs and past trauma. Children who do not wish to have an adoption plan, getting them there and recruitment.
2. If there are issues that going on with the adoptive family themselves this can make the case complex. Also if the worker doesn't necessarily agree with an adoption plan but the upper management pushes the move then it can be complex. Also, when ongoing workers do not seek out all interested parties or family members before the case is transferred to the adoption dept. it can make it hard when they do present themselves and are interested in adoption, but an adoption plan is already in place or being pursued.

Sexual Acting:

1. The age of the child and history of sexual acting out.
2. Sexual acting out.

Longer:

1. Older children remain on your caseload longer and there are limited adoptive resources.
2. ICPC- potentially longer to place.

Older:

1. older youth
2. Older children remain on your caseload longer and there are limited adoptive resources.

Teens:

1. Difficult to adopt teens.
2. don't know at this time as I have not had the opportunity to handle an adoption since I work with adoptable teens

Dept:

1. Again, we do not specialize as a small dept. therefore I also am part of an adoption team if it involves one of my cases.
2. If there are issues that going on with the adoptive family themselves this can make the case complex. Also if the worker doesn't necessarily agree with an adoption plan but the upper management pushes the move then it can be complex. Also, when ongoing workers do not seek out all interested parties or family members before the case is transferred to the adoption dept. it can make it hard when they do present themselves and are interested in adoption, but an adoption plan is already in place or being pursued.

Question 28 - Estimate the number of HOURS you spend MONTHLY on a TYPICAL adoption case in each of the following categories. Remember, this is time spent on a typical low-need vs. moderate-need vs. high-need case. Be sure to count case-related travel, data entry, court time, and all other effort put into the case. Do not count training, lunch/breaks, vacation, etc. Make your best guess (rather than entering 0 or nothing).

Case Complexity	N	25th Percentile	50th Percentile (Median)	75th Percentile	Mode	Std. Deviation	Range
Low-need/low complexity	77	3	5	15	10	13.556	3
Moderate-need/moderate complexity	77	5	10	20	20	13.713	3
High-need/high complexity	77	8	20	30	20	22.924	3

Question 30 - Based on your own sense of what constitutes case complexity, categorize your current caseload using the three categories below. Of the cases you are currently assigned, indicate the number that fall into these categories (these should add to the total number of cases indicated above). Example: If you indicated above that you are carrying 12 cases, you might enter 3 under low, 7 under moderate, and 2 under high.

Case Complexity	N	25th Percentile	50th Percentile (Median)	75th Percentile	Mode	Std. Deviation	Range
Low-need/low complexity	611	2	4	5	3	5.454	3
Moderate-need/moderate complexity	611	3	5	7	4	5.289	3
High-need/high complexity	611	2	4	6	3	5.656	3

Question 31 - Next, please estimate the amount of time (AVERAGE number of HOURS) you spend in a TYPICAL MONTH on only the following tasks.

Characteristic	N	25th Percentile	50th Percentile (Median)	75th Percentile	Mode	Std. Deviation	Range
Time in court (not spent on family)	611	2	5	10	0	7.012	4
Case-related travel	611	12	20	35	20	22.524	4
SACWIS data entry	611	20	40	70	40	363.731	4
Other documentation/paperwork	611	10	20	40	20	23.388	4

FJA – Question 32 - Showing 28 Most Important Words and Phrases - Please share any comments or explanations of the answers you provided in this section (n=209)

Important Words/Phrases	Percentage	# of Times Identified
Sacwis	20%	43
Month	15%	33
Paper Work	13%	28
Case Load	11%	25
Court	11%	25
Home Visits	7%	15
Meetings	7%	15
Estimate	6%	13
Tasks	4%	9
Providers	3%	8
Complexity	3%	8
Home Studies	3%	7
Assigned	3%	7
Hour Work Week	2%	5
Parents	2%	5
Kinship Cases	1%	4
Management	1%	4
Takes Longer	0%	2
Children Placed	0%	2
Good Job	0%	2
High Intensity	0%	2
Not Ask	0%	2
Front of the Computer	0%	2
IV-E	0%	2
Size	0%	2
Support	0%	2
Telephone	0%	2
Track	0%	2

In reviewing the data from the Quantitative Analysis Question #31, the issues are:

1. SACWIS Data Entry
2. Other Documentation
3. Case-Related Travel
4. Time in Court (Not Spent on Family)

In reviewing the Quantitative and Qualitative Responses, the respondents prepared short answers or a narrative to elaborate on their previous answers. Samples of some of their responses are listed below. The four quantitative responses absorb most of the qualitative responses. However, particular attention should be considered to the last ten remaining Words/Phrasing as they have frequently been out of the scope of the quantitative responses.

In reviewing the Text Analysis, the respondents prepared short responses or a narrative to elaborate on their previous answers. Samples of some of their responses are listed below.

Sacwics:

1. As you know, our hours vary depending on what is occurring on any given case at any given time. There are some months we spend more time in court due to removals, reasonable efforts hearing, annual reviews, etc. Much of the time spent at court is waiting around for the hearing to start or for all the parties/attorneys to arrive. SACWIS data entry takes up a lot of time as well, especially, when SACWIS kicks you out and you have to re-enter the information because it was just lost. Yes, there is the apply button, but it could be a quick note, then you get kicked out, and you have to re-enter all the fields again (date, time, contact, sub category contact, participants, etc). SACWIS is very time consuming when you have to enter all the data fields. Many workers in my agency type their activity logs in Word and then copy and paste it in SACWIS. Case-related travel also varies depending on where our families live. Other documentation/paperwork also takes time depending on the number of case reviews and referrals we are making. Some weeks we are overloaded with work and trying to get everything turned in on time, while other weeks are not as bad.

Month:

1. As you know, our hours vary depending on what is occurring on any given case at any given time. There are some months we spend more time in court due to removals, reasonable efforts hearing, annual reviews, etc. Much of the time spent at court is waiting around for the hearing to start or for all the parties/attorneys to arrive. SACWIS data entry takes up a lot of time as well, especially, when SACWIS kicks you out and you have to re-enter the information because it was just lost. Yes, there is the apply button, but it could be a quick note, then you get kicked out, and you have to re-enter all the fields again (date, time, contact, sub category contact, participants, etc). SACWIS is very time consuming when you have to enter all the data fields. Many workers in my agency type their activity logs in Word and then copy and paste it in SACWIS. Case-related

travel also varies depending on where our families live. Other documentation/paperwork also takes time depending on the number of case reviews and referrals we are making. Some weeks we are overloaded with work and trying to get everything turned in on time, while other weeks are not as bad.

Case Load:

1. Case loads and work loads are ever-increasing while levels of need-intesity are increasing simultaneously. In my opinion, the child welfare system cannot continue to operate in a historical fashion and expect to remain viable in the future. Child Welfare needs and deserves a major overhaul in order to more effectively and efficiantly serve children, families, and workers.
2. It's really pretty impossible to guess how many hours we work on each case and how many hours we spend on paper work. All of my figures are based on a 40 hour week, which let's face it, doesn't happen often. It's really more like 45-50 hours per week. Additionally, if I had taken this survey about two months ago, my case load would have been 30+.
3. very difficult to figure this. I assume you are considering kids cases as well as foster and adoptive family cases. Also, it veries so much from month to month. In July I have two recertifications and a home study and likely an adoption but in June I have no recertifications due. If there is a crisis on a team member's case load, this could take hours or even the entire day to assit in dealing with and it's not even on my assigned caseload. We also plan for incoming placements as a team which depending on the severity of the child or number of children in a sibling group could also take hours out of the day and again not be part of my assigned caseload.
4. There is no way to accurately give an estimate on the number of hours spent on each case because the case's needs may change from one day to the next. If there is a crisis, a caseworker may spend the entire day spent on that case whereas the previous month only spent a couple hours on the case. If there is a crisis on another caseworker's caseload that requires assistance, this could take up hours or even your entire day to help the other worker (such as if child needs moved, investigation, etc.) which is not accounted for in this survey. Required meetings such as Matching Conferences can take up half the day when there are many families presented. When a child comes into care initially and needs to be placed in a foster home. We must drop what we are doing and focus on finding the child a placement. This can be a fairly short meeting or can be a very long process to find the best home that will accept the placement. Getting all the family's questions answers, at times, can also take quite a while.

Court:

1. time in court depends family's level of cooperation, the court running on time, the legal complexity of situations, if there are objections pending, motions from others to intervene, how many professional witnesses we need to bring to court and time for them to testify, case related travel includes time to conduct monthly home visits, transporting

children to and from visits, responding to family crises, sacwis data entry is contingent upon case reviews, SAR's, new investigations, thoroughness of activities, other paperwork is school enrollment, authorizations for children to be treated, go to school, referrals for services, communication with other professionals, internal forms for visits,

Home Visits:

1. Information based on average from stats from past 4 months. Case related travel includes time spent during home visit. Other documentation/paperwork includes phone calls.

Meetings:

1. I spend a lot of time meeting and interviewing family members and also provide childcare sometimes during offshift
2. I estimated hours from a 160 hour work month which varies and is often low as I usually do extra work on meeting clients and paperwork.
3. Other - time on the telephone speaking with clients, conferencing with sup, monthly meetings, trainings,
4. There are information shared with other providers. Information shared with other workers and supervisors. Meetings. Pre and post-placements. Walk ins. Numerous phones calls. All need to be documented.
5. The above does not reflect any meetings/supervision/scheduling time etc
6. meetings, meetings,

Complexity:

1. based on the complexity of the case this is difficult to average
2. Documentation demands continue to become more complex and mandates change frequently. This takes away from time spent actually serving families.

Hour Work Week:

1. I work at least 5 hours a week at home to keep up and a couple hours over a week at work
2. It is impossible to do this job accurately and meet all mandates and management/section chief requirements and only work 40 hours a week. Emergencies come up, people have conflicting schedules. It is impossible. I am willing to work the overtime because I want to do my work accurately.
3. There is not enough time to do all the work required! Again, there is not enough time to do all the work required in a 40 hour work week.
4. It's really pretty impossible to guess how many hours we work on each case and how many hours we spend on paper work. All of my figures are based on a 40 hour week, which let's face it, doesn't happen often. It's really more like 45-50 hours per week.

Additionally, if I had taken this survey about two months ago, my case load would have been 30+.

5. There is never enough time to do a good job in the 40 hour work week because the family needs are more complex and the issues are very diverse

In reviewing all the written responses, we focused on the bottom ten word/phrases to identify any blatant missed avenues of needs of our consumers.

Children Placed	0%	2
Good Job	0%	2
High Intensity	0%	2
Not Ask	0%	2
Front of the Computer	0%	2
IV-E	0%	2
Size	0%	2
Support	0%	2
Telephone	0%	2
Track	0%	2

Children Placed:

1. I spend so many hours in the car, it is difficult to count. I have many children placed hours away and families wanting to work case plans from far away, as well. With my high need cases, I spend a ton of time documenting in SACWIS because of phone calls and emails from many providers. I believe that my biggest concern is travel time, but I also get very stressed out with the amount of phone calls I receive because people believe that I am constantly at the office and able to answer phone calls and respond to emergencies.
2. I have a lot of children placed several counties away and have a few h

Good Job:

1. My agency does a good job of making sure we are not too overwhelmed and other caseworkers are helpful and step in when another needs help.
2. There is never enough time to do a good job in the 40 hour work week because the family needs are more complex and the issues are very diverse

High Intensity:

1. Due to high intensity cases in treatment foster homes or more restrictive, many placements are not local.
2. I have been with the Agency for almost 5 years however, I just came back to ongoing from intake in January. Therefore, I am not up to a typical caseload as other caseworkers and do not yet have the high intensity or involved cases yet. I do not have any children in Agency care at this time.

Not Ask:

1. Question 22 did not ask about time spent interviewing clients, corresponding with providers, supervision and other research and tasks.
2. You did not ask how much time is spent with the families

Front of the Computer:

1. I spend more time front of the computer than out with the families in their home helping them, which is not really social work. More time should be spent with the families.
2. It is difficult to break all this down to numbers, some choices would have been helpful, so my numbers are probably off. However, caseworkers spend more time in front of the computer entering information for SACWIS in addition to paperwork that is already required of us.

IV-E:

1. I also determine IV-E eligibility, ongoing subsidy
2. I also do the Title IV-E AA subsidy, Relative home studies, ICPC, Kinship Care Program, and APS.

Size:

1. I am transitioning to a new position so my caseload size is not typical.
2. It is hard to pinpoint the number of hours spent as caseloads change in size and some cases may take up three entire days while others only take part of one day.

Support:

1. agency lack of support for workers, not supplying with lap tops, cell phones. travel expense is a burden if you do not have expense account or charge card. of your own.
2. My cases are what we call informal Kinship cases. After a case is closed they are referred to me for extended support.

Telephone:

1. This may sound silly, but the amount of time we spend on the telephone needs to be considered as well.
2. Other - time on the telephone speaking with clients, conferencing with sup, monthly meetings, trainings,

Track:

1. It might be a better idea to have random workers track their hours for a month or so to get more accurate #'s. Also, with regard to the amount of time spent on case travel/home visits, etc., those #'s vary depending on how soon families respond. Some families respond quickly, while others do not and the worker will have to continue to make attempts to the home which takes more time.
2. Unknown never kept track.

FJA - Question 34 - Showing 26 Most Important Words and Phrases - What additional agency factors save time on a case? (n=237)

Important Words/Phrases	Percentage	# of Times Identified
<u>Case</u>	21%	50
<u>Workers</u>	16%	40
<u>Agency</u>	12%	30
<u>Supervisor</u>	11%	28
<u>Staff</u>	11%	27
<u>Services</u>	5%	13
<u>Team Work</u>	4%	10
<u>Coworkers</u>	3%	9
<u>Completed</u>	2%	7
<u>Work from Home</u>	2%	7
<u>Funding</u>	2%	7
<u>Flexibility</u>	2%	6
<u>Foster Homes</u>	2%	5
<u>Placement</u>	1%	4
<u>Court</u>	1%	4
<u>Screening</u>	1%	4
<u>Geo Assignment</u>	0%	2
<u>Portable Technology</u>	0%	2
<u>FSW</u>	0%	2
<u>Unk</u>	0%	2
<u>Write</u>	0%	2
<u>Approval</u>	0%	2
<u>Employees</u>	0%	2
<u>Hotline</u>	0%	2
<u>Instead</u>	0%	2
<u>Liasons</u>	0%	2

In reviewing all the time saving related Quantitative Responses, the respondents prepared short answers or a narrative to elaborate on their previous answers. Samples of some of their responses are listed below. Based on the responses, better screening process, when geographic assignment of cases are considered, funding, appropriate community based case management (i.e. Mental Health Services aids the case worker when case identifies an issue) transportation assistance, (drivers) aids are used to assist with paperwork /SACWIS, specialization of cases when this option is available, low staff turnover, supervision support and accessible, teamwork, portable technology, court liaisons would aid in saving time on case management.

Case:

1. We have several different units in our agency....two traditional intake units, two alternative response units, two traditional ongoing units, a court liaison unit, a school-based unit, a kinship unit, a placement unit, and a recidivism unit. Having these separate units makes all of our caseworkers very specialized, which saves time. Our caseworkers know their specific jobs very well. It also saves time because when a case gets to the placement stage, for instance, it is passed to a placement worker who can handle the case, instead of being left with an intake worker, or an ongoing worker, who is not as specialized with placement.
2. Management understanding of what actually has to occur on a case to get everything completed. The flexibility with when to get work completed, within reason.
3. Our agency has high caseworker turn over, which consistently results in case re-assignments when workers leave the agency. We do not have access to tablets or dictation. Our clerical staff does not enter data for us or provide any support directly to workers, their support is given only to Sr. Supervisors.
4. When a case is in the proper department, i.e IL cases that are not necessarily in the correct dept. The adoptions dept. have cases rejected by the IL dept. on a regular basis, therefore adoptions workers have now become IL workers. IL are often time consuming because you are dealing with difficult teens who have multiple issues. Having cases in the correct department, and not letting IL pick and choose the cases that they want to deal with would save a lot of time on case management.

Workers:

1. Many experienced workers. But we are at risk of losing them due to wage issues.
2. support workers would be more beneficial if their contact with our families could count toward face to face contact
3. Kinship workers involved on cases, SSAs, and CSWs
4. team work, coworkers helping out when a caseworker has a crisis to handle
5. When caseworkers establish a relationship w/foster parents and communicate w/them effectively.

6. Intake has a full time screener. However the full time screener is currently out of the office on a weekly basis due to health issues. A kinship caseworker works in the intake unit as well, which can be a support for the families. However, the kinship caseworker does not like to do home visits to new kinship families alone and requests investigators go with her. Please see agency factors that increase the time spent on a case for significant concerns.
7. Right now I believe we are short staffed. We recently added a new investigator and that has helped some, but we still have to cover screening, which is a huge time suck. Honestly, we have enough case activity that we could justify having another full-time investigator (4 total) plus a full-time screener so that we don't have to take time out of our work day to try and split a full-time job between 3 investigators and 4 ongoing workers.

Agency:

1. We have several different units in our agency....two traditional intake units, two alternative response units, two traditional ongoing units, a court liaison unit, a school-based unit, a kinship unit, a placement unit, and a recidivism unit. Having these separate units makes all of our caseworkers very specialized, which saves time. Our caseworkers know their specific jobs very well. It also saves time because when a case gets to the placement stage, for instance, it is passed to a placement worker who can handle the case, instead of being left with an intake worker, or an ongoing worker, who is not as specialized with placement.
2. Our agency does not do geographic assignment of cases nor does clerical staff assist with data entry or filing.
3. We do not have Key programmatic support people at our agency, so there is no time saved because these people do not exist. They would save an immense amount of time if they did exist.
4. Supportive supervision, supportive unit, good relationships with community agencies to provide in home/MH/CD services.
5. At our agency the availability of technology is non-existent. Also we do not have staff for data entry, filing, etc.
6. Low staff turnover in the adoption department...not agency wide
7. Intake has a full time screener. However the full time screener is currently out of the office on a weekly basis due to health issues. A kinship caseworker works in the intake unit as well, which can be a support for the families. However, the kinship caseworker does not like to do home visits to new kinship families alone and requests investigators go with her. Please see agency factors that increase the time spent on a case for significant concerns.
8. I marked not sure for the majority of these because from my experience these factors don't appear to apply to the agency I work at. There appears to be a high staff turnover rate at intake. We do have a lot of community services, which is very helpful. At intake we do a lot of scanning and kinship care work ourselves. We do have SSA for some transportation and visitation needs. Our case assignments are all over the place. Depending on what mandates you have to meet, you could drive anywhere up to 100 miles in a day.

Supervisor:

1. HAVNG A SUPPORTIVE SUPERVISOR
2. support from supervisor and colleagues
3. More consistnt direction/answers, less levels of need for approval so matters could be handled quicker. Support of supervisor and staff, higher ups.
4. Assistance from other caseworkers or supervisors when needed
5. supervisor support and support from co-workers, interns
6. Help from other staff members (not supervisors).
7. Supervisor Support
8. supportive supervisors

Staff:

1. When other services are involved with the family, they are very useful for helping provide services.
2. Supportive supervision, supportive unit, good relationships with community agencies to provide in home/MH/CD services.
3. The above rankings are 'ideals', however I don't feel that there are time saving measures at SCCS. SCCS lacks support staff specifically in the area of Family Interaction. Also there is a lack of advanced technological devices that could assist workers better (tablets, smart phones, access to agency email on phones ect.) While the help from Clerical is beneficial, data is often entered very slowly and not in a timely manner. Also there is an extreme lack of "flexible funding" available to workers to assist with emergency services for families.
4. Nonduplication of services and paperwork. Other CWs doing their job thoroughly and properly.
5. When a family really wants to be helped and accepts the services with our agency.
6. Support of social service aids and community service workers.
7. More collaborations between workers and services providers. Allow workers to work from community or home.
8. Collaboration with service providers

Team Work:

1. teamwork.
2. Mental Health Board support, supervisory support, team work.
3. Teamwork
4. We are able to effectively use teamwork in the ongoing unit.
5. teamwork

Coworkers:

1. Help from other co-workers
2. Help from other co-workers when they are not held up on their own stuff
3. supervisor support and support from co-workers, interns
4. Co-workers and the upgrades with SACWIS and being allowed to enter multiple activities (AP/ACV/Caregivers attempts) into one activity log.

Work from Home:

1. THE AVAILABILITY OF COMPTIME/OVERTIME FROM HOME. WE ALREADY WORK FROM HOME ANYWAY, WHY NOT COMPENSATE??
2. It would be nice if they would give us tablets or dictation. Also, the ability to work from home for a day would really help.
3. Intake has a full time screener. However the full time screener is currently out of the office on a weekly basis due to health issues. A kinship caseworker works in the intake unit as well, which can be a support for the families. However, the kinship caseworker does not like to do home visits to new kinship families alone and requests investigators go with her. Please see agency factors that increase the time spent on a case for significant concerns.
4. My supervisor allows employees to work from home on occasion. This proves beneficial because it allows me to focus on typing without disruptions. In addition, it helps when visits are closer to my home, verses the agency.
5. Phone-in dictation which allows us to call in larger notes and have be dictated while we work on other tasks. This can save large amounts of time. Ability to head strait to visits in the morning to catch families and stay late and head strait home...extends hours that I can meet with families so I do not have to cram visits.
6. working with partners on home visits/documentation, availability of after hours resources
7. More collaborations between workers and services providers. Allow workers to work from community or home.

FJA – Question 35 - Showing 27 Most Important Words and Phrases - What agency factors increase the amount of time you must spend on a case (e.g., above-minimum rule requirements)? (n=328)

Important Words/Phrases	Percentage	# of Times Identified
<u>Case</u>	22%	75
<u>Requirements</u>	13%	45
<u>Visits</u>	13%	43
<u>Paperwork</u>	12%	40
<u>Workers</u>	11%	39
<u>Family</u>	11%	37
<u>Resources</u>	4%	15
<u>Calls</u>	3%	13
<u>Entering</u>	3%	12
<u>Supervisors</u>	3%	11
<u>Clerical</u>	3%	10
<u>Travel</u>	2%	9
<u>Caseloads</u>	2%	9
<u>Management</u>	2%	8
<u>Waiting</u>	2%	7
<u>Assist</u>	2%	7
<u>Correct</u>	1%	6
<u>Process</u>	1%	6
<u>Standards</u>	1%	6
<u>Staffed</u>	1%	6
<u>Group</u>	1%	5
<u>Policy Changes</u>	1%	4
<u>Training</u>	1%	4
<u>Turn</u>	1%	4
<u>Number of Staff</u>	0%	3
<u>Safety Plan</u>	0%	3
<u>Frames</u>	0%	3

In reviewing all the time increasing related Quantitative Responses, the respondents prepared short answers or a narrative to elaborate on their previous answers. Samples of some of their responses are listed below. Based on the responses, high turnover, lack of coverage, non-cooperative parents, lack of support, one worker for multiple tasks, frustration over policy and procedures, providing transportation, lack of support staff, above minimum requirement standards, paperwork (SACWIS), limited resources, unsupportive supervisors, waiting in court, lack of flow of the cases, lack of trained staff,

Case:

1. High turnover, multiple new workers, SACWIS builds that create useless "clicking" and require completion of screens that have no bearing on the case.
2. We have above minimum rule requirements, and we are very involved with our families. Sometimes I think we are too involved, to the point that it violates their Fourth Amendment rights. For instance, we will sometimes request medical records for parents who have a health condition. I think this is a violation of person's right to be free from unreasonable searches. If a parent is able to care for their kids and their health issues aren't posing a risk to their kids, I don't see any reason why we should request the parent's medical records. That is very private, in my opinion. We also screen in cases that do not rise to the level of abuse or neglect, so we screen in a lot of stuff. This increases the amount of time we spend on cases.
3. covering case loads of co-workers due to being out of the office
4. Lack of coverage, when people are not there and things need done on cases slack needs to be picked up.
5. First, I am happy that we have above minimum requirements, but it does increase the the time spent on cases.
6. Lack of support staff. SW do all their own data entry and files until cases close and the file is imaged to digital imaging by clerical. Agency has had a large turnover and is mostly staffed with 5 years and under. The IL workers have the IL case load and work the cases in full. The kin starts with the SW and then is moved to Kin worker to complete so some help in this area. Visitation is done by the assigned SW to the case. Transportation is done by the assigned SW to the case. no nurses are available at the agency. Geographic assignments are not looked at as part of the agency assignment of cases. No tablets are available. Dictation is done on computers at work stations at the office.

Requirements:

1. High turnover, multiple new workers, SACWIS builds that create useless "clicking" and require completion of screens that have no bearing on the case.
2. Requirements to get questions answers or something approved. Paperwork requirements.
3. Small staff requires more of workers such as maintaining a caseload with investigations and ongoing cases, answering phones (intakes), and being on-call (nights and weekends).
4. Council on Accreditation standards which are above rule requirements. Including- home visit with all household family members together, two home visits instead of one during intake period, attempting contact every three working days instead of five working days

5. Minimum rule requirements

Visits:

1. Transporting children do and from visits, foster parents not willing to work with parents or communicate with them, this causes workers to be the middle person and making multiple phone calls back and forth. Departments not being able to work together or communicate well with each other.
2. Lack of support staff. SW do all their own data entry and files until cases close and the file is imaged to digital imaging by clerical. Agency has had a large turnover and is mostly staffed with 5 years and under. The IL workers have the IL case load and work the cases in full. The kin starts with the SW and then is moved to Kin worker to complete so some help in this area. Visitation is done by the assigned SW to the case. Transportation is done by the assigned SW to the case. no nurses are available at the agency. Geographic assignments are not looked at as part of the agency assignment of cases. No tablets are available. Dictation is done on computers at work stations at the office.
3. Council on Accreditation standards which are above rule requirements. Including- home
4. Supervising family visitations and transporting the kids to these visits.
5. Above-minimum rule requirements, many timelines, many phone calls and emails, overwhelming paperwork, caseload allowance versus federal expectations (number of cases versus number of children), weighted caseloads (court involvement, kinship cases with multiple homes to visit)

Paperwork:

1. The amount of repetitive paperwork. The lack of quick communication on changes in documentation. The amount of changes that happen on a regular basis, it feels like every time you think you know what your supposed to do, you find out it changed 6 months ago and months of work is incorrect. The amount of time that the agency spends in meetings.
2. Above minimum rule expectations, Our agency does not have laptops or tablets available to workers for use during lag time, lack of enforced lock in days to complete SACWIS entry or necessary paperwork, ongoing unit fulfills too many duties that cover across different units.
3. Extra paperwork and regulations beyond the state requirements. Lack of consistency. Supervisors and managers who lack knowledge of the job and can't provide the needed support. Intake workers being responsible for more than intake. Referrals that don't comply with screening guidelines.

Workers:

1. High turnover, multiple new workers, SACWIS builds that create useless "clicking" and require completion of screens that have no bearing on the case.
2. Transporting children do and from visits, foster parents not willing to work with parents

Family:

1. lack of cooperation from a family or being able to get law enforcement involved
2. The number of different software formats we are required to work with often causes confusion where to locate certain items. Ever changing software formats, rules, & policies in what we do to reduce concern and/or safety issues with families. Redundant SACWIS assessments require a great deal of time which likely is responsible for the most time taken away from working with/for families to address safety concerns.

Resources:

1. Having to search for resources for parents.
2. researching resources available
3. Absolutely no support of clerical staff, visitation, transportation, etc. Extremely high turnover right due to too many cases, low morale, etc. No available technology outside of the office. Limited options of community resources. Only one resource for each time of treatment if any. Excessive forms for overtime documentation, leave requests, requests for funds for clients, etc.

Calls:

1. Finding out the child is Native American and having to find the correct tribe and asking if they are registered. Then waiting for a response back is timely. Why not allow this question to be asked when reporter calls...can't put in asked and denied in SACWIS.
2. Transporting children to and from visits, foster parents not willing to work with parents or communicate with them, this causes workers to be the middle person and making multiple phone calls back and forth. Departments not being able to work together or communicate well with each other.
3. Answering calls and emails when we are doing other things.
4. Phones-taking calls at least 6 times a week (4 to 6 hours each week or more) On call (being out in the field when called out; having to write up the notes, the intakes, etc...) Court complaints and involvement (multiple court hearings in the beginning of a case)
5. Needing to see some children multiple times a month. Families with a lot of service needs. Family members who call multiple times a day.
6. Faxing for reports vs calling for follow-ups
7. I do not have a caller ID on my phone, so when I receive multiple phone calls a day from the same person, I am wary of answering my phone. I have received 25 phone calls a day from the same person quite often. If I were able to see who was calling me, I would be able to discern whether or not the phone call was important at that time.
8. I spend a lot of time on out of town home visits, making/returning/documenting phone calls, and trying to track down people who may be trying to avoid me (three attempts).
9. paperwork, release of information from agency, support providers, phone calls/dictation.
10. endless phone calls, faxes, e-mails, co-workers are not present so you do their work, etc...

Entering:

1. Entering information into SACWIS due to the multiple changes that require more pages to be accessed to enter information. Sometimes it takes minutes for SACWIS to load a page, which takes up very valuable time.
2. continual above minimum rule requirements (child trauma forms, family trees); lack of staff to handle the # of cases; having to enter the same information multiple times (ie: family tree information on paper form and then re-entered in SACWIS); kinship caregiver approvals on placement arrangements not made by the agency.
3. entering recordings in sacwis
4. double-doing paperwork. ex: handwritten & then having to enter the same information in SACWIS

Supervisors:

1. unsupportive supervisors with unrealistic expectations
2. Software crashing, Supervisors and chief's approving things, supervisor being available to conference
3. no help or uninvolved supervisors.
4. understand the job. Having to take those employee's cases when they're fired even though they never should've been given cases to begin with. All of this, and probably a little more, add to the time we must spend on any single case, and add to the time it takes for us to get to that case to properly deal with all it entails.

Clerical:

1. Lack of support staff. SW do all their own data entry and files until cases close and the file is imaged to digital imaging by clerical. Agency has had a large turnover and is mostly staffed with 5 years and under. The IL workers have the IL case load and work the cases in full. The kin starts with the SW and then is moved to Kin worker to complete so some help in this area. Visitation is done by the assigned SW to the case. Transportation is done by the assigned SW to the case. no nurses are available at the agency. Geographic assignments are not looked at as part of the agency assignment of cases. No tablets are available. Dictation is done on computers at work stations at the office.
2. with a case aid that can help transport. The caseworker schedules the visitation. The caseworkers/supervisors do the kin approval.
3. No support staff ie: clerical/administrative staff. Little to no programmatic support
4. Limited community resources, limited agency support staff, no clerical support, technology which does not work
5. The state of this agency's technology is prehistoric. There is no such thing as low staff turnover at this agency, and there is little-to-no clerical or administrative support for case workers. The availability of community resources is always in doubt due to funding and effectiveness. Likewise, the level of communication at this agency between the administration and frontline workers, as well as between the various departments, is virtually non-existent. The agency attempts to perform higher levels and standards of work when they miserably fail to provide and meet the minimum standards of service.

Travel:

1. Travel to placements out of the county
2. Unable to complete paperwork while in the field. Visits are not geographically assigned.. travel takes up too much time
3. AR unit assigned to whole county increases travel.
4. Travel to out of state or county visits.
5. travel and SACWIS time

Caseloads:

1. high caseworker turnover, lack of knowledge of cases from peers, high caseload demands, frequent interruptions during workday.
2. Difference in caseloads among caseworkers.
3. Small staff requires more of workers such as maintaining a caseload with investigations and ongoing cases, answering phones (intakes), and being on-call (nights and weekends).
4. large caseloads

Management:

1. Availability of management to make approvals
2. Waiting for decision making - too many levels of management to go through for a decision
3. Administrative functions-meetings, etc. Documentation deadlines are unrealistic given the number of complex/custody cases each month. In direct communication between social workers and up level management.
4. Upper levels of administration micro management
5. Extra meetings (ei 30 day review in addition to SAR, SACWIS issues ~ needs to be fine tuned, updated (it's time long time since inception), getting the opportunity to discuss with management ~ always chasing people for signatures, etc.
6. The agency has expectations that are above the state mandates, which are imposible to attain. We are always significantly low on staff. Our Hotline takes all referrals making them priority 1 and 2 requiring immediate response when they do not fit the criteria. The agency does not foster good work and good workers, rather it functions based on fear (discipline and firing). This fear increases staff burnout and results in worker's leaving the agency at an increased rate. Sr. Supervisors and upper level management are so out of touch with what worker's are now responsible for doing and keep piling on more work. Many do not understand the increased in time required by SACWIS.

Waiting:

1. WAITING ON THE PLACEMENT DEPT. FOR A PLACEMENT
2. Waiting for decision making - too many levels of management to go through for a decision
3. Finding out the child is Native American and having to find the correct tribe and asking if they are registered. Then waiting for a response back is timely. Why not allow this question to be asked when reporter calls...can't put in asked and denied in SACWIS.
4. When you need something or an answer and there is no supervision available. Waiting on agency cars to return so you can use them. When people ask you for documentation from a file(ex: birth certificate) instead of them going to get it themselves. Having files located in another room, having too many changes(ex: visitation calendar), When hearings are postponed and you have to resubmit your court report again and again
5. Waiting at court, waiting on others to have parts of a case completed.

Assist:

1. Conducting plans to get services linked to sacwis assistance.
2. limited support to assist with cases

Correct:

1. Finding out the child is Native American and having to find the correct tribe and asking if they are registered. Then waiting for a response back is timely. Why not allow this question to be asked when reporter calls...can't put in asked and denied in SACWIS.

Process:

1. lack of search/engagement of father/paternal relatives during intake process
2. The biggest factor that holds up cases is the fact that for the past few months the transfer process for cases from intake to ongoing services has been altered. Now the case must be read by both the supervisor and then the section chief. Cases are taking about 2 months on average to transfer whereas they used to take about 2 to 3 weeks. There is no policy in place to provide time frames to the section chiefs to ensure that ongoing cases don't just sit in their offices which is what is happening now. I know of at least two workers that are leaving intake due to mainly this issue.
3. Our agency requires the investigator to be responsible for developing and entering the case plan into SACWIS for an ongoing case. This must be done before an ongoing unit will accept the case. Miami County CSB Investigators are required to write their own complaints, and complete all court paperwork including subpoenas etc, as well as to coordinate all witness testimony, witness schedules, and communicate any continuances to witness. In networking with other agencies I have found that in most other counties

4. complaint. During each step of this process, the worker is waiting on the task to be completed but doesn't know if there is enough time to move on to other tasks like phone calls or home visits, etc, and even those are not an option once you are at court waiting. After orders are finally received, there is agency paper worker that is duplicative in nature that must be filled out to even serve the parents and provide notice of orders prior to paperwork then being delivered to the parties. And of course, the factors rated above save time when they are in place--those factors that are not consistently in place then cause more time to be spent on a case.

Standards:

1. agency standards higher than state standards, internal meetings for committee's.
2. Council on Accreditation standards which are above rule requirements. Including- home visit with all household family members together, two home visits instead of one during intake period, attempting contact every three working days instead of five working days
3. ACCS holds its caseworkers to higher standards than are maintained by the stated, which frequently causes for more time to be spend.
4. SUPERVISORS WHO BEAT THEIR WORKERS DOWN INTO THINKING THAT THE WORKERS ARE HANDING IN WORK THAT IS BELOW COUNTY STANDARDS

Training:

1. lack of staff and training.
2. staff training sometimes leaves us short handed
3. In our rural county, there are limited "good" community resources and we often have to go out of county for adoption/foster specific services and placements. I have 1 kid placed 5.5 hours away, and 2 kids placed each 1.5 hrs away. E-track is not user friendly and requires more time spent than before on managing training issues. The number of clicks required to move around in SACWIS increases time for data entry. Repetitive paperwork.
4. Lack of job training, case distribution, no clear roles in who can do what supportive tasks, ammount of required OWTP training needed to complete in first year while having a full case load since two weeks in, lack of over time and need to flex out travel time for trainings.

Turn:

1. Turn over rate, high caseload, suppose to be a speicalized unit but we get all types of cases which spreads you thin. SAB CAC last several hours and take up time OHC investigations are time consuming with interviewing ACV, AP's and collaterals. Some OHC cases are out of county. Then you have to complete SA within 4 days. State policys and then the agency has there policy and goals.
2. We have one agency for the county. We do not have the technology of larger counties; it has been discussed. The director is always open to suggestions. We have had substantial turn over in intake. There is no clerical/data entry; caseworkers complete their own data entry. The county does have community resources; addition treatment is lacking a bit because of the growing need. The agency does have an IL worker and visitation center

with a case aid that can help transport. The caseworker schedules the visitation. The caseworkers/supervisors do the kin approval.

3. Each person at a different layer of supervision or administration above me can add additional things they want to see done. Not all managers/admin do this but some do and every one of these takes time. One form displayed this well by having this language "Best Practice First, Then do A, B and C..." as if we have time to do best practice in the first place. Some managers/admin. think we should do their special ideas after having completed best practice. I wish they would run new tech systems on a small group for extended periods to get the bugs out before giving it to all of us. It's not fun to spend time putting the info in the new system then the info gets lost and you can have several people asking why didn't I turn in the info as expected.
4. high turn over

Number of Staff:

1. Number of staff
2. It simply depends on the amount of cases that we have come in at any given time and the number of staff available to deal with those cases.
3. number of staff

Safety Plan:

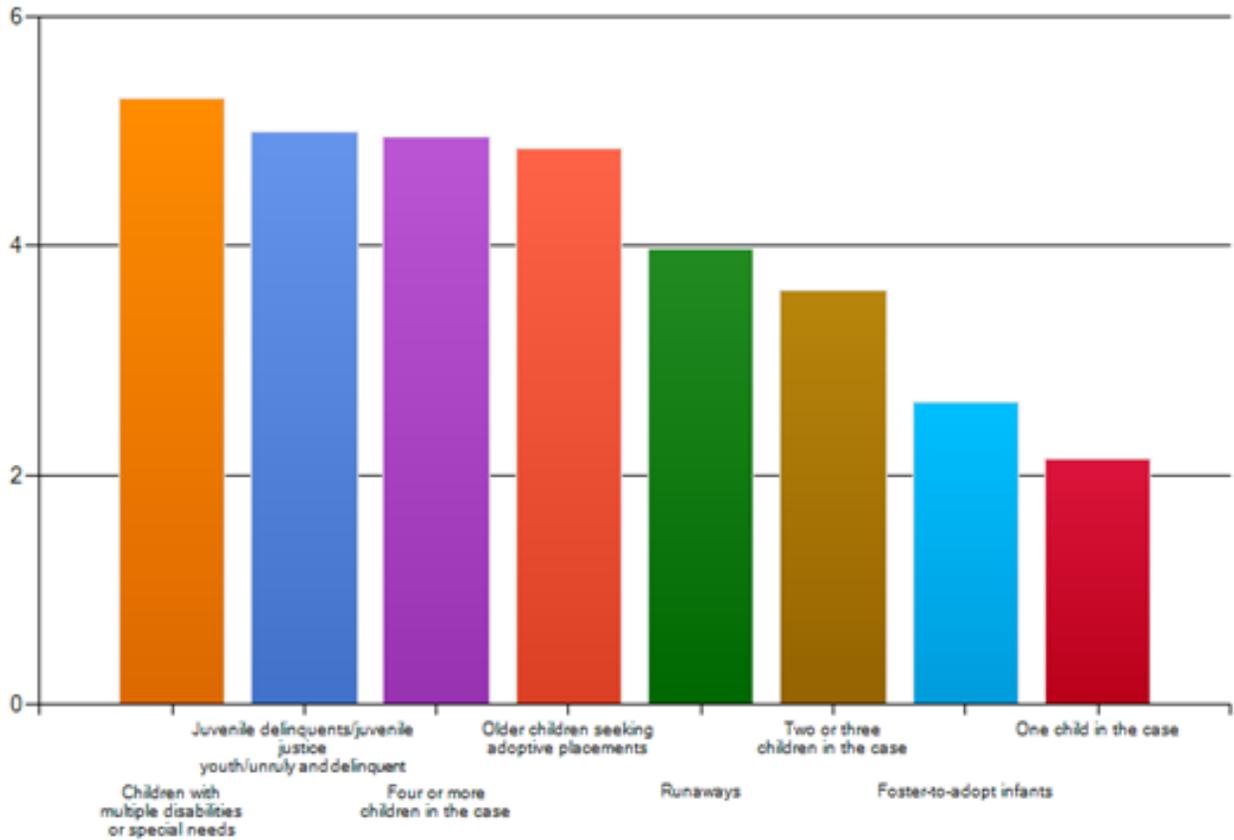
1. Making out of home safety plan visits weekly.
2. safety plan, court involved.
3. safety plans, alternative response engagement

Frames:

1. The biggest factor that holds up cases is the fact that for the past few months the transfer process for cases from intake to ongoing services has been altered. Now the case must be read by both the supervisor and then the section chief. Cases are taking about 2 months on average to transfer whereas they used to take about 2 to 3 weeks. There is no policy in place to provide time frames to the section chiefs to ensure that ongoing cases don't just sit in their offices which is what is happening now. I know of at least two workers that are leaving intake due to mainly this issue.
2. Time frames
3. time frames

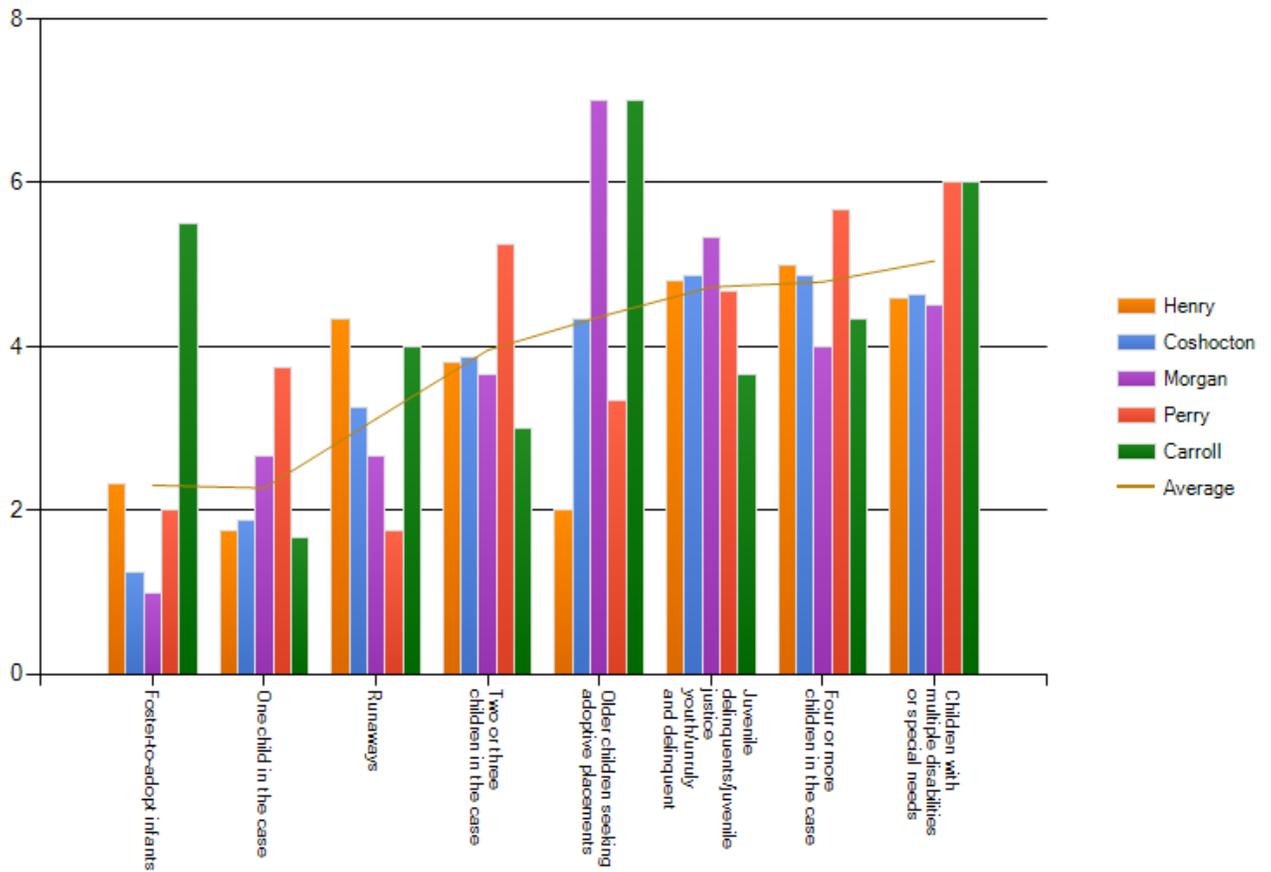
State Data Collection

Child characteristics: Rank these characteristics of the child from 1 - 8, with 1 being least complex/least time and 8 being most complex/most time.



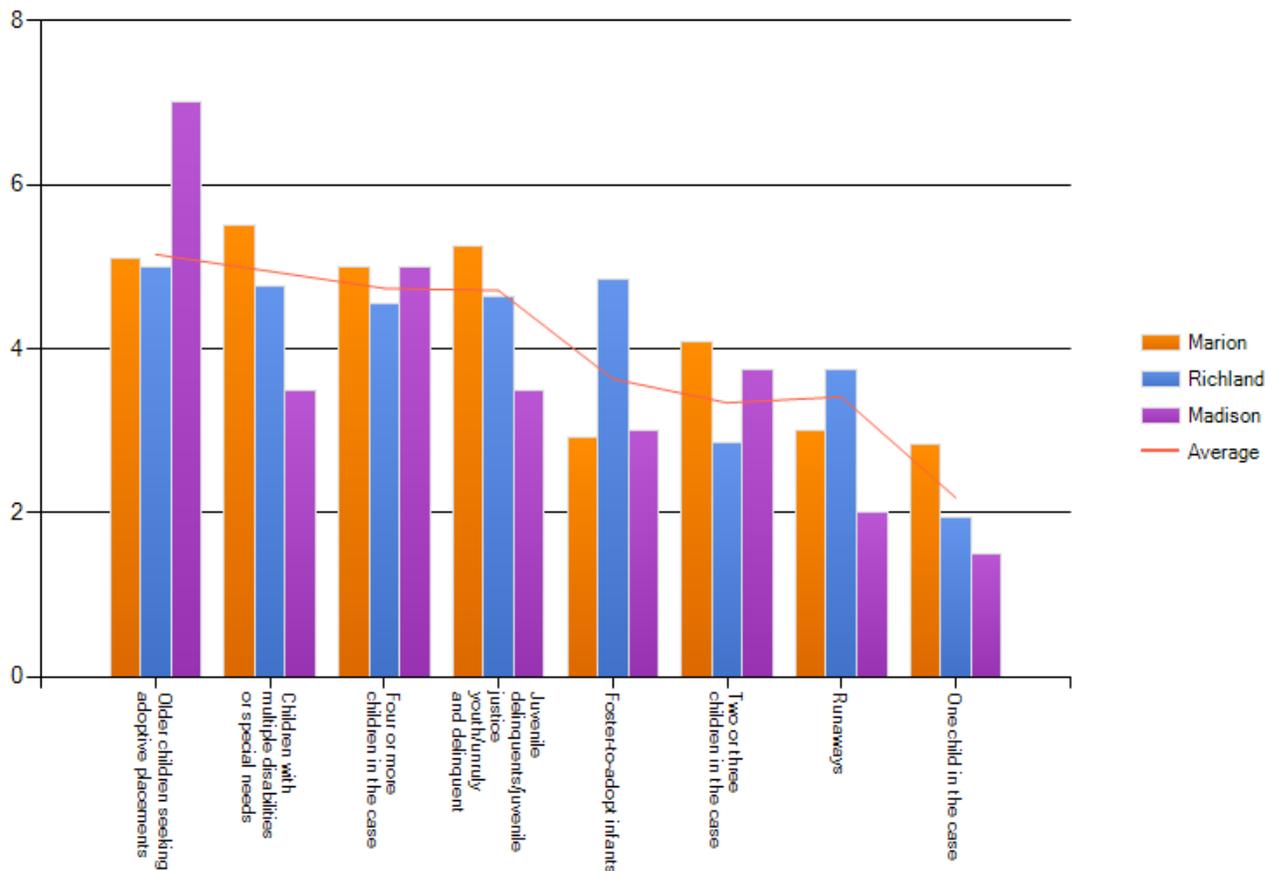
Small County

Child characteristics: Rank these characteristics of the child from 1 - 8, with 1 being least complex/least time and 8 being most complex/most time.



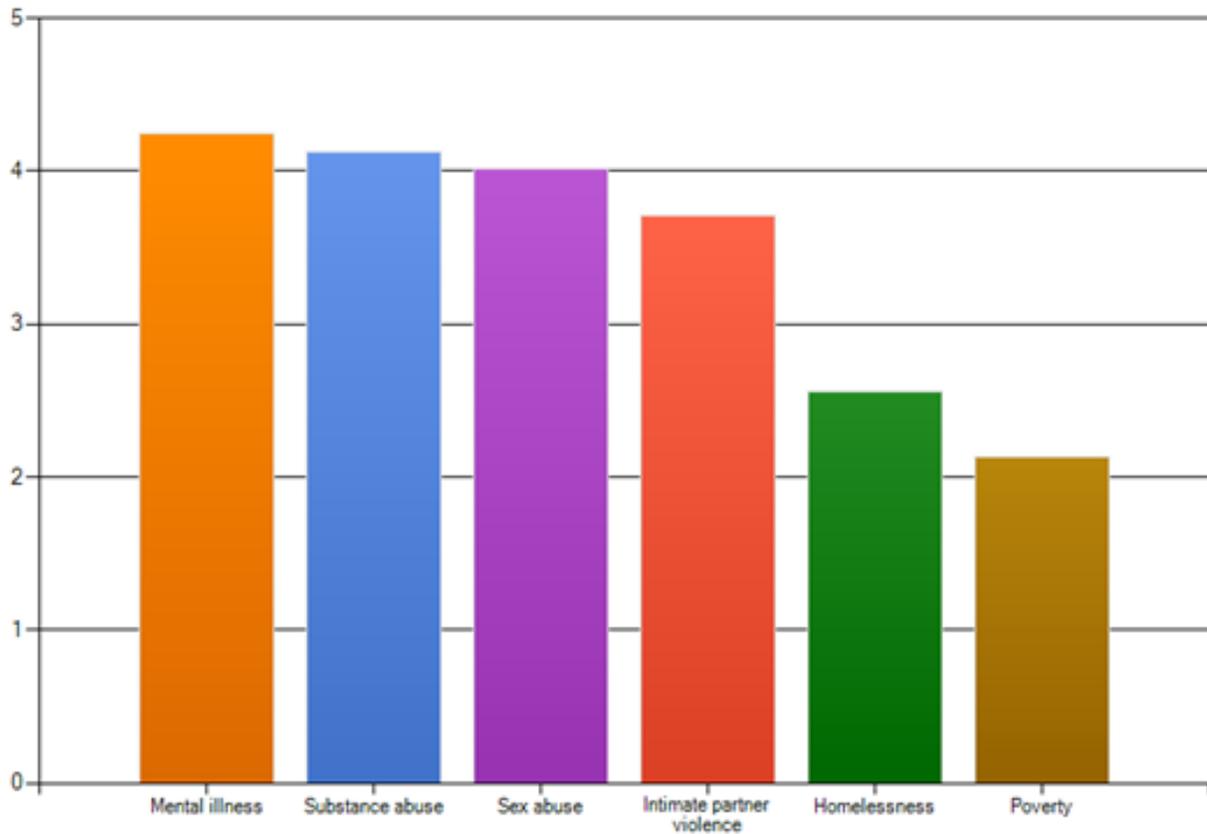
Medium – Large County

Child characteristics: Rank these characteristics of the child from 1 - 8, with 1 being least complex/least time and 8 being most complex/most time.



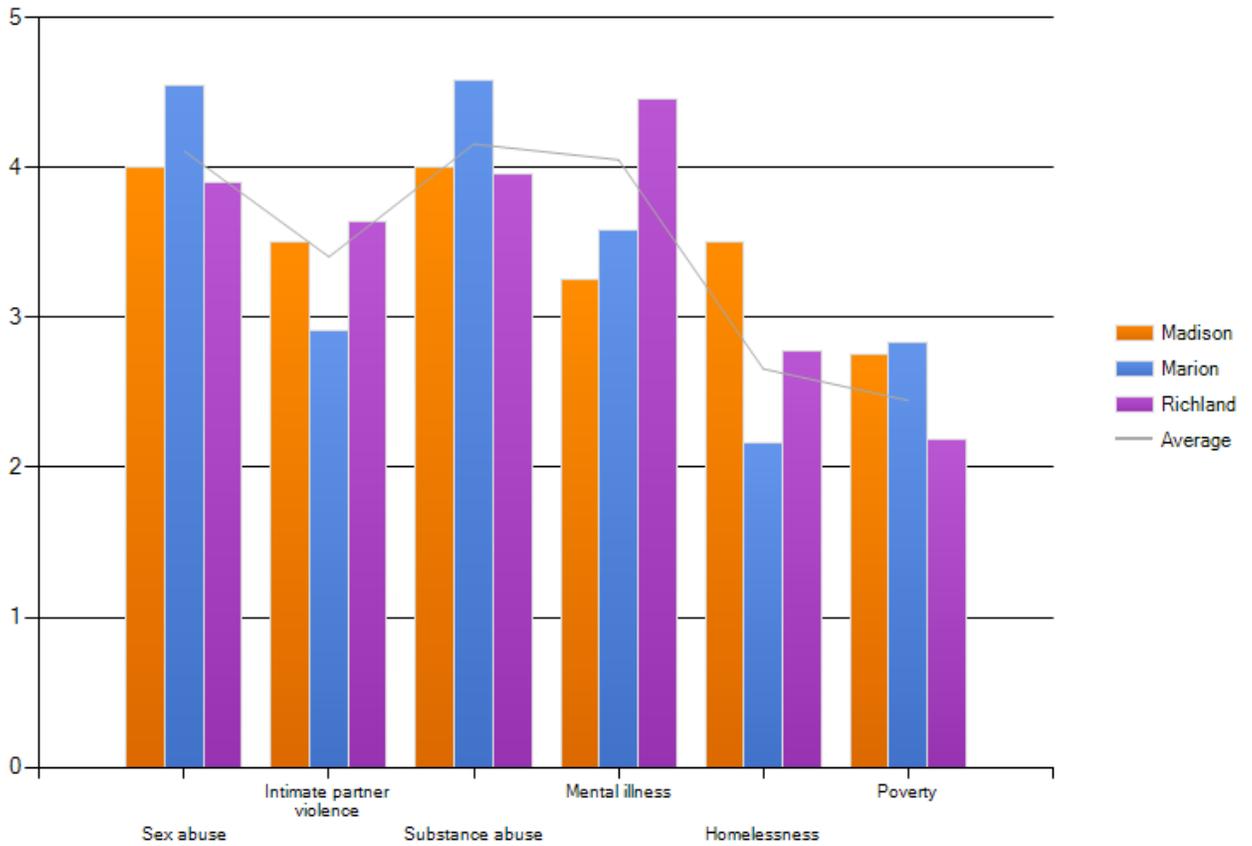
State Data Collection

Family characteristics: Rank these characteristics of the family from 1 - 6, with 1 being least complex/least time and 6 being most complex/most time.



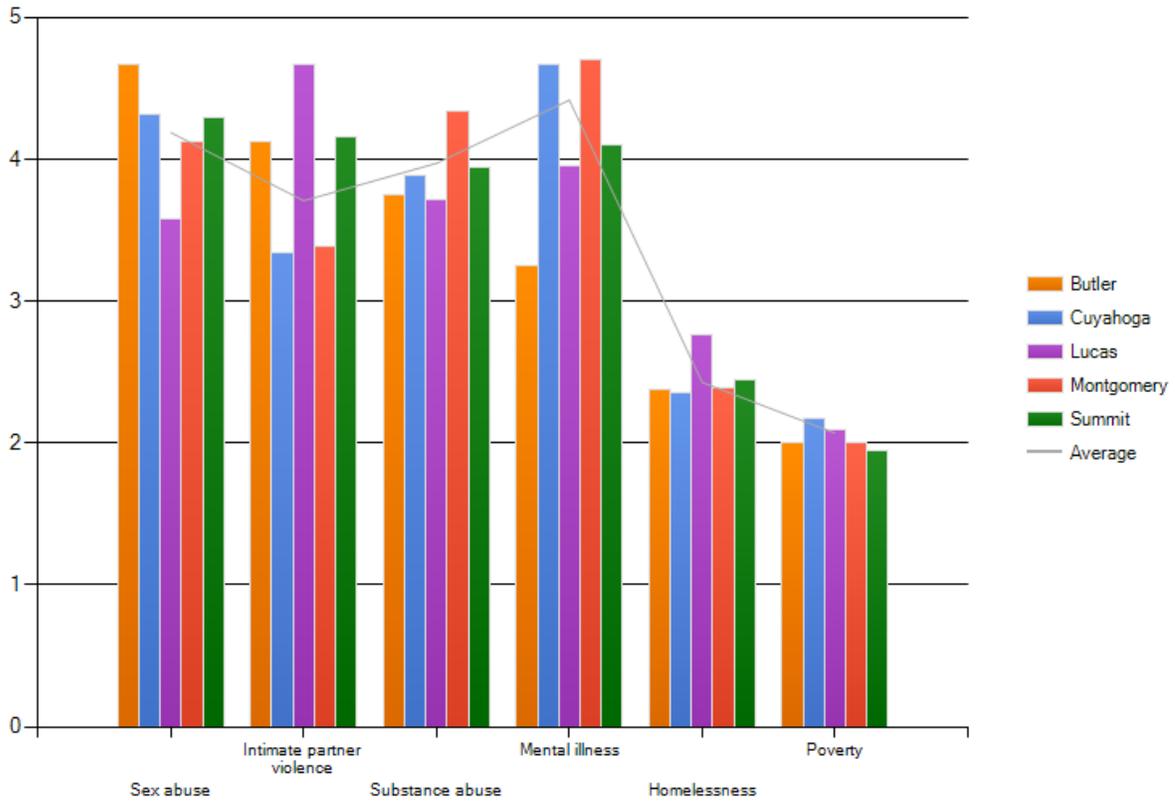
Medium/Small, Medium & Large Counties

Family characteristics: Rank these characteristics of the family from 1 - 6, with 1 being least complex/least time and 6 being most complex/most time.



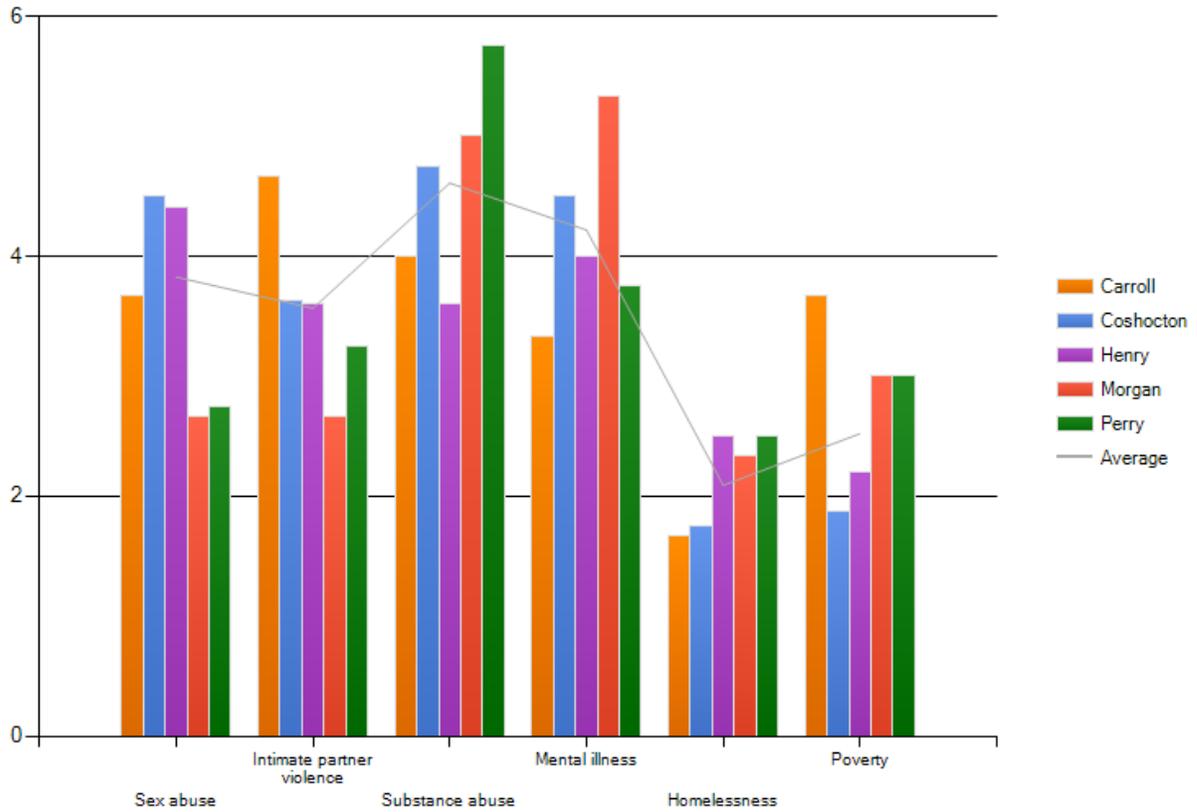
Metro, Major Metro Counties

Family characteristics: Rank these characteristics of the family from 1 - 6, with 1 being least complex/least time and 6 being most complex/most time.



Small Counties

Family characteristics: Rank these characteristics of the family from 1 - 6, with 1 being least complex/least time and 6 being most complex/most time.



Executive Summary:

In reviewing the Quantitative and Qualitative Responses, the respondents prepared short answers or a narrative to elaborate on their previous answers. The quantitative responses absorb most of the qualitative responses. However, particular attention should be considered to the last ten remaining Words/Phrasing as they are have frequently been out of the scope of the quantitative responses. The Qualitative Responses ranged from 353 respondents to 23, with a total of 602 Caseworkers who completed the survey. The Committee needs to determine the weight of the Qualitative Data and how it impacts the overall responses.

In addition, the Quantitative Data was separated and analyzed. A sampling (5 counties) were selected by the size of the counties ranging from Small to Major Metro, the data collected identified that some counties regardless of size and geographic location, have similarities but most have their own individual issues. Some small counties have Mental Health Services to aid in the management of their cases, some do not. The aid of technology has been beneficial to minimize the time spent managing a case, but counties vary on the application of this tool.

When the Quantitative Data and Qualitative Responses are reviewed as a collection of information, the results differed when the data was separated by the size of the counties. Both differences and similarities were identified. However, the calculation tool that has been presented by this Committee should be able to formulate equations specific for each county.

Factors to consider:

- Mental Health issues that children and family members may have increases the time and complexity of cases.
- Poor parenting skills, low cognitive ability and lack of involvement of the parents effects the time and complexity of cases.
- Court cases can be complex when placements are out of county, no transportation support, the family's lack of cooperation and the child's delinquency becomes a concern.
- The lack of supportive services such as; Mental Health and Developmental Disability assistance, transportation staff, data entry, supportive supervisors and lack of direction during a case adds to the time and complexity of cases.

- Foster Parents not maintaining the certifications, not providing transportation for the child, lack of networking and conflicts with the family members adds to the time and complexity of foster care cases.
- Increased requirements within a case, data entry and duplication of documentation increases to the time and complexity of a case.
- Independent Living factors such as locked residential facilities, service availability, the lack of the child's cognitive ability, the age, the lack of participation and engagement adds to the time and complexity of these cases.
- Adoption factors such as; inexperience of the foster parents, increased documentation, transportation availability, the age, the lack of participation and engagement, behavioral issues, and multiple placements adds to the time and case complexity of these cases.

Informative Qualitative Response:

1. "Availability of community resources (i.e. small and rural county agencies have to seek resources outside of their vicinity, which leads to increased transportation time and also the time it takes to research resources they are not familiar with (2) Smaller pool of available foster parents. Heavy workloads prevent appropriate amounts of time being allocated to foster care recruitment and licensing. Smaller agencies are left to place with other networks or enter into shared home agreements with other counties, which create issues with getting children to appointments and more transportation time making monthly visits."
2. "It depends on the special needs of a child and the dually diagnosed children are harder to deal with, which are usually the older children that display the behaviors more than the younger children who may not display the more inappropriate behaviors. The mental health issues of a child that masks itself in other ways and no one really sees the MH issue."
3. "It is difficult to rank these in order to least and most complex because each characteristic varies from person to person. For example, in one case mental illness might be well controlled with the client being cooperative with services, while in another, the mental illness itself is more severe, not controlled with medication or the parent is

noncompliant. Also, a big family characteristic that impacts complexity level is the amount of cooperation, initiative and compliance there is from the family. For example I could have a case that has multiple factors that typically cause a case to be more involved and complex, but if the parents and family are motivated and willing to make changes, this makes the case much easier to work.”

4. “If there are issues that going on with the adoptive family themselves this can make the case complex. Also if the worker doesn't necessarily agree with an adoption plan but the upper management pushes the move then it can be complex. Also, when ongoing workers do not seek out all interested parties or family members before the case is transferred to the adoption dept. it can make it hard when they do present themselves and are interested in adoption, but an adoption plan is already in place or being pursued.”
5. “As you know, our hours vary depending on what is occurring on any given case at any given time. There are some months we spend more time in court due to removals, reasonable efforts hearing, annual reviews, etc. Much of the time spent at court is waiting around for the hearing to start or for all the parties/attorneys to arrive. SACWIS data entry takes up a lot of time as well, especially, when SACWIS kicks you out and you have to re-enter the information because it was just lost. Yes, there is the apply button, but it could be a quick note, then you get kicked out, and you have to re-enter all the fields again (date, time, contact, sub category contact, participants, etc). SACWIS is very time consuming when you have to enter all the data fields. Many workers in my agency type their activity logs in Word and then copy and paste it in SACWIS. Case-related travel also varies depending on where our families live. Other documentation/paperwork also takes time depending on the number of case reviews and referrals we are making. Some weeks we are overloaded with work and trying to get everything turned in on time, while other weeks are not as bad.”
6. “I spend so many hours in the car, it is difficult to count. I have many children placed hours away and families wanting to work case plans from far away, as well. With my high need cases, I spend a ton of time documenting in SACWIS because of phone calls and emails from many providers. I believe that my biggest concern is travel time, but I also get very stressed out with the amount of phone calls I receive because people believe

that I am constantly at the office and able to answer phone calls and respond to emergencies.”

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Notes: