

OCA Review of DCF Management

Interim Report to Governor Baker and the Chairs of the Joint Committees on Ways and Means and Children, Families, and Persons with Disabilities Regarding Outside Section 219 of the FY 2015 Budget September 9, 2015

The Department of Children and Families (DCF) delivers services every day of the year to families in crisis. An agency with such a complex mission deserves and requires excellent management infrastructure to support its workforce and the children and families it serves. The Massachusetts Budget for Fiscal Year 2015 included as line item 0411-1005 and Outside Section 219 an appropriation and mandate for the Office of the Child Advocate (OCA) to conduct, in consultation with the Office of the Inspector General, “an emergency review and analysis of the office management, recordkeeping and background check policies of the Department of Children and Families.” On June 22, 2015, the OCA filed an interim report advising the Legislature, among other matters, that the OCA had entered into a contract with the Ripples Group to assist in performing the management review. A final report is due on November 2, 2015. At this juncture, the OCA is providing this interim progress report in order to furnish a high level summary of findings that have emerged as compelling and time-sensitive. This is an interim report and does not contain comprehensive information but identifies highlights from preliminary findings and outlines next steps. Overall, the project is progressing well and the Ripples Group forecasts that it will be completed on time, barring unforeseen complications.

Activity Update

The Ripples Group began this evaluation in May with an Immersion Phase and continued into the Diagnostic Phase of the project. They are currently in the midst of that Diagnostic Phase and will initiate the full Synthesis Phase in September.

To date, the Ripples Group has focused on gathering information and establishing a working knowledge of how DCF operates at all levels, meeting with external experts and key stakeholders at the DCF Central Office, DCF Regional Offices, and DCF Area Offices, while formulating and testing hypotheses and proof points to evaluate the health of management systems and practices at the agency. Their main activities to date include:

1. Interviewing 19 executives from the Central Office and Regional Offices.
2. Interviewing 14 external experts and other relevant parties, including former DCF commissioners¹, current service providers, and child welfare experts in other states.
3. Visiting six Area Offices throughout the Commonwealth and conducting 18 focus groups with caseworkers, supervisors, and area program managers, hearing the perspectives of a total of 124 DCF staff. The Area Offices were selected by Central Office leadership.

¹ DCF was known as the Department of Social Services (DSS) until 2008. The Ripples Group interviewed former commissioners from DSS and DCF.

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4. Reviewing relevant documents, including the 110 CMR regulations, 2013 State Auditor Report on Medical Screenings & Background Record Checks, 2014 DCF Employee Survey, the 2014 DCF Parent and Guardian Survey, the 2014 Child Welfare League of America Report (CWLA report), as well as various other internal DCF and external publications.
5. Requesting data from DCF to evaluate management ratios, employee tenure, and related matters (still in progress).
6. Benchmarking DCF practices and outcomes against other states (Allegheny County in Pennsylvania, Missouri, New Hampshire, and Vermont have responded to date; requests are pending from other states).
7. Auditing background recordkeeping practices at two Area Offices.

The preliminary findings in this report are based on the information gathered by the Ripples Group as described above, and grounded in the perspectives of former DCF and DSS commissioners, experts from other states, and the collective experience of DCF employees and former employees, as informed by the expertise of the Ripples Group in government and management. The OCA is grateful to all the individuals who shared their time and point of view with our consultants.

Preliminary Findings

The management system at DCF is not capable of ensuring that DCF fulfills its mission consistently.

Management in child welfare is a global challenge and DCF does many things well, despite the challenges of serving over 90,000 clients in Massachusetts and 8,000 children in DCF custody. The annual survey of its families showed improvements in 2015. Many outcome metrics measured by the Administration for Children and Families are trending downward, including rates of physical abuse and the recurrence of maltreatment within six months. Most of these achievements can be attributed to DCF's committed, dedicated workforce and experienced, hard-working managers.

The complex work of DCF requires a management system that supports caseworkers, managers, third-party providers, and the challenging work they do with families. The current management system does not provide sufficient support for this challenging work. DCF must focus on improving its management system in order to substantially reduce the likelihood of negative outcomes. The weaknesses in the current management system leave the workforce overwhelmed and stressed, and more vulnerable to the vicarious trauma inherent in child protection work.

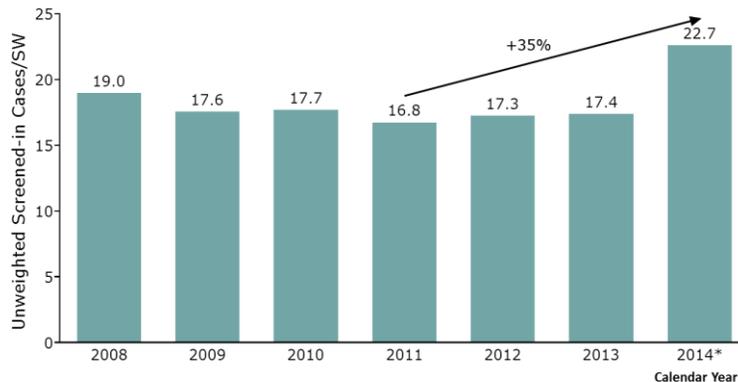
The Ripples Group has identified opportunities for improvement based on their study and observation. The final report will provide further detail and depth regarding these and other issues enumerated in Outside Section 219, including recordkeeping and background checks.

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1. Caseloads are too high per caseworker, overwhelming the workforce and reducing the quality of work.

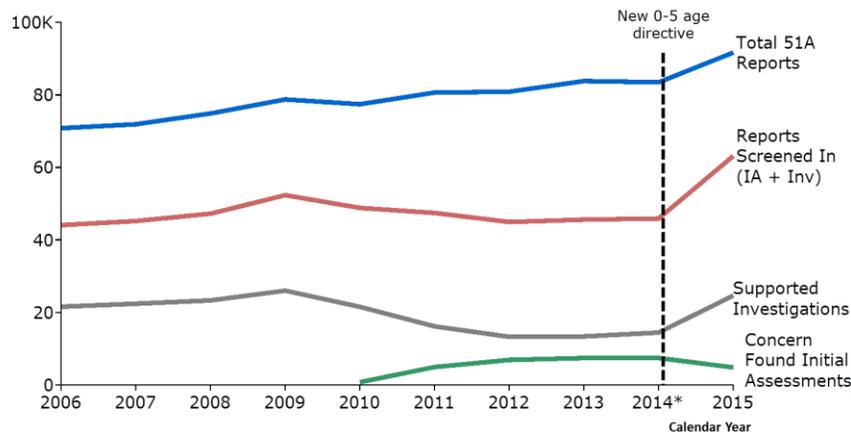
When a report alleging abuse or neglect of a child (a “51A” report) is filed with DCF, an initial decision is made whether to screen the case in for a response. Filing and screening 51A reports represent the front door of the DCF work flow. DCF does not control how many 51A reports are filed by people, but DCF workers decide whether to screen a case in for a response. Caseloads have been increasing significantly, with screened-in cases per caseworker growing 35% since 2011. While this increase may in part be related to the opioid crisis in the state, recent DCF policy changes and directives have also contributed to higher intake rates, with the average statewide screen-in rate rising from 55% in 2013 to 69% in 2014². An example is the January 2014 directive to the field to screen in for investigation any 51A report concerning a child five years old or younger with family risk factors of young parents, substance abuse, domestic violence, mental health, or unresolved childhood trauma.

Unweighted Screened-in Cases per Caseworker



Source: DCF Annual Data Profiles and Quarterly Reports, DCF SW Data
 Calculated by dividing the number of Screened-In cases each year to the number of SW in the mid of each calendar year
 *Annualized for CY14 by using FY14 Q3, Q4 and FY15 Q1 Data

Impact of January 2014 Directive



Source: DCF Annual Data Profiles and Quarterly Reports
 *Annualized for CY14 by using FY14 Q3, Q4 and FY15 Q1 Data

² Annualized for CY14 by using FY 2014 Q3, Q4, and FY 2015 Q1 data.

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In response, the Massachusetts Legislature has increased DCF's budget for caseworkers. Hiring new employees has outpaced attrition, resulting in a net gain of 250 caseworkers (9%) since 2013. For FY 2016, an additional \$18 million has been earmarked for DCF to hire more caseworkers.

Since 1986 the contract between DCF and the Service Employees International Union Local 509 (the union) has stipulated that an ongoing worker's weighted caseload will be capped at 18. A weighted caseload assigns a higher value to cases that require more intensive action, such as a new investigation or assessment. Caseloads are currently calculated at 21 weighted cases per worker, which is higher than the agreed-upon 18 weighted cases per worker. The current situation sets up the workforce to fail as they cannot handle the volume of cases they are assigned without sacrificing quality. Therefore, it is not surprising that employee morale is low and the workforce speaks openly about stress and trauma, as illustrated by one caseworker commenting in a focus group, "I have been here for 38 years but it has never been this bad."

Under the current budgetary environment, it is critical that DCF rebalance the caseload per worker, starting with intake practices. If DCF does not rebalance workers' caseloads, the agency will take on more families and children than the workforce can serve. DCF leadership has been working on revising the intake policy, a crucial strategy to address this problem. In the long run, both DCF and the Legislature must strive to balance workload and resources with a deeper understanding of tradeoffs.

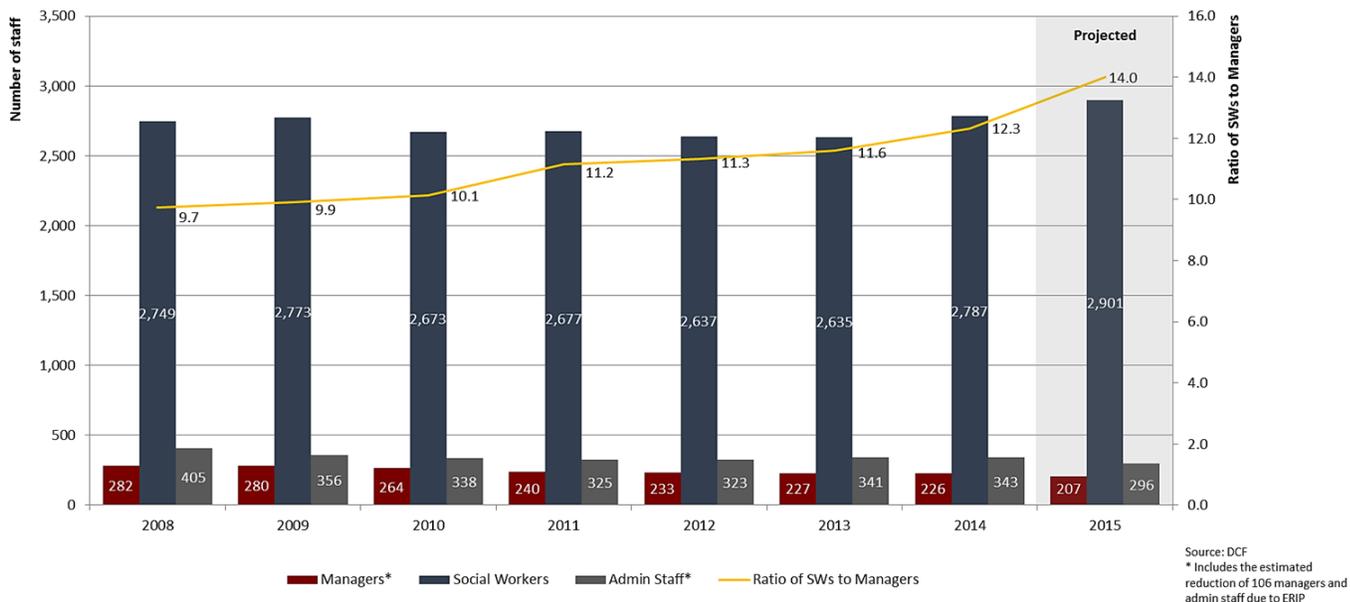
2. DCF's management capacity has markedly diminished over time, severely limiting DCF's ability to engage and support caseworkers. This situation has been aggravated by the 2015 Early Retirement Incentive Program.

a. Management capacity

DCF has historically sacrificed its management and administrative capacity as a means of preserving frontline staff in the face of burgeoning caseloads. This is illustrated by the 2010 budget cuts, which saw DCF undergo a reorganization resulting in its number of regions being downsized from six to four and various management positions eliminated while remaining managerial and administrative positions were further burdened with greater and, at times, unrealistic responsibilities. Supporting this, from 2008 to 2015, the ratio of caseworkers to managers rose from below 10 to above 14, or a 40%+ increase. This situation has been further aggravated by the 2015 Employee Retirement Incentive Program (ERIP), which has resulted in the loss of 106 management positions (17% of all management positions) that may not be fully replaced under ERIP.

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DCF Manager/Administrator to Caseworker Trends (CY 2008- 2015)



b. DCF’s policies and practice model

As a result of attrition and multiple rounds of caseworker hiring, the average level of experience at DCF has declined. In this environment, it is crucial to have well-defined, articulated policies and a practice model that is homogenous throughout the agency. With managers stretched thin, policy work and practice model implementation have suffered, and staff do not operate under well-defined, articulated policies. Simultaneously, high caseloads have hindered training. One worker remarked in a focus group, “Training sessions are usually very good, but we do not have time to attend.”

c. Employee engagement

Employee engagement has also suffered. The December 2014 DCF employee survey noted, for instance, that many employees express a sense of disconnection between the field and the Central Office, particularly regarding policies and managerial decision-making. As an example, the statement: “Management is as committed to exceptional service as they expect me to be” received only a 3.75 from employees on a scale of one to seven, with seven indicating strong agreement. Additionally, belief that management would act upon the results of the survey was also low at 2.9. Similarly, many workers who participated in focus groups felt that their voices were not being heard, such as one employee who stated, “It would be great if [DCF] could get feedback from us and actually incorporate it [before rolling out a new policy].” Another stated, “Policies are done in a bubble.” This perceived lack of participation is limiting DCF’s ability to establish buy-in from the field and effectively roll out needed policies.

Child welfare requires a heavy dose of supervision and management. With strong leaders, effective policies, a robust practice model, and on-going training and coaching, a child welfare

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agency may compensate to some degree for its lack of experience on the front lines. When the management ranks are forced to cut corners, as within DCF, the entire system is affected.

3. There is no clearly articulated and shared agenda to improve DCF.

While DCF's mission is well understood, none of the focus groups conducted by the Ripples Group could provide a cohesive response when asked about DCF's agenda as an organization going forward. Even middle managers struggled to articulate a future vision or a shared agenda. One employee in the employee survey stated, "DCF is no longer focused on the core values and has shifted to a high level of anxiety in regards to news media stories." Noting that DCF's current mission statement and vision had some deficiencies, the CWLA report contained recommendations in May 2014 that DCF establish a clear vision and mission that create purpose and direction while defining the measures for success.

Can an agency such as DCF improve without a shared agenda? Without one, the agency is vulnerable to the latest crisis. Without a clearly defined, prioritized, and communicated agenda, along with an engagement process and detailed action plans, DCF will be stuck in reactive mode, recovering from one crisis only to enter a new one, as its history demonstrates.

4. Current management processes are inadequate to support a \$1 billion agency.

a. Management by information is limited.

While DCF periodically generates dozens of internal data reports, a consistent focus on children and family outcomes appears to be lacking. Many reports studied by the Ripples Group included counts of children served, numbers of visits paid by caseworkers, and demographics of consumers. The Ripples Group identified a significant concern that DCF does not have a well-thought-out management dashboard that would serve the needs of managers in the field or at the executive level, provide actionable information on outcome trends, and facilitate pragmatic decision-making as part of DCF's *modus operandi*. Moreover, detailed case-level information that had been previously made available to the field is currently being withheld following the Jeremiah Oliver case. One area director reported the limited data reports they are currently receiving are three months old; previously they received reports on a monthly basis. DCF should devise a management dashboard that meets the needs of managers and conforms to best practices for child welfare agencies.

b. In the absence of reliable and consistent outcomes information, it is challenging to define success and establish accountability at any level.

As one caseworker remarked in a Ripples Group focus group, "There has to be more accountability in the agency and it has to start at the top." Clearly, defining success for both clinical and managerial positions and communicating it effectively is a prerequisite to establishing accountability within the organization. However, defining success and establishing and evaluating accountability is particularly challenging in an environment where the relevant information is not consistently gathered or shared. Additionally, it

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should be noted that while job descriptions for key agency positions exist, these mostly consist of a list of various tasks. It is unclear which role is ultimately responsible for making key decisions, a concern that emerged from discussions in focus groups conducted by the Ripples Group.

c. Without clearly established operating standards and accountability, managerial decision-making becomes reactionary.

DCF's lack of clear operating standards and accountability weakens well-guided, rational decision-making within the organization. Even though there are limitations in DCF's management capacity, as described above, DCF managers make reactionary decisions in the face of crisis situations. When new policies, policy revisions, and operational directives emanate from rushed decisions, they typically create confusion and hamper consistency in practice across the various Area Offices. As one caseworker expressed in a focus group, "We are constantly pulled or pushed in another direction." An example of this is the January 2014 directive concerning the intake for children younger than five, which was communicated in a letter to the field acknowledging that implementation would require additional staff. Implementing the directive led to confusion over its interpretation when it was first released; to this day, different Area Offices interpret this directive differently.

d. Crisis management expertise within DCF is lacking.

Child welfare is a field in which, given the nature of the work and the numbers served, crises will inevitably appear. However, there currently are no clear expectations for how to manage crises within DCF, nor is there any well-defined crisis management protocol. The lack of such a protocol becomes even more acute in the context of what has been highlighted above and the potential for additional crises. The media attention and intense scrutiny of DCF following the recent near-fatality of a child receiving services from DCF and the death and near-fatality of children in a DCF foster home demonstrate the need for a crisis management protocol.

Current leaders at DCF have reported that they are sensitive to the issues outlined above and are beginning to address them, but the situation at DCF today necessitates a long journey. A holistic transformation of DCF will require leadership in the Executive Office of Health and Human Services as well as all stakeholders to align and act in concert over a period of years. There is no shortcut to transformation; instead, a massive, coordinated undertaking that balances urgency with the organization's capacity to change is needed on multiple fronts.

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Next Steps

Next steps by the Ripples Group will include:

1. Conducting additional background recordkeeping audits at Area Offices.
2. Obtaining and analyzing human resources data from DCF.
3. Further study of other states' welfare agencies.
4. Validating findings and recommendations with stakeholders.
5. Further synthesizing findings and developing a draft final report.
6. Submitting a draft final report to the OCA with a final report to the Legislature due November 2, 2015.

The OCA would like to thank the Legislature for the opportunity to carry out this important project.