

# Appendix

3-3

**Children Services Board Final Performance Audit Review Report  
Summit County, Ohio  
Blue Ribbon Task Force**

It should be noted that the Summit County CSB is a much larger agency than the CSB of FCJFS, with over 450 employees, a unionized staff, and more service offerings than the CSB of FCJFS. However, as both are providers of protection services to children, similarities exist between the two entities and practices in certain areas are worthy of review. Summit Co. CSB requires that all social workers are licensed, and that all supervisors hold masters degrees. Summit Co. also utilizes space on their campus as an on-site training center for employee development that also serves professionals in fourteen surrounding counties. Summit Co. maintains what is referred to as an "open-door" policy. This involves the agency accepting referrals in all areas of child and family well-being, including dependency and "other". Other is a catch-all term for issues generally considered of less importance to the immediate safety and well-being needs of children and families such as "dirty house" calls. Panel members and staff interviewed through this review describe the agency as trying to be "all things to all people".

The **Council on Accreditation (COA)** process evaluates an organization against best practice standards. Summit Co. CSB was one of the first public agencies to achieve COA accreditation. The COA accreditation is a self-study, completed by the agency and is comprised of eight service standards which are all designated by COA. They are as follows:

- S-10 Protective
- S-14 Adoption
- S-21 Foster Care / Kinship
- S-36 Volunteer Friendship / Mentoring Services
- S-23 Supportive Community Living (Independent living, Transitional, & Mentoring Mothers).
- S-38 Prevention and Support Services
- S-20 Family Center Casework (short-term care)
- S-8 Shelter Service (receiving unit)

**Types of standards to comply with under COA**

- a. Generic Standards- that apply to all agencies no matter what their size or service, and
- b. Service Standards- that are specific to each separate organization.

**Services offered by Summit Co. CSB** include the following, among other more common offerings standard to most CSB's.

1. **Diagnostic Center-** which serves as a one-stop-shop for medical, dental, and psychological assessments.
2. **Mentoring Mothers Program.**
3. **Respite to foster parents by providing short-term child care.**

4. **First Thursday Series-** parent education classes.

### Some General Recommendations for Change

1. Strongly recommended by the panel members is the active and dedicated concentration by SCCSB on addressing mandated service provision. Far too much time is drawn away from critical investigation and assessment activities due to highly trained staff dedicating time to less than urgent matters. (See point 3 below).
2. Assignment of a monitoring and coordinating body (Family & Children First) to assist with the delivery of all information relating to families in crisis to area schools, doctors, hospitals, law enforcement departments, courts, prosecutors and child welfare agencies. This body should also maintain a database of information for future use by the aforementioned entities.
3. In further freeing-up highly trained personnel to act on behalf of children and families in need, a distinction must be made between matters for investigation, and those general intake duties that may be handled by case aides. Following a determination of duties, certain tasks should be assigned accordingly. Specialization of roles is essential in best utilizing human resources. **Move all cases from the agency's investigation unit that do not meet the legal mandate. Strict adherence to ORC Chapter 5153 is recommended.** Cases classified as "dependency, other", have been deemed to be resource drains are have been determined to be best handled by other community partners.
4. Policy and procedure manuals should be updated on a consistent basis.

### Caseload / Workload size

Attachment 'B' contains caseload / workload recommendations and factors for determining size based on service provided.

### Options for a Referral for Further Action (p.56)

1. **Investigations** This unit gets the referrals that clearly indicate or allege that physical or sexual abuse has taken place.
2. **Initial Assessment Unit** (Triage) Referrals are sent here when there is inconsistent or insufficient information to commence an investigation. Referrals that begin here may then be sent back to investigations or sent to the Short-Term Unit.
3. **Short –Term Unit** Was created to provide time-limited, targeted services to those families whose presenting problems could be ameliorated or alleviated within 90 days. See diagram on P. 59.

### Other Recommendations

1. **Respite Center** for foster parents provides short-term child care. (p. 72).
2. **Ensure coverage** in all staff areas during leave with the development of a comprehensive plan.
3. Using attorneys (**staff attorneys**) to represent agency business in court proceedings and other legal matters (drafting motions, etc...) as another means of

freeing-up case worker time. Staff attorneys (deputized assistant prosecutors) will have familiarity with cases and participants, as opposed to attorneys from the County Prosecutors office who will not share the same advantage.

4. **Utilization Review.** Essentially a peer review of closed cases and some open cases. This has proven to be a solid monitoring mechanism of case file content, if used properly. (P. 91-94)
5. **Regular, structured supervision** of staff is strongly recommended. Once per week, is preferred, but no less than one time per month. An open-door policy for staff counseling is further recommended.
6. **Supervision Load** is recommended not to exceed five social workers per supervisor.
7. **A clear definition of job duties and tasks** for Intake and Protective Services staff workers should be developed.
8. **CPS must develop measurable and objective goals** by which the performance of the staff can be assessed and measured.
9. **Disposition / Closing of Cases.** Numerous suggestions are offered on p. 104 for streamlining this process. Accountability is essential in this area.

### Assignment of Cases

**Uniformity is important.** A structured method for case assignment must be devised and implemented. Many factors must be considered in assignment and should include the following: current workload- number of children involved in the case, location /distance of home from agency, other agencies involved in the case, severity of issues, number of issues, experience of social worker, current caseload of social worker, court involvement, phase of allegation, and allegation type. (p. 96)

### Child Welfare League of America Recommendations

Among several, a few recommendations stood out here that may not have been considered at FCJFS, to date. See p.109-110 for a comprehensive list.

1. Phone room staff should have professional social work or related degrees, **and a minimum of five years experience** to ensure that referrals are evaluated by the most educated, well trained staff available.
2. **Redefine and limit the role of investigators** to specific tasks. Incorporate the use of case aides to cover duties once assigned to investigators. Investigators should only concentrate on interviewing, critical thinking, and analysis of factors relating to allegations of child maltreatment.

### Additional Recommendations from Appendix 'A' not mentioned above

1. Community involvement in determining the proper role of the agency in caring for vulnerable children and families is essential, and must be considered.

2. The CPS must decide whether or not it strives to be “all things to all people”, at the cost of providing the highest level of services to the most in need, or at-risk populations.
  3. Clarify the roles of other community service agencies in the cooperative effort to protect and educate children and families.
  4. Develop a protocol to expeditiously transfer cases from Intake / Assessment that do not meet the agency’s legal mandate. \*By developing a “triage system” with other community child-serving providers, the needs of the most critical cases can be met with agency resources, and those with less-pressing, non-mandated needs will not fall through the cracks and be denied needed services.
  5. Decisions regarding removal and placement of children should involve families, age appropriate children, and community partners.
  6. A standardized means of accountability should be implemented in order to motivate, encourage, and discipline staff.
  7. Recommendations for team size, workload, and caseload quantities are also available in Attachment ‘B’.
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### **“North Carolina Approach”**

In sum, this short piece advocates a community oriented approach to protecting children. They speak of a family-centered, outcomes-based model of services that values:

- a. The responsibility of families and service providers to work together to meet children’s needs.
- b. The responsibility of service providers to be proactive and discerning in ensuring positive outcomes for each child served.
- c. The enrichment of communities that occurs from a diversity of knowledge and experience.
- d. Collaboration among professionals, paraprofessionals, community members, the family and its support systems to ensure that decisions are in the best interests of the child, family, and community.

Through the use of **Community Child Protection Teams (CCPT’s)**, individual communities have an opportunity to decide how they can best protect their children. CCPT’s are interdisciplinary groups of community representatives who meet regularly to promote a community-wide approach to the problem of abuse and neglect. CCPT’s review active cases in which abuse, neglect, and dependency is found. These groups communicate needed changes by community education programs and by submitting an annual report to the Board of County Commissioners.

- There was no further detail provided here to describe any in-depth actions of these CCPT’s. The ideology sounds great. But there is no real way to evaluate this approach based on the limited information offered in this one-page brief.