Erie County Child Protective Services

A Review of Determinations and Cases Recommended for Closure in Child Abuse and Maltreatment Reports Investigated by the Erie County

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New York State Office of Children & Family Services

INTRODUCTION

The New York State Office of Children and Family Services (OCFS) is the state oversight agency responsible for monitoring and supervising child welfare services throughout New York State. This authority is provided under the following sections of the Social Services Law (SSL): Sections 17(a) – (c), 20(2)(b), 20(3)(a), 34(3)(b), (d), and (e), 34(5), 421(8), 460-c, 462(1)(a), 462(2)(a), 462-a(1) and 462-b(1).

In September 2013, the media reported on a fatality involving a five-year-old boy who had allegedly been repeatedly abused and subsequently killed by his mother's boyfriend in Erie County. This was the second serious child fatality in Erie County within a 17-month period of time. This child's death raised troubling concerns about the casework practice performed by Erie County child protective caseworkers and supervisors. Community leaders and families expressed a lack of trust and confidence in child protective services in Erie County.

Subsequently, OCFS commenced a comprehensive review on September 25, 2013 of all open child protective investigations being conducted by Erie County - a total of 894 cases. While the review focused specifically on the assessment of safety of the children involved in those cases, we also found instances of unaddressed risk elements, which were referred back to Erie County to be addressed along with outstanding safety concerns and/or documentation issues. The report with findings for that review was issued on November 22, 2013 and required corrective action for both short and long term practice change.

Additionally, OCFS notified Erie County that all investigations currently open could not be submitted for determination or closure until a secondary review was completed by OCFS staff, utilizing our standard child protective assessment tool for assessing all components of a child protective investigation. The purpose of this review was to ascertain whether adequate and appropriate casework activities were completed during the investigation period to make accurate safety and risk assessments, support determinations, assess service needs and legal action where required, and document supervisory oversight. OCFS directed Erie County to forward the first 200 cases being targeted for determination and closure to OCFS staff for review prior to closure. During this period under review, OCFS increased the sample size to 275 cases in order to include a variety of allegations and types of cases, a sample of cases from all supervisors and caseworkers, and to include 66 cases flagged by OCFS during the first review where concerns about the ongoing risk to children were noted.

During the secondary review, OCFS reviewers focused on evaluating the following case elements at the time of the case determination:

- Completeness and adequacy of safety assessments for all children;
- Overall completeness and adequacy of the investigations including the use of collateral contacts to provide relevant case information;
- Adequacy of the assessment of ongoing risk and the provision of services;
- Appropriateness of protective removals;

- Appropriateness of case closures; and,
- Documentation and quality of the supervisory role.

REVIEW PROCESS

During this review, OCFS reviewers read the entire case record documented in CONNECTIONS for all 275 cases. For cases where the reviewers believed that additional steps were required to complete a comprehensive investigation and adequately assess the safety and risk of each child, the case was returned to Erie County with directives for additional follow-up. Eleven (4 percent) of the 275 cases were returned for additional casework action and 14 cases (5 percent) were returned for updated documentation. Erie County caseworkers and supervisors subsequently provided the appropriate documentation of the required casework activity and the cases were approved by OCFS for determination and closure.

FINDINGS

The review of the 275 cases submitted for determination and closure differed from the previous review, as Erie County had instituted an internal review process as part of its immediate corrective action as a result of that initial review. OCFS' findings reflect the actions Erie County made to improve the casework practice during and after the initial Safety Assessment Review was completed.

A. Thoroughness and Adequacy of Safety Assessments

Standard: Prior to making a determination that the report should be indicated or unfounded, the local child protective service shall assess the current safety to the children. [Social Services Law (SSL) §424(6); 18 NYCRR 432.2(b)(3))iii)(b)]. At the time of determination:

- In all 275 records that were reviewed, the safety assessments were found to be thorough and caseworkers had gathered sufficient information to make accurate safety decisions.
    - OCFS reviewers noted that some caseworkers and supervisors were challenged in aligning the safety decisions recorded on the assessment tool with the information reflected in the case documentation. The OCFS Safety and Risk Assessment instruments are constructed to reflect the information gathered in the case record, and in a number of cases they were inconsistent. This is an area that Erie County should address through ongoing training.
- In 11 percent of the case records there was documentation of the existence of safety factors that placed the children in immediate or impending danger of serious harm; in all of those cases an appropriate safety plan was completed.

B. Overall Completeness and Adequacy of the Investigations

Standard: All local district child protective services in New York State are required by law to conduct an appropriate investigation of each report of suspected abuse or maltreatment. Statute and regulation define the minimum requirements for each investigation. [SSL §424(6); 18 NYCRR 432.2(b)(3)]

- In 98 percent of the cases where there was an appropriate source to contact, the contact was made.
- In 97 percent of the cases, some or all of the alleged subjects were interviewed face to face.
- In all but one case, an appropriate home visit was made, and in that one case, diligent efforts were made to attempt a home visit.
- In 99 percent of the cases, all or nearly all of the appropriate collateral contacts were made.
- In all but one of the cases, the children were observed. In the one case where the child was not observed, diligent efforts were made to do so.
- In all but one of the cases, the children were interviewed where it was appropriate.
- In 85 percent of the cases, all or nearly all "other persons named in the report" were interviewed face to face. For the remaining 15 percent, diligent efforts were made in 43 percent of the cases.

C. Adequacy of Ongoing Risk Assessment and Provision of Services

Standard: An assessment of the risk of future abuse or maltreatment must be made by a social services district when key decisions are reached concerning a child named in a child abuse or maltreatment report. [SSL §424(6)]

If a social services district believes any child is suffering from abuse or maltreatment, local child protective services is required to offer appropriate services to the family. [SSL §424(10)]

- In 99 percent of the cases, sufficient information was gathered to assess risk.
- In 90 percent of the cases where sufficient information had been gathered to assess risk, the reviewers agreed with the risk assessment. In the remaining 10 percent, reviewers noted issues with identifying primary/secondary caretakers, and with applying relevant information gathered during the investigation to the assessment.
- In 98 percent of the cases, an adequate assessment of the family's needs was conducted.

- Of the 275 cases reviewed, 175 were identified as needing services. For 99 percent of those families, services were offered.

D. Protective Removals

Standard: A local child protective service is required to take all appropriate measures to protect a child's life and health including, when appropriate, removing the child from the home and placing the child into protective custody whenever there is reasonable cause to believe that the circumstances or condition in the child's home present an imminent danger to the child's life or health. [SSL §§417(1) and 424(9)]

- A petition to commence a Child Protective Proceeding under Article 10 of the Family Court Act was required and filed in 31 reports (11 percent).

- In six percent of the cases, children required an out-of-home placement, and were placed.

    - In two additional reports, the caseworker and supervisor sought to remove the child from the home, but the Family Court Judge did not support the removal.

E. Case Closings

Standard: Social services districts must conduct a review of the needs and circumstances of the family prior to case closing. [18 NYCRR Section 432.2 (c)]

- In 100 percent of the cases, the OCFS reviewer agreed with the decision to close the case.

    - In 25 percent of the cases, the case appropriately remained opened for services.

F. Documentation and Quality of the Supervisory Role

Standard: A child protective supervisor must review a decision to indicate or unfound a case, the decision to close a case and the caseworker's use of risk assessment for arriving at key case decisions and must document such reviews by signing the appropriate reporting form. [18 NYCRR 432.2(b)(3)(v), (c)(2)(ii), and (d)(1)(i)]

- In 100 percent of the reports reviewed, there was evidence of supervisory oversight/consultation either through electronic approvals or through case documentation.

G. Case History

Of the 275 child protective reports reviewed, 65 percent had previous reports involving the same household registered in the past four years. Below is a chart illustrating the frequency of previous reporting involving the same households:

None	35.2 percent (97 reports)
One or Two	23.2 percent (64 reports)
Three or Four	23.2 percent (64 reports)
Five or Six	7.2 percent (20 reports)
Seven or more	11.2 percent (30 reports)
TOTAL NUMBER OF REPORTS	**100 percent (275 reports)**

Case Practice Themes:

There is evidence in this review that Erie County is moving in a positive direction. OCFS reviewers noted improved case practice in the investigative process since OCFS completed the Safety Assessment Review in November including:

- **Thorough and complete investigations** - This review revealed caseworkers were completing investigative tasks in a more comprehensive manner.

- **Improved interviewing and follow through with collateral contacts** - Child protective investigators are required to obtain information from relevant collateral contacts such as schools, medical personnel, family members, and others who can provide meaningful information about the child and family as a means of determining whether children are at risk or in danger. This review noted significantly more contacts with appropriate individuals. The case progress notes contained detailed relevant information about family functioning, and when necessary, specific incidents or events that addressed allegations in the child protective report.

- **Appropriate safety assessments** - Caseworkers were more diligent gathering information to make informed safety assessments. The assessments contained more detailed information.

- **Evidence of supervisory consultation** - The documentation by supervisors of case consultation and direction had more clarity and detail, providing the caseworkers with more information as to the next steps needed in the investigation.

- **Legal consults** - Documentation of necessary legal consults was more evident and more detailed.

- **Services to families** - Services were offered to families when specific service needs were identified.

ACTIONS TAKEN BY ERIE COUNTY

Since the completion of the OCFS initial Safety Assessment Review in November 2013, OCFS has been in regular contact with Erie County as they have made efforts to strengthen child protective case practice. These efforts include:

- Stabilizing caseloads while hiring and training new workers;
- Performing an intensive assessment of the strengths and areas needing improvement within the workforce; and providing training, coaching and supervision to the child protective caseworkers and supervisors;
- Implementing a system for internal review of cases prior to determination and closure to promote consistent and thorough safety and risk assessments and adequate investigation activities;
- Initiating the development of a data driven Quality Review process;
- Developing a short and long term Corrective Action Plan;
- Utilizing the skills and national perspective of the consultant provided by OCFS and Casey Family Programs.

ACTIONS TAKEN BY OCFS

OCFS has continued to support and monitor Erie County's efforts toward system improvement including:

- Assisting Erie County in working with its staff to jointly review cases to enhance supervisor and caseworker decision-making skills. OCFS staff spent over 12 hours per week through the month of January reviewing Erie County cases and discussing the practice with supervisors and caseworkers.
- Designating an OCFS senior manager with quality assurance experience to assist Erie County in obtaining data and developing a data driven Quality Assurance (QA) process as well as providing Erie County with substantial access to reports that will enhance its ability to measure performance and progress.
- Developing a comprehensive monitoring plan to oversee Erie County as it implements the short and long term corrective actions.

Areas Identified for Additional Training

While there have been visible improvements in Erie County's child protective practices since the Initial Review, OCFS reviewers noted that some caseworkers and supervisors were challenged in aligning the safety decisions recorded on the assessment tool with the applicable case documentation. This is an area that Erie County should address through ongoing training.

Conclusion

Erie County has made improvements in the overall performance of case practice in child protective services since last September. This review demonstrated that the caseworkers, when given clear direction, supervision, support, and sufficient time, can conduct thorough child protective investigations that include appropriate collateral contacts, clarity in documentation, and thorough assessments of risk and safety.

Erie County has many challenges to overcome. The caseloads of the existing workforce grew rapidly during this process. The administration is developing strategies to reduce the backlog of cases; however it is a process that will require time, commitment, additional staff and ongoing training. The corrective actions that Erie County is developing and implementing will require leadership, perseverance and ongoing monitoring. Consistent diligence is necessary to sustain the short term improvements so that the higher standard for practice evidenced in this CPS Determination review are sustained in the future. The organization's leadership must continue to provide clarity in direction and high quality supervision for the front line workers. They must maintain the established higher standards for all investigations, and create opportunities for ongoing training related to safety and risk assessments and training for critical thinking and decision making. Finally, it is crucial that Erie County develop and sustain the guidance and standards for caseworkers to be allowed sufficient time for completing the thorough investigations they are capable of performing.

OCFS remains committed to supporting Erie County in developing a child protective system that is both responsive and accountable to its families and communities, and looks forward to seeing continued improvement in their child protective casework practice.