

Ventura County Grand Jury 2017 - 2018



Final Report

Child Welfare Social Worker Caseloads

March 8, 2018

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Child Welfare Social Worker Caseloads

Summary

The 2017-2018 Ventura County Grand Jury (Grand Jury) conducted an investigation into child welfare social workers' caseloads after reviewing a response by the County of Ventura Human Services Agency, Children and Family Services (HSA) to a report issued by the 2016-2017 Ventura County Grand Jury.

The HSA disagreed with the report's key conclusion that the caseloads of child welfare social workers were excessive and had no defined limits. The response stated monthly reports show that the agency is managing "reasonable" caseloads.

The Grand Jury's investigation into social workers' caseloads emphasized 2016 raw monthly data over monthly or yearly averages, which can be misleading. The Grand Jury also wanted to understand what criteria the HSA used to determine what constitutes a reasonable caseload.

The Grand Jury found the HSA was reluctant to establish caseload standards due to the fluctuations in the volume of child welfare work. It did agree with standards established by the Council on Accreditation and has used similar ideal caseload standards for its own high-level tracking and monitoring.

The Grand Jury concluded 2016 average monthly caseloads for Emergency Response and Ongoing child welfare social workers exceeded standards suggested by the Council on Accreditation as manageable workloads. In all but two months of 2016, caseloads for the child welfare social workers also exceeded the ideal as determined by the HSA.

The Grand Jury concluded average monthly caseloads are a moving target with no relationship from one month to the next. For instance, a social worker could have what is considered a reasonable number of 17 cases one month and have the same 17 cases considered excessive the next month.

The Grand Jury recommends the HSA improve its statistical analysis avoiding dependency on averages which can mask excessive caseloads. The Grand Jury also recommends the agency intensify its efforts to establish realistic workload standards for child welfare social workers. Ideally, clearly defined standards should be included in the next union agreement.

Background

The 2016-2017 Ventura County Grand Jury, in its report entitled "Ventura County Children and Family Services," concluded that the caseloads of child welfare social workers were excessive and had no defined limits. The report further concluded that the heavy caseloads affected social workers' ability to devote the time each child required and to establish effective partnerships with the families.

In its response to the report, the HSA stated it had either implemented or would implement [in fiscal year 2017-2018] eight of the nine recommendations made in the report.

However, in its response, HSA disagreed with the report's key conclusion about excessive caseloads and no limits. Its response stated in part:

"Primarily due to investments in social worker staffing over the past two years, HSA monthly reports show that the Agency is managing reasonable caseloads. In 2014, the average caseload for a Child Welfare Social Worker carrying dependency cases (combination of Family Maintenance, Family Reunification and Permanency Planning cases) typically ranged from 22 to 27 cases per Full-Time Equivalent (FTE). In 2014 the average number of new referrals assigned to an Emergency Response Child Welfare Social Worker ranged from 12-17 referrals per month. More recently, in December 2016, the average caseload for an Ongoing Child Welfare Social Worker ranged from 18 to 22 cases per FTE. The average number of new referrals assigned to an Emergency Response Child Welfare Social Worker in December 2016 ranged from 11 to 16 per FTE."

The 2017-2018 Ventura County Grand Jury was concerned HSA was making its point by comparing 2014 yearly average caseload numbers to single month averages from December 2016.

The Grand Jury conducted an investigation into social workers' caseloads, emphasizing the raw monthly data over monthly or yearly averages, which can be misleading. The Grand Jury also wanted to understand what criteria is used by HSA to determine what constitutes a "reasonable" caseload.

Methodology

The Grand Jury requested HSA monthly reports, or all portions of the reports applicable to Ongoing and Emergency Response child welfare social worker caseloads for the years 2014, 2015 and 2016. The Grand Jury also requested full-year average caseload calculations for 2015 and 2016.

Since the 2016-2017 Grand Jury report primarily focused on calendar year 2016, the Grand Jury requested that HSA provide the actual number of cases assigned to each Ongoing and Emergency Response child welfare social worker for each month of 2016.

Information was requested regarding a Memorandum of Agreement (MOA) between Ventura County (County) and Service Employees International Union (SEIU) Local 721 as described in the 2016-2017 report. (Ref-01)

HSA was also requested to provide a definition of what constitutes a reasonable caseload, citing any applicable standards.

In providing the requested data, HSA noted the following:

“Days out of the office due to vacation, leave of absence, or other reasons are not shown on this report. Social workers who are out of the office during part or all of a particular month, or who are returning from a leave of absence, are typically assigned fewer referrals or cases than social workers who are in the office for the entire month.

“Overtime hours used to manage workload are not shown on this report.

“Referrals and cases assigned to interns who are not regular employees are shown on this report. Including the work handled by interns in the total numbers of referrals and cases, but excluding interns from the FTE counts, slightly inflates the average workload per FTE.

“Referrals and cases assigned to non-case-carrying social workers (who typically function as trainers but who assist with referrals and cases during times of peak workload) are shown on this report. Including the work handled by social workers who typically do not carry caseloads in the total number of referrals and cases, but excluding the non-case-carrying social workers from the FTE counts, slightly inflates the average workload per FTE.”

The Grand Jury also conducted internet research and reviewed the report by the 2016-2017 Ventura County Grand Jury. (Ref-01)

Facts

Caseload Standards and Measurements

FA-01. The HSA agrees with the Council on Accreditation that:

“A manageable workload, which includes caseload and other organizational responsibilities:

- a) makes it possible for workers to meet practice requirements;
- b) does not impede the achievement of outcomes; and
- c) takes into consideration the qualifications and competencies of the worker and case status and complexity.”

FA-02. The Council on Accreditation suggests the following caseload standards: 15-18 for Ongoing child welfare social workers (Ongoing social workers), and 12 for Emergency Response child welfare social workers (ER social workers). (Ref-02)

FA-03. The HSA admits given the uncertainties of social services funding and program design, it is difficult to define and ensure “ideal” caseloads. The HSA believes it is more meaningful to consider workload equity and workload ranges than to target a singular caseload standard given the natural fluctuations in the volume of child welfare work. However, for the purpose of high-level tracking and monitoring, the HSA uses the following

numbers as points of reference for ideal caseloads: 18 for Ongoing social workers and 13 for ER social workers.

FA-04. The 2016-2019 MOA between the County and SEIU Local 721 states, “No worker will be required to carry a caseload more than ten percent (10%) in excess of the average caseload.” The MOA further states, “The current Human Services Agency workload/caseload standards are obsolete, based upon programs that no longer exist or have changed over time. As has been the intent to define more relevant and equitable standards, it is recognized that with present uncertainties for social service funding and program design, it is not optimal to establish standards that will be irrelevant in the short term. The County continues to work toward realistic workload standards that best represent the work that is expected by each stakeholder.” (Ref-01)

ER Social Workers

FA-05. Based on HSA monthly reports, ER social workers’ average monthly caseload during 2016 was 15.6.

FA-06. HSA calculates the average monthly caseload for ER social workers by dividing the total number of referrals assigned in a month by the number of ER social worker FTEs on board that month.

FA-07. In 10 out of 12 months in 2016, caseloads for ER social workers exceeded ideal caseloads as determined by HSA for high-level tracking and monitoring. (Att-01)

FA-08. In 4 out of 12 months in 2016, caseloads for 25% or more of the ER social workers exceeded the average monthly caseload by more than 10%. (Att-02, Att-03)

FA-09. In 2 out of 12 months in 2016, caseloads for 25% or more of the ER social workers exceeded the average monthly caseload by 20% or more. (Att-03)

FA-10. In December 2016, five [17%] of the ER social workers exceeded the average monthly caseload by 30% or more. Four [14%] exceeded the average monthly caseload by 40%. (Att-03)

Ongoing Social Workers

FA-11. Based on HSA monthly reports, Ongoing social workers’ average monthly caseload during 2016 was 20.5.

FA-12. HSA calculates the average monthly caseload for Ongoing social workers by dividing the total number of cases within the jurisdiction of child welfare during a month by the number of Ongoing social worker FTEs on board that month.

FA-13. In all 12 months of 2016, caseloads for Ongoing social workers exceeded ideal caseloads as determined by HSA for high-level tracking and monitoring. (Att-01, Att-04)

- FA-14.** In 2 out of 12 months in 2016, caseloads for 20% of the Ongoing social workers exceeded the average monthly caseload by more than 10%. (Att-02, Att-04)
- FA-15.** In 8 out of 12 months in 2016, caseloads for Ongoing social workers exceeded the average monthly caseload by 20% or more. (Att-04)
- FA-16.** In 3 out of 12 months, one Ongoing social worker had a caseload exceeding the average by 30% or more. (Att-04)

Impact of Hiring Social Workers on Average Caseloads

- FA-17.** The average number of ER social workers increased 32% between 2014 and 2016. At the same time, caseloads for ER social workers increased by 12%, and the average caseload declined by 14%. Yet the average caseload in 2016 remained over the HSA ideal at 15.6. (Att-05)
- FA-18.** The average number of Ongoing social workers declined 11% between 2014 and 2016. At the same time, caseloads for Ongoing social workers declined by 28%, and the average caseload declined by 21%. Yet the average caseload in 2016 remained over the HSA ideal at 20.5. (Att-05)
- FA-19.** The total caseload for Ongoing and ER social workers has decreased from 2011 through July 2017. (Att-05)

Conclusions

Caseload Standards and Measurements

- C-01.** Average caseloads as defined by HSA are a moving target with no relationship from one month to the next. For instance, a social worker could have what is considered a reasonable number of 17 cases one month and have the same 17 cases considered excessive the next month. Using monthly averages as the basis of determining excessive caseloads is often misleading. A social worker could have a caseload not exceeding the monthly average by 10% yet still significantly exceed HSA’s ideal caseload standards. (FA-06, FA-08, FA-12, FA-14)

ER Social Workers

- C-02.** Monthly caseload averages for ER social workers for 2016 exceeded standards suggested by the Council on Accreditation as manageable workloads. (FA-01, FA-02, FA-05, FA-06)
- C-03.** For all but two months of 2016, caseloads for ER social workers exceeded ideal caseloads as determined by HSA. In four months, caseloads were over the ideal by 30% or more. (FA-03, FA-07)
- C-04.** The 2016-2019 MOA suggests caseloads in excess of 10% of the average monthly caseload are excessive. In six months of 2016, 25% or more of ER social workers had caseloads exceeding the average monthly caseload by 10%. (FA-04, FA-06, FA-08, FA-09, FA-10)

Ongoing Social Workers

- C-05.** Monthly caseload averages for Ongoing social workers for 2016 exceeded standards suggested by the Council on Accreditation as manageable workloads. (FA-01, FA-02, FA-11, FA-12)
- C-06.** For all 12 months of 2016, caseloads for Ongoing social workers exceeded ideal caseloads as determined by HSA. (FA-03, FA-13)
- C-07.** The 2016-2019 MOA suggests caseloads in excess of 10% of the average monthly caseload are excessive. In two months of 2016, Ongoing social workers had caseloads exceeding the average monthly caseload by 10%. Some social workers carried caseloads 20% and even 30% higher than the average monthly caseload. (FA-04, FA-12, FA-14, FA-15, FA-16)

Impact of Hiring Social Workers on Average Caseloads

- C-08.** It is unclear investments in social worker staffing between 2014 and 2016 have resulted in HSA managing reasonable caseloads. Despite an increase in the number of ER social workers and a seven year decline in the number of cases, average caseloads in 2016 significantly exceeded standards suggested by the Council on Accreditation as well as those determined by HSA. (FA-07, FA-13, FA-17, FA-18, FA-19)

Recommendations

- R-01.** Despite the difficulty defining and ensuring ideal caseloads, the Grand Jury recommends HSA intensify its efforts to establish realistic workload standards for child welfare social workers. Ideally, clearly defined standards should be included in the next union agreement. (C-02, C-03, C-04, C-05, C-06, C-07)
- R-02.** The Grand Jury recommends HSA improves its statistical analysis avoiding dependency on averages which can mask excessive caseloads. (C-01)
- R-03.** The Grand Jury recommends HSA determines why, despite increased hiring and a multi-year decline in child welfare caseloads, average caseloads for social workers remain over what the agency considers ideal. (C-08)

Responses

Responses Requested From:

County of Ventura Human Services Agency, Children and Family Services (C-01, C-02, C-03, C-04, C-05, C-06, C-07, C-08, R-01, R-02, R-03)

References

- Ref-01.** 2016-2017 Ventura County Grand Jury. Ventura County Children and Family Services. May 18, 2017.
http://vcportal.ventura.org/GDJ/docs/reports/2016-17/Ventura_County_Children_and_Family_Services_4.27.2017.pdf
Accessed on January 26, 2018.

Ref-02. Council on Accreditation. CPS 14.05 A manageable workload...
<http://coanet.org/standard/cps/14/>

Accessed on January 26, 2018.

Attachments

Att-01. Social Worker Caseloads Over/Under HSA Ideals

Att-02. Social Worker Caseloads 10% Over Average Caseloads

Att-03. Caseload Standards for ER Social Workers

Att-04. Caseload Standards for Ongoing Social Workers

Att-05. Social Worker Caseload Trends

Glossary

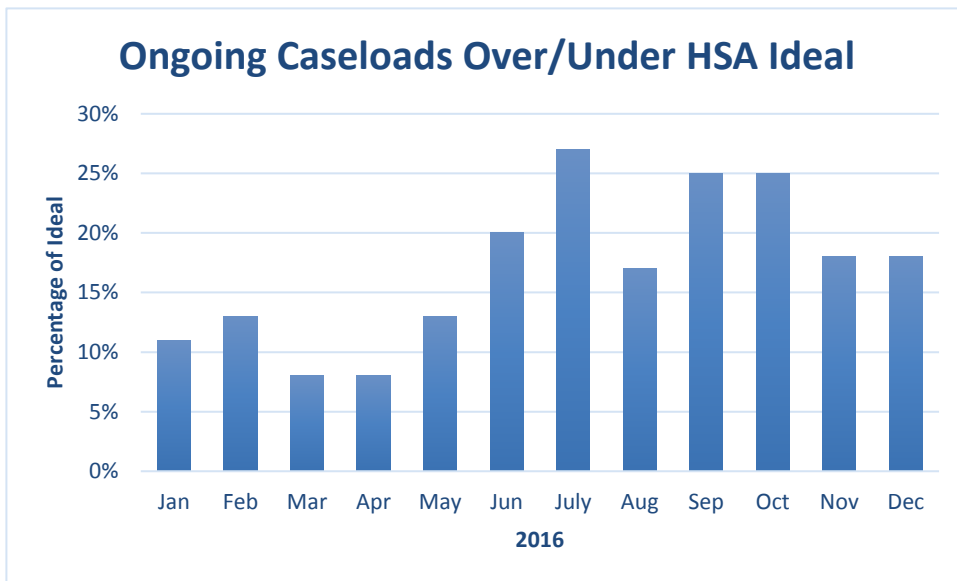
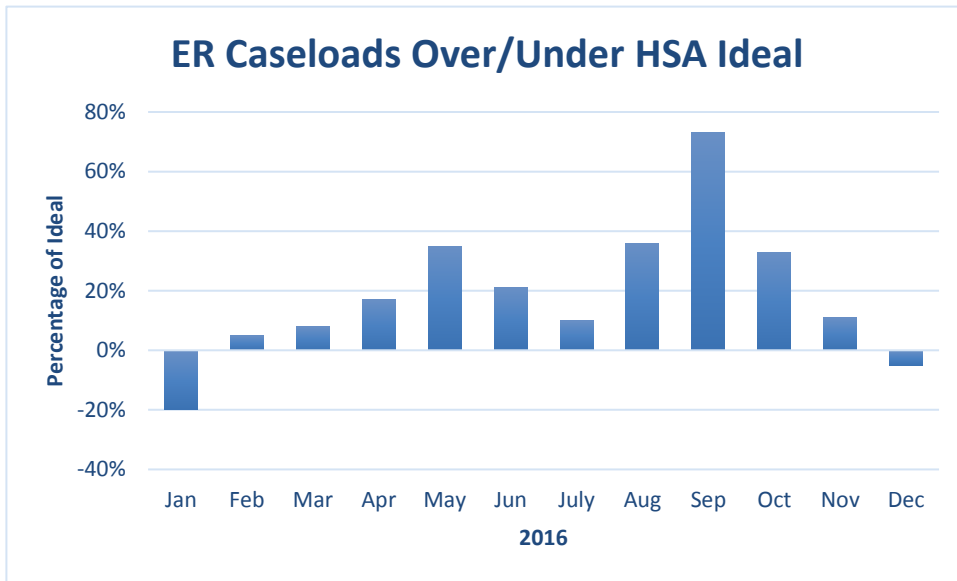
TERM

DEFINITION

County	County of Ventura
ER social workers	Emergency Response Child Welfare Social Workers
FTE	Full Time Equivalent
Grand Jury	2017-2018 Ventura County Grand Jury
HSA	County of Ventura, Human Services Agency
MOA	Memorandum of Agreement
Ongoing social workers	Ongoing Child Welfare Social Workers
SEIU	Service Employees International Union

Attachment 01

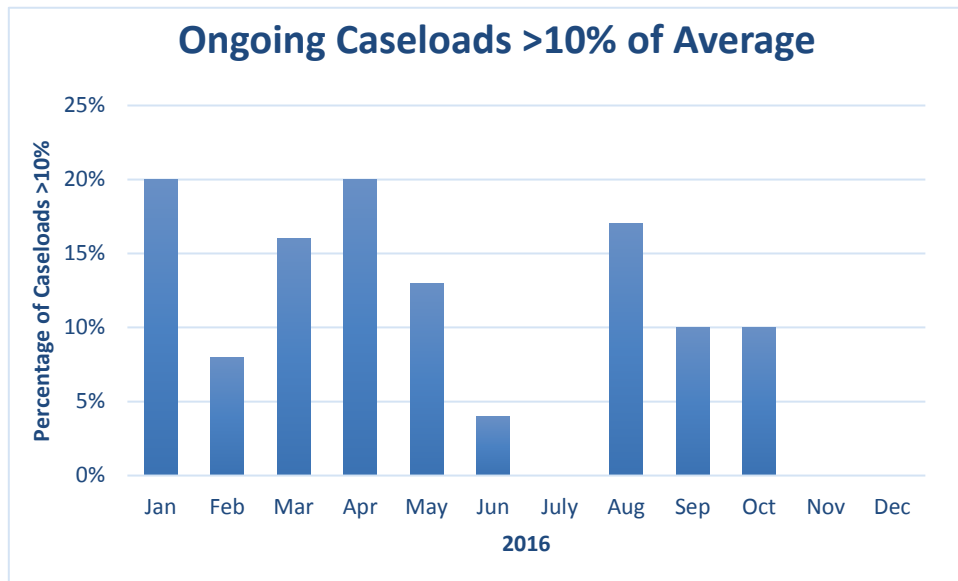
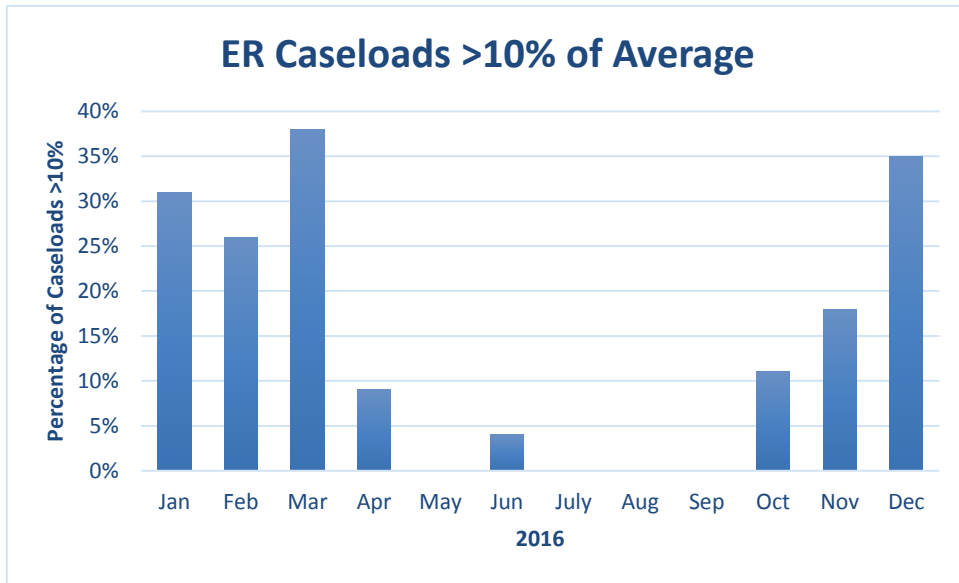
Social Worker Caseloads Over/Under HSA Ideals



Note: 0% represents HSA ideal

Attachment 02

Social Worker Caseloads 10% Over Average Caseloads



Note: 0% represents 10% or less of average caseloads

Attachment 03

Caseload Standards for ER Social Workers

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
ER Social Workers Caseload Standards						
Referrals	374	466	482	490	510	432
FTE	36	34.2	34.2	32.2	29	27.4
Average Monthly Caseload	10	14	14	15	18	16
HSA Standard	13	13	13	13	13	13
Percent Over/Under HSA Standard	-20%	5%	8%	17%	35%	21%
Council on Accreditation Standard	12	12	12	12	12	12
Percent Over/Under Council on Accreditation Standard	-13%	14%	17%	27%	47%	31%
Social Workers >10% over Average Caseload	11	9	13	3	0	1
Percentage >10% over Average Caseload	31%	26%	38%	9%	0%	4%
Social Workers 20% over Average Caseload	11	9	2	3	0	0
Percentage 20% over Average Caseload	31%	26%	6%	9%	0%	0%
Social Workers 30% over Average Caseload	2	1	1	0	0	0
Percentage 30% over Average Caseload	6%	3%	3%	0%	0%	0%
Social Workers 40% over Average Caseload	0	0	0	0	0	0
Percentage 40% over Average Caseload	0%	0%	0%	0%	0%	0%
	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Referrals	358	443	541	473	396	357
FTE	25	25	24	27.4	27.4	28.9
Average Monthly Caseload	14	18	23	17	14	12
HSA Standard	13	13	13	13	13	13
Percent Over/Under HSA Standard	10%	36%	73%	33%	11%	-5%
Council on Accreditation Standard	12	12	12	12	12	12
Percent Over/Under Council on Accreditation Standard	19%	48%	88%	44%	20%	3%
Social Workers >10% over Average Caseload	0	0	0	3	5	10
Percentage >10% over Average Caseload	0%	0%	0%	11%	18%	35%
Social Workers 20% over Average Caseload	0	0	0	0	5	6
Percentage 20% over Average Caseload	0%	0%	0%	0%	18%	21%
Social Workers 30% over Average Caseload	0	0	0	0	1	5
Percentage 30% over Average Caseload	0%	0%	0%	0%	4%	17%
Social Workers 40% over Average Caseload	0	0	0	0	0	4
Percentage 40% over Average Caseload	0%	0%	0%	0%	0%	14%

Attachment 04

Caseload Standards for Ongoing Social Workers

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Ongoing Child Welfare Social Workers						
Referrals	502	494	481	489	481	495
FTE	25.2	24.2	24.8	25.2	23.6	23
Average Monthly Caseload	20	20	19	19	20	22
HSA Standard	18	18	18	18	18	18
Percent Over/Under HSA Standard	11%	13%	8%	8%	13%	20%
Council on Accreditation Standard	18	18	18	18	18	18
Percent Over/Under Council on Accreditation Standard	11%	13%	8%	8%	13%	20%
Social Workers >10% over Average Caseload	5	2	4	5	3	1
Percentage >10% over Average Caseload	20%	8%	16%	20%	13%	4%
Social Workers 20% over Average Caseload	3	1	3	4	2	0
Percentage 20% over Average Caseload	12%	4%	12%	16%	8%	0%
Social Workers 30% over Average Caseload	0	0	1	1	0	0
Percentage 30% over Average Caseload	0%	0%	4%	4%	0%	0%
Social Workers 40% over Average Caseload	0	0	0	0	0	0
Percentage 40% over Average Caseload	0%	0%	0%	0%	0%	0%
	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Referrals	470	485	467	467	453	455
FTE	20.6	22.95	20.7	20.7	21.25	21.35
Average Monthly Caseload	23	21	23	23	21	21
HSA Standard	18	18	18	18	18	18
Percent Over/Under HSA Standard	27%	17%	25%	25%	18%	18%
Council on Accreditation Standard	18	18	18	18	18	18
Percent Over/Under Council on Accreditation Standard	27%	17%	25%	25%	18%	18%
Social Workers >10% over Average Caseload	0	4	2	2	0	0
Percentage >10% over Average Caseload	0%	17%	10%	10%	0%	0%
Social Workers 20% over Average Caseload	0	2	1	1	0	0
Percentage 20% over Average Caseload	0%	9%	5%	5%	0%	0%
Social Workers 30% over Average Caseload	0	1	0	0	0	0
Percentage 30% over Average Caseload	0%	4%	0%	0%	0%	0%
Social Workers 40% over Average Caseload	0	0	0	0	0	0
Percentage 40% over Average Caseload	0%	0%	0%	0%	0%	0%

Attachment 05

Social Worker Caseload Trends

Social Worker Caseload Trends

Ongoing	2011	2012	2013	2014	2015	2016	2017*
Average Effective FTEs	22.6	25.5	26.4	25.6	28.3	22.8	21.6
Caseload	577	652	596	650	532	466	451
Average Caseload	25.7	25.6	22.6	25.8	18.9	20.5	20.9
Emergency Response	2011	2012	2013	2014	2015	2016	2017*
Average Effective FTEs	27	28	27	22	34	39	30
Caseload	512	490	403	394	425	442	411
Average Caseload	19.4	17.3	14.7	18.2	12.7	15.6	13.9

*Through July 2017

HSA ideal caseloads:
 Ongoing social workers = 18
 ER social workers = 13

