A Study of Child Protective Workload for the Administration of Children's Services in New York City

REPORT TO CITY COUNCIL

The Center for State Child Welfare Data

CHAPIN HALL AT THE UNIVERSITY OF CHICAGO

I. Introduction

City Council enacted legislation in 2018 requiring ACS to conduct a study of child protective caseloads and workloads and submit a report on the key findings and recommendations. Chapin Hall's Center for State Child Welfare Data (the Center) was awarded the project.

Center research staff designed the workload study to answer a number of inter-related research questions posed by ACS, including how much time child protection teams spend on milestones within each investigation and in monitoring child protective cases after investigations are complete; whether factors such as case complexity and borough office location influence variations in time allocation; and, whether time allocation has a demonstrable impact on case outcomes. Local Law 18 of 2018 requires that ACS submit a report to City Council summarizing the study's findings on the following key components:

- Examination of the tasks and key milestones required in a child protective investigation and time spent on each task or milestone;
- Analysis of how case factors impact case complexity, including but not limited to the type of allegation, the number of children, and prior ACS involvement;
- Examination of the relationship between the data described in the preceding bullets and child safety outcomes;
- Assessment of best practices in caseload and workload standards that improve child safety and well-being outcomes; and
- Recommendations for how ACS will implement best practices to structure business processes to assign and balance caseloads and workloads.

Following is a summary of findings, including best practices in workload allocation; details on the tasks and key milestones of cases; time allocation, by case activity, reported across roles within the Division of Child Protection; the relationship between case complexity and reported time use; and, the relationship between time use, case complexity and child safety outcomes. Finally, the report concludes with recommendations for next steps regarding business processes for case assignment to promote a better workload balance, and identifies areas for deeper inquiry and additional analyses.

II. Methodology

Center staff collected time use estimates from staff in multiple stages, using a variety of methods. To begin, the research team conducted a review of internal ACS documents describing casework requirements associated with child protection work, with an emphasis on documents outlining requirements for investigations of child abuse and neglect, safety and risk assessments and service planning requirements. The team reviewed organizational charts to understand the administrative structure within the Division of Child Protection (DCP), including a review of borough and zone assignment geography and leadership. ACS organizes its child protection offices across seven distinct "borough offices," with two borough offices in both the Bronx (Bronx North and Bronx South) and Brooklyn (Brooklyn East and Brooklyn West), and one borough office each in Queens, Manhattan and Staten Island. Units within each DCP borough office are divided into zones, which are comprised of multiple community districts (see Attachment A – Division of Child Protection Zone Map). In addition, ACS' Office of Special

Investigations (OSI) conducts child protective investigations citywide of allegations concerning day care providers, foster parents, and other sensitive cases, including employees and high-profile subjects. The Emergency Children's Services (ECS) program area initiates child protective investigations for reports that are transmitted to ACS on nights, weekends and holidays; these investigations are then continued and completed by the appropriate borough office and zone or program area.

Center staff conducted key informant interviews with leadership representatives from within DCP's program areas: Applications, Family Services Unit (FSU), Protective/Diagnostic (P/D), Office of Special Investigations (OSI), Emergency Children's Services (ECS), and Child and Family Specialist (CFS) leadership from the Office of Family Team Conferencing. The objective was to gather details about program operations within each area of specialization so as to inform the development of a focus group guide, to be used in subsequent focus groups with staff members within each role type surveyed as part of this study: Child Welfare Specialists (CWS); Child Protective Specialists (CPS); Unit Supervisors, also called Child Protective Specialist Supervisors (CPSS-IIs); and Child Protective Managers (CPMs). Section III provides details about each role type. Some offices and units have additional Assistant Supervisors or Child Protective Specialist Supervisor staff (CPSS-Is), who perform both CPS and supervisory functions – DCP has 130 staff currently in this role, of whom nearly half responded to the survey. For the purposes of the time use survey, CPSS-Is were asked to respond to the survey questions for cases in which they perform CPS functions; their responses were grouped with CPS responses and Center staff conducted a follow-up focus group to obtain additional details about how their role and time allocation differs from CWS and CPS workers.

Next, a sample of staff participated in focus groups during which they were asked to confirm the tasks they do within each categorical stage of casework and to offer preliminary estimates of the time it takes to complete each task. The Center's staff worked closely with partners at ACS (the Division of Child Protection and the Division of Policy, Planning, & Measurement) to establish a sampling approach for the focus groups, with an objective of conducting focus groups across the five main program areas (Applications, FSU, P/D, OSI, and ECS); across staff role types CWS, CPS, CPSS-II, CPM; and across the seven borough offices. In all, Center staff conducted 28 focus groups:

- Nine focus groups with CPMs across all seven borough offices and all five program areas;
- Nine focus groups with CPSS-IIs across all seven borough offices and all five program areas;
- Nine focus groups with CPS or CWS workers, across all seven borough offices and all five program areas;
- One focus group with staff from the family team conferencing program area

Each focus group concentrated on one to two identified phases of the seven phases of casework detailed below (section IV). For instance, one focus group might concentrate exclusively on tasks related to the case closure/transfer phase of a case, while another focus group might concentrate exclusively on the tasks within the initial assessment phase.

Regardless of the topic, the conversation within each focus group centered on validating Center staff's understanding of the tasks associated with each phase of casework, and obtaining preliminary time use estimates for each task. Focus group participants were asked to estimate how long tasks would take if they could be completed without interruption. This point was pressed in order to avoid "double-counting" time: including in a time estimate for one task time that is already accounted for with respect to another task.1

Researchers asked focus group participants to consider a specific type of case as a "reference case" as they developed these preliminary time-use estimates. The reference case was common across all focus groups, to make sure that all participants were thinking about the same kind of case when estimating time use for a particular task. The reference case was intentionally a basic case without many complexities or complicating factors. After providing details and time use estimates for the reference case, focus group participants were asked to consider how their time estimates and casework tasks would change in the presence of additional case factors or complexities, such as allegation type, family characteristics, or other factors detailed below. Center staff then validated the information they collected on the stages of the case and related tasks with the study workgroup and DCP leadership.

This data collection yielded details about the numerous tasks that comprise each phase of a case, for each role type involved. For example, Center staff identified:

- 24 tasks conducted by CWS when assigning a case,
- over 250 tasks for CPS,
- over 150 tasks for CPSS-IIs and
- over 225 tasks for CPMs.

The distribution of tasks by case phase is detailed in Table 1 below and elaborated upon in the section V below which details survey findings. As Table 2 details, Center staff also collected information about variations in time use related to certain complex cases, or case variations such as cases involving an infant and cases concerning allegations of severe physical or sexual abuse – survey respondents were asked how their time use varies on more complex cases.

With the focus groups completed, the Center's staff set out to develop the Workload Survey – the primary mechanism by which time use estimates would be established. Center staff worked closely with their partners at ACS to ensure the Workload Survey was comprehensive, clear, functional, and could be completed within a reasonable amount of time (approximately 30 minutes). In order to limit the survey length, respondents within each functional role were directed to a subset of the survey's questions; each subset of questions corresponded with identified tasks by case phase. Table 1 below provides details about the total number of task-related reference case questions asked of each role type, within each section of the survey.

[1] For example, if asked how long it typically takes to document a recent home visit, a CPS worker may think about how long it took from start to finish, which could include time the CPS worker spent on the phone speaking with someone from a child's school. However, CPS workers were asked separately to estimate how much time they spend speaking on the phone with someone from the child's school. If that time was included in the estimate related to documenting a home visit, too, it would be counted twice.

Table 1. Count of total possible reference case questions asked of each role type, by phase

	Role Type			
Process	CWS	CPS/CPSS-I	CPSS-II	CPM
Case Assignment	19	5	24	22
Initial Assessment	-	89	37	28
Case Monitoring	-	52	17	15
Case Close/Transfer	-	72	23	8
Intra-DCP Transfer	-	13	11	7
Post-Investigation	-	5	3	1
Non-Casework	5	15	43	146

Similarly, Table 2 below provides detail about the number of task-related case variation questions asked of each role type, within each casework phase captured by the survey.

Table 2. Count of total possible case variation questions asked of each role type, by process

	Role Type			
Casework Process	CWS	CPS/CPSS-I	CPSS-II	CPM
Case Assignment	20	15	60	55
Initial Assessment	-	120	80	50
Case Monitoring	-	60	35	30
Case Close/Transfer	-	85	50	35
Intra-DCP Transfer	-	25	25	20
Post-Investigation	-	15	15	5

The survey instrument underwent several rounds of review between the ACS workgroup and Center staff, as well as a round of pilot testing, with 43 DCP staff (across role type) testing the survey instrument prior to its official launch. The survey was then launched to over 2,400 DCP staff; the survey remained open for a month. The overall response rate was 57 percent, which varied by role type, borough office, and zone. Table 3 below shows the variation in response rate by role.

Table 3. Count of respondents who completed the Workload Survey, by role type

Role Type	Number of Surveys Distributed	Number of Respondents	Response Rate
CPS	1,741	921	53%
CPSS-I	130	64	49%
CPSS-II	383	245	64%
CPM	111	101	91%
CWS	38	38	100%
Total	2,403	1,369	57%

III. Survey Participant Roles

Sections V and VI, which follow, provide a more comprehensive overview of the many phases of work and tasks that comprise key survey participants' daily work. Below are brief descriptions of the key staff roles that were the target recipients of the time use survey.

Child Protective Specialists (CPS) are ACS' first responders in the Division of Child Protection. CPS are the primary points of contact with families during a child protective investigation or Family Assessment Response (FAR) case, and are responsible for monitoring families following a Family Court ruling mandating court-ordered supervision.

Child Protective Specialist Supervisor-I staff (CPSS-Is or "Sup-I") perform both CPS and supervisory functions. CPSS-Is are not present in every unit or zone. In the units in which they are present, the unit has both a Sup-I and a Sup-II. For the purposes of the time use survey, CPSS-I were asked to respond to the survey questions for cases in which they perform CPS functions. Because they are more experienced child protective staff, CPSS-Is are more likely to be assigned more sensitive and difficult cases, and also to provide guidance and to support to the CPS on their teams.

Child Protective Specialist Supervisor-II staff (CPSS-II or "Sup-2s") supervise units of five CPS, as well as the CPSS-I when present in the unit. CPSS-IIs are responsible for providing supervisory directives and support throughout each case; reviewing and approving documentation, assessments and services plans; and, providing ongoing case-specific and overall case practice supervision. CPSS-IIs are also responsible for assigning cases within their unit, evaluating job performance, monitoring time and leave as well as overtime, and conducting case conferences and ongoing coaching as needed. CPSS-IIs are also responsible for coverage of other units if the CPSS-II over a different unit is on leave, whether planned or unplanned, which includes covering the tasks noted above for the additional unit(s).

Child Protective Managers (CPMs) have overall responsibility and managerial oversight for multiple units within a zone or program area. CPMs typically supervise between three and four CPSS-IIs as well as their teams, and are responsible for monitoring compliance and case practice quality, including a thorough review of aggregated and individual performance data. CPMs also provide direct case oversight and approval of key case documentation for select high-priority cases. As with CPSS-IIs, CPMs also provides coverage management of other teams when another CPM is on leave, whether planned or unplanned.

Applications Worker/ Child Welfare Specialist (CWS) staff are responsible for reviewing intake reports of alleged child abuse or neglect. The Applications worker researches and evaluates the family's prior child welfare history, when applicable. They perform clearances in numerous systems of record and document such information for the investigating child protective staff. Applications workers review all incoming intake reports for high priority and/or specialized characteristics, including flags for domestic violence, mental health, substance abuse, or police involvement.

IV. Casework Phases and Task Classification

Center staff categorized the various casework tasks into the key phases of a case. Questions within the time use survey correspond to these case phases, with questions specified for each participating role type. Of note, some tasks, such as the documentation of fieldwork activities and ongoing supervisory reviews, are present across multiple phases of work because they are continuously conducted throughout each case. For these tasks, survey respondents were asked to provide time use estimates for the activities in each phase of work in which the focus groups reported the task is required.

As previously noted, the survey was distributed across five program areas within the ACS Division of Child Protection: Emergency Children's Services, the Office of Special Investigations, Applications, Protective/Diagnostic and Family Services Units:

- **Applications** staff review reports transmitted for investigation or alternative response by the New York Statewide Central Register (SCR) and, after reviewing the details of the report and conducting preliminary clearances, assign the case to the appropriate program area and unit.
- **Protective Diagnostic** (P/D) units conduct child protective investigations, which are conducted for an average of 60 days, which include contacts with the family, safety assessment and safety planning, interviewing key collaterals such as neighbors, teachers and medical professionals, holding case conferences as necessary and, ultimately, case determination to conclude the investigation.
- **Family Services Unit** (FSU) teams are responsible for ongoing court-ordered supervision, pursuant to an Article 10 child protection order from Family Court. Court-ordered supervision by FSU can be conducted concurrently with prevention services, delivered by a contracted prevention provider. FSU CPS conduct bi-monthly casework contacts with each family on their caseload, with at least one contact each month at the family's address. FSU teams also make required court appearances, coordinate and participate in family meetings and case-related conferences, and maintain collateral contacts with service providers, including schools, and family supports.
- **The Office of Special Investigations** (OSI) is a specialized protective/diagnostic team that conducts child protective investigations of allegations concerning day care providers, foster parents, and other sensitive cases, including employees and high-profile subjects.
- **Emergency Children's Services** (ECS) initiates child protective investigations for reports that are transmitted to ACS on nights, weekends and holidays; these investigations are then continued and completed by the appropriate borough office and zone.

While the types of cases that are the focus for each program area varies, the cases for which they have responsibility still consist of the same overall phases of casework. The Center's staff identified the following key phases of a case:

Case Assignment activities concern the initial processing of a new case and the assignment of the case to the appropriate unit and worker, following the transmission of a report of abuse or maltreatment from the New York Statewide Central Register (SCR); for Family Services Unit cases, this phase involves the assignment of a new

court-ordered supervision case to an FSU CPS. Much of this work is done by Applications staff. Case assignment, as a phase of casework, typically ends once the case has been formally assigned to a unit within one of the borough offices. If a responding CPS discovers that the family does not reside at the reported address, case assignment activities may also include reassignment to the appropriate borough office or program area after the initial attempted contact. This phase includes activities such as reviewing prior case history, communicating with Investigative Consultants, preparing and/or reviewing summary progress note(s), meeting about case assignments, and assigning a case.

Initial Assessment activities take place during the beginning of the case and inform early decision-making about child safety based off initial observation and engagement with the family, information obtained from the family, and discussions with the source of the report, when possible, and other key collateral informants. For Emergency Children's Services (ECS) investigative CPS, the initial assessment phase culminates in the completion of the initial home visit with the family (the "24/48 hour" contact), after which the case is forwarded to the appropriate borough office for investigation. For Protective/Diagnostic (P/D) units and units working within the Office of Special Investigations (OSI), the Initial Assessment culminates in the 7-Day Safety Assessment. For the Family Services Unit (FSU) area, the Initial Assessment culminates with the 45-Day Family Conference. Initial assessment activities include reviewing case history, traveling to home visits, speaking with collateral contacts, and speaking with supervisor(s) and/or direct reports.

The **Case Monitoring** phase represents the longest phase of work for CPS. It encompasses the work that follows the initial assessment phase and ends before the worker begins activities that are better categorized as having to do with case closure. These tasks include, but are not limited to, ongoing safety and risk assessments and planning during each contact with the family, submitting requests for supplies for families, referring families for services, completing a Family Assessment and Service Plan (FASP), obtaining progress reports from service providers, and arranging and/or attending Family Team Meetings (FTM) as needed.

Case Closure/Transfer activities are those that directly relate to the process by which the primary CPS worker transfers responsibility to another party (i.e., foster care agency, preventive services (PPRS) agency) or closes the case. For P/D cases, closure includes a case determination – the CPS' conclusion about whether some credible evidence exists that abuse or maltreatment occurred; for FSU cases, closure follows a Family Court determination that ends court-ordered supervision of the family. Case close/transfer activities include reviewing case notes and writing a summary note, completing a FASP, traveling to meet with the ACS Family Court Legal Services attorney, traveling to and/or attending a Transition Meeting, ushering a child/family through the process of placement in out of-home care (when applicable), and corresponding with the DPS referral consultant about service referrals.

Intra-DCP Transfer refers specifically to the phase of work required when casework responsibility is transferred from the P/D or OSI program areas to the FSU program area following an investigation that concludes with Family Court granting a petition for court-ordered supervision. Tasks can include preparing a court report in support of an Order of Supervision petition, communicating with supervisor(s) and/or direct report(s), completing and/or revising the FSU Transfer Checklist, coordinating a joint transitional home visit, and reviewing the FSU Transfer Checklist with the CPS team prior to submission.

Post-Investigation captures the work that takes place after the Investigation Determination has been made but before the next worker, be it a foster care provider, a PPRS provider, or FSU, takes on case responsibility. Post-investigation tasks include traveling to home visits, participating in home visits, documenting home visits, communicating with collateral contacts, and meeting with supervisor(s) and/or direct report(s).

The **Non-Casework** phase captures tasks that are not case-specific but are required of staff by role and for which each role must thus allocate time weekly or monthly. They include such activities as attending meetings, preparing reports, reviewing logs, and workforce management.

Within each category of casework, tasks were further distinguished by function, or purpose. This is a particularly useful way to think about the work, as it allows for a classification of tasks as they relate to work with children and families.

Direct casework includes direct contact with families and collateral contacts, such as neighbors and extended family. This includes contacts conducted in person, by phone, or electronically. It includes time spent in a family team conference, in a child's home, as well as time spent communicating with family members and/or key collateral contacts — interactions that inform the CPS team's ongoing safety assessment and monitoring of the family.

Indirect casework is the work that supports case progress and decision-making, including all case-related documentation. This is work that is typically conducted by the CPS or CPSS-II. That is, it could not be assigned to someone else without an assigned role in the case in the same way that administrative tasks could potentially be assigned (see below). Reports, progress notes, and referrals that require the worker to describe details of the case are all examples of indirect tasks.

Administrative tasks are tasks that could potentially be handled by someone in a clerical position. They may require things like checking databases, performing clearances, identifying referral options and availability, filling out forms, or following up with staff on missing reports (amongst other possible tasks), but they would not require in-depth case knowledge or clinical skill. These tasks do not involve any interaction with family members.

Non-casework tasks are a required component of the staff's role and work but are not associated with a specific case. Staff meetings and trainings are examples of non-casework tasks.

Travel represents required travel from the CPS' borough office of assignment to some other place for casework or non-casework tasks, be it for home visits at the family's address or to another ACS office for a meeting, training, or some other job-related business. It does not include travel to and from the borough office at the beginning or end of a workday.

The advantages of dividing the casework activities between phases and functions are two-fold. First, taking a consistent approach to the way casework is organized allows for cross-jurisdictional comparisons in time use behavior and consideration of how such variation in time use might be associated with variation in case outcomes. Second, the ability to see how time use is distributed across functional strata within casework categories simplifies identification of opportunities to revisit decisions about how casework tasks – direct, indirect, administrative, non-casework, and travel – are distributed across members of the workforce, maximizing the fit between task demands and skills.

V. Time Use Survey Findings

This section summarizes time use estimates and key findings for each of the categories of casework outlined above. Estimates of time use are first described for a reference case; recall survey respondents were all asked to provide time use estimates for a case with the characteristics described in the reference case throughout their survey responses. After responding with estimates for the reference case, survey respondents were asked to alter those estimates for case variations, which essentially introduce different types of case complexity.

The reference case about which survey respondents were asked to generate time use estimates described a case involving two children, aged 12 and 15, about whom neglect allegations were reported by a teacher from the younger child's school. The children live with their mother in the same borough as the office where the CPS is located; the children's father's whereabouts are known but he does not reside in the same home. The case is the family's first contact with ACS; the children don't have any siblings or half-siblings in foster care.

Survey respondents were later asked to consider five different case variations to this reference case, and to indicate the extent to which certain key time estimates would increase or decrease (or remain unchanged) for these various case types. The five case variations asked the respondents to report on how their time use would alter if the reference case altered to include any of the following complexities:

- A child under the age of one;
- A large sibling set (three or more children);
- Domestic violence concerns;
- Family history of three or more prior maltreatment reports; or
- Allegations of severe physical or sexual abuse.

Summary findings from across all case phases and roles are presented at the end of this section, following a discussion of findings for each distinct phase.

Multiple time use tables are provided below for each phase of work. The first table for each phase provides the time use estimates, in hours, by program area, role and task type, including direct, indirect, administrative tasks as well as travel. In some tables, time use estimates are provided by case and by month, with totals provided for each.

In all of the variation tables that follow, where the number in the table below is preceded by a minus sign, the staff reported spending less time on case assignment tasks than reported for the reference case. All positive time estimates reflect staff reporting spending more time on the component tasks by case complexity factor. Where the table reflects just a dash (-), either (1) the respondents indicated that they were not responsible for such tasks or (2) there was an insufficient response rate from the staff in that role or (3) there were no corresponding survey questions related to tasks in that phase of work for this group of respondents, so no time use estimates were obtained from the survey. For example, Child Protective Managers indicate throughout that they are rarely responsible for any direct casework, which involves direct contact with families and key collaterals. This is to be expected from staff in a managerial role, which involves the supervision of casework and case activities, rather than direct service provision.

Phase 1: Case Assignment

The New York Statewide Central Register transmits accepted reports of suspected abuse and maltreatment to ACS via an Oral Report Transmittal (ORT), which is first pulled and reviewed by the Applications unit. In addition to rapidly assigning the case to the appropriate borough office or program area so that CPS can conduct a home visit and safety assessment as quickly as possible, case assignment tasks include reviewing the case for high-priority indicators and flagging concerning issues for the CPS team; merging assigned case identification numbers to the family's previous history as applicable; reviewing and summarizing recent cases where applicable; clearing case information in multiple databases; and requesting and documenting preliminary background checks. For supervisors and managers, case assignment activities include reviewing the allegations as outlined in the ORT and providing preliminary supervisory directives to the assigned CPS.

Of note, the case is assigned to the responding CPS team prior to the completion of every task in the case assignment phase. Survey respondents were asked to provide time use estimates for completing each task required within the assignment phase, for a case with the characteristics of the reference case described above. Table 4 provides a summary of the responses by program area. As demonstrated in the time estimates provided below, the case assignment phase involves primarily indirect and administrative tasks, the majority of which is conducted by Applications unit staff.

Table 4. Time spent, in hours, on tasks related to Case Assignment, by program area, role, and task type

Program Area	Role	Direct Per Case	Indirect Per Case	Admin. Per Case	TOTAL Per Case	Indirect Monthly	Admin. Monthly	Other Non-Casework Monthly	TOTAL Monthly
Applications	CWS & CWSS-I	1.1	1.7	1.1	4	-	6.7	-	6.7
	CWSS-II	-	1	0.1	1.1	0.7	8.9	0.6	10.2
	CPM	0.5	2	0.2	2.7	1.5	-	1.1	2.6
Citywide P/D	CPS & CPSS-I	-	0.4	0.4	0.8	-	-	-	-
	CPSS-II	-	0.8	0.4	1.2	-	-	1.1	1.1
	CPM	-	2	-	2	0.6	-	1.4	1.9
Citywide FSU	CPS & CPSS-I	-	-	-	-	-	-	-	-
	CPSS-II	-	1.2	0.4	1.5	-	-	1.3	1.3
	CPM	-	0.9	-	0.9	-	-	3	3
ECS	CPS & CPSS-I	-	0.3	-	0.3	-	-	-	-
	CPSS-II	-	-	-	-	-	-	1	1
	CPM	-	-	-	-	-	-	1.3	1.3
OSI	CPS & CPSS-I	-	0.4	0.6	1	-	-	-	-
	CPSS-II	-	1	0.2	1.2	-	-	0.5	0.5
	CPM	-	-	-	-	-	-	-	-

Survey respondents were then asked how their time allocation changes depending on various case complexities, as outlined in Table 5 below. For ease of comparison, the respondent's total estimates from the preceding table are reproduced in the left columns ("total per case" and "total monthly") — note that these columns do not represent additional time estimates, but are provided as the baseline against which the adjusted estimates by complexity factor should be compared. The column farthest to the right in the table below, and each of the variation tables that follows, provides information on how time use varies when the report concerns a family with three or more prior reports of maltreatment.

Table 5. Changes in time spent, in hours, on Case Assignment tasks, by program area, role, and case type

Program Area	Role	Total Per Case	Total Monthly	Child Under 1 Year	Large Sibling Set (3+)	Domestic Violence	Severe Physical or Sexual Abuse	3+ Prior Maltx Reports
Applications	CWS & CWSS-I	4	6.7	-0.9	-0.2	-0.3	-0.3	-
	CWSS-II	1.1	10.2	-0.3	0.2	0.1	-0.1	0.2
	CPM	2.7	2.6	-0.8	-0.5	-0.3	0.2	-0.6
Citywide P/D	CPS & CPSS-I	0.8	-	-0.7	-0.4	-0.2	-0.3	0.4
	CPSS-II	1.2	1.1	-0.2	0.1	0.1	0.3	0.2
	CPM	2	1.9	-0.2	0.7	0.9	1.3	2.0
Citywide FSU	CPS & CPSS-I	-	-	-	-	-	-	-
	CPSS-II	1.5	1.3	-0.2	0.6	0.9	1.2	2.0
	CPM	0.9	3	-0.1	0.8	1.2	1.8	1.8
ECS	CPS & CPSS-I	0.3	-	-	-	-	-	-
	CPSS-II	-	1	-0.5	0.5	0.2	0.6	0.7
	CPM	-	1.3	-0.4	-2.5	-0.5	-0.3	0.1
OSI	CPS & CPSS-I	1	-	0.5	0.5	0.5	2.3	-0.4
	CPSS-II	1.2	0.5	0.8	1.1	-0.2	1.8	1.4
	CPM	-	-	-	-	-	-	-

Phase 2: Initial Assessment

For all program areas, the initial assessment phase includes the first contact by CPS with the family. Tasks include the first assessment of safety and risk during the first home visit; preliminary outreach to key collateral contacts, including day care or school staff, pediatricians, and other service providers; and, requests for clinical consultations and investigative consultant guidance and assistance. For supervisors and managers, this phase includes conversations with the CPS about their initial impressions and assessment, as well as their review and approval of the Seven-Day Safety Assessment.

For P/D and OSI teams, the initial assessment phase begins with contact with the source of the report when possible, and concludes with the CPS' preliminary assessment of the family's key safety and risk factors, captured in the Seven-Day Safety Assessment.

For ECS, initial assessment tasks includes the initial contact with family and key collaterals, including contact with the source of the report, when possible, as well as documentation of the initial visit and safety assessment and home visit, including the safety plan developed with the family, before the case is then forwarded to the appropriate borough office zone or program area for continued casework. .

For FSU, the initial assessment phase begins following the transfer of the case from P/D to FSU, and concludes with the 45-Day Conference.

Table 6. Time spent, in hours, on tasks related to Initial Assessment, by program area, role and task type

Program Area	Role	Direct Per Case	Indirect Per Case	Admin. Per Case	Travel Per Case	TOTAL Per Case	Direct Monthly	Indirect Monthly	TOTAL Monthly
Citywide P/D	CPS & CPSS-I	10.3	8.2	4.1	3.9	22.6	-	-	-
	CPSS-II	2.1	8.7	0.9	-	11.8	-	-	-
	CPM	1.6	7.1	-	-	8.6	-	-	-
Citywide FSU	CPS & CPSS-I	5.7	6.2	3.3	3.6	15.2	1.8	-	1.8
	CPSS-II	1.9	4.1	0.6	-	6.7	-	-	-
	CPM	1.2	7	-	-	8.2	-	23.5	23.5
ECS	CPS & CPSS-I	2.3	4.1	0.7	1	8.2	-	-	-
	CPSS-II	-	2.8	0.4	-	3.3	-	-	-
	CPM	-	3.1	-	-	3.1	-	38.2	38.2
OSI	CPS & CPSS-I	9.8	8.1	3.3	3.1	24.3	-	-	-
	CPSS-II	2	9.7	0.9	-	12.6	-	-	-
	CPM	-	-	-	-	-	-	-	-

Survey respondents were then asked to provide estimates of how their time use varies when different case complexities are introduced. Table 7 provides estimates for the change in time allocations related to direct casework, while Table 8 provides additional estimates for changes in time allocation for indirect casework. Both represent required casework activities and tasks, and thus should be considered collectively. For example, P/D CPS estimated spending an additional 4.5 hours on initial assessment tasks – both direct and indirect – when a case includes allegations of severe physical or sexual abuse.

Table 7. Changes in time spent, in hours, on direct casework during the Initial Assessment phase, by program area, role, and case type

Program Area	Role	Direct Time Per Case	Direct Time Monthly	Child Under 1 Year	Large Sibling Set (3+)	Domestic Violence	Severe Physical or Sexual Abuse	3+ Prior Maltx Reports
Citywide P/D	CPS & CPSS-I	10.3	-	0.6	2.3	1.6	2.3	2.1
	CPSS-II	2.1	-	1.7	1.5	1.5	1.5	1.2
	CPM	1.6	-	0.0	1.0	0.5	0.4	0.5
Citywide FSU	CPS & CPSS-I	5.7	1.8	5.1	7.0	5.7	6.2	2.2
	CPSS-II	1.9	-	2.7	2.7	3.0	3.2	4.0
	CPM	1.2	-	-0.1	-0.1	0.1	1.0	2.1
ECS	CPS & CPSS-I	2.3	-	-6.9	-0.6	-1.3	19.8	-2.4
	CPSS-II	-	-	-	-	-	-	-
	CPM	-	-	-	-	-	-	-
OSI	CPS & CPSS-I	9.8	-	11.5	7.0	-2.5	0.0	18.5
	CPSS-II	2	-	1.0	6.0	4.0	5.0	4.0
	CPM	-	-	-	-	-	-	-

Table 8. Changes in time spent, in hours, on indirect casework tasks during the Initial Assessment phase, by DCP program area, role, and case type

Program Area	Role	Indirect Time Per Case	Indirect Time Monthly	Child Under 1Year	Large Sibling Set (3+)	Domestic Violence	Severe Physical or Sexual Abuse	3+ Prior Maltx Reports
Citywide P/D	CPS & CPSS-I	8.2	-	-0.2	1.8	1.4	2.2	2.4
	CPSS-II	8.7	-	-0.3	0.9	0.9	1.5	1.4
	CPM	7.1	-	0.4	0.9	0.7	0.7	0.9
Citywide FSU	CPS & CPSS-I	6.2	-	0.2	2.3	2.5	2.5	3.1
	CPSS-II	4.1	-	0.1	0.7	0.7	1.2	1.1
	CPM	7	23.5	0.8	1.4	2.7	3.9	3.8
ECS	CPS & CPSS-I	4.1	-	0.7	0.2	0.8	0.8	0.3
	CPSS-II	2.8	-	-0.1	0.0	-0.1	-0.2	0.2
	CPM	3.1	38.2	0.7	0.6	0.3	0.3	0.4
OSI	CPS & CPSS-I	8.1	-	3.6	1.0	-1.3	0.0	2.1
	CPSS-II	9.7	-	0.0	4.3	4.3	0.3	2.5
	CPM	-	-	-	-	-	-	-

Phase 3: Case Monitoring

The Case Monitoring phase represents the entirety of casework activity that takes place following the initial assessment and prior to the final casework activities and documentation associated with case closure. Of note, ECS is not included in the tables below because ECS transfers case-specific responsibilities to the appropriate program area during the initial assessment phase, for those cases initiated with ECS on nights, weekends or holidays. Case monitoring activities include bi-weekly in-home contact with family members, with safety assessment and planning at each contact, as well as ongoing information gathering from collateral contacts, service providers and family members. This phase may also include Child Safety Conferences and other meetings to discuss emerging safety concerns, service planning and related service referrals, and meetings with supervisors to discuss the case circumstances. For P/D CPS, this also includes documentation of the Risk Assessment Profile; for FSU CPS,

this phase also includes developing the comprehensive Family Assessment and Service Plan and any required court reports, and can include partnering with other service providers, including prevention service providers, regarding ongoing family engagement and reassessments and the family's participation in services.

Table 9 provides time use estimates by DCP program area, staff role and task type.

Table 9. Time spent, in hours, on Case Monitoring tasks, by program area, role, and task type

Program Area	Role	Direct Per Case	Indirect Per Case	Admin Tasks Per Case	Travel Per Case	TOTAL Per Case	Direct Monthly	Indirect Monthly	Admin. Tasks Monthly	Travel Monthly	TOTAL Monthly
Citywide P/D	CPS & CPSS-I	4.1	7.3	3.1	1.9	16.4	1.7	4.1	1.6	2.7	10.1
	CPSS-II	2.1	6.7	-	-	8.8	-	2.6	-	-	2.6
	CPM	-	2.7	-	-	2.7	-	8.2	-	-	8.2
Citywide FSU	CPS & CPSS-I	3.4	10.2	3	7.5	24.1	10.3	2	1.7	2.6	16.6
	CPSS-II	2.9	1.5	-	-	4.4	-	-	-	-	-
	CPM	-	1.4	-	-	1.4	-	4.1	-	-	4.1
OSI	CPS & CPSS-I	4.4	7.6	2.3	3.4	17.6	2.2	4.4	1.7	3.1	11.5
	CPSS-II	1.9	7	-	-	8.9	-	2.7	-	-	2.7
	CPM	-	-	-	-	-	-	-	-	-	-

Respondents were then asked to provide estimates of the variation in time allocation for cases with specified complexities. As with the variation tables in the preceding section, estimates for the time use changes were collected for both direct and indirect casework tasks, which are provided in Tables 10 and 11, with an additional table providing time use estimates for additional administrative tasks required of the CPS role provided in Table 12. As with the tables in the preceding section, the estimates in the following three tables should be combined for a comprehensive understanding of the impact of case complexity on time allocation. Thus, for cases involving a large sibling set (three or more siblings) in the family, OSI CPS estimated allocating an additional 16.7 hours for the direct, indirect and administrative tasks required.

Table 10. Changes in time spent, in hours, on direct casework tasks during the Case Monitoring phase, by DCP program area, role, and case type

Program Area	Role	Direct Time Per Case	Direct Time Monthly	Child Under 1 Year	Large Sibling Set (3+)	Domestic Violence	Severe Physical or Sexual Abuse	3+ Prior Maltx Reports
Citywide P/D	CPS & CPSS-I	4.1	1.7	-0.3	0.4	0.7	1.5	0.6
	CPSS-II	2.1	-	-0.1	0.2	0.3	0.3	0.4
	CPM	-	-	-	-	-	-	-
Citywide FSU	CPS & CPSS-I	3.4	10.3	0.5	0.2	0.2	0.2	0.5
	CPSS-II	2.9	-	-	-	-	-	-
	CPM	-	-	-	-	-	-	-
OSI	CPS & CPSS-I	4.4	2.2	11.5	7.0	-2.5	0.0	18.5
	CPSS-II	1.9	-	1.0	6.0	4.0	5.0	4.0
	CPM	-	-	-	-	-	-	-

Table 11. Changes in time spent, in hours, on indirect casework tasks during the Case Monitoring phase, by DCP borough, role, and case type

Program Area	Role	Indirect Time Per Case	Indirect Time Monthly	Child Under 1 Year	Large Sibling Set (3+)	Domestic Violence	Severe Physical or Sexual Abuse	3+ Prior Maltx Reports
Citywide P/D	CPS & CPSS-I	7.3	4.1	-0.5	0.3	0.4	2.0	0.9
	CPSS-II	6.7	2.6	-1.2	-0.4	-0.4	-0.1	0.1
	CPM	2.7	8.2	1.1	2.2	1.2	1.7	3.6
Citywide FSU	CPS & CPSS-I	10.2	2	1.0	0.4	1.1	1.6	0.9
	CPSS-II	1.5	-	0.1	0.8	0.5	0.9	1.6
	CPM	1.4	4.1	-0.1	0.1	-0.1	-0.1	0.3
OSI	CPS & CPSS-I	7.6	4.4	2.8	8.2	8.4	9.3	7.2
	CPSS-II	7	2.7	0.5	1.0	1.0	-1.5	-2.6
	CPM	-	-	-	-	-	-	-

Table 12. Changes in time spent, in hours, on administrative tasks during the Case Monitoring phase, by DCP program area and case type: CPS workers only

Program Area	Admin Time Per Case	Admin Time Monthly	Child Under 1 Year	Large Sibling Set (3+)	Domestic Violence	Severe Physical or Sexual Abuse	3+ Prior Maltx Reports
Citywide P/D CPS	2.9	1.6	-0.1	0.1	0.2	1.0	0.4
Citywide FSU CPS	2.6	1.7	-0.1	0.0	0.1	0.2	0.4
OSI CPS	2.3	1.7	0.5	1.5	2.1	2.2	2.3

Phase 4: Case Closure/Transfer

The closure/transfer phase is concerned with the set of tasks that need to be completed before the current worker is relieved of all case-related responsibility, either because the case is transferred from one part of DCP to another (i.e., a move from the P/D program area to FSU); to another ACS service, (i.e., a move from the P/D program area to either an ACS-contracted prevention or foster care agency); to a non-contracted community-based service provider; or because the case is closed by DCP with no further planned involvement with the family. The time use tables below focus on the following three case close/transfer possibilities:

- Case planning responsibility moves to a prevention agency, with no further oversight by a DCP program area;
- Case planning responsibility moves to a foster care agency, with no further oversight on the part of DCP staff;
- Case closes with non-contracted community-based services or with no further ACS involvement or services.

Table 13 provides the time use estimates for case closure or transfer-related tasks by program area, role and task type. Please note that the work involved in moving a case from either the P/D or OSI program areas over to FSU, for cases that proceed to court-ordered supervision, is provided separately in Table 15.

The time use reported for this phase varied dramatically when the case closure/transfer involved a removal and placement into foster care. Tables 13a and 13b, below, provide the survey responses for this phase for cases that did not include a removal and placement (13a) and cases that did involve a removal and placement (13b).

Table 13. Time spent, in hours, on Case Closure/Transfer tasks, by DCP program area, role, and task type

Program Area	Role	Direct Per Case	Indirect Per Case	Admin. Tasks Per Case	Travel Per Case	Total Per Case
Citywide P/D	CPS & CPSS-I	26.1	14.3	4.6	1.5	46.4
	CPSS-II	1.6	5.1	1.2	1.6	9.4
	CPM	-	5.8	-	-	5.8
Citywide FSU	CPS & CPSS-I	5.4	10.1	1.4	3	19.9
	CPSS-II	2.8	6.4	0.7	2.1	12.1
	CPM	-	5.2	-	-	5.2
OSI	CPS & CPSS-I	41.1	17.7	4.6	1.6	65
	CPSS-II	-	4.8	0.9	-	5.6
	CPM	-	-	-	-	-

Table 13a. Time Spent, in hours, on Case Closure/transfer tasks for cases that did not result in placement, by DCP program area, role and task type*

Program Area	Role	Direct Per Case	Indirect Per Case	Admin. Per Case	Travel Per Case	Total Per Case
Citywide P/D	CPS & CPSS-I	2.9	5.9	1.5	/	10.3
	CPSS-II	/	/	0.7	/	0.7
	CPM	/	/	/	/	/
Citywide FSU	CPS & CPSS-I	3.8	10.1	1.4	1.8	17.1
	CPSS-II	1.7	5.5	0.7	1.6	9.6
	CPM	/	5.2	/	/	5.2
OSI	CPS & CPSS-I	3.6	4.1	0.5	/	8.2
	CPSS-II	/	/	0.2	/	0.2
	CPM	/	/	/	/	/

* A / (slash) denotes a cross-section of survey invitees of whom no questions were asked.

A – (hyphen) denotes a cross-section of survey invitees of whom questions were asked, but of which there were no responses.

Table 13b. Time Spent, in hours, on Case Closure/transfer tasks for cases resulting in placement, by DCP program area, role and task type*

Program Area	Role	Direct Per Case	Indirect Per Case	Admin. Per Case	Travel Per Case	Total Per Case
Citywide P/D	CPS & CPSS-I	23.7	11.1	4.3	1.5	40.6
	CPSS-II	1.6	5.1	0.9	1.6	9.2
	CPM	/	5.8	/	/	5.8
Citywide FSU	CPS & CPSS-I	2.0	/	/	1.7	3.7
	CPSS-II	2.8	1.2	/	2.1	6.2
	CPM	/	/	/	/	/
OSI	CPS & CPSS-I	37.5	10.2	3.6	1.6	53.0
	CPSS-II	-	4.8	0.2	-	5.0
	CPM	/	-	/	/	-

* A / (slash) denotes a cross-section of survey invitees of whom no questions were asked.

A – (hyphen) denotes a cross-section of survey invitees of whom questions were asked, but of which there were no responses.

Table 14 provides estimates for the impact of specified case complexity factors on the time use by role for required indirect casework for cases where casework responsibility is transferred to a prevention or foster care agency and cases which are formally closed with no additional services in place, based off of the Table 13, or average overall reported time for the case closure/transfer phase, time use data. In the focus groups, CPS, supervisors and managers described case closure tasks as primarily indirect tasks, though they coincide with home visits and other casework contacts captured in the case monitoring reported time use in the phase above.

Table 14. Changes in time spent, in hours, on indirect casework tasks during the Case Close/Transfer phase, by DCP program area, role, and case type

Program Area	Role	Indirect Time Per Case	Child Under 1 Year	Large Sibling Set (3+)	Domestic Violence	Severe Physical or Sexual Abuse	3+ Prior Maltx Reports
Citywide P/D	CPS & CPSS-I	14.3	-0.4	1.4	-0.2	-0.3	0.8
	CPSS-II	5.1	1.1	1.7	1.4	3.2	3.3
	CPM	5.8	1.1	3.1	1.3	2.1	2.3
Citywide FSU	CPS & CPSS-I	10.1	1.0	0.6	0.6	0.5	0.2
	CPSS-II	6.4	0.2	0.8	0.8	1.2	2.0
	CPM	5.2	-0.4	4.3	0.7	-0.5	2.6
OSI	CPS & CPSS-I	17.7	0.6	3.7	2.6	-2.4	1.7
	CPSS-II	4.8	2.6	3.9	2.4	3.1	3.6
	CPM	-	-	-	-	-	-

Tables 15 shows the additional time required for cases transferred to FSU specifically, following a Family Court order mandating court-ordered supervision, which is managed by the FSU program area. The FSU estimates relate to the time required to conclude a court-ordered supervision case, which may include referring a family for prevention services. Table 16, which follows, provides estimates for how the time required varies by case complexity factor.

Table 15. Time spent, in hours, on FSU Transfer tasks, by DCP program area, role, and task type

Program Area	Role	Indirect Per Case	Admin. Tasks Per Case	Total Per Case
Citywide P/D	CPS & CPSS-I	9.3	0.8	10
	CPSS-II	4.7	-	4.7
	CPM	1.7	-	1.7
Citywide FSU	CPS & CPSS-I	2.2	-	2.2
	CPSS-II	2	-	2
	CPM	1.2	-	1.2
OSI	CPS & CPSS-I	9.1	0.9	10
	CPSS-II	1.3	-	1.3
	CPM	2.7	-	2.7

Table 16. Changes in time spent, in hours, on indirect casework tasks when transferring a case to FSU, by DCP program area, role, and case type

Program Area	Role	Indirect Time Per Case	Child Under 1 Year	Large Sibling Set (3+)	Domestic Violence	Severe Physical or Sexual Abuse	3+ Prior Maltx Reports
Citywide P/D	CPS & CPSS-I	9.3	2.9	3.4	2.9	2.7	3.8
	CPSS-II	4.7	0.4	0.9	0.8	1.5	0.5
	CPM	1.7	-1.0	-0.6	0.6	-0.4	-0.7
Citywide FSU	CPS & CPSS-I	2.2	0.1	0.3	0.4	0.6	0.3
	CPSS-II	2	0.2	0.4	0.4	0.4	0.3
	CPM	1.2	0.3	0.5	-0.6	-0.5	0.6
OSI	CPS & CPSS-I	9.1	6.0	4.8	4.6	5.7	3.3
	CPSS-II	1.3	-2.0	0.4	-2.3	-1.3	-0.9
	CPM	2.7	-	-	-	-	-

Phase 5: Post-Investigation

Investigative program areas – P/D and OSI – occasionally retain case management and monitoring responsibilities for cases while a transfer to another program area, including FSU or to prevention or foster care, is in process or awaiting formal assignment. To maintain contact with and safety monitoring of families who have been identified as in need of services and/or additional oversight, the responsibility for ongoing contact, including home visits and any related casework tasks, is retained by the investigative unit until the transfer tasks outlined in Phase 4 above are completed and a new worker is assigned. Table 17 provides estimates of the additional time required for those cases in which post-investigative involvement is required. Table 18 shows how the estimates vary when additional case complexity is introduced.

Table 17. Time spent, in hours, on Post-Investigation tasks, by DCP role, and task type (P/D and OSI only)

Borough	Role	Indirect Per Case	TOTAL Per Case	Direct Monthly	Indirect Monthly	Travel Monthly	TOTAL Monthly
Citywide P/D	CPS & CPSS-I	0.0	0.0	5.3	5.0	2.6	13.0
	CPSS-II	1.2	1.2	0.0	3.9	0.0	5.1
	CPM	2.8	2.8	0.0	0.0	0.0	2.8
OSI	CPS & CPSS-I	-	-	3.7	4	2.8	10.5
	CPSS-II	0.5	0.5	-	4.9	-	4.9
	CPM	3.3	3.3	-	-	-	-

Table 18. Changes in time spent, in hours, on casework tasks during the Post-Investigation phase, by DCP borough, role, and case type

Program Area	Role	Total Per Case	Total Monthly	Child Under 1Year	Large Sibling Set (3+)	Domestic Violence	Severe Physical or Sexual Abuse	3+ Prior Maltx Reports
Citywide P/D	CPS & CPSS-I	0.0	13.0	0.1	0.4	0.1	-0.1	0.1
	CPSS-II	1.2	5.1	-0.4	-0.6	-0.4	-0.3	-0.4
	CPM	2.8	2.8	-0.3	0.1	0.3	0.0	-0.1
OSI	CPS & CPSS-I	-	10.5	2.0	1.5	0.0	2.0	0.3
	CPSS-II	0.5	4.9	-0.9	1.0	1.0	-3.0	-0.6
	CPM	3.3	-	-2.0	-2.0	-2.0	-2.0	-0.8

Phase 6: Non-Casework Responsibilities

The last category of casework captures the activities that are not associated with a particular case but are DCP functions related to case practice oversight and workforce management. These responsibilities include attending meetings to promote the regular dissemination of information regarding practice and policy changes and expectations across DCP teams, participation in ChildStat preparation and presentations, and borough-based trainings, as well as a number of required administrative and documentation tasks. Much, but not all, of this work falls to CPSS-IIs and CPMs. As this work is less about casework and more about activities designed to support consistent and high-quality casework practice, little time was reported by survey respondents in the “direct casework tasks” column, as shown in Table 19.

There are seven types of non-casework tasks for which time use estimates were gathered from survey respondents:

Administrative tasks that occur monthly. This includes such activities as reviewing or completing recurring reports and activity and tracking logs; discussions around these documents (i.e., discussing, reviewing, and approving overtime requests); and follow-up that is required related to recurring logs and reports.

Other administrative tasks. This includes specialty tracking logs, such as those monitoring Medically Fragile or Heightened Oversight Protocol cases, as well as participation in activities such as recruitment hiring pools.

Indirect casework tasks that occur monthly. The Multi-Disciplinary Team meeting that some CPM attend, which includes a review of case details with ACS partner agencies, including Child Advocacy Center staff, would be an example of this type of task.

Other indirect casework tasks. Specialty reports are included in this category (i.e., Critical Incident Report, Fatality Report), as well as the time it takes to prepare for and attend ChildStat meetings.

Non-casework tasks that occur monthly. These tasks differ from administrative tasks because they require child protection specialization and training. Examples include the Supervision Review/Report; attending various meetings (i.e., Town Hall, Area Meeting, Zone Debriefing, trainings); and other specialized activities, such as Family Court intake.

Other non-casework tasks. These include specialty tasks that occur irregularly, such as managerial responsibilities associated with a high-profile media case as well as general meetings with managers that are not case-specific.

Travel. Travel estimates were averaged to generate a monthly travel estimate associated with Non-Casework activities.

Table 19. Time spent, in hours, on Non-Casework tasks, by role and task type

Program Area	Role	Admin. Tasks Monthly	Other Admin. Tasks	Indirect Monthly	Other Indirect	Non-Casework Monthly	Other Non-Casework	Travel Monthly	TOTAL Monthly Tasks	TOTAL Other Tasks
Citywide P/D	CPS & CPSS-I	-	-	-	-	6.4	-	0.5	6.9	-
	CPSS-II	8.8	-	-	13	7.7	-	0.1	17.6	13
	CPM	88	3.7	1.3	26.4	32.5	-	0.3	122.1	30.2
Citywide FSU	CPS & CPSS-I	-	-	-	-	7.4	-	0.2	7.5	-
	CPSS-II	10.5	-	1.4	18.5	7.8	1.7	0.1	19.7	20.3
	CPM	58	3.2	0.7	24.1	8.7	10	-	67.4	37.2
OSI	CPS & CPSS-I	-	-	-	-	6.2	-	-	6.2	-
	CPSS-II	6.7	-	1.6	17.7	7.5	-	-	15.8	17.7
	CPM	55.6	8	-	32	9.9	-	-	65.5	40
ECS	CPS & CPSS-I	-	-	-	-	1.6	-	0.9	2.5	-
	CPSS-II	5.9	-	-	6.9	3.1	1.1	-	9	8
	CPM	60.3	0.4	1	10.9	4.3	-	-	65.5	11.3
APPLICATIONS	CPS & CPSS-I	-	-	-	-	1.2	-	-	1.2	-
	CPSS-II	5.3	-	-	4.8	2.5	0.9	-	7.8	5.8
	CPM	66.7	7.6	-	6.3	5.7	-	-	72.4	14

Summary of Survey Findings

With specific respect to P/D CPS, this study established that, for a single reference case:

- **Case Assignment** tasks require a little under 1 hour;
- **Initial Assessment** tasks require about 23 hours;
- **Case Monitoring** tasks require about 10 hours for every month the case remains open after the Initial Assessment, and another 16 hours per case as a one-time expenditure of effort during the Case Monitoring period;
- **Case Closure/Transfer** tasks require 46 hours;2
- **Transfers to FSU** require about 10 hours;
- **Post Investigation** tasks require about 13 hours for every month the case remains open following the Investigation Determination but before responsibility for the case officially transfers to the next set of workers;
- **Non-Casework** tasks, such as meetings and trainings, require about 7 hours of a workers' time each month.

Table 20, below, provides a summary overview of the per case time use estimates outlined in tables 4 – 19, for each program area and staff role.

[2] This figure largely represents the time it takes to place a child in out of home care. For cases that do not require that type of intervention, the time spent on Case Closure/Transfer is much less.

Table 20a. Summary Time Use Table: in Hours, Time Use Per Case, by Program Area and Role

	Case Assignment	Initial Assessment	Case Closure/ Transfer	Transfers to FSU
Child Protective Specialists/Child Welfare Specialists				
CWS	4			
P/D CPS	0.8	22.6	46.4	10
FSU CPS	-	15.2	19.9	2.2
OSI CPS	1	8.2	65	10
ECS CPS	0.3	24.3		
Supervisors				
CWSS	1.1			
P/D CPSS-II	1.2	11.8	9.4	4.7
FSU CPSS-II	1.5	6.7	12.1	2
OSI CPSS-II	1.2	12.6	5.6	1.3
ECS CPSS-II	-	3.3		
Managers				
App CPM	2.7			
P/D CPM	2	8.6	5.8	1.7
FSU CPM	0.9	8.2	5.2	1.2
OSI CPM	-	3.1	-	2.7
ECS CPM	-	-		

Table 20b. Summary Time Use Table: in Hours, Time Use per Month, by Program Area and Role

	Case Monitoring	Post Investigation*	Non-Casework**
Child Protective Specialists/Child Welfare Specialists			
CWS			1.2
P/D CPS	16.4	13	6.9
FSU CPS	24.1		19.7
OSI CPS	17.6	10.5	6.2
ECS CPS			2.5
Supervisors			
CWSS			
P/D CPSS-II		5.1	17.6
FSU CPSS-II	8.8		19.7
OSI CPSS-II	4.4	4.9	15.8
ECS CPSS-II	8.9		
Managers			
App CPM			
P/D CPM	2.7	2.8	122.1
FSU CPM	1.4		67.4
OSI CPM	-	-	72.4

A note of caution: although it is compelling to do so, it is not the case that these figures can be summed to establish an estimate of the total amount of time required for a single case. While most cases will sequentially progress through case assignment, initial assessment, case

monitoring and closure (which may result in initiation of prevention services or court-ordered supervision, in a small percentage of cases results in foster care placement, or could result in no further action or contact with ACS), the type of closure makes a big difference in the amount of time spent. Similarly, depending on the type of closure, not all cases will experience a post-investigation period; those that do will vary in terms of how long that period lasts. Furthermore, while nearly all investigations conclude within 60 days, or two months, of the receipt of the report, the duration of an investigation can vary depending on case circumstances. For tasks that are not case-specific, respondents were asked to provide per-month estimates. Since all cases span multiple months, simply adding the task estimates would provide a misleading representation of time use. Furthermore, though removal and placement into foster care is rare, the activities associated with a removal and placement require a significant amount of time for all staff roles, as shown in the variation between tables 13a and 13b.

Center staff identified four main themes in their review of the time use data collected. The first has to do with consistency in the time use reports that emerged from the Workload Survey. It was often the case that a range of time estimates were provided by different respondents within the same role; however, there was typically a clustering of responses within a fairly narrow band of time. This suggests that there is a somewhat predictable cadence to the work that management can use to think critically about workload.

Center staff also determined that there was variation in time use as reported by different borough offices, with some borough offices consistently reporting higher or lower time use estimates than the citywide average. This was found across roles and program areas, though there was noticeably less variation in the time use estimates reported by CPSS-IIs, regardless of borough office assignment. Again, this is actionable information for DCP management. It provides some direction for the next stage of the inquiry: to determine what may be driving the observed variation in time use patterns and what can be done to normalize time use across the boroughs.

The third theme relates to the case complexity variations. With just a few exceptions, staff reported modest adjustments in the amount of time required for a wide range of tasks when working on cases more complex than the reference case on which staff reflected to generate Workload Survey estimates. The implication of this particular finding is not that these complex case types are not more demanding in terms of the tasks required; rather, it may be that the nature of the demand on staff may be less about time and more about the emotional toll these case types take on staff – particularly those on the front lines. Based on interviews and focus groups, the most challenging investigations are those characterized by ambiguity, not complex circumstances. In other words, a “complex” domestic violence case may have a relatively clear degree of urgency, while a case where the evidence of abuse or neglect is ambiguous may require substantially more time to complete.

The last theme relates to the volume of time both CPM and CPSS-II (but particularly managers) are spending on non-casework tasks, much of which are administrative tasks. Recall from previous sections that administrative tasks are differentiated from direct casework tasks and indirect casework tasks (as well as generalized “non-casework” tasks) in that they appear, at least based on the way these tasks were described during the focus groups, to be tasks that do not necessarily require the level of skill and experience held by CPSS-IIs and CPMs. During the

focus groups, CPMs were the most vocal about the seeming impossibility of managing all of the work expected of them. The data from the Workload Survey, particularly within the Non-Casework category, appear to bear out that experience.

VI. Time Use and Outcomes

While the tables above provide the citywide averages for reported time use, the Center's staff collected time use estimates for each borough office, in addition to each program area and role, to allow Center staff to analyze whether time use patterns are attributable to variations in case outcomes, particularly recurrence rates, placement rates, and service referral rates.

To conduct the analysis, Center staff analyzed ACS administrative data from the past ten years. From the data, Center staff constructed service histories for all children with an initial maltreatment investigation starting in 2015, for which a profile of children was compiled from three separate data systems: CONNECTIONS, the system of record for ACS, including for all abuse and maltreatment investigations; PROMIS, which tracks referral to and receipt of preventive services; and CCRS, which tracks placements into and out of foster care.

For this set of children, those records were used to extract which, if any, of the underlying events captured within the data systems took place and the date of occurrence. Then, the records were arranged to follow what happened and the order in which it happened on a child-by-child basis. The events tracked in this way include the start and stop of investigations, the start and stop dates of placement and the start and stop dates affiliated with referrals to services. For the analysis of service referrals, court ordered supervision was distinguished from referrals to preventive services, with or without a court order.

Each combination of events was treated separately; each unique combination of service events is called a trajectory. To manage the many trajectories observed in the underlying data, events are organized into an array, as illustrated in Table 21, where 14 distinct trajectories are displayed. The trajectories include between two and four events, along with an indication as to whether after the fourth event there were subsequent events (i.e., at least 5 but potentially more than 5 – see the column labeled "Some Other Event"). Each trajectory starts with an investigation. Trajectories 1, 3, 4, 7, and 8 include unsubstantiated investigations whereas trajectories 2, 5, 6, 9, 10, 11, 12, 13, and 14 represent trajectories that started with a substantiated investigation. For each child whose record is summarized in Table 21, the investigation was the first ever investigation. In addition to showing trajectory details, Table 21 also shows the number of children in the total sample and the number of children involved with each unique trajectory. In this case there were 164,539 children for whom there was an initial investigation initiated between 2015 and 2017 inclusive.3 As noted, each child was followed through the sequence of events as recorded in the source data. The 14 trajectories displayed in

[3] The investigation start year included 2015-2017. However, the analysis followed children through the end of calendar year 2018. The inclusion of more recent years means that for some proportion of the sample (164,539) the next event has yet to be observed. In practical terms this means that some of the children who have only two events may have a third or fourth event as of the next data update. Data has been organized in the manner described dating back to 2005. A decision was made to include only the more recent cohorts because their experiences are the ones most likely shaped by the time use patterns described elsewhere in the report.

Table 21 account for 86.9 percent of all children in the group (164,539).

To interpret the information displayed in Table 21, it is important to bear in mind that each trajectory is built around a unique combination of events. For example, trajectories 1 and 2 in Table 21 represent the group of children who were involved in an investigation, the investigation ended, and there was no further contact with ACS once the investigation ended. That is, there was no subsequent investigation, no service referral, and no placement. The absence of a subsequent event is indicated by no event 3, no event 4, and no other events in the sequence.

Again, the table below depicts event trajectories on a per-child, rather than a per-family or per-case basis, and includes only those children for whom an investigation between 2015 and 2017 was their first-ever contact with ACS. Since the analysis was conducted on a per-child, rather than a per-family basis, it is likely that some of the children reflected in the data below are part of families in which their sibling(s) were the subject of an investigation prior to 2015. While those siblings would have been excluded from the analysis, the child for whom the investigation is a first would be included.

Table 21. Selected Service Trajectories

Trajectory	Event 1	Event	Event 3	Event 4	Some Other Event	Number of Children	Percent of Total Children
1	Investigation - Unsubstantiated	End Investigation	No	No	No	84,630	51.5%
2	Investigation - Substantiated	End Investigation	No	No	No	23,938	14.6%
3	Investigation - Unsubstantiated	End Investigation	Investigation Unsubstantiated	End Investigation	No	7,624	4.6%
4	Investigation - Unsubstantiated	End Investigation	Investigation Unsubstantiated	End Investigation	Yes	3,640	2.2%
5	Investigation - Substantiated	End Investigation	Service Referral	End Services	No	7,159	4.4%
6	Investigation - Substantiated	End Investigation	Service Referral	End Services	Yes	754	0.5%
7	Investigation - Substantiated	Service Referral	End Investigation	End Services	No	5,432	3.3%
8	Investigation - Substantiated	Service Referral	End Investigation	End Services	Yes	532	0.4%
9	Investigation - Unsubstantiated	End Investigation	Service Referral	End Services	No	4,022	2.4%
10	Investigation - Unsubstantiated	Service Referral	End Investigation	End Services	No	1,922	1.2%
11	Investigation - Substantiated	Placement	End Investigation	End Placement	No	2,358	1.4%
12	Investigation - Substantiated	Placement	End Investigation	End Placement	Yes	574	0.3%
13	Investigation - Substantiated	End Investigation	Placement	End Placement	No	287	0.2%
14	Investigation - Substantiated	End Investigation	Placement	End Placement	Yes	81	.0%
	Subtotal					142,953	86.9%
	All Other Trajectories					21,586	13.1%
Total Children						164,539	

These event trajectories defined three primary outcomes for the analysis:

- Placement into foster care refers to children placed following the initial investigation (trajectories 11 and 12 in Table 21 above). In the case of placement, placements that happen within 30 days of the investigation start were measured, which is when most, but not all, placements take place given this specific trajectory.
- Service referrals to prevention and/or court-ordered supervision involving children whose first investigation was followed by a service referral regardless of whether the service referral happened before or soon after the investigation ended (trajectories 5 through 10). If the investigation ended, the service referral would have been the third event; if the referral followed the investigation start but happened before the investigation ended, the service referral was the second event. For service referrals, the analysis considered whether the service referrals happened with 60 days of when the initial investigation started.
- Re-reports involve children whose first investigation was followed by a second investigation. This measure captures re-reports regardless of the intervening events, including placement, exit from care, or a referral to services. The analysis also captures whether there was a re-report within 12 months of when the initial report ended.

In addition to the trajectory data, Center staff analyzed the administrative data set to pull additional information about the child and investigation details, as well as the borough and zone responsible for the child's initial investigation, to analyze the extent to which different case characteristics impacted case outcomes. The characteristics included:

- The year of the investigation – 2015, 2016, 2017, 2018
- Gender – male, female
- Age of the child – Infant, 1 to 5, 6 to 12, 13 to 17
- Ethnicity – Black, Hispanic, Other, White
- Disposition of the case – not substantiated, substantiated
- Children in the case – 1, 2, 3, 4, 5 or more
- Risk level, as reflected in the Risk Assessment Profile (RAP) score – low, moderate, high, very high
- Borough and zone – Staten Island, Bronx North, Bronx South, Brooklyn East, Brooklyn West, Manhattan, Queens
- Allegation made, grouped as follows:
  - Neglect only
  - Education neglect and general neglect
  - Education neglect only
  - Medical neglect and general neglect
  - Neglect, physical and substance abuse
  - Neglect and mixed abuse
  - Neglect and physical abuse
  - Neglect and substance abuse
  - Neglect and sex abuse
  - Physical abuse only
  - Substance abuse only
  - Sex abuse only
  - Other and mixed abuse

The sample of children includes children with an initial investigation that started on or after January 1, 2015. For each of those children, all of the events that followed were used, regardless of the year. The only restriction placed on the sample pertained to the year of the first-ever investigation (2015). In total, there were 164,539 children who met that criterion.

Plan of Analysis

To test the relationship between time use and outcomes, Center staff developed a three-part analysis plan, with the following three stages:

- The first layer of analysis determined the likelihood of each outcome;
- The second analysis considered two questions:
  - How are the characteristics of the case linked to the outcomes of interest? and,
  - After controlling for those characteristics, is there meaningful variation between borough offices and zones in the measured outcomes?
- Finally, the analysis considered whether the differences in outcomes between borough offices and zones could be explained by differences in time use as reported by survey respondents; with a focus on time use during the initial assessment, monitoring and case closure/transfer phases.

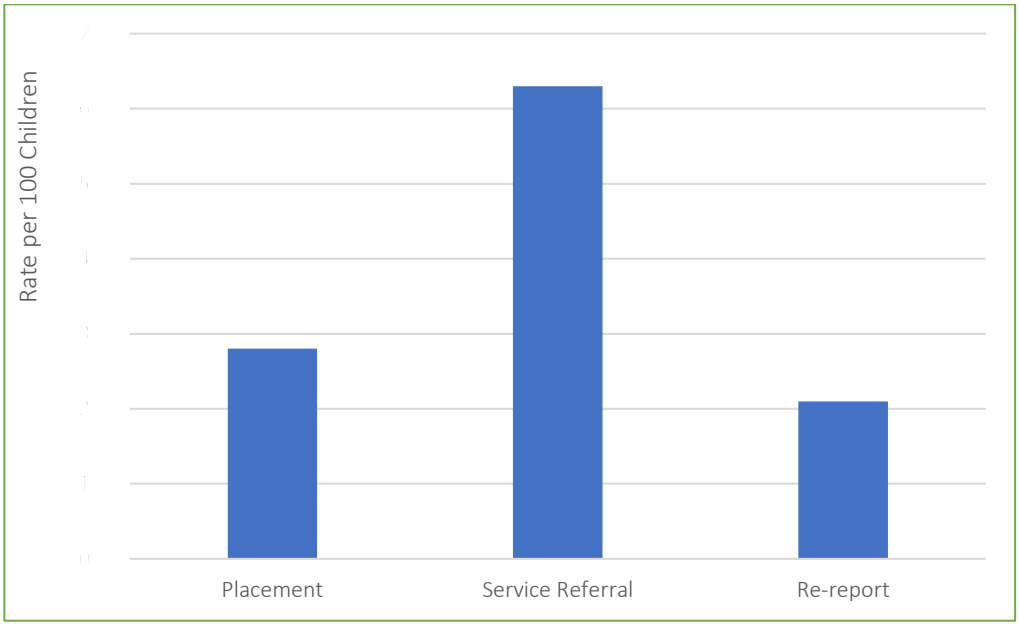
The analysis aimed to test the hypothesis that variation in outcomes could be attributable to time use variation.

Outcomes and Outcome Variation Between Borough Offices and Zones

The first layer of analysis aimed to determine the extent to which the outcomes that follow an initial investigation differ by borough office and zone and whether the variation is associated with reported time use. The Center's staff first determined the likelihood of each outcome following an initial investigation. Again, the following analysis did not look at all investigations that occurred between 2015, but rather the subset of investigations for which the investigation was the first involving the child – the data was analyzed on a per child, rather than a per case, basis.

All three outcomes are relatively unlikely. Recall from Table 21 that the most common trajectories are those that involve an investigation, regardless of whether the investigation was substantiated or not, the end of the investigation, followed by no other subsequent events (no further contact with ACS within the time period reviewed). Of the three target outcomes, a referral to services within 60 days of the investigation start is the most likely, occurring 6.3 percent of the time. The next most common outcome is placement; about 2.8 percent of all the initial investigations are followed by placement within 30 days of the investigation start. Finally, about 2 percent of the initial investigations will end with a re-report within one year of when the first investigation ended. Note other children may have been re-reported but these re-reports would have been followed by other service events. The same is true with placement and service referrals. Children other than those accounted for here may have been placed or referred to services, but those referrals would only have happened after some other type of intervening events. Finally, the data presented in Figure 1 represent the city-wide averages. Again, the aim here is to understand the variation around these city-wide averages at the borough/zone level.

Figure 1: Likelihood of Placement, Service Referral, and Re-report Following the First Investigation



Center staff next sought to confirm whether outcomes differ between borough offices and zones, and to what extent. Borough offices and zones serve a variety a families with characteristics that are also associated with the targeted outcomes (risk of re-report, referrals to services, and placement into foster care).

The “case-mix adjustment” also contributes to between-borough/zone variation in outcomes, as some borough offices and zones interact with families with more complex characteristics, including families with multiple siblings, higher risk ratings and or more frequent allegations of severe abuse, which can also contribute to the reported time use in each phase of the case.

Differences Between Boroughs and Zones

Staff analysis determined that there were meaningful differences in outcomes between borough offices and zones – with several borough offices and zones clustered around the citywide average, but some borough offices and zones significantly above or below the average after adjusting for the case-mix variation in each borough office and zone. The outcome with the widest variation between borough offices and zones was service referral rates; the outcome which varied the least across borough offices and zones was re-reports.

After confirming that there was meaningful variation between borough offices and zones for the three outcomes, Center staff then sought to determine whether the variation could be attributed to the variation in time use as reported by survey respondents. For this analysis, Center staff focused on the borough office and zone’s reported time use specifically during the initial assessment, case monitoring and case closure/transfer phases, and used the reported time in hours and as a total percentage of time use reported.

Time Use, Case Characteristics and Outcomes

In this initial round of analysis, time use – both in total hours and as a percentage of total process time – during the case closure/transfer phase of a case was found to correspond with decreased likelihood of placement into foster care. That is, as time spent in this phase of work goes up, the risk of placement decreases. The borough offices and zones that reported spending more time on the case closure/transfer phase had lower rates of placement.

For referrals to services, no time use was found to be significantly correlated in a way that explained between-borough variations in outcomes.

For re-reports, Center staff projected the likelihood of a re-report for each of the 12 months following case closure, and found that the risk declines with each passing month. As with placement, time use during the case closure/transfer phase corresponded with a decreased risk of re-reporting.

After assessing how time use in the initial assessment, case monitoring and case closure/transfer phases corresponds with outcomes, Center staff then tested the extent to which time use was a factor even after case characteristics were also factored into the analysis. In other words, did the variation in outcomes persist, even after accounting for variations in the characteristics of the children and the case itself?

These child characteristics matter a great deal. Chapin Hall's analysis of ten years of administrative data found that younger children – infants for example – are more likely to experience trajectories including placement, services referrals, and re-reports to the SCR than children who are older. Black children are no more likely to be placed than white children on substantiated cases, but they are more likely than Hispanic children to be placed. Hispanic children with substantiated cases are more likely to be referred to preventive services than either white or Black children with substantiated cases. Re-report rates are highest for Hispanic children followed by Black children. White children have the lowest re-reporting rates.

Similarly, attributes of the CPS case also matter in relation to outcomes. For example, children involved with substantiated investigations are more likely to be placed and referred to services. They are no more or less likely to be involved in a re-report, but this is no doubt because what happens next involves placement or a service referral, which means the highest-risk cases have moved on to the next service stage. Regarding allegations, educational neglect when combined with general neglect rarely leads to placement; cases involving allegations of both neglect and mixed abuse are the most likely to be followed by placement. Service referrals are least likely among children involved in educational neglect and most likely for children with neglect and mixed abuse histories. Regarding re-reports, a child with a prior report of educational neglect is among the children most likely to be re-reported. The number of children in the case is important, too. More siblings are associated with lower placements, higher service referrals, and higher re-report rates. Not surprisingly, the risk assessment is an important factor associated with what happens next. Higher risk ratings are associated with much higher placement, service referrals, and re-report rates.

Once all of these variables were factored into the analysis of the impact of reported time use on outcomes, the variation in outcomes related to time-use in the boroughs and zones were no longer significant. For example the previously described correspondence between time use during case closure/transfer and service referrals was not significant once child and case

characteristics were factored in. The case characteristics more significantly correspond to case outcomes, regardless of time use.

VII. Summary of Analytic Findings

As noted, the analysis was meant to examine whether there is a link between outcomes and time use. To do this, the analysis considered time use reported by workers and aggregated that data to the borough/zone level. In effect, these summary statistics indicate whether, on average, time use by process differs from one borough/zone to another. These differences were then used to assess whether the time use differences explained outcome differences after taking child characteristics and details of the investigation into account.

No apparent effect of time use on placement within 30 days was detected. The analysis did find an effect of time use on service referrals and re-reports. One specific note of caution – these findings do not pertain specifically to time use on a case-by-case basis. The results point to time use reported in the aggregate, on average, and the variation in outcomes by borough/zone.4

What might these results mean? First it is important to note that these findings cannot be used to infer causal connections. One cannot say, for example, that spending less time monitoring cases will increase service referrals. Nor can it be said that spending less time closing cases will result in lower re-report rates. Second, it is important to note that, although time use was accounted for along with child characteristics and details of the investigation, substantial variation in outcomes between the borough/zones remains. In other words, the between borough/zone outcome differences are not accounted for by what was measured so other unmeasured characteristics are likely the reason outcomes differ. These differences might have to do with the supply and/or quality of available services. If, for example, the supply of services affects how much time workers spend on securing service referrals (i.e., it takes more time to find services if they are scarce in the part of the city where the worker is located and the family lives), then knowing how supply affects time used is an important consideration.

The second issue to bear in mind has to do with the relative nature of the decisions that affect time use. Although there is a tendency to see each investigation as unique, the reality is that caseworkers are managing multiple cases at a time, cases that have different risk profiles and different requirements with respect to the time needed to reach a decision about the most effective course of action. With that in mind, it is important to remember that time use by an individual worker is a matter of how one maximizes the best possible outcome across each of the current cases in the face of constraints. Time available being but one of the constraints affecting decision-making. Those decisions affecting a single case will be affected by the mix of cases that happens to come forward over the course of a week or a month.

[4] An example may help with the distinction. In educational research, one might be interested in knowing how time spent by the classroom teacher on math instruction affects the math achievement of students. One could survey teachers and ask on average how much time they spend each day providing math instruction. Their answer does not specify how much instruction each student receives individually. Rather, the answer speaks to what is offered to the class as a whole. Between classroom differences in the amount of math instruction would then be used to understand differences in student achievement. The approach used in this study is similar. The study did not ask how much time is spent on individual cases; rather, it asked how much time is spent on processes in general. The between borough/zone differences in the responses is then being used to explain outcome differences.

More concretely, the fact that time use is not linked to placement rates suggests that case characteristics and details of the investigation are more important determinants of placement. Put another way, child characteristics and details of the investigation influence time use, as one might expect. Differences in child characteristics and details of the investigations between borough/zones appear to be an important driver of differences in outcomes and time use. As a practical matter, then, adjustments to the supply of time (i.e., adding or subtracting workers as demand changes) is not simply a matter of the number of reports. Clinical acuity (or complexity) is also important if not more so. One hundred more cases with a single child is different than 100 more cases with multiple siblings in terms of time commitment.

Similarly, time used for service referrals and re-reports is connected to between borough/zone outcome differences, although as has been said, the connection cannot be thought of in causal terms. It is also important to note that future demand for time depends on the cases that come to the attention of ACS. If, for example, there are more cases that qualify for services, then according to these findings, workers will spend less time on monitoring of cases. Conversely, if there are fewer cases that are placed or referred to services, it appears there will be more time spent on case closing. Intuitively, this makes sense. If no other action follows the investigation (placement or service referral), the effort required to close the case may be greater. The connection between extra time use and re-reports is indicative of why it is important to understand that these data are not causal. Spending time on case closing does not cause re-reports. Rather, in the borough/zones that spend more time on case closing, the connection to re-reporting rates may reflect differences in practice (other than time use), expectations that differ between areas, and the particular mix of cases served.

Insofar as how these results shed light on time allocation, the most significant issues are tied to differences in case mix. For example, the association between placement and time use dissolved when characteristics of the case and details of the investigation were added to the model. This dynamic suggests the case variation rather than time use routines is more important when thinking in terms of workload, changing workload, and the effect those changes will have on outcomes. The time use surveys bear this out. For the most part when asked about case complexity, workers reported that complexity and time use are positively correlated, although not in every instance.5

From an operational perspective, the findings do pose certain challenges. On the one hand, projecting the demand for additional workforce based simply on the number of cases coming into the system is relatively easy. On the other hand, if clinical acuity matters to time use, then algorithms that adjust the available supply of workers have to anticipate a change in clinical acuity as well as the raw number. In fact, the number of children coming to the attention of ACS might remain constant as acuity changes. Were that to happen, then time use would be affected and a change in the supply of workers whose time will be used would be required. Those

[5] The link between complexity and time use came up in post-study debriefings with ACS staff. Although factors tied to case complexity did in some cases increase the time required to complete tasks that was not uniformly the case. In the course of those discussions, case ambiguity emerged as a construct that may be more relevant. In the course of some investigations, the facts of the case may be relatively easy to determine; in other cases, the facts are more difficult to discern. Confronted with ambiguity, workers may need more time to unpack the facts in part because it is difficult to establish the fact pattern needed to make a decision. Complex cases may be correlated with ambiguity but not perfectly so. For example, when the child is an infant and the presenting problem is parental substance abuse, the fact pattern *may be* relatively easy to discern. Not always, but on average, perhaps. It may be that establishing the facts is never easy. However, it may be more difficult in some situations as compared to others.

nuances have to be considered when trying to match demand with supply but predicting clinical acuity within the overall trend of cases that come through the system is categorically more difficult.

The findings suggest that the most important factors affecting outcomes are the characteristics of children and the details of the investigation rather than time use patterns. This does not mean time use is not material to outcomes. There is room for strategic thinking with regard to time use. To do that it is important to remember the extent to which time use is dictated by regulatory policy. Each investigation gets, or is supposed to get, a prescribed investigation. That is understandable given what is at stake. At the same time, it is important to recognize that 66% of the cases coming in for the first time are investigated, the investigation ends, and there is no further contact with child protective services. Each of these cases receives a standardized investigation with all the time use that implies. On its face, it seems that an undifferentiated approach to each investigation absorbs a significant level of resources (i.e., time used). If that time used is spread more or less evenly across the cases, complexity notwithstanding, then there is a question that has to be asked about the underlying effectiveness of a one-size fits all approach to investigations. This line of thinking aligns with differential response, but it is slightly different because there are children who are being investigated. It may be that the availability of a differential response will change the dynamic, but the evidence is likely to show that even where differential response is available, the number of children who are investigated once and never heard from again is a significant subset of the initial investigations.

VIII. Best Practice Review

Center staff conducted an extensive review of child protection best practices, with a focus on four key areas: supervision, assessment tools, workforce strategies and family team meetings. In short, their literature review concluded that there are no widely accepted best practices in the field of child protection that have, through the use of rigorous research methods, a demonstrable impact on child safety outcomes. There is a distinct paucity of evidence behind any claim that one child protection practice or caseload assignment approach stands up as a best practice when compared to another approach. There are often face-valid reasons for claiming one practice is superior to another, but when those claims are aligned with the available evidence there are few, if any, direct links to outcomes.

For the purpose of this study, Center staff defined best practice as an approach or technique regarded as superior to others because it more reliably generates the intended result when compared to other available approaches or techniques. Because the connection between an action and the result is fundamental to an understanding of best practices, considerable weight is placed on the nature of the evidence found in the literature.

Regarding outcomes, the primary interest is in the outcomes of child protective services investigations, with particular emphasis on re-reports and the recurrence of maltreatment, in addition to other important measures such as job satisfaction and reducing worker stress. To the extent that this examination includes practices that are designed to influence these outcomes, the emphasis is on whether there is a link between the practice and outcomes measured at the child and family level.

Unfortunately, Center staff found that the best practices literature is weak relative to the importance of the underlying issues, that the findings were often subjective or not sufficiently transferable to other jurisdictions given their methodological weakness or relatively minor conclusions. Center staff spoke with several other jurisdictions and no strong findings emerged that were based on analysis of case complexity, time use, or a correlation of time spent and outcomes.

Center staff provided substantial information about existing well-developed practices that have been implemented in other jurisdictions. First, it is important to note that because there are significant differences from one jurisdiction to another, the scalability of a well-developed practice or strategy taken from one place and transferred into the ACS context is a substantial gamble. To improve those chances, a significant pre-implementation effort would be required in order to spot the places in the ACS context where the chances of success with a particular model would be the greatest. Second, Center staff notes that child welfare agencies can and should undertake their own, deliberate quantitative and qualitative analysis to grow the field. There is a growing body of evidence connected to what is called improvement science. In essence, the best practice literature encourages deliberate, methodical efforts to improve child protection casework practice rather than specifying or recommending specific practices or approaches to implement.

ACS has and is building the evidence it needs to pursue systematic improvement in the field of child protection in New York City. The literature may offer clues; the experiences of other jurisdictions may be instructive. However, innovation that benefits the children and families of New York City will come only after hard improvement questions have been asked and answered by ACS using local evidence.

IX. The Importance of Context

Having worked closely with DCP and others at ACS to design the survey used to capture the time needed to complete a CPS investigation, Center staff came away from the exercise with a deep appreciation for how complicated the work really is. The researchers conducted nearly 30 focus groups with DCP staff across organizational and functional roles. They referred to policy and procedure manuals to obtain a clear-eyed sense of what it takes to start an investigation and see it through to a reasonable conclusion based on the unique circumstances of each child (or group of children) and their family. For Family Services Unit court-ordered supervision teams, they learned about the tasks expected of teams responsible for ongoing engagement and service planning with families, which can include ongoing collateral contacts and coordination with other service providers to inform ongoing assessments of safety and risk, service efficacy, and behavioral change.

In the end, the time spent getting to know the work led Center staff to produce a survey with nearly 2,000 questions at its core. No one person was asked to answer each question. The questions were sorted by role (i.e., the functional responsibilities of the person answering questions) and casework process. Nevertheless, unpacking an investigation so that we could ask role and process sensitive questions meant Center staff had to break time used into nearly 2,000 questions.

Among other things, the sheer volume of questions necessary for this survey confirms that the work is difficult at best, given that ACS expects that case workers and their supervisors understand the work at that level of detail. Fundamentally, the work is best described as a series of if/do statements: if this is true, take this action, unless there is something else true about the case, in which case another course of action is required, provided of course that other salient aspects of the case are (or are not) present. The fact-finding and time required to foretell which is the next most important action to take is nothing short of imposing, especially when one considers the potentially high cost associated with errors of judgment.

Although ACS has been working to keep caseloads manageable, the volume of time each case commands means that caseworkers and their supervisors must make decisions in the context of many constraints, including the diverse needs and uncertainty about what will happen in the future on each case, and with each family and child, on their caseload. Constraints pertain to available resources (such as preventive services slots) and the time available to gather the information needed to make a sound decision given what are often fluid family circumstances. Diverse needs speak to the diverse characteristics of families seen each day, and what they need to provide for their children. Finally, uncertainty refers to the future: What is the best course of action given the potential risks on each case?

Ideally, each decision is made on the merits of the specific case. In reality, case decisions almost always involve relative judgments. How does a CPS, supervisor or manager allocate the resources she has available—including her own time and any available services—so that to the maximum extent of her ability, she has managed risk across the entire range of cases on her caseload?

Study Limitations

One of the major take-home messages from the best practices review is that the child welfare field – and particularly the area of child protection investigations – is still in the process of establishing the evidence base when it comes to how best to work with vulnerable children and families. While there is a substantial amount of scholarship related to child welfare and child protection that body of work typically stops short of making the link between the behavior of system actors and outcomes for children and families. The present study represents an attempt to do just that. Of course, a study of this scope has its limitations. In this case, those have to do with survey response rates, estimated versus actual time use, and the nature of the statistical model used to describe the relationship between time use and outcomes.

First, response rates to the survey were low in certain areas. Citywide, just around half of CPS and CPSS-II responded to the survey; in certain boroughs response rates were lower. The degree to which there was observed consistency in the time use estimates is encouraging insofar as it suggests the survey was able to pick up on normative patterns in time allocation. However, it is simply unknown how those estimates would have changed, if at all, if a greater proportion of the workforce had participated in the survey.

Second, while the survey went to great lengths to ensure that respondents referenced the same type of case when generating time estimates for specific tasks, there is no way to know how in-the-moment reactions affect time use and recall. Indeed, workers in the field make relative judgments all the time when determining how much time to spend on one task or another, be it

based on the demands of other cases on their caseloads, staffing resources, or other factors. Actual time use is dynamic, with workers making moment-to-moment decisions about how to allocate time so that the totality of their work ultimately gets done within what might be called a reasonable work-week.

Third, the analysis of time use and outcomes is similar to research in education, wherein the focus is on performance within classrooms or schools, rather than on individual teachers and their work with individual students. Specifically, the analysis does not match specific workers with their actual cases when looking for the effects of time use on outcomes. Rather, the analysis speaks to the relationship between time use and outcomes – and variation along those two dimensions – at the zone and borough levels.

X. Key Lessons and Recommendations:

With the results of our study in hand, Center staff recommends that ACS focus its attention on these fundamental lessons:

More than half of families in investigations do not have a repeat investigation.

Center staff laid out the sequence of events that unfold when families and children are involved with the child welfare system, so researchers could better understand the role of a CPS. When a child or family comes to the attention of ACS, the CPS has three basic questions they have to answer: Who are you? What has happened in your life? And, what is likely to happen next? The first question pertains to identity, family history, clinical acuity, number of family members, and so on. The second question focuses on current and prior contact with ACS. Is this the first report? Is the child safe at home? Is the child in foster care already? Were the children recently reunified? The third question considers what will happen next. Is there sufficient evidence to uphold the allegations as reported? Will the child be referred to services? Do the safety and risk concerns warrant filing a petition requesting placement or court-ordered supervision?

Caseworkers use their time gathering information about the first two questions so that they can render an answer to the third. At that point, they use what they learned to decide how to use what they know to promote a positive outcome.

When assembled as trajectories (or pathways) through the child protective system, the evidence strongly suggests that for more than half of all children who come into contact with ACS, the first time is also the last time.

This fact has significant implications for how one thinks about time use, standardization, and workload in child protection. A CPS investigation is a highly routinized process for obvious reasons. Given what is at stake, standardization reduces the likelihood that a case will fall through the cracks. However, standardization comes at a cost. Each case, regardless of what happens next, receives a full investigation, and all the component tasks and casework activities that implies. Fundamentally, a substantial amount of time is tied up in first-time investigations carried out on behalf of cases where there will be no further involvement by CPS.

The time expended on those investigations likely represents, for lack of a better term, an inefficient allocation of a very scarce resource. If processes can be re-engineered to

accommodate modified expectations vis-á-vis the investigative process when certain types of cases are encountered, then time could be redirected or reallocated to allow additional time for more challenging cases or more determinative phases of the case. Such a strategy does, of course, require an ability to distinguish certain case types in a reliable way. Moreover, the strategy does not minimize the importance of an investigation. Rather, it would provide a way to systematically adjust the effort required to conduct the investigation.

Time use and outcomes are a function of case characteristics

For those children who do have further contact with ACS, researchers considered three possibilities: a referral to preventive services, with or without court-ordered supervision; a placement in foster care; or the occurrence of a re-report. Here, the focus is on the nearly half of cases in which children whose involvement with CPS extends beyond the point when the first investigation ends.

For these children, Center staff wanted to know how "what happens next" is affected by case characteristics. For example, researchers expected and found that each child's age-at-investigation is an important predictor of whether a child is placed into out-of-home care, referred to preventive services, or re-reported, with the youngest children the most likely to experience each outcome.

Second, researchers were interested in whether the what-happens-next narrative differs by borough/zone, even after controlling for characteristics of children. They pursued this line of thinking in order to understand the extent to which, for example, service referrals are a based on where in the city the investigation is taking place. Because they controlled for child-level differences, the results mean that for two clinically similar children, a referral to services depends in part on the borough/zone handling the case.

Third, researchers wanted to understand whether reported time use is tied to what happens next. To do this, they asked whether the time needed to complete certain tasks as reported by staff accounted for borough/zone differences in service referral, placement, or report rates.

Finally, they put each piece of the analysis together to judge the relative contribution of case characteristics, time use, and borough/zone differences to how one ought to think about the variation in what happens next. They found that time use was related to outcomes, but only if case characteristics are left out of the analysis. When case characteristics are included, the influence of time use on outcomes fades into the background.

Why? By and large, the reason has to do with the fact that both time use and outcomes are a function of case characteristics. Cases differ with respect to risk factors (i.e., age, type of allegation, severity, etc.). Those risk factors influence time use. Those same risk factors influence outcomes. Because time use does not influence case characteristics, the logical relationship places case characteristics as a driver of time use and outcomes.

The analysis also makes this clear: even after controlling for case characteristics and time use, substantial variation in outcomes by borough/zone remains. From a management perspective, a thorough understanding of this variation has to be a priority undertaking. We say more about how this might be done below.

Ambiguity versus complexity

One important insight from the research relates to the issue of ambiguity vs. complexity. In focus groups and other conversations, researchers heard about case complexity and the time needed to manage complex cases. Based on that feedback, the Center team asked about different types of complexity in the survey, but the answers were somewhat mixed. In some cases, the characteristics linked to case complexity increased the time needed to do the work; for others, they did not.

What is it about cases that increases the time needed to move the case from one point along the decision process to another? “Ambiguity” is a term that emerged in those discussions. In this context, ambiguity refers to whether the facts of the case are easily discernable. If the facts needed to make a decision are hard to come by, or the findings inconclusive, the time needed to acquire and assess the facts will undoubtedly increase. Complexity and ambiguity are closely, but not perfectly correlated.

Relatively speaking, ambiguity is likely a more difficult challenge. Caseworkers, along with their supervisors, operate in a very high-risk context. The quality of each decision is affected by the quality of the information caseworkers acquire during the investigation. To put it another way, there is a tipping point beyond which the information acquired is sufficient to support a decision within the chain of command. Until that point is reached, the process involves continued information gathering, which takes time. Ambiguity (or uncertainty) about what is really going on in a family makes it more difficult (i.e., it takes more time) to reach the tipping point: a solid conclusion about whether there is sufficient evidence to uphold – or dismiss – the reported allegations.

Triage is part of the work for CPS

Because time is a scarce resource and relatively inelastic in the short run (i.e., time is a finite resource that can only be increased by adding workers), caseworkers and others rely on relative judgments to spread the time they have over the cases in their caseload, the families and children that need their attention. Ultimately, the question from a management perspective is: how well do workers manage the triage they must unavoidably perform in choosing where to focus their efforts on a given day? What can be done to improve how workers make those decisions? In other words, how can ACS make certain that workers allocate more time to the cases that need more time?

One could argue that one way to reduce pressure on the triage process and its consequences is to increase the size of the workforce so that workers have more time available for each case. Although that is a strategy with some face validity, it will not completely do away with the decision-making process that goes into personal decisions about how time is used. Time is always a scarce resource, and caseworkers will always have a variety of cases with differing characteristics—including some with a high level of ambiguity—and the same long list of mandated tasks.

From a management perspective, it is important to note that time use and case characteristics are not the only factors that influence the triage process. For example, availability of an appropriate service may also shape a worker’s decision-making process. If a caseworker

reaches a decision regarding the need for preventive services, the supply of those services affects how much time is needed to complete the referral process. Service capacity varies from one part of the city to another. ACS has made great strides in addressing this. Nevertheless, if the appropriate slots are in short supply, the caseworker's triage decisions and the information needed to support case decisions may well vary, particularly when there may a family brought to the caseworker's attention tomorrow who could benefit even more from that same service. Similarly, placement of a child or children in one case necessarily means that caseworker will have less time for all of the other cases currently on that CPS' caseload, because of the volume of required work associated with a removal and placement into foster care. We do not know how time use and outcomes vary in the face of these and other contextual factors.

Recommendations

Center staff suggest some specific steps forward for ACS, which are summarized here. Moving forward has to occur within a deliberate improvement process. Having a well-defined problem, a theory of change, and a willingness to test ideas on a small scale are essential ingredients. Moreover, the test of any idea has to include a relationship to the desired outcomes. The sum of those changes has to leave children and their families better off.

1. Measuring workload differently:

There are two dimensions to this question. One is at the assignment level: How many cases is a worker expected to manage? The other asks how many workers are assigned to a borough/zone.

Taking up the latter first, adjustment to the supply of workers in a given geography or zone may make sense if the issue is that the number of caseworkers available should reflect the mix of cases associated with the likely outcome. For example, using age of children in cases as a simple stratification, Center staff found that very young children are more likely to be referred to services, to be placed, and to be re-reported.

For adjustments at the case-assignment level, the additional supply of workers may obviate the need to distribute the work differently. However, one could balance case assignment on a set of child and case characteristics that are connected to expectations regarding the time needed to improve outcomes. Using the age of children again as an example, in the assignment process, one could make sure that infant assignments are distributed evenly among CPS. In other words, cases with certain characteristics would count more than others when they are assigned to the CPS, and in accounting for each individual's workload. Some borough offices and zones will have a higher number of incoming complex cases with elevated characteristics to factor into case assignment.

Case assignment can also be adapted based on a deeper analysis of the large number of cases that have no further contact with ACS beyond the end of the first investigation. It is possible that ACS could ease the procedural burdens of those cases least likely to move forward. The challenge is identifying the cases that fit this category, near the start of the investigation. While Center staff and ACS can't yet describe how best to identify those cases, ACS has the tools for this analysis through analytics and risk modeling. A related question is what a reduced procedural burden might look like; currently, a few thousand ACS cases each year are placed

on the alternative Family Assessment Response (FAR) track. This is one example of how low-risk cases can be handled safely and appropriately but with a reduced burden. There are likely other approaches to be pursued in collaboration with the state.

2. Reducing and/or redistributing required tasks and policies for CPSS-IIs and CPMs

Based on the feedback in focus groups and the detailed breakdown of the tasks required, redistributing responsibility for certain tasks away from CPSS-IIs and CPMs is an important strategy. Put most simply, the volume of non-casework tasks the people filling those two roles are expected to do is substantial. Because of the nature of these tasks, assigning them to others would reduce the workload, defined here not as the number of cases, but rather the tasks each assigned case requires. It may be possible to reduce the work by eliminating requirements although the reality is that, because these are basic functions such as completing referrals once the investigation is complete, the most immediate prospect would be testing the addition of staff to handle the non-casework duties in whole or in part. That is to say, if the work can't be reduced, then redistributing some of the work alleviates the burden on the people fulfilling certain roles. Similarly, streamlining or eliminating policies and operational requirements that do not show evidence of improved outcomes is an essential task for ACS, wherever possible given state law and regulations.

3. Understanding triage decisions and administrative variation.

Finally, case characteristics related to "ambiguity" and complexity require deeper analysis in order to better understand how greater clarity on these could be used to strengthen child protective decision making that occurs during the unavoidable triage process. In addition, ACS can expand on the analysis in this study to determine which boroughs/zones are more inclined to refer children to preventive services, place children, or make no referral, and how these decisions relate to outcomes Did the children initially referred for services eventually go to placement? Were children placed only to return home within 60 days without returning to care or being re-reported? These decisions have to be considered in the context of administrative variation. How are local decision tendencies aligned with decisions made more broadly, across DCP? How are these differences connected to outcomes?

With answers to these questions, managing how offices are organized (i.e., culture, supervision, support structures) through targeted improvement efforts built around workload and related concerns will be easier to develop.

Ultimately, the question is the degree to which the investigative response can be adjusted. If it can be, then time can be released for use in those aspects of the CPS process where the need for more careful attention is warranted but difficult to provide because the time needed to raise the level of attention is constrained by the undifferentiated process.

Are differentiated investigative expectations feasible in high stakes CPS work? It is an important policy question with significant implications for how time is managed—explicitly as a matter of policy and implicitly as a matter of worker and supervisor decision-making. ACS is in a strong position to determine the degree to which this can be achieved, in order to focus attention where it is most needed, improve child safety outcomes and reduce the likelihood that children will experience abuse or neglect.