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AGENCY REVIEW
BUREAU FOR CHILDREN AND FAMILIES
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

AUDIT OVERVIEW

The Bureau for Children and Families Needs to Improve Its Management of Child Protective Services Workforce Resources By Developing a Long-term Workforce Plan, Retention Goals and Reliable Labor Management Measures

The Bureau for Children and Families Should Move Forward With Plans to Develop and Implement a Centralized Intake System to Improve the Consistency, Efficiency, and Effectiveness of Child Protective Services Investigations

The Bureau for Children and Families Should Take a State-level Responsibility to Review, Analyze and Publically Report Annually on Child Protective Services Fatalities and Near Fatalities Data as a Way to Improve Child Protective Services and Public Accountability



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EXECUTIVE SUMMARY

This evaluation of the Bureau for Children and Families (BCF) is part of the agency review of the Department of Health and Human Resources, as authorized by *West Virginia Code* §4-10-8(b)(5). It has become common knowledge that the State's Child Protective Services (CPS) has not been able to investigate child abuse allegations in a timely manner as stipulated in statute. The Legislative Auditor determined that labor resources are an important factor in the process of investigating child abuse allegations. Therefore, PERD examined the BCF's management of the CPS workforce, and other performance aspects that may affect the efficiency of the CPS workforce. The results of the analysis are summarized below.

Report Highlights

Issue 1: The Bureau for Children and Families Needs to Improve Its Management of Child Protective Services Workforce Resources By Developing a Long-term Workforce Plan, Retention Goals and Reliable Labor Management Measures.

- The BCF has difficulties with meeting statutory timelines for investigating reports of child abuse and neglect. For 2011, CPS workers only met the timeline in 48 percent of the cases. The BCF is not taking a forceful approach in achieving a CPS workforce that is capable of investigating referrals in a timelier manner.
- The overall turnover rate for CPS workers who are responsible for investigating child abuse allegations was close to 28 percent in 2012, but for trainees the turnover rate was 54 percent. These turnover rates vary in different parts of the state. The overall turnover rate may be too high, but the turnover rate for trainees is troubling and is likely inhibiting the agency from achieving an effective child protective services workforce.
- There is not a sense of urgency by the BCF in achieving a CPS workforce capable of conducting timelier investigations of child abuse allegations. The BCF does not have a long-term plan for recruitment and retention goals, criteria needs to be established for what are appropriate turnover rates, timelines for achieving appropriate turnover rates need to be established, and developing reliable workforce information for district and regional allocated positions is needed.

Issue 2: The Bureau for Children and Families Should Move Forward With Plans to Develop and Implement a Centralized Intake System to Improve the Consistency, Efficiency, and Effectiveness of Child Protective Services Investigations.

- The current de-centralized intake system for receiving reports of child abuse and neglect in West Virginia is inefficient.
- At any given time over 120 CPS workers and hotline employees throughout the state are devoted to the duty of receiving allegation reports over the telephone. A centralized intake process has been estimated by the BCF to only require around 55 workers to receive allegations over the telephone for the entire state. Therefore, a centralized intake would free dozens of CPS workers from receiving child abuse allegations to investigating allegations.
- The BCF has studied creating a centralized intake system for more than six years, and has documented the benefits experienced by other states; however, the agency has not taken any action in this area.

Issue 3: The Bureau for Children and Families Could Strengthen Protection and Prevention Efforts By Aggregating, Analyzing and Reporting Annually on Child Protective Services Fatalities and Near Fatalities Data.

- West Virginia has a high incidence of child deaths or near fatalities due to abuse or neglect. The state has led the nation or placed second in the incidence of child abuse and neglect fatalities from 2000 through 2011, and the rate of child deaths in the state has been higher than the national rate for eight of these years.
- The BCF reviews information on child abuse fatalities but only at the regional level, and those reviews are not documented. The BCF should have every CPS case that resulted in the death or near-death of a child reviewed at the state level, and what is learned from the incidences that may improve the CPS process should be disseminated to all local offices, and the information should be annually reported to the Legislature to improve the agency's accountability.
- Presently, the Legislature and the public are not aware of the number of child deaths from abuse or neglect reported each year within the CPS system.

PERD Evaluation of the Agency's Written Response

The Office of the Legislative Auditor's Performance Evaluation and Research Division received the Department of Health and Human Resource's response on August 14, 2013. The DHHR generally concurred with the findings and recommendations, and indicated it has taken immediate action to implement several of the recommendations. The agency response can be found in Appendix F.

Recommendations

1. *The Bureau for Children and Families should develop a long-term plan that establishes appropriate Child Protective Services turnover rates, timelines for achieving the appropriate turnover rates, and sufficient workforce levels for the state, regions and districts.*
2. *The Bureau for Children and Families should improve the exit survey process to include more questions that focus on the nature of the work and the work environment and other factors mentioned in this report that may contribute to CPS workers terminating their employment.*
3. *The exit survey information should be centrally compiled and made useful for workforce analysis.*
4. *The Bureau for Children and Families needs to improve its method of compiling and monitoring its workforce information for district and regional allocated positions.*
5. *The Bureau for Children and Families should determine to what extent the social work licensure requirement is affecting recruitment and retention.*
6. *The Bureau for Children and Families should enforce its overtime policy by scheduling regular work assignments in a manner that minimizes the need for overtime.*
7. *The Bureau for Children and Families should implement a centralized intake system for receiving reports of child abuse and neglect.*
8. *The Bureau for Children and Families should create an online form to allow mandated reporters to report suspected child abuse and neglect.*
9. *If the Bureau for Children and Families implements a centralized intake system, it should establish a method for law enforcement personnel to have call priority.*

10. *The Bureau for Children and Families should conduct a formal child fatality review for each child abuse and neglect death or near death in each state fiscal year.*
11. *The Bureau for Children and Families should issue an annual report of its child fatality review to the Governor and the Legislature to include trends, demographics, maltreatment type, prior involvement, and information relating to prevention such as age of victim and contributing factors such as substance abuse.*
12. *The Legislature should consider legislation mandating the formal Bureau for Children and Families Child Protective Services child fatality and near fatality report and annual presentation to the Health and Human Resources Committee.*
13. *The Bureau for Children and Families should identify trends and use information as necessary to change policy, procedures and training of Child Protective Service workers.*
14. *The Bureau for Children and Families should identify trends and use information to educate and inform the public.*

OVERVIEW AND BACKGROUND

Audit Overview

The Office of the Legislative Auditor has in the past evaluated West Virginia's Child Protective Services (CPS) and has reported the difficulties in investigating allegations of child abuse and neglect in a timely manner. Since those reviews, the Bureau for Children and Families (BCF) within the Department of Health and Human Resources (DHHR), has reported that timely responses to child abuse allegations continue to be a problem. The Legislative Auditor decided for the current audit to examine some of the causes of the agency's poor response times. Therefore, the Legislative Auditor focused on the agency's management of the CPS workforce and its long-term plans for addressing the deficiencies in the CPS system.

An overview of the Legislative Auditor's findings can be simply stated that the BCF does not display a sense of urgency in its management of the CPS workforce and in the lack of a long-term plan to address the issues at hand. The agency is experiencing relatively high turnover rates among CPS workers responsible for investigating allegations of child abuse and neglect. This is true particularly in the trainee positions. In addition, for 6 of the past 12 years, West Virginia has either led the nation or placed second in the rate of incidences of CPS cases that have resulted in child fatalities. Reviews of these cases take place at the regional level; however, there is no formal documentation at the state or regional level showing if the reviews determined why these deaths occurred, what circumstances led to the deaths, or if in any case agency inaction was a contributing factor. Furthermore, for more than six years the BCF has studied the implementation of a centralized intake system that could significantly enhance the efficiency and investigation response rates of the CPS workforce, which other states have experienced since they implemented a central intake system. Yet, no action in this area has been taken by the BCF. The lives of many children are at a higher risk of death or further harm because of the inadequacies of the State's child protective services system. Given the serious nature of these consequences, the BCF needs to take a more urgent approach to its management of the CPS workforce and develop a long-term plan to improve the CPS system.

Background

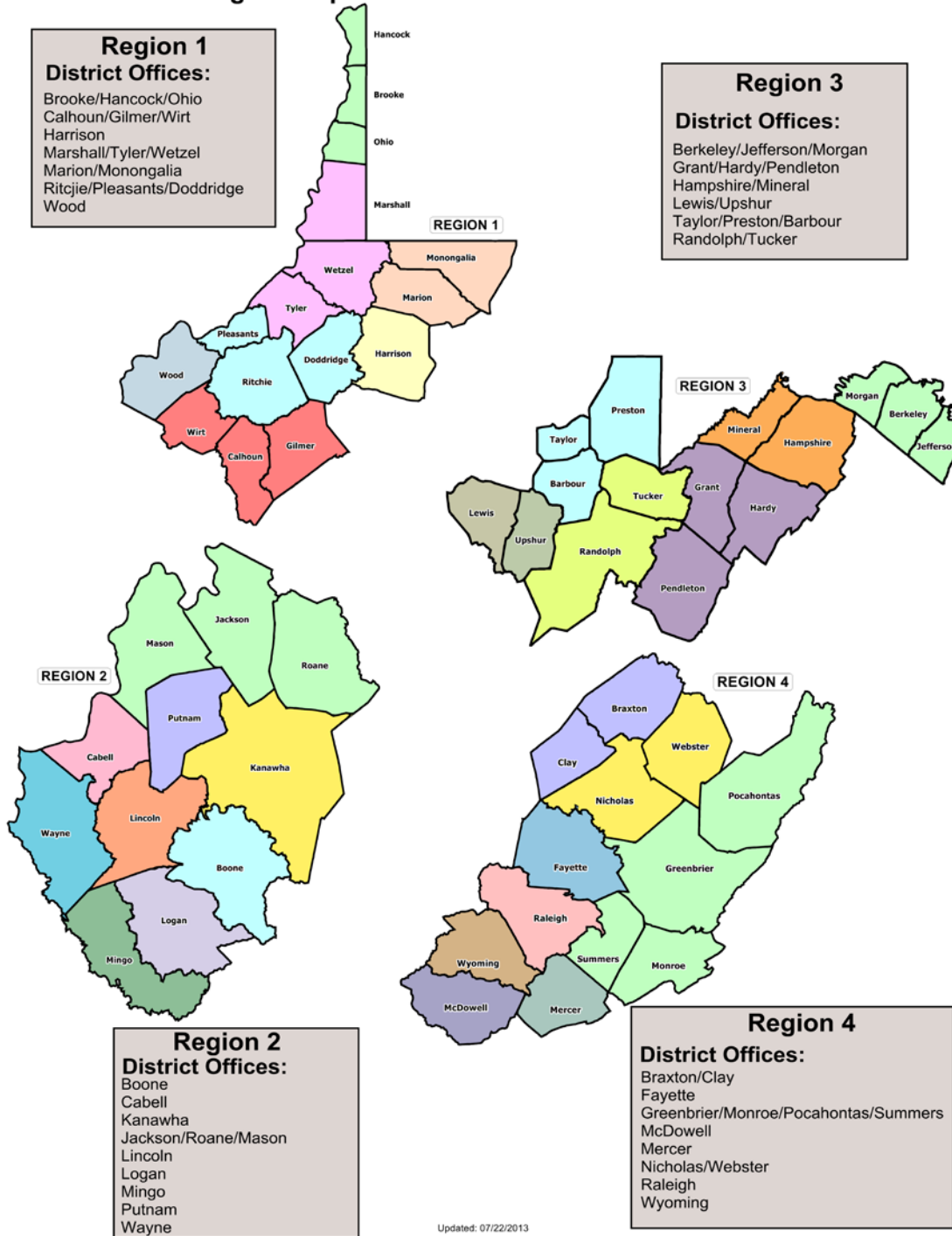
The BCF is charged (*WV Code §49-6A-et al.*) with maintaining child safety through investigating reports of child neglect and abuse, and providing services to assist and strengthen families. The BCF has authority to take temporary or permanent custody of a child when ordered by the courts. Numerous components and stakeholders, including the BCF, the courts, attorneys, parents, service providers, and others make up the CPS system.

Statute requires the BCF to respond to reports of child abuse or neglect and provide necessary protective services within 14 days of notification or 72 hours of notification if the child faces imminent danger. The BCF falls short of timely responses to reports of abuse and neglect. In the FY 2013 Executive Budget, the agency reported that for the most recent year (CY 2011), it had initiated face-to-face interviews with children only 48 percent of the time within the mandated timeframes. This review will examine the causes for the poor response times.

The BCF has three state offices, each with a deputy commissioner: BCF's Office of Operations and Office of Programs headquartered in Charleston and BCF's Office of Field Operations headquartered in White Hall (Marion County). Regional directors direct BCF operations in four geographic regions. Regional offices are located in Wheeling, Charleston, Grafton and Princeton. Within the four regions, 30 districts comprise one to four counties. Community Service Managers administer the districts. Map 1 illustrates the regions and districts.

Map 1

Bureau for Children & Families Regions and District Offices West Virginia Department of Health & Human Resources



The CPS workforce directly involved in responding to reports of child abuse or neglect and in providing necessary protective services includes Child Protective Service Trainees, Child Protective Service Workers and Child Protective Service Supervisors. The number of CPS workforce budgeted positions for FY 2009 through FY 2012 is shown in Table 1.

	2009	2010	2011	2012
Child Protective Services Trainees	61	53	43	54
Child Protective Services Workers	346	357	369	344
Subtotal	407	410	412	398
Child Protective Services Supervisors	80	79	79	80
Total	487	489	491	478

Source: DHHR Management Information System.

Job duties of the CPS workforce include:

- receiving reports of alleged child abuse or neglect,
- investigating those reports, and
- providing services to the child and the child's caretakers.

The information gathered by the CPS workforce affects the outcome of each step in the casework process. The following are the steps in the casework process:

- Intake Assessment (Receipt of Reports of Suspected Child Abuse or Neglect)
- Family Assessment
- Safety Planning, if necessary
- Family Assessment
- Service Provision
- Case Evaluation
- Case Closure.

CPS casework in West Virginia is complex and requires extensive training by BCF. Much of the CPS workforce begins a CPS career as a Child Protective Services Trainee. CPS Trainees do not carry a caseload until they have completed approximately 12 weeks of web-based training modules and on-the-job training. Once the initial training is complete, the BCF assigns CPS Trainees a limited caseload for about 9 months; a full caseload is not assigned for the first 12 months of employment. During this time, the Trainee also completes 11 days of in-service training.

ISSUE 1

The Bureau for Children and Families Needs to Improve Its Management of Child Protective Services Workforce Resources By Developing a Long-term Workforce Plan, Retention Goals and Reliable Labor Management Measures.

Issue Summary

The Bureau for Children and Families (BCF) has acknowledged having difficulties in meeting statutory requirements for investigating child abuse and neglect allegations in a timely manner. The agency has reported for calendar year 2011 that CPS workers were able to have face-to-face meetings with alleged victims of child abuse or neglect within the required 14-day period in only 48 percent of the cases. This is a low response rate that puts children at risk of further harm. Table 2 shows that in terms of actual and estimated performance, the agency is not taking an aggressive approach to this problem.

CPS workers were able to have face-to-face meetings with alleged victims of child abuse or neglect within the required 14-day period in only 48 percent of the cases.

Table 2 Bureau for Children and Families Performance Goals & Actual Performances for Meeting the Requirement of Having Face-to-face Meetings With Alleged Victims of Child Abuse Within 14 Days of the Referral					
	CY 2010	CY 2011	CY 2012	CY 2013	CY 2014
Actual Performance	48%	48%	n/a	n/a	n/a
Estimated Performance	68%	50%	52%	55%	55%

Source: The Executive Budgets of 2013 and 2014

Part of the problem to the agency’s low response rate is that the agency has a relatively high turnover rate of CPS workers, and it has not established any long-term goals or plans to aggressively address the turnover problem. Furthermore, the BCF does not have reliable labor management information or adequate information that would explain the causes for people terminating their employment as CPS workers. The Legislative Auditor comes to the following conclusions:

1. BCF should develop a long-term plan with goals and accurate measures for achieving appropriate turnover rates and an adequately sized CPS workforce.
2. The BCF needs to improve its management of CPS workforce resources in terms of recruitment and retention.
3. The BCF needs to improve workforce information for district and regional allocated positions, and information from exit surveys.

The BCF does not have reliable labor management information or adequate information that would explain the causes for people terminating their employment as CPS workers.

The BCF Has Not Established a Child Protective Services Workforce Retention Goal.

Despite a long-term CPS workforce retention problem, the BCF does not have retention goals for CPS workers for the state, regional or district levels. Retention goals are important because such goals can help secure an experienced and knowledgeable workforce. According to the General Accounting Office's *Human Capital Management Model*, it is important for an agency to make data-driven decisions about its workforce. The Office of the Legislative Auditor assessed the data the BCF uses in working to retain employees and determined the data to be insufficient. The Legislative Auditor concluded that the BCF's CPS bases its workforce decisions on incomplete and insufficient management data.

As part of its management of CPS labor resources, the BCF calculates turnover rates for both internal and external turnover. Internal turnover includes promotions, demotions and lateral class changes within the agency, including when a CPS trainee transitions to a CPS worker classification. External turnover involves CPS workers leaving the agency through resignations, dismissals or retirement. External turnover is more relevant than internal turnover in managing the CPS workforce. **Although the BCF is calculating and monitoring the external CPS turnover rate, it is important for the agency to establish an appropriate external turnover rate for state, regional or district levels.** What is an appropriate turnover rate for one agency may not be appropriate for another. An acceptable turnover rate will depend on the nature and importance of the work. There may not be criteria established in the field of child protective services for an acceptable turnover rate; however, the BCF needs to determine for its own set of circumstances the level of employment and the rate of turnover that will allow it to achieve and maintain an acceptable rate of having face-to-face meetings with children who are alleged victims of child abuse and neglect.

Furthermore, CPS turnover rates vary from one part of the state to another. Therefore, the BCF needs to calculate the CPS turnover rate by district and region. An aggregated statewide number hides higher turnover rates that exist in specific regions and districts. The agency provided the Office of the Legislative Auditor with statewide external CPS turnover rates for FY 2013. The external turnover rate for CPS trainees at the state level was 55.35 percent, 24.23 percent for CPS workers, and 11.39 percent for supervisors. As a way of testing this information and to develop regional turnover rates, the Legislative Auditor calculated state and regional turnover for FY 2011 and FY 2012. The regional numbers and rates of trainees, workers and supervisors who separated in FY 2011 and FY 2012 are in Table 3.¹

CPS turnover rates vary from one part of the state to another.

The external turnover rate for CPS trainees at the state level was 55.35 percent, 24.23 percent for CPS workers, and 11.39 percent for supervisors.

¹District level detail of turnovers for FY 2011 and FY 2012 are in Appendix C.

The Office of the Legislative Auditor qualifies the total CPS workforce numbers and the subsequent turnover rate in Table 3. As will be discussed later in this issue, PERD received three different responses to the request of the total number of CPS positions. The Office of the Legislative Auditor had no corroborating evidence to suggest one response was more reliable than the other responses. The Office of the Legislative Auditor could not test the numbers because a comparison of data was not available. However, the figures provided by the BCF for total CPS workforce did not vary substantially from one another. Nevertheless, the calculations in Table 3 have a margin of error because there is a question as to the accuracy of the total CPS workforce. The final calculations may over or understate the turnover rate but not likely to the extent of altering the conclusions of this report.

The calculations by the Office of the Legislative Auditor are in the range calculated by the agency for FY 2013 statewide turnover. Table 3 shows a clear pattern that generally the highest turnover rates occur at the trainee level, followed by the CPS worker classification. All four regions experienced a FY 2012 increase in trainee turnover following numerous worker turnovers in FY 2011. In FY 2012, Region II had a turnover rate of 77 percent for trainees, while Region III's turnover rate for trainees was 57 percent. **It is also clear that any emphasis the agency places on managing its CPS turnover rate will invariably have to begin at the trainee positions.** The BCF must gain an understanding of the reasons for such a large turnover in the trainee positions, and possible ways to address those issues. However, when you combine the turnover rates of both trainees and workers, which are those who primarily investigate CPS allegations, the overall turnover rate was nearly 28 percent for FY 2012. The overall turnover rate may also be relatively high and disruptive for effective performance. Retention is problematic and impacts the level of experience at many district offices. The BCF needs to establish goals for trainee and worker turnover rates. Such a goal is important in order to move to a more stable workforce and achieve better performance outcomes. The agency also needs to establish goals for an appropriate workforce level.

The highest turnover rates occur at the trainee level, followed by the CPS worker classification.

In FY 2012, Region II had a turnover rate of 77 percent for trainees.

The BCF must gain an understanding of the reasons for such a large turnover in the trainee positions, and possible ways to address those issues.

Table 3
State and Regional Number and Rate of Child Protective Services Workforce Turnover
FY 2012 and FY 2011

		Region I			Region II			Region III			Region IV			State-level		
		Trainee	Worker	Supervisor	Trainee	Worker	Supervisor	Trainee	Worker	Supervisor	Trainee	Worker	Supervisor	Trainee	Worker	Supervisor
2012	Total # Turnover	5	15	2	10	33	2	8	13	2	6	21	3	29	82	9
	Total Workforce	13	93	20	13	113	25	14	46	14	14	92	21	54	344	80
	Turnover rate %	38	16	10	77	29	8	57	28	14	43	23	14	54	24	11
2011	Total # Turnover	2	13	3	5	29	2	1	20	3	4	14	4	12	76	12
	Total Workforce	10	91	19	15	121	24	4	61	14	14	96	22	43	369	79
	Turnover rate %	20	14	16	33	24	8	25	33	21	29	15	18	28	21	15

Sources: Division of Personnel Information Management System, and the DHHR Management Information System.

The Office of the Legislative Auditor did not identify a definitive study that establishes a reasonable turnover rate for the CPS field. The Legislative Auditor acknowledges that a manageable turnover rate will vary for agencies and vocations. **However, the Legislative Auditor concludes that it is reasonable to assume that turnover rates approaching or exceeding 50 percent for the trainee position are likely creating functional difficulties for the agency.**

The BCF Needs to Acquire Information On the Factors Leading to Workforce Turnover.

The BCF is not compiling enough useful information about reasons that CPS workers voluntarily separate from the agency. The BCF requests separating workers to complete two exit surveys (see Appendix D for the survey questionnaires). However, responses to BCF's two exit surveys are not reviewed and analyzed. Additionally the questions asked on the exit surveys are not adequate or detailed enough for the BCF to provide the needed insight. One of the surveys broadly asks for employees to comment on their reason for resignation, salary, the job itself, supervisors and co-workers, and constructive comments to make DHHR a better place

Responses to BCF's two exit surveys are not reviewed and analyzed.

to work. The other survey has eight multiple-choice questions. Five of the questions ask the separating employee to rate the administration, how supervisors and co-workers treated the employee, quality of services provided to the families, salary and benefits and teamwork/cooperation. However, there are several other questions that departing CPS workers are not asked in the exit surveys that may be contributing factors in CPS turnover such as safety concerns, inability to meet statutory or paperwork requirements, stress or emotional drain, caseload levels, frustrations with available computer data systems, and the work's impact on personal family life. The BCF should include questions around these areas. Properly designed exit interviews could offer significant insight for the reasons CPS workers and trainees voluntarily leave their jobs. The BCF needs to ask all departing CPS workers questions directly related to their positions and work environment. The basic problems of the two exit surveys include:

- The BCF cannot analyze the responses of the state-level survey because of improperly formatted data.
- The district-level exit interviews are not compiled at the regional or state-level, thus they remain decentralized.
- The surveys do not ask enough questions specific to the CPS work or environment that cover the wide spectrum of reasons for workers departing.

The BCF Lacks a Clear Picture of the CPS Workforce.

The BCF struggled in responding to a Office of the Legislative Auditor's request for the total number of allocated CPS positions statewide and by region. The number of positions statewide and regionally varied with each response the Office of the Legislative Auditor received. The responses received for the total CPS workforce for FY 2012 were 435, 446 or 478. There are several possible explanations for the variance. One possibility is the point in time the count occurred. In one instance the Office of the Legislative Auditor knows the numbers were as of February 2013 and another from July 2012. A second explanation could be the system or method used in counting the positions. For instance, the Office of the Legislative Auditor found that the higher total (478) came from an information management system. Another source was a district head-count that indicated a workforce total of 435. This seemingly straightforward request demonstrates the fragmentation that exists at BCF. The BCF's Interim Deputy Commissioner for Field Operations also informed PERD that district and regional reallocations only occurred once from 2008 through 2012. That occasion occurred in the summer of 2011 when the BCF received funding for an additional 36 CPS positions. Data from the BCF Director of Research and Analysis and the BCF Chief Financial Officer (CFO) provided numbers that indicated position reallocations happened regularly from 2008 through 2012.

Properly designed exit interviews could offer significant insight for the reasons CPS workers and trainees voluntarily leave their jobs.

The BCF struggled in responding to a Office of the Legislative Auditor's request for the total number of allocated CPS positions statewide and by region.

Below is a timeline of the Office of the Legislative Auditor's requests to BCF regarding CPS worker allocations:

February 2013

The Office of the Legislative Auditor asked the BCF how many budgeted CPS positions were in its budget.

March 2013

The BCF Deputy Commissioner of Field Operations responded to the request with a table indicating, by district and region, the number of assigned positions. However, the number of positions per district did not total the listed number of positions statewide.

April 2013

The Office of the Legislative Auditor again requested the number of budgeted positions.

May 2013

The BCF Director of Research and Analysis provided the Office of the Legislative Auditor with a table which included information from each district office that reflected a local 'manpower count.' The Director stated the districts did not have a standardized way to count employees.

June 2013

The Office of the Legislative Auditor again requested the number of budgeted CPS positions but this time from the BCF Chief Financial Officer. The Office of the Legislative Auditor received the total of 478 CPS workers for FY 2012 from the DHHR Management Information System. The Office of the Legislative Auditor elected to use the numbers provided by the CFO for FY 2011 and FY 2012 in calculating turnover rates because given that it was the highest number it would lead to the more conservative estimate at least for FY 2012.

The Legislative Auditor is concerned that in a period of four months the BCF provided the Legislative Auditor with three different responses to the number of CPS worker budgeted positions. The Legislative Auditor concludes that BCF does not have a uniform way to calculate its total CPS workforce. The Legislature provides BCF funding for a specific number of positions. However, the BCF has discretion in terms of how many of those positions are allocated for the CPS workforce. Additionally, the BCF can geographically move positions around making it difficult to keep track of positions at any level. This can lead to fragmented data collection, incorrect workforce information, and the possibility of obscuring what is taking place at the district level.

The Legislative Auditor is concerned that in a period of four months the BCF provided the Legislative Auditor with three different responses to the number of CPS worker budgeted positions.

The BCF Expects CPS Workforce Recruitment to Become More Difficult.

The BCF expects a legislative rule change that the Board of Social Work Examiners proposed will make its recruitment efforts more difficult. The CPS positions of Trainee, Worker and Supervisor are required to hold social work licenses issued by the Board of Social Work Examiners. The legislative rule removed four types of college study that were eligible for a social work license. Prior to the July 1, 2013 legislative rule change, college studies that were eligible to apply for the social work license included bachelor degrees in elementary, secondary or special education, human services and interpersonal communication in addition to social work, psychology and counseling. Candidates now must hold a four-year degree in either social work, sociology, psychology, counseling, or criminal justice. **In the now expired legislative rule the Board of Social Work Examiners recognized DHHR had a “unique position” in finding candidates and allowed the non-social work degrees to qualify for licensure. The new legislative rules permit a non-social work degree for candidates employed in “a critical social work shortage position, area or setting requiring a social work license.”** Interviews with the four regional directors revealed concerns about the effect the rule change would have on recruitment. Concerns of the regional directors included:

- West Virginia does not produce enough social work graduates each year for open social work positions, which includes open CPS positions.
- Finding enough qualified people for CPS work is challenging.
- The social work rule change will further limit the number of qualifying fields of study for social work licensure and greatly impact the ability to hire for open positions.
- The licensed social worker requirement did not help BCF improve the professionalism and salaries of CPS workers.

The change to the qualifying requirements to become a Child Protective Service Worker may result in a lack of qualified workers to fill vacancies. Ultimately, without enough workers to provide families with needed support, children’s lives are at risk and the BCF fails to fulfill its statutory mandate.

The BCF expects a legislative rule change that the Board of Social Work Examiners proposed will make its recruitment efforts more difficult.

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BCF Believes Its CPS Turnover Rates Are the Cause of Some Of Its Overtime Payments.

Overtime payments to CPS employees increased 110 percent from fiscal year 2008 to fiscal year 2012. The Deputy Commissioner for Field Operations told the Legislative Auditor that Community Service Managers are supposed to develop ways CPS staff can meet deadlines and timeframes **without using overtime**. As stated in the DHHR's policy on overtime compensation,

Each Director, Administrator, Manager, and Supervisor shall schedule and make regular work assignments in a manner which minimizes the need for overtime and additional straight time and shall require compliance with reasonable standards of performance before requiring or allowing employees to work over 40 hours a week. Determining the need for overtime and additional straight time, scheduling the hours of overtime and additional straight time that shall be worked, and requiring overtime and additional straight time are the exclusive rights of the Department. . . . Therefore, supervisors must exercise control and not allow employees to work hours beyond those assigned and expected so that the Department will not incur liability for compensation.

The Legislative Auditor concludes that DHHR's overtime policy does not appear to be enforced because overtime payments are significantly increasing.

The Legislative Auditor concludes that DHHR's overtime policy does not appear to be enforced because overtime payments are significantly increasing. Table 4 shows that the dollar amount of overtime paid increased from \$600,413 in FY 2008 to \$1,258,506 in FY 2012.

	2008	2009	2010	2011	2012
Regular Earnings	\$14,207,568	\$14,669,392	\$15,102,412	\$15,047,732	\$15,972,592
# Employees Paid	509	503	514	538	559
Overtime Earnings	\$600,413	\$657,472	\$637,092	\$964,693	\$1,258,506
# Employees Paid	419	421	419	457	495

Source: Legislative Auditor's calculations using payroll data from the State Auditor's Employee Payroll Information Control System.

The BCF monitors the overtime expenditures in the four regions. As Table 5 shows all regions have increased the amount of money expended in overtime and for most regions, the increase has been considerable. As compared to FY 2010, FY 2012 overtime expenditures increased from 7 percent in Region III to 114 percent in Region IV.

Table 5
CPS Workforce Overtime Expenditures By Region
FY 2008 through FY 2012

Fiscal Year	Region I	Region II	Region III	Region IV	Statewide
2010	\$140,495	\$310,215	\$130,869	\$209,853	\$791,432
2011	\$139,766	\$416,323	\$178,073	\$256,338	\$990,500
2012	\$212,259	\$483,897	\$139,898	\$449,082	\$1,285,136

Source: Legislative Auditor's calculations using payroll data from the State Auditor's Employee Payroll Information Control System

Table 5 sums may not coincide with Table 4 due to rounding and because some workers did not have assigned regions identified.

The regional directors believe some overtime payments are a result of vacant CPS positions. This could be a factor; however, the Legislative Auditor believes employee work schedules are contributing to increased overtime costs. The Social Security Act, IV-B rules require more than 50 percent of visits with a child occur in the child's home. However, if the child is school age or the family member holds a daytime job, then a CPS worker also working a daytime work schedule, may work overtime to meet with the family in the home. As stated in the overtime policy the BCF can alter employee work schedules.

Conclusion

The Bureau for Children and Families has difficulties investigating child abuse and neglect allegations in a timely manner. Part of the problem likely stems from high turnover of CPS workers. Consequently, the Legislative Auditor decided to evaluate the agency's management of its CPS workforce. **The Legislative Auditor concludes that the BCF is not taking a forceful approach in achieving a CPS workforce that is capable of investigating CPS referrals in a timelier manner.** The turnover rate for CPS workers who are primarily assigned to investigate child abuse allegations may be high overall, and is too high in the trainee positions. Many of the state's children are at risk of further harm under these conditions. The agency must develop a long-term plan that establishes acceptable turnover rates for trainees and workers, and appropriate timelines. Reliable labor management information also will be needed for district, regional and state levels.

The agency must develop a long-term plan that establishes acceptable turnover rates for trainees and workers, and appropriate timelines.

Recommendations

1. *The Bureau for Children and Families should develop a long-term plan that establishes appropriate Child Protective Services turnover rates, timelines for achieving the appropriate turnover rates, and sufficient workforce levels for the state, regions and districts.*
2. *The Bureau for Children and Families should improve the exit survey process to include more questions that focus on the nature of the work and the work environment and other factors mentioned in this report that may contribute to CPS workers terminating their employment.*
3. *The exit survey information should be centrally compiled and made useful for workforce analysis.*
4. *The Bureau for Children and Families needs to improve its method of compiling and monitoring its workforce information for district and regional allocated positions.*
5. *The Bureau for Children and Families should determine to what extent the social work licensure requirement is affecting recruitment and retention.*
6. *The Bureau for Children and Families should enforce its overtime policy by scheduling regular work assignments in a manner that minimizes the need for overtime.*

ISSUE 2

The Bureau for Children and Families Should Move Forward With Plans to Develop and Implement a Centralized Intake System to Improve the Consistency, Efficiency, and Effectiveness of Child Protective Services Investigations.

Issue Summary

When members of the public report child abuse or neglect they contact the BCF office within their county, or the West Virginia Child Abuse and Neglect Hotline. Two methods are used by states to accept reports of child abuse and neglect. These are either a local intake system (in effect in West Virginia), or a centralized intake system. In a local intake system, child abuse and neglect reports are received and screened locally. In a centralized intake system, all child abuse and neglect reports are received and screened through one office. The Legislative Auditor found the following conditions.

- The BCF has studied creating a centralized intake system without taking any action for more than six years.
- The current intake system is inconsistent in screening decisions. The acceptance rates of child abuse and neglect reports have varied by more than 50 percent among counties for the past three fiscal years.
- The current intake system is inefficient. Each of 54 county offices has staff receiving child abuse and neglect reports, and each receiving county office has at least one supervisor making screening decisions. Because of this, up to 108 CPS personnel could be completing intake paperwork during the day. Staff is not able to complete fieldwork and service ongoing cases performing intake assessments.

States that switch to a centralized intake system experience more consistency in screening decisions, more investigations meeting timelines, and have staff with more time to complete fieldwork.² To reduce call volume and wait times, some states have created forms that allow online reporting of suspected child abuse and neglect and that

States that switch to a centralized intake system experience more consistency in screening decisions, more investigations meeting timelines, and have staff with more time to complete fieldwork.

²According to a survey conducted by Casey Family Programs, states that recently switched to a centralized intake system experienced more consistent screening decisions, investigations meeting mandated timelines, and time for staff to complete fieldwork.

allow law enforcement to receive call priority. The Legislative Auditor concludes that the Bureau for Children and Families should implement a centralized intake system. This would result in more consistent screening decisions of child abuse and neglect reports and assist the BCF in meeting investigation timelines by allowing CPS workers in county offices to dedicate their full attention to investigations, fieldwork, and service coordination.

Two Systems Exist to Receive Reports of Child Abuse in West Virginia.

The BCF is charged with maintaining child safety through investigating reports of child abuse and neglect, and providing services to assist and strengthen families. However, the BCF falls short of timely responses to reports of abuse and neglect. In the 2013 Executive Budget, the agency reported that face-to-face interviews with children occurred within mandated timelines only 48 percent of the time.

When members of the public report potential child abuse or neglect, they contact either the local BCF office within their county or the West Virginia Child Abuse and Neglect Hotline (Hotline) operated through a grant awarded to a private vendor. The BCF receives reports of suspected child abuse in each of its 54 county offices during normal business hours (generally 8:30 a.m. - 5:00 p.m.) Monday through Friday while the Hotline takes reports 24 hours a day, seven days a week.³

The casework process in CPS begins with an Intake Assessment. The Intake Assessment is completed from information provided to a CPS worker or Hotline worker by a reporter. The Intake Assessment is entered into the Family and Children Tracking System (FACTS) database and reviewed by a CPS supervisor in the appropriate county to accept or reject the referral. If the referral is accepted, it is assigned to a CPS worker for investigation. Figure 1 below details the CPS Intake Process.

When members of the public report potential child abuse or neglect, they contact either the local BCF office within their county or the West Virginia Child Abuse and Neglect Hotline.

³Brooke and Hancock County share a DHHR county office reducing the number of county offices to 54.

Figure 1 CPS Intake Process

Under the current intake system, there is no consistency in screening decisions across West Virginia's county offices.

Acceptance rates range from 79 percent in Wyoming County to as low as 23 percent in Mineral County.

Current System of Intake Does Not Promote Consistency in the Acceptance and Screening of Cases.

Under the current intake system, there is no consistency in screening decisions across West Virginia's county offices. According to information provided by the BCF, in FY 2013 four counties have screened out more than 70 percent of CPS referrals while three counties have accepted more than 75 percent of referrals. Acceptance rates range from 79 percent in Wyoming County to as low as 23 percent in Mineral County. Acceptance rates have varied by more than 50 percent between

counties for the past three fiscal years. Appendix E on page 57 provides the acceptance rates for each of West Virginia's 55 counties from FY 2008 through FY 2013.

The wide variance in the acceptance rate of CPS referrals has resulted in a system with limited consistency because screening decisions are made across counties. The Legislative Auditor has concerns that some counties may be accepting almost all referrals while other counties are screening out all but the most serious referrals.

The BCF Has Discussed Implementation of a Single Centralized Intake System for Years Without Action.

According to BCF officials, the BCF began studying implementation of a single centralized intake system in 2008. BCF staff then conducted a review of the centralized intake systems within other states. After the study concluded, the decision was made to move to a centralized intake system and an implementation team was created in 2010. However, action was not taken. In 2012, the BCF again reviewed creation of a centralized intake system and conducted another study, this time focusing on just one state, Indiana.

After reviewing the centralized intake system in Indiana, the BCF published a short preliminary study in early 2013 reviewing the needed staffing level, policies, and costs associated with creating a centralized intake system. The Deputy Commissioner of Field Operations stated that her office was committed to implementing centralized intake as soon as possible, but there is no estimated date for implementation. The BCF believes the system would need 55 to 60 workers to staff a centralized intake system.

CPS Staff and Regional Directors Favor a Centralized Intake System

The Office of the Legislative Auditor spoke with CPS staff and CPS regional directors concerning centralized intake. The consensus was that centralized intake would allow local-level staff to spend more time completing casework. Two counties we spoke with indicated that they have an assigned rotating "Worker of the Day" that is responsible for taking child abuse and neglect reports. These workers spend the entire day in the office at their desk ready to answer telephone call referrals as opposed to doing fieldwork.

The wide variance in the acceptance rate of CPS referrals has resulted in a system with limited consistency because screening decisions are made across counties.

Centralized intake would allow local-level staff to spend more time completing casework.

All four regional directors expressed support for a centralized intake system and believe that it would relieve county supervisors of screening duties and increase the consistency of the intake process. Regional directors indicated the following:

- Centralized intake would provide consistency in screening decisions.
- Centralized intake would allow CPS supervisors to spend more time with CPS workers on cases.
- Centralized intake would improve how cases are processed after normal business hours.
- Centralized intake would relieve some burden on field staff and allow more time for casework.

All four regional directors expressed support for a centralized intake system.

The Legislative Auditor recommends that the Bureau for Children and Families implement a centralized intake system to improve the consistency of CPS abuse and neglect referral screening decisions and to allow CPS workers and supervisors more time to complete fieldwork.

Hotline Referrals Are a Small Percentage of Total Intake Assessments

In FY 2012, a total of 35,435 intake assessments were created through referral calls to either county offices or the Hotline. That year, the Hotline answered 7,583 calls concerning Child Protective Services. Because the BCF does not track which intake assessments were created by Hotline workers and which were created by CPS workers in the county offices, it is impossible to determine the actual number of intake assessments created by Hotline staff. Intake assessments created by Hotline staff are not screened for acceptance at the Hotline and are instead forwarded to the appropriate county office where a screening decision is made by a CPS supervisor.

Screening decisions in the county offices, even on referrals taken by the Hotline, are made by a CPS supervisor in the local county office.

Assuming that each call answered by Hotline staff resulted in an intake assessment, in FY 2012 the Hotline created at most 21 percent of the intake assessments in its 24/7 operation. In FY 2012 Hotline staff placed 4,897 calls to CPS county offices; assuming that each call placed to a county office was to notify the county of a new intake assessment, then the Hotline created 14 percent of all intake assessments that year.

In addition to at least one person answering phones in each county, the Hotline has four workers answering calls during the normal business hours. Screening decisions in the county offices, even on referrals taken by the Hotline, are made by a CPS supervisor in the local county office.

As a result, supervisors in each county office can be tied down with screening intake referrals. **Across the state on any day, as many as 108 CPS personnel may be dedicated to the intake process. It is the opinion of the Legislative Auditor that having both county offices and the Hotline taking telephone referrals during normal business hours is inefficient because a centralized intake system would require considerably fewer workers.**

Other States Have Utilized a Centralized Intake System to Improve the Consistency, Efficiency, and Effectiveness of Their Child Protective Services System.

Nationally, two different Child Protective Services intake systems are utilized. The first system, local intake, is utilized in West Virginia. In a local intake system each county has its own intake office to process referrals of abuse or neglect. Persons must contact the local CPS office within their county to report abuse or neglect, and referrals are screened through staff in the local county office. In a centralized intake system reports are received through a centralized hotline and then screened for acceptance by hotline staff. Centralized intake systems have a centralized administrative function with standardized training, monitoring, and a quality assurance process with staff located at one site. Currently, 30 states operate a centralized intake system and 20 states operate a local intake system.

States have chosen to implement a centralized intake system for a variety of reasons. According to a survey of seven states with a centralized intake system, the primary reason that states have transitioned to a centralized intake system was to ensure consistent screening of child abuse and neglect reports across the state.⁴ The study also found that some states switched to centralized intake because a central point for intake would make implementation of new policy and screening criteria easier.

The Casey study also found numerous benefits as a result of the shift to centralized intake. Some of these that would be beneficial to West Virginia's CPS system are:

- consistency and standardization of screening decisions,
- improved consistency in response priority,
- dedicated staff able to devote more time to either intake or to casework, and
- quicker response times to calls.

In a centralized intake system reports are received through a centralized hotline and then screened for acceptance by hotline staff.

The primary reason that states have transitioned to a centralized intake system was to ensure consistent screening of child abuse and neglect reports across the state.

⁴Casey Family Programs, *Centralized Intake System*. August 2011. The seven states in the Casey study are Arizona, Florida, Indiana, Kentucky, Montana, Texas, and Utah.

According to the Casey study, numerous states claimed that centralized intake resulted in greater consistency in screen-out rates. In Indiana, one year before implementation the acceptance rate by county varied from 60 percent to 99.3 percent. The year after Indiana implemented a centralized intake system, the acceptance rate varied from 60 percent to 70 percent. Kentucky also experienced an increase in the consistency of screen-outs even while using a regional intake system. Prior to implementation of the regional intake system, acceptance rates in Kentucky varied between 20 percent and 80 percent. Two years after implementation, the acceptance rates varied from 20 percent to 35 percent. In FY 2012 the acceptance rate varied from 27 percent to 82 percent within West Virginia.

The year after Indiana implemented a centralized intake system, the acceptance rate varied from 60 percent to 70 percent.

States that were not covered in the Casey survey also saw benefits from implementing a centralized intake system. Michigan recently launched a centralized intake system that went into effect in March 2012. The director of the Michigan Department of Human Services explicitly stated one benefit of centralized intake is “*You don’t get local variations in standards.*” By the end of CY 2012, Michigan had improved the number of abuse investigations meeting mandated timelines by as much as 13 percent.

The director of the Michigan Department of Human Services explicitly stated one benefit of centralized intake is “You don’t get local variations in standards.”

Iowa also saw a similar increase in the timeliness of CPS investigations after the implementation of a centralized intake system. In a 2003 federal report, Iowa CPS investigations were timely only 73 percent of the time. In response to the federal report, Iowa implemented a centralized intake system in 2006. Two years later, the timeliness of CPS investigations had increased to 88 percent. By 2009, 91.7 percent of CPS cases were investigated within mandated timelines and just 2.6 percent of cases missed Iowa’s 96-hour investigation timeline. According to the most recent information available, 48 percent of CPS cases within West Virginia meet the investigation timeline of 14 days. Iowa also noted that centralized intake resulted in more accurate and concise information being available for screening decisions and workers dedicated to intake decreased the amount of time needed to process an intake. While centralized intake systems have led to more consistent screening decisions and improved investigation timelines, it does not necessarily mean that the appropriate screening decisions are always made in other states. The Office of the Legislative Auditor will study the appropriateness of screening decisions in other states at a later date.

Some States Accept Abuse Reports Online and Provide Speedier Access to Law Enforcement.

One potential issue with the establishment of a state-wide centralized intake hotline is that callers may experience wait times due to high call volumes. To address this, some states have created online forms that allow web users to complete a referral form online and then securely submit it to the centralized intake office. The Legislative Auditor found at least five states that accept referrals online. Mississippi, Florida, Tennessee, and Texas all have forms available on their official websites that allow members of the public to report child abuse and neglect. Kansas also accepts reports of abuse and neglect online, but the form is currently only available for mandated reporters. Arkansas also allows mandated reporters to download the proper forms to report child abuse or neglect and then fax the completed forms back to the CPS office for screening.

The Legislative Auditor found the online report forms in Texas and Mississippi to be particularly useful. All sections on both forms must have a response, and the forms utilize a checkbox format. Persons reporting abuse online in Mississippi must fill out nine pages of forms detailing the incident they wish to report including:

- their contact information and best available time to be contacted;
- the child’s address and contact information, contact information for other persons who may have knowledge of the abuse or neglect (if known);
- the name and contact information for the alleged abuser;
- the date of the incident and how the reporter became aware of it, what injuries they have knowledge of including the location and type of injury, and if they are aware of previous injuries or maltreatment of the child;
- any concerns they may have about the physical condition of the child;
- the emotional and behavioral state of the child as well as documentation of any special needs; and,
- any knowledge they have of the current family situation in the household.

Additionally, online reporters in Mississippi may request that they be contacted with updates to the case, or may request that they remain anonymous. While online reports in Texas may not be submitted anonymously, reporters are emailed the result of the screening decision.

Some states have created online forms that allow web users to complete a referral form online and then securely submit it to the centralized intake office.

Texas has found online reporting to be more efficient in addition to easing the call volume. A specialized unit of intake specialists read these electronic reports, and the information is populated directly into the Texas Statewide Automated Child Welfare Information System system eliminating the need for intake specialists to re-input information that has already been provided by the reporter. While an intake specialist taking live phone calls can usually handle about 1.5 calls an hour, a worker reading reports submitted online can process approximately 3-4 per hour.

Texas has found online reporting to be more efficient in addition to easing the call volume.

The Legislative Auditor recommends that the BCF should create an online reporting form to accept child abuse and neglect referrals from mandated reporters online. *West Virginia Code §49-6A-2(a)* defines the following individuals to be mandated reporters of child abuse and neglect:

“Any medical, dental or mental health professional, Christian Science practitioner, religious healer, school teacher or other school personnel, social service worker, child care or foster care worker, emergency medical services personnel, peace officer or law-enforcement official, humane officer, member of the clergy, circuit court judge, family court judge, employee of the Division of Juvenile Services, magistrate, youth camp administrator or counselor, employee, coach or volunteer of an entity that provides organized activities for children, or commercial film or photographic print processor . . .”

Accepting online reports...allows a mandated reporter to have a copy of what they reported in their own words.

Accepting online reports from mandated reporters has many benefits. It allows a mandated reporter to have a copy of what they reported in their own words. It would also provide CPS workers with a written statement from a doctor or law enforcement officer to support allegations of abuse or neglect.

When someone contacts CPS to report abuse, in many cases law enforcement may need an immediate response. To provide law enforcement with quicker access to make a report, states utilizing a centralized intake system have created special contact numbers for law enforcement, or access codes to allow law enforcement to move to the front of a waiting queue. Law enforcement personnel in Texas have a dedicated number to allow them to be the next call taken. In Indiana, law enforcement are provided with an access code to use when calling the centralized intake hotline that routes their calls to the front of the call sequence. **The Legislative Auditor recommends that if the BCF implements a centralized intake system, it should establish a method to provide call priority to law enforcement personnel contacting the hotline.**

States utilizing a centralized intake system have created special contact numbers for law enforcement.

Grant Funding to Implement Centralized Intake May Exist.

The Office of the Legislative Auditor is currently reviewing grant-funding opportunities and placed calls to numerous non-profit organizations that specialize in child welfare issues. The Legislative Auditor will issue findings from the research at a later date.

Conclusion

The current CPS intake system utilized by the Bureau for Children and Families is inefficient and inconsistent. CPS workers in each county are taken out of the field to answer phones, take referrals, and complete required intake forms. During normal business hours intake functions are duplicated as workers at the West Virginia Child Abuse and Neglect Hotline also take referral information. As a result of local offices making their own intake decisions, the acceptance rates for CPS referrals varies by up to 55 percent among counties. The timeliness of CPS investigations may also be affected by CPS workers in each county who are removed from the field routinely to complete intake forms and take referral information. Other states that have implemented centralized intake system have found more consistent acceptance rates of referrals, and investigation timelines were met more often.

The Bureau for Children and Families did conduct a study six years ago concerning centralized intake. According to BCF officials, a decision was made to move forward and implement centralized intake, but implementation never occurred. The BCF recently completed another study concerning implementing centralized intake during the scope of this audit. Other states have found a centralized intake system to be cost neutral. The current Hotline utilizes persons without a social work license to take referral calls and complete intake forms. Screening decisions would still need to be made by a CPS supervisor with active social work licensure.

Recommendations

7. *The Bureau for Children and Families should implement a centralized intake system for receiving reports of child abuse and neglect.*
8. *The Bureau for Children and Families should create an online form to allow mandated reporters to report suspected child abuse*

and neglect.

9. *If the Bureau for Children and Families implements a centralized intake system, it should establish a method for law enforcement personnel to have call priority.*

ISSUE 3

The Bureau for Children and Families Should Take a State-level Responsibility to Review, Analyze and Publically Report Annually on Child Protective Services Fatalities and Near Fatalities Data as a Way to Improve Child Protective Services and Public Accountability.

Issue Summary

The Bureau for Children and Families meets locally to review each Child Protective Service child fatality when it occurs, but does not aggregate and analyze data system-wide relating to child abuse and neglect fatalities and near fatalities each year. The BCF does not document local reviews, or issue a statewide agency review of child abuse and neglect fatalities and near fatalities. Child protective service fatality reviews are common in some other states and help support agency accountability. CPS fatality reviews provide insight into the circumstances that resulted in deaths or near deaths of children known to state protective services, and provide data to identify types of abuse and neglect, ages, locations, and child protective service responses. The BCF misses the opportunity to be accountable for its actions, identify trends for the prevention of future child deaths and inform agency decision-making in the areas of CPS policy, practice and training.

West Virginia has either led the nation or placed second in the incidence of child abuse and neglect fatalities for six of the past 12 years.

West Virginia Has a High Incidence of CPS-related Child Deaths.

West Virginia has a small child population but a high incidence of child deaths, many of them due to child abuse and neglect. In 2011, the Children's Bureau under the U.S. Department of Health and Human Services, Administration for Children and Families listed the state's child population as 384,794. West Virginia has either led the nation or placed second in the incidence of child abuse and neglect fatalities for six of the past 12 years (2000 through 2011). **The rate of child deaths per 100,000 has been higher than the national rate for eight of these years.**

Table 6
WV Child Fatalities Due to Abuse and Neglect
WV Rate of Child Fatalities Compared to National Rate

Year	FFY 2000	FFY 2001	FFY 2002	FFY 2003	FFY 2004	FFY 2005	FFY 2006	FFY 2007	FFY 2008	FFY 2009	FFY 2010	FFY 2011
WV Child Deaths	4	16	29	30	12	16	15	12	5	6	8	16*
National Child Deaths/100,000	1.71	1.81	1.98	2.00	2.03	1.96	2.04	2.32	2.33	2.34	2.07	2.10
WV Child Deaths/100,000	0.99	4.01	7.45	7.67	3.12	4.11	3.86	3.10	1.29	1.55	2.07	4.16

Source: Child Maltreatment Reports for FFYs 2000 through 2011 (Child Fatality Tables) issued by the Federal Children's Bureau.

**The Bureau for Children and Families concluded that the number of West Virginia child deaths for 2011 is incorrect due to BCF's error. It indicated to the Legislative Auditor that the actual number should be 13.*

These fatalities are reported in a federal publication, the national Child Maltreatment report. West Virginia has contributed some child abuse and neglect data to this report for the past 17 years, and fatality information since 2000. The data are submitted by each state to the National Child Abuse and Neglect Data System (NCANDS). The annual Maltreatment Report is issued by the Children's Bureau. Despite the high incidence of child deaths due to abuse and neglect, the Bureau for Children and Families (BCF) relies on local reviews of each Child Protective Service (CPS) child fatality, but does not develop a picture of the state's child abuse and neglect fatalities through aggregating and analyzing these data.

Despite the high incidence of child deaths due to abuse and neglect, the Bureau for Children and Families (BCF) relies on local reviews of each Child Protective Service (CPS) child fatality.

Efforts to Review Child Fatalities

Two types of child fatality reviews presently exist in West Virginia, one conducted by the State's Child Fatality Review Team and the other conducted by an independent branch of state government, the Supreme Court of Appeals of West Virginia (Supreme Court). Both reviews are intended to result in annual written reports, and both make recommendations. The Supreme Court analyzes the court system performance and recommends changes that need to be made.

West Virginia Child Fatality Review Team

West Virginia code §49-5D-5 establishes a child fatality review team

for *all* child deaths from all causes in West Virginia, and mandates an annual written report to be submitted to the Governor. Reports are not issued in a timely manner, and contain limited information that can be used by the BCF. The last report was submitted in March 2009, and covered 253 child deaths in 2005. **This report does not focus on child protective services in relation to child abuse and neglect fatalities. The report does not review near fatalities and the report does not aggregate data relating to child protective services.** However, one section of the 2009 report reviews homicides as a result of child abuse and neglect. This team is located in the Bureau for Public Health within the Department of Health and Human Resources, and chaired by the chief medical examiner.

While all states have a child fatality review team, some states carry their analysis a step further to review and analyze child deaths resulting from abuse and neglect.

West Virginia Supreme Court Fatality Review Teams

The Supreme Court has established a fatality review process to examine court cases where a death has occurred. Child fatalities are included. This review is used to identify patterns or trends and to determine if proper steps were taken and whether changes need to be made legislatively or within or outside the court system. A written report and recommendations are made annually to the Legislature, the Governor's Office, and Judicial Officers but not otherwise released. This report is submitted annually. It does not contain statistical data that can be used by the BCF to make procedural changes.

Kentucky's and Virginia's Reviews on Child Abuse and Neglect Fatalities and Near Fatalities Include Data Useful for CPS Analysis.

While all states have a child fatality review team, some states carry their analysis a step further to review and analyze child deaths resulting from abuse and neglect in families that are known to the State's protective services. The states of Kentucky and Virginia review and release reports on child abuse and neglect fatalities and near fatalities to provide insight into the circumstances that resulted in deaths or near deaths of children known to state protective services. These reviews are specific to the States' child protection efforts and are used to:

These reviews are specific to the States' child protection efforts.

- inform decision making in the areas of child protective services policy, practice and training using data collection and analysis;
- identify trends and make recommendations for the prevention of future child deaths;
- identify the types of abuse and the types of neglect resulting in child deaths and near deaths;
- change legislation; and
- enhance public awareness.

Following analysis, these reviews are issued publicly. Kentucky’s review is presented annually by the Cabinet for Health and Family Services. Its purpose is “to provide insight into the circumstances that resulted in deaths or near deaths of children known to the Department for Community Based Services (DCBS) as needing child protective services, or whose family was known to DCBS for child protection issues.” The 2012 report is relatively short (20 pages) and incorporates historical data that span the previous five state fiscal years. The report is divided into four sections which include:

- trends in child fatality cases and near fatality cases,
- predicting child fatalities,
- child fatalities and near fatalities in state fiscal year 2012, and
- state program improvement efforts.

Virginia issued a preliminary report on child deaths due to abuse or neglect during state fiscal year 2011. This report aggregates data from child neglect and abuse deaths across the state. As a result, Virginia’s child protective service policy and guidance manual was revised, and training was changed for Virginia child protective service workers. The Virginia legislature studied one of the prevalent causes of death, shaken baby syndrome and head trauma, and introduced legislation to publicize this common cause of death.

Ohio and Maryland issue child fatality reviews that do not assess the involvement of child protective services in the death, and therefore do not provide data that can be used for child protective services to review performance and make changes to policy or training. In Pennsylvania only, each child death case is available online, with names redacted and agency conclusions.

Following analysis, these reviews are issued publicly.

As a result, Virginia’s child protective service policy and guidance manual was revised.

West Virginia’s Lack of a CPS Child Death Review May Have Several Causes.

The Legislative Auditor concludes that West Virginia’s lack of a unified, system-wide review of child deaths or near deaths in families known to the Bureau for Children and Families through protective services may have several causes. These causes are:

- the mission of the established Child Fatality Review Team,
- the decentralized nature of protective service delivery, and
- the BCF’s lack of reviewing and analyzing existing data.

The established Child Fatality Review Team (CFRT) conducts a mandated child fatality review process that is comprehensive, and provides data that are general rather than specific to the State's child protective services. The mission of the CFRT is to provide "a comprehensive and multidisciplinary review." The CFRT's mission is not to assess the performance of child protective services, nor to provide aggregated data to the BCF that could lead to policy, or training changes. The CFRT is not located in the Bureau for Children and Families, and the location in a different bureau may hinder communication. In any event, the CFRT report has not been produced in a timely manner, further limiting its applicability to child protective services.

Reviews of child deaths take place in the region where the death occurred.

Child protective services are decentralized and are delivered locally. Reviews of child deaths take place in the region where the death occurred. Each BCF region reviews a child fatality as soon as it is known, the incident is discussed and a determination is made as to whether the local CPS unit should make any changes. **This after-incident child fatality review is not documented, so there is no record of identified problems or responses made by the agency. Because these reviews are not documented, no performance data has been gathered by BCF for statewide agency review and analysis.**

Historically, the BCF has not scrutinized child abuse and neglect data that it has submitted to NCANDS. In December 2012, after the 2011 Child Maltreatment Report was issued showing West Virginia to have the highest death rate per 100,000 children in the United States, the BCF Division of Research and Analysis reviewed the data submitted to NCANDS and determined that there were errors in the BCF submission for the 2011 report. Instead of 16 child deaths, the actual number was 13 child deaths. Despite the error, West Virginia does not plan to submit corrected data for 2011 to NCANDS.

During this audit, the BCF announced plans for a formal child fatality work group review.

During this audit, the BCF announced plans for a formal child fatality work group review. This proposed work group will perform a quality assurance review of cases of current child fatalities in the agency files to ensure the cases meet the requirements outlined in federal submission guidelines for NCANDS. There is no plan to generate a written public report, but the work group plans to use the data from this review to determine needs for training, policy and field improvements to prevent future fatalities and near fatalities.

Conclusion

At present, the BCF does not analyze and aggregate child fatality and near fatality data in a unified, system-wide approach that would inform its performance in child protective services. As a result, the BCF misses opportunities to identify causes in child deaths in West Virginia and any shortcomings in the CPS process that need to be addressed. In addition, by not reporting an analysis of child fatalities and near fatalities within the child protective service system, the agency is not holding itself accountable to the public. Child fatality reviews that aggregate and analyze information at a state level would provide information for management decisions affecting policy, procedures, manpower deployment and training or retraining. Presently the Legislature and the public are not aware of the ongoing incidence of child deaths within the child protection system due to abuse and neglect in West Virginia. It is clear that some other states are doing reviews of child fatalities within their CPS systems not only to improve, but also to become more accountable to the public. The BCF should immediately take steps to analyze system-wide child fatalities and near fatalities resulting from child abuse and neglect, and develop and issue an annual report.

Child fatality reviews that aggregate and analyze information at a state level would provide information for management decisions affecting policy, procedures, manpower deployment and training or retraining.

Recommendations

10. *The Bureau for Children and Families should conduct a formal child fatality review for each child abuse and neglect death or near death in each state fiscal year.*
11. *The Bureau for Children and Families should issue an annual report of its child fatality review to the Governor and the Legislature to include trends, demographics, maltreatment type, prior involvement, and information relating to prevention such as age of victim and contributing factors such as substance abuse.*
12. *The Legislature should consider legislation mandating the formal Bureau for Children and Families Child Protective Services child fatality and near fatality report and annual presentation to the Health and Human Resources Committee.*
13. *The Bureau for Children and Families should identify trends and use information as necessary to change policy, procedures and training of Child Protective Service workers.*
14. *The Bureau for Children and Families should identify trends and use information to educate and inform the public.*

Appendix A
Transmittal Letter

WEST VIRGINIA LEGISLATURE
Performance Evaluation and Research Division

Building 1, Room W-314
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305-0610
(304) 347-4890
(304) 347-4939 FAX



John Sylvia
Director

August 5, 2013

Ms. Karen L. Bowling, Cabinet Secretary
West Virginia Department of Health and Human Resources
One Davis Square, Suite 100 East
Charleston, West Virginia 25301

Dear Secretary Bowling:

This is to transmit a draft copy of the department review of the Department of Health and Human Resources, Bureau for Children and Families. This report is scheduled to be presented during the August 19-21 interim meetings of the Joint Committee on Government Operations and the Joint Committee on Government Organization. We will inform you of the exact time and location once the information becomes available. It is expected that a representative from your agency be present at the meeting to orally respond to the report and answer any questions the committees may have.

As we discussed, we will have an exit conference concerning the report at 11:30 A.M. on August 8, 2013 in building 1 room 330W. We need your written response by noon on August 14, 2013, for it to be included in the final report. If your agency intends to distribute additional material to committee members at the meeting, please contact the House Government Organization staff at 340-3192 by Thursday, August 15, to make arrangements.

We request that your personnel not disclose the report to anyone not affiliated with your agency. Thank you for your cooperation.

Sincerely,

Handwritten signature of John Sylvia in blue ink.
John Sylvia

c: Brian Cassis, Director, Office of Internal Control and Policy Development

Joint Committee on Government and Finance

Appendix B

Objective, Scope and Methodology

The Performance Evaluation and Research Division (PERD) within the Office of the Legislative Auditor evaluated the Bureau for Children and Families (BCF) as part of the agency review of the Department of Health and Human Resources (DHHR) as required under *WV Code* §4-10-8.

Objective

It has become generally understood that the State's Child Protective Services program within the Department of Health and Human Resources (DHHR) has not been able to investigate child abuse allegations in a timely manner as stipulated in statute. Since the CPS workforce is an important factor in the process of investigating child abuse allegations, the Legislative Auditor reviewed the agency's performance with respect to its management of the CPS workforce, the agency's intake system for receiving reports of child abuse and neglect, and the agency's process to review child fatalities.

Scope

The scope of this audit focused primarily on information pertaining to the CPS workforce, child abuse and neglect fatalities, the current decentralized intake process, and the benefits of a centralized intake process. Information was used to calculate the turnover rates of CPS trainees, workers and supervisors employed from FY 2008 and FY 2012. PERD determined the number of separations and the total of employees was reasonably accurate after evaluating supporting information from the agency and the Division of Personnel. Overtime payments to CPS trainees, workers and supervisors employed from FY 2008 and FY 2012 were also examined. PERD staff did not audit overtime payments or benefits to determine the accuracy of the payments or verify that employees performed work for hours paid as overtime. PERD staff also did not make a determination as to whether agency employees were correctly classified as eligible to receive overtime under the Fair Labor Standards Act. The scope of the audit also included PERD using the agency's information on the number of reports of child abuse and neglect received from FY 2008 through FY 2012, and the number of child neglect and abuse reports opened for investigation during this time period. PERD staff determined the number of neglect and abuse child fatalities from FFY 2000 through FFY 2011. PERD did not audit the number of reports of child abuse and neglect received or the number of abuse and neglect child fatalities.

Methodology

The principal research methods used to examine report issues included interviews, documentation review and data analysis.

1. **Interviews.** PERD staff visited the agency's main office in Charleston, WV and met with staff. Interviews with agency staff were a means of learning about the agency's measurements, processes and decisions. PERD staff also visited two district offices and met with agency staff in those offices. Key BCF staff interviewed included the BCF Interim Deputy Commissioner of Field Operations, all four BCF regional directors, and Child Protective Services (CPS)

workers and supervisors in 2 of the 30 CPS districts. PERD also interviewed the Department of Administration's Division of Personnel to determine how it produces employee transaction reports of employee separations. PERD contacted West Virginia's five neighboring states concerning the social work regulations for state-employed social workers in those states. Interviews and verbal comments made by these agencies were confirmed by written statements and, in many cases, by corroborating evidence.

2. **Documentation Review.** PERD staff reviewed a variety of agency documents including its overtime policy, COGNOS reports on the total number of child neglect and abuse calls received and reports opened by BCF between FY 2008 and FY 2013, exit interview forms, and the grant for the West Virginia Child Abuse Hotline. In addition, PERD staff examined requirements in the *WV Code*, legislative rules, and neighboring state's CPS salaries and education and requirements for licensure. PERD staff also reviewed the *Operating Detail* of the Executive Budget Fiscal Years 2013 and 2014, payroll information obtained through the State Auditor's Employee Payroll Information Control System (EPICS), the Department of Administration's Division of Personnel's expenditure schedules and employee transaction reports, and the federal Children's Bureau Child Maltreatment annual reports from FFY 2000 through FFY 2011.
3. **Data Analysis.** PERD did not gain an understanding of DHHR's management information system (MIS), which produced the number of the child protective service workforce used for turnover analysis in this report. Sufficient information to support the system-produced numbers was not available. PERD determined that an understanding of the information system would not have affected the audit conclusion about the turnover rate. PERD staff did not test the sufficiency and appropriateness of BCF data in the PIM system. PERD staff did not test the sufficiency and appropriateness of the number of reports of child abuse and neglect received and accepted by the county offices and the state's Hotline. PERD determined that, the accuracy of the number of abuse and neglect child fatalities was not the focus, but that BCF is not documenting the analysis of protective service performance in these situations, or publicly reporting on the child fatalities data. PERD staff analyzed agency payroll data from EPICS. PERD staff did not test the sufficiency and appropriateness of data in EPICS by comparing them with the State Auditor's payroll journals or the agency's employee time sheets.
4. **Calculations of employee turnover rate, annual base salaries, overtime earnings.** Using data from EPICS, PERD staff calculated annual base salaries and overtime earnings for CPS trainees, workers and supervisors.

This performance review was conducted in accordance with generally accepted government auditing standards (GAGAS). GAGAS requires that the audit is planned and performed to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. The Legislative Auditor believes that the evidence obtained provides a reasonable basis for the report's findings and conclusions based on the audit objectives.

Appendix C Number of Child Protective Services Workforce Separations For Regions and Districts FY 2012 and FY 2011

Region I						
Districts	FY 2012 Separations			FY 2011 Separations		
	Trainee	Worker	Supervisor	Trainee	Worker	Supervisor
Calhoun	0	1	0	0	0	0
Gilmer	1	0	0	0	0	0
Wirt	0	1	0	0	0	0
Harrison	0	3	0	1	0	1
Marion	0	1	0	0	2	0
Monongalia	0	1	0	0	1	0
Marshall	1	1	1	0	0	0
Tyler	0	0	0	0	0	0
Wetzel	1	1	0	0	1	0
Ohio	1	1	1	0	2	0
Brooke	0	0	0	0	0	0
Hancock	0	3	0	1	3	1
Ritchie	0	0	0	0	1	0
Pleasants	0	0	0	0	0	0
Doddridge	0	0	0	0	0	0
Wood	1	2	0	0	3	1
Total # Separations	5	15	2	2	13	3
Workforce Size	13	93	20	10	91	19
Separation Rate	38%	16%	10%	20%	14%	16%

Region II						
Districts	FY 2012 Separations			FY 2011 Separations		
	Trainee	Worker	Supervisor	Trainee	Worker	Supervisor
Boone	0	3	0	2	2	1
Cabell	0	3	0	1	8	0
Jackson	0	0	1	0	0	0
Mason	0	1	0	0	0	0
Roane	0	0	0	0	1	0
Kanawha	7	17	0	0	10	1
Lincoln	1	4	1	0	3	0
Logan	0	1	0	0	0	0
Mingo	0	0	0	1	1	0
Putnam	1	1	0	0	2	0
Wayne	1	3	0	1	2	0
Total # Separations	10	33	2	5	29	2
Workforce Size	13	113	25	15	121	24
Separation Rate	77%	29%	8%	33%	24%	8%

Region III						
Districts	Trainee	Worker	Supervisor	Trainee	Worker	Supervisor
Berkeley	5	5	0	0	6	0
Jefferson	1	0	0	0	0	0
Morgan	0	0	0	0	1	0
Hampshire	1	0	0	0	2	0
Mineral	0	1	0	0	3	0
Hardy	0	2	0	0	0	0
Grant	0	0	1	0	1	0
Pendleton	0	0	0	0	0	1
Lewis	0	0	0	0	1	0
Upshur	0	1	0	0	2	1
Randolph	1	0	1	1	1	1
Tucker	0	0	0	0	0	0
Taylor	0	2	0	0	3	0
Preston	0	2	0	0	0	0
Barbour	0	0	0	0	0	0
Total # Separations	8	13	2	1	20	3
Workforce Size	14	46	14	4	61	14
Separation Rate	57%	28%	14%	25%	33%	21%

Region IV						
Districts	Trainee	Worker	Supervisor	Trainee	Worker	Supervisor
Braxton	1	1	0	0	2	0
Clay	2	1	0	1	1	0
Fayette	0	5	0	0	3	0
Greenbrier	0	1	1	0	1	0
Monroe	0	0	0	0	0	0
Pocahontas	0	0	0	0	0	0
Summers	0	0	0	0	0	0
McDowell	1	2	0	0	3	0
Mercer	0	4	0	1	1	1
Nicholas	0	4	1	0	1	2
Webster	1	0	0	0	0	0
Raleigh	0	2	1	1	1	0
Wyoming	1	1	0	1	1	1
Total # Separations	6	21	3	4	14	4
Workforce Size	14	92	21	14	96	22
Separation Rate	43%	23%	14%	29%	15%	18%

Appendix D Exit Surveys

DEPARTMENT OF HEALTH & HUMAN RESOURCES Employee Exit Questionnaire

Dear Employee:

DHHR hopes that your employment has been meaningful and rewarding. The Secretary wishes to further improve DHHR's administrative and management practices. Please answer the following questions as fully and directly as you can. Your honesty will be greatly appreciated. This questionnaire and the interviewer survey form will NOT be made a part of your personnel records or files nor used for any future actions including reemployment.

Please mark the choice that most nearly represents your feelings. You are encouraged to provide written comments to questions. This questionnaire can be submitted anonymously, if you prefer.

Please complete the following information concerning your job: (i.e. Nurse II, Social Service Worker II, Office Assistant II, etc.). If you do not know the title of your job class, please ask your supervisor or your personnel office.

Your Name (optional): **Your Bureau:** **Your Job Classification:**

Type of Position: **County:** **Office/Facility/Region:**

1. Was your decision to leave employment with the department influenced by any of the following?

- | | | |
|--|---|---|
| <input type="checkbox"/> Leaving the area | <input type="checkbox"/> Dissatisfaction: | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Family circumstances | <input type="checkbox"/> Type of work | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Further educational goals | <input type="checkbox"/> Working conditions | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Secure better position | <input type="checkbox"/> Salary | |
| <input type="checkbox"/> Health reasons | <input type="checkbox"/> Supervision | |

**2. How would you rate the following in your job or division?
(Be specific, comments may be provided)**

	Excellent	Good	Fair	Poor
Orientation to job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workload	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication within department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperation within department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teamwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

3. What Is your opinion of the following?	Excellent	Good	Fair	Poor
Your salary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity to advance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equitable distribution of raises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job postings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transfer procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performance appraisals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical working conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equipment provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid holidays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid vacation leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid sick leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental/Family Leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospitalization/Major Medical Insurance Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life Insurance Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workers' Comp Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

4. How would you rate the administration on the following points?	4=EXCELLENT 3=GOOD 2=FAIR 1=POOR				Your Unit				Office/Facility				State Level			
	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
Demonstrates fair & equal treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides recognition on job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resolves complaints & grievances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows consistent policies & practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Informs employees on matters that directly relate to jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourages feedback; welcomes constructive suggestions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledgeable regarding output & accomplishments of staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exhibits willingness to admit & correct mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expresses instructions clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develops cooperation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

5. How would you rate the emotional working climate?	Excellent	Good	Fair	Poor
Treatment by fellow employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment by supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment by administrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How did your supervisor value you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

6. How would you rate the service delivery to the client, patient, or resident?	Excellent	Good	Fair	Poor
Fellow employees' concern for client, patient or resident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administration's concern for client, patient of resident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of services delivered by fellow employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of services delivered by administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of supervision to delivery of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

7. Would you be interested in returning to DHHR in the future for part-time or temporary employment?

Yes No

8. Do you recommend DHHR as a place to work?

Yes No

Thank you for your participation. If you have any questions about this form, please call the Recruiting Coordinator at (304) 558-7049.

<input type="button" value="Submit Form"/>	<input type="button" value="Clear Form"/>
--	---

West Virginia Department of Health and Human Resources

Interviewer Exit Survey

Exit interviewer results for management use only. This form is to be kept at the local office.

Summarize employee's opinions and beliefs regarding both positive and negative aspects of employment.

Employee

Job Classification

Supervisor

Interviewer

Office/Facility/Region

Please check any of the following that apply:

Employment Status Permanent

Full-Time

Part-Time

Temporary Specify: _____

EMPLOYEE COMMENTS

Reason for Resignation

The Job

Your Supervisors and Co-Workers

Communications, Policies, and Practices

Work Conditions and Benefits

What constructive comments would you have for administration in regard to making DHHR a better place to work?

Are there any personal problems causing this termination?

Yes No

Would you recommend DHHR as a place to work?

Yes No

Do you wish this form to be kept confidential?

Yes No

INTERVIEWER COMMENTS

Employee Signature

Date

Interviewer Signature

Date

Appendix E

CPS Referral Acceptance Rates FY 2008-FY2013

County	2008	2009	2010	2011	2012	2013
Barbour	59%	52%	42%	35%	28%	29%
Berkeley	58%	61%	49%	44%	47%	44%
Boone	75%	68%	67%	63%	46%	53%
Braxton	55%	63%	75%	67%	60%	72%
Brooke	86%	85%	66%	59%	49%	53%
Cabell	72%	73%	63%	54%	57%	58%
Calhoun	90%	88%	79%	76%	79%	76%
Clay	75%	73%	72%	75%	65%	76%
Doddridge	79%	72%	57%	58%	49%	52%
Fayette	62%	71%	53%	39%	40%	38%
Gilmer	84%	91%	84%	69%	66%	60%
Grant	80%	72%	62%	43%	54%	62%
Greenbrier	57%	61%	65%	54%	47%	42%
Hampshire	70%	65%	51%	28%	32%	33%
Hancock	86%	81%	65%	56%	51%	55%
Hardy	69%	64%	63%	49%	56%	59%
Harrison	76%	69%	59%	52%	53%	50%
Jackson	73%	63%	55%	53%	54%	41%
Jefferson	52%	58%	48%	40%	45%	44%
Kanawha	77%	76%	56%	60%	60%	50%
Lewis	61%	62%	50%	44%	32%	42%
Lincoln	81%	80%	71%	58%	58%	55%
Logan	81%	80%	68%	46%	46%	52%
Marion	80%	78%	60%	51%	48%	49%
Marshall	78%	75%	74%	63%	66%	60%
Mason	91%	86%	74%	47%	52%	56%
McDowell	79%	76%	73%	68%	66%	67%
Mercer	54%	57%	55%	50%	58%	53%
Mineral	59%	60%	48%	32%	29%	23%
Mingo	82%	75%	65%	56%	56%	56%
Monongalia	82%	78%	59%	54%	49%	48%
Monroe	64%	60%	62%	62%	45%	50%
Morgan	60%	62%	49%	36%	51%	45%
Nicholas	84%	79%	67%	72%	58%	72%
Ohio	86%	82%	61%	54%	47%	50%
Pendleton	70%	66%	60%	54%	55%	53%

County	2008	2009	2010	2011	2012	2013
Pleasants	67%	78%	53%	46%	38%	34%
Pocahontas	74%	65%	68%	72%	57%	57%
Preston	61%	56%	42%	41%	28%	25%
Putnam	68%	67%	61%	48%	48%	43%
Raleigh	62%	65%	56%	56%	60%	58%
Randolph	75%	69%	51%	39%	43%	43%
Ritchie	88%	77%	49%	41%	37%	43%
Roane	83%	75%	47%	39%	65%	66%
Summers	54%	57%	57%	66%	47%	44%
Taylor	62%	47%	43%	51%	27%	27%
Tucker	77%	69%	59%	40%	37%	50%
Tyler	89%	85%	80%	70%	67%	65%
Upshur	62%	58%	53%	43%	37%	42%
Wayne	70%	70%	66%	54%	57%	49%
Webster	75%	69%	69%	80%	82%	74%
Wetzel	94%	83%	75%	64%	69%	59%
Wirt	94%	88%	85%	74%	71%	63%
Wood	82%	76%	66%	47%	51%	56%
Wyoming	87%	77%	67%	73%	80%	79%
Average Acceptance Rate	73%	71%	60%	53%	52%	51%
<i>Source: Information provided by the Bureau for Children and Families.</i>						

Appendix F Agency Response



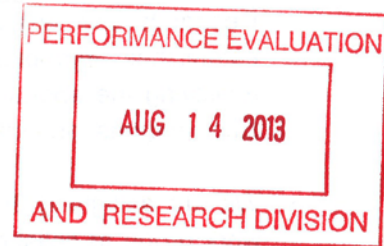
STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Earl Ray Tomblin
Governor

Bureau for Children and Families
Commissioner's Office
350 Capitol Street, Room 730
Charleston, West Virginia 25301-3711
Telephone: (304) 558-0628 Fax: (304) 558-4194

Karen L. Bowling
Cabinet Secretary

August 14, 2013



John Sylvia, Director
West Virginia Legislature
Performance Evaluation and Research Division
Building 1, Room W-314
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305-0610

Dear Mr. Sylvia:

The West Virginia Department of Health and Human Resources has reviewed the draft copy of the assessment conducted by the Legislative Auditor's Office Performance Evaluation and Research relating to Child Protective Services.

Attached is our response to each issue and recommendation presented in the report.

At this time, we would like to thank the West Virginia Legislative Auditor's Office Performance Evaluation and Research staff for their additional research and recommendations concerning the implementation of centralized intake as well as the research related to child fatality reviews and processes in other states.

Sincerely,

A handwritten signature in blue ink that reads "Susan C. Hage".

Susan C. Hage
Interim Commissioner

/sv

Issue 1: The Bureau for Children and Family's Needs to Improve Its Management of Child Protective Services Workforce Resources By Developing a Long-Term Workforce Plan, Retention Goals, and Reliable Labor Management Measures.

- We will assign jointly to the Director of Human Resources and the Director of Research and Analysis the responsibility to develop a long term plan that establishes appropriate Child Protective Services turnover rates, timelines for achieving the appropriate turnover rates, and sufficient workforce levels for the state, regions, and districts by December 30, 2013.
- We are assigning the exit survey information to our existing internal retention work group to collaborate with the Office of Human Resources Management to update the exit survey online to include the information suggested in the recommendations for CPS workers, and acquire a means to develop the information at all levels of BCF.
- All paper exit surveys completed in the field will be assigned to the BCF Human Resources Director to compile data that will be presented at the Executive Team meetings monthly.
- The reports that will be generated as outlined above will be utilized as recommended, and there will be quarterly meetings between Deputy Commissioners, Regional Directors and Community Services Managers.
- A tracking methodology will be created by September 1, 2013, to determine the extent the social worker licensure is affecting recruitment and retention.
- There is a BCF internal work group reviewing the overtime policy and overtime expenses used by all staff, and this work group will make recommendations for improvement by September 30, 2013.

Issue 2: The Bureau for Children and Families should move forward With Plans to Develop and Implement a Centralized Intake System to Improve the Consistency, Efficiency, and Effectiveness of Child Protective Services Investigations.

- The Bureau's Centralized Intake Committee has established immediate, short-term and long-term goals to implement a Centralized Intake System. The

immediate goal is to bring consistency to the screening of CPS referrals by the end of October, 2013. The short-term goal is to establish a pilot Centralized Intake Unit within a region or group of counties by January 30, 2014. The long-term goal is to roll in all counties into a Centralized Intake System by January 1, 2015.

- The recommendations for creating an online form to allow mandated reporters to report suspected child abuse and neglect and establishing a method for law enforcement personnel to have call priority are being reviewed by the Centralized Intake Committee for implementation with a statewide Centralized Intake System.

Issue 3: The Bureau for Children and Families should Take A State-Level Responsibility to Review, Analyze, and Publically Report Annually on Child Protective Services Fatalities and Near Fatalities Data as a Way to Improve Child Protective Services and Public Accountability.

- The Bureau for Children and Families has developed a formal child fatality review team and process that will conduct reviews for each child abuse and neglect, death, or near death in each federal fiscal year that will allow the Bureau to be consistent with the national data requirements and the national annual report. This process will also include quality control to ensure the accuracy of all data provided both at the national and state levels by our Division of Planning and Quality Improvement. This review process is currently being piloted with full implementation beginning October 2013. The process will include an annual report to the Governor and the Legislature. It will also analyze trends; use information to educate and inform the public; and serve as a means for recognizing the need to revise policies, procedures, and training of Child Protective Service Workers.



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