

Alaska Citizen Review Panel

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The Citizen Review Panel is a statewide group of volunteers mandated by federal and state law to provide oversight to the Office of Children's Services.

Teleconference with OCS Staff Friday, July 11, 2014 Noon to 1:00 p.m.

Present: Christy Lawton, Rodreshia, Margie, Diwakar, Dana, Ben

Absent: Travis Erickson, Bettyann

Minutes

1) Update on turnover and vacancy

Christy sent updated information. There was a spike during the fourth quarter due to a lot of transfers and promotions. Seventeen people resigned which was similar to the first quarter. More people transfer in summer since it's easier to move in summer.

SERO has been struggling as there is a lot of competition for jobs and a lot of job hopping within state government. SERO struggles with union issues as there are just 40-45 staff and four union stewards. There are more issues raised which makes morale hard. Workload is hard because it's a smaller office so when there are vacancies, it hits harder. Staff are concerned about physical safety and pay issues related to travel. Overtime is capped and supervisors are not eligible.

Christy noted that moving toward being a trauma informed agency, SERO has done office training. They have an office/regional wellness plan. They're doing as much as they can.

Diwakar requested data for past years related to being a trauma informed agency so we can look at trends. Christy noted that OCS changed how it looks at it, so she wasn't sure how comparable it will be. It'll be a good thing for CRP and for our discussions to look at it.

OCS does exit interviews. Supervisors and managers do them in person, but they aren't required. There's also a surveymonkey survey that the Staff Advisory Committee created. Departing staff get frequent reminders before they leave to take the survey.

2) Reaction to annual report

Christy noted that overall she was not surprised by the recommendations. The first recommendation about intake

contained some good suggestions. OCS will look at ways to implement, but noted they might all be easy if intake were standardized. She's giving it to Kim Guay who works with intake supervisors and they will discuss logistics and how feasible they are.

Recommendation two about finding a model for in-home for rural Alaska—this is something we've struggled with for years. There is nothing out there to use and replicate. We kind of have to start from scratch. The limited availability of services is not something OCS has control over. Caseworkers can't do everything for families. Christy thinks the primary solution is how to get tribes more engaged in working with OCS to meet families' needs. But it is not OCS' problem alone to solve; there is no silver bullet.

Rodreshia noted that agencies offering residential services have beds and money not being used because OCS is pushing for least restrictive care. Residential programs are losing money, so maybe those agencies could intervene. In Canada, there are programs in the same offices with OCS to use the existing resources.

Christy noted she'll do some research on that model. OCS is working with Division of Behavioral Health about this issue. The funding is not connecting the way OCS needs for their families. In WRO, there's millions in grants available and no one applies.

Christy said doing anything related to data collection will be challenging over the next couple years. With reorganization, everything tech related for DHSS goes through a department office. OCS can't make any changes to system and it's a much longer wait to make smallest changes to system. It's on her list; OCS will continue to look at what we can do, but no promises. They might scrap ORCA and start over in the future.

Managers are tracking things they are interested in in spreadsheets. Statewide changes aren't going to happen to ORCA. OCS is not doing spreadsheets for the whole state.

Christy noted that they have some ORCA data and can do case reviews for in-home to help assess the situation. Some elements of data collection aren't mission critical to meeting inhome families' needs, so it's not a top priority.

Diwakar clarified that Christy had said earlier that there was no data on in-home cases from before January. Christy said some of data was flawed; staff were using the in-home code incorrectly, but they do have basic data. However, the data before January was unreliable so not a lot of value in looking at that data. Workers were confused about what was involved. Diwakar suggested consulting the actual email rather than relying on memory.

Christy disagreed with our assessment that the solution to the IA backlog was all on Travis. She stated that it is a priority and that there's a sense of urgency across the entire management level. Travis is the backup to keep it in check. But all senior leadership is concerned. The backlog has crept up slightly recently, but they are working on it. Other states are asking for Alaska's help because they are still struggling and we are handling it so well. The system is deeply rooted in foundation, so it should work no matter what. There's always ebb and flow with vacancies, but we're holding people accountable. Diwakar noted that our concern was that it was all Travis. So our concern was that in his absence, it would collapse. In the response if you can clarify the system you speak of so we know. Christy noted that the root of the problem—as

with all problems, is retention. She wondered what the expectation is except to work on recruitment and retention.

Christy noted that recommendation 4 to improve relationships with partners is always something we desire to do and work on. She noted some written expectations might help. Regions need to develop this. She and Travis will meet with regions. One problem is supervisors are carrying cases so no time to go develop relationships. In some areas, it's happening naturally. In other areas, it's hit or miss.

Diwakar stated he assumes when she response to the annual report you consulted with senior leadership. On recommendation two you noted you would check with Kim Guay. We'd appreciate the response to include tentative timelines. Our recommendations are broad. We tried to make them specific. You can address with more specificity in how to approach each and tentative timeline. Christy noted that was reasonable for those we agree with and that we can talk more in monthly meetings and getting updates.

Diwakar asked that for those that aren't clear or that you don't agree with, we'd appreciate clarity about what you don't agree with and why, etc. We're trying to make each document more useful to both OCS and CRP and the public. In the process of how to accomplish things that would be useful information to have.

3) Director Lawton's choice

Christy reminded people that the IV-E Waiver application was pulled back after it was submitted. It did not have the Comissioner's support because of budget concerns. Instead OCS will is exploring a grant with the Annie E. Casey Foundation that would allow OCS to wrap up things it wanted to develop using the waiver. The grant is unusual beause it is focused on the front end--intake.

Christy noted that they struggle with turnover, critical thinking skills, a process for having good case reviews. We know that despite all the changes, we're still not hitting the mark. Most IA staff in Anchorage are green and young. As soon as staff get there, they want to transfer to familiy services. Investigations has the youngest, greenest staff making decisions with potential for dire consequences. We'll look at everything from how to recruit, how to supervise, how to help with decision making, how to help system decision making. We want to see a decrease in repeat reports, decrease in injuries among children reported to us already.

It is called the "On the Front Line" initiative. We put in an application. They will come for a couple days to talk and learn more, tell us more about how the five year initiative will roll out. If we're still interested, Alaska applies to be a state that they will work with. Annie E. Casey has deep pockets. The initiative requires a lot of investment on our end to do the work, but we're very excited. It could help turn the tide. Decisions in investigations can move a case down the wrong path.

In concert with that, we have made personnel changes in Anchorage. We're looking at how can we incentivize working in IA for employees so we can attract the most skilled, most experienced staff. It needs to be a competitive place to be. Maybe classifying up all PM 1 & 2 to be PM 3... Maybe giving staff bonuses for staying in investigations. We need to flip the continium. Family

services needs skilled folks too, but it has more of a safety net if a bad decision gets made. John Maddingly, who was commissioner in NY, is leading the initiative. We're very hopeful that it'll be a good match and we'll be selected.

Christy stated it was disappointing that the IV-E waiver was pulled back. But we've been blessed with generous budgets year after year. One strategy is for states to commit to alternative response, use case loads for IA, use TDM—all things we wanted in the waiver. It would allow us to relign resources and focus on things. Diwakar asked about finding a model for rural areas inhome cases. Christy noted that if decision making leading to a case being sent to in-home case is flawed, then we don't even know if right families are in in-home. We are working to shore this up, allows more accuracy...let's put more in place.

Minutes accepted by Panel on August 5, 2014.

Diwakar Vadapalli, Chair