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COUNTY GOVERNMENT

Comprehensive Review of Child Protective Services, Preventive Services, and Foster Care within Children's Services

Prepared by Bonadio & Co., LLP

For St. Lawrence County Department of Social
Services

August 1, 2022

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I. Executive Summary

The Bonadio Group (Bonadio) was engaged by St. Lawrence County Department of Children's Services (SLCDCS) pursuant to the terms of the Professional Services Agreement for a six-month period beginning November 2021. In accordance with the agreement, Bonadio provided a comprehensive, onsite child welfare review with a focus on best practices as prescribed by the New York State Office of Children and Family Services (OCFS), as well as our experience working with Child Welfare departments in counties throughout New York State. This professional consulting service was prompted due to complaints submitted to the Board of Legislators throughout the summer of 2021 regarding various aspects of casework conducted by SLCDCS. Throughout the course of the six-month engagement, Bonadio provided monthly verbal and/or written updates to the Department and County Administrator on the status of activities performed and upcoming planned procedures.

Bonadio performed the following procedures to identify opportunities for improvement throughout the Child Protective Services (CPS) Preventive Services and Foster Care programs that directly impact child safety and permanency and enhance overall operational efficiencies:

- Policy, Procedures and Internal Controls Review
- Staff interviews and Walkthroughs of Key Processes
- Quality Control and Testing of 15 cases from each of the three programs (total of 45 cases)

Through our various procedures, it appears that the Department excels in particular areas of program administration and has notably improved compliance with certain OCFS regulations. Specifically, as recently as Summer 2021, the Department's compliance with two metrics- the 24-Hour and 7-Day Safety Assessments, was in the lower half of all counties in New York State. As of the date of our procedures, the Department's compliance with these two metrics had significantly improved and was in the top 20%. This is a testament to transparency, prioritization and dedication at all levels throughout the Department. Although compliance with various other statutory requirements regarding CPS investigations is critical, it was appropriate for the Department to focus on these regulations first as these two areas impact determination of child safety at case opening.

The Department does, however, struggle with many different facets of casework. As depicted throughout this report, the Department operates in a manually intensive, decentralized environment with minimal checks and balances and untimely and often inconsistent oversight. With any local DSS, adequate casework resources are critical. However, given the size and population density of SLC and the trends in staff turnover, effective and reliable modes of communication between workers and clients, increased automation, standard operating policies and procedures and consistent oversight is essential to maintaining child safety and fostering a functional work environment. This report captures our procedures performed in greater detail, findings, observations and corresponding recommended solutions for each of the three program areas for the County's consideration.

II. Summary of Roles and Responsibilities

We were not engaged to, and did not, conduct an audit, the objective of which would be the expression of an opinion on the policies and procedures in place surrounding the functions within the St. Lawrence County Department of Social Services operations. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This consulting engagement report is intended solely for the information and use of the St. Lawrence County Department of Social Services and is not intended to be and should not be used by anyone other than those specified parties.

We are independent within the meaning of, and comply with the applicable requirements of, Rule 101, "Independence", and related Interpretations and Rulings of the *Code of Professional Conduct* promulgated by the American Institute of Certified Public Accountants.

III. General Child Welfare Department Observations & Recommendations

1. COUNTY CONFLICT OF INTEREST POLICY

OBSERVATION

The Department does not have a conflict of interest policy outside that which is the general policy governing all County employees. During our interviews of Department management, it was stated that all caseworkers are expected to make known to their supervisor if the subject of a case is a family member, friend, or other close relation. This is communicated to caseworkers when hired by the department and periodically thereafter but with no formal frequency or documentation of it being communicated. We noted that expecting a caseworker to not participate in a case involving personal interest seems self-evident and is likely the reason a formal conflict of interest policy is not part of the Department's Policies and Procedures.

We find that conflict of interest policies have varying utility depending on a county's population. Caseworkers in counties that are primarily urban are less likely to encounter conflicts of interest due to significant population density, while a rural county, such as St. Lawrence, has far greater potential for a caseworker knowing a person who is part of an SCR report.

Additionally, the need for conflict of interest guidelines has increased due to the prevalence of social media. Regardless of whether a conflict actually exists, a conflict may be inferred when reviewing a caseworker's social media activity and friends. If the subject of a CPS case reviews the social media of their CPS caseworker and finds that the worker is the "friend" of another employee of the department who is the subject's ex-spouse then it may be inferred that a conflict exists even if the two employees have no personal relationship and have only "friended" each other due to both working for the County.

RECOMMENDATION

We recommend the Department adopt a formal conflict of interest policy that specifically addresses the matter at the caseworker level. The Department should present the policy to all current staff and integrate into training of new hires. Staff will be required to sign the policy annually and commit to its requirements. This ensures that all staff are aware of Department expectations and prevents variations in practice by caseworkers. A policy should address the following areas:

- Define the basic elements of a conflict of interest: what general relationships are considered a conflict? Also provide examples of relationships that, barring further information, are not considered conflicts of interest (e.g. the schoolteacher of an alleged maltreated child being the former schoolteacher of the caseworker's child). Defining what will not be considered a conflict lends clarity to the policy's boundaries.
- Expectations of the Department when it becomes aware of a conflict of interest. This should clearly state how the caseworker will communicate the conflict to Department management and how this should be communicated to the client. In some instances, whether a conflict truly exists will be partially reliant on management's judgment. The caseworker should be encouraged to discuss potential conflicts with their supervisor even if they are unsure a conflict actually exists.
- If a dual relationship (where caseworker relates to client in more than one relationship) is considered unavoidable by the Department, the client should be made aware of this decision and steps taken to protect the client.
- Recommendations to caseworkers regarding social media activity should be included with the policy. Caseworkers should be strongly encouraged to lock their social media profiles as this will both allow their continued use of the medium while preventing accusations of conflicts of interest based upon one's political, religious, or cultural views expressed or based on the people one has "friended" on the media site. Caseworkers should not "friend" or like posts from clients.

We have developed a draft version of a Conflict of Interest policy that the County may consider reviewing and modifying for their own use. This draft is principally adapted from the National Association of Social Workers' Code of Ethics, which is considered a benchmark for expectations of workers in social service departments across the country (see Appendix A). We noted that the county has an established Inter-County Protocol in which cases that management deems are sensitive in nature are assigned to a neighboring county. This agreement includes transfer of a case to either Franklin, Jefferson, or Lewis County, depending on the subject's zip code. The addition of an internal caseworker policy working in conjunction with the Inter-County Protocol will effectively transition potential conflicts of interest from the county and ensure impartial completion of the case.

2. CENTRALIZED HOLDING AND REVIEW OF POLICIES AND PROCEDURES

See Observation and Recommendation #1 in 'General CPS Observations and Recommendations' on page 18 for detailed analysis related to CPS. We find that centralized procedures are lacking in all areas of Children's Services and recommend similar structure be added to preventive and foster care units.

IV. Child Protective Services

INTRODUCTION

The SLCDCS CPS unit is responsible for investigating all reports of suspected child abuse and neglect as reported by the NYS State Central Register (SCR) and providing immediate and long-term protection of children from further abuse or maltreatment. In accordance with NYS law, not all reports of suspected child abuse and neglect that are reported through the SCR and ultimately routed to SLCDCS are handled by an Investigations caseworker. Instead, certain cases may be handled by an alternative child protective response via a Family Assessment Response (FAR). By law, the Department must exclude reports containing serious allegations, including, sexual abuse, physical abuse, severe or repeated abuse and failure to thrive from a FAR track. Similar to investigation cases, an initial safety assessment is conducted at the onset of the investigation and throughout the case. Unlike traditional investigative cases, the FAR programs aim to work collaboratively with families to understand their unique strengths and needs and caseworkers do not make a formal determination of whether child maltreatment occurred. The *NYS Child Protective Services Manual* is a comprehensive resource that provides a guide on how the Unit should decide on the appropriate track assignment of a new report from the SCR and outlines regulatory requirements for how each case should be handled from case assignment to case determination and/or case closing.

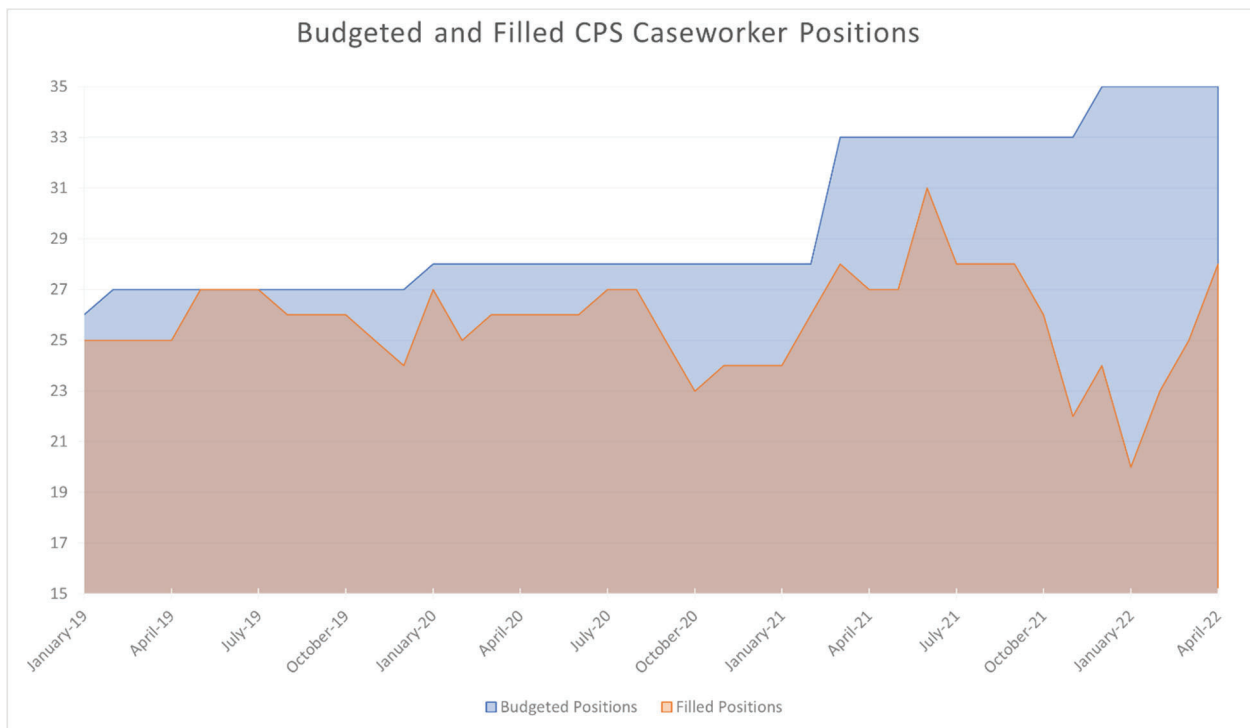
The SLC Children's Services Department is located in the main social services building in Canton, NY and is comprised of approximately 14 units. Each unit is dedicated to a particular program (e.g., CPS, Adoption, Foster Care / Preventive, Homefindings, etc.) and is comprised of caseworkers, senior caseworkers, and one Grade B Supervisor. Within CPS, SLC maintains three units dedicated solely to investigation cases, one unit for FAR cases and one unit for training purposes (total of five units). Four of the CPS units are located in the main social services building in Canton while one investigations unit is located in the Department's Ogdensburg satellite office. One Grade A Supervisor, who is supported by a clerk and keyboard specialists, oversees all CPS units.

ANALYSIS OF AVAILABLE CPS POSITIONS

At the beginning of our engagement it was clear that a significant area of focus for the County was whether the Department had an appropriate number of CPS caseworker positions. SLCDCS was consistently performing below the state median in case closure timeliness, with an average of 14.6% of cases determined timely in 2021 compared to the state average of 51.6%, according to OCFS' 2021 MAPS Report for St. Lawrence County. This statistic remained largely unchanged even after the addition of six caseworker positions in early 2021. Additionally, the number of caseworkers with greater than 15 cases was consistently above the state average in 2021. Poor performance in both of these metrics usually indicates a department is understaffed or operating inefficiently.

Additionally, during our interviews it was repeatedly stated that caseworker lack of experience and turnover was a significant concern in the Department. Onboarding new caseworkers was seen as a strain on Department resources as experienced caseworkers were tasked with guiding new caseworkers when they receive their first cases. The high turnover rate of new caseworkers was stated to disincentivize experienced workers to spend the time to effectively assist new caseworkers. This likely caused further turnover in the Department.

To further analyze these concerns, we requested historical data of budgeted caseworker positions and vacancies for the period of January 2019 through April 2022, shown below.



Per the graph above, the average number of caseworker positions filled remained relatively consistent in 2019 and 2020, with the highest number of filled caseworker positions in spring and summer months and lower levels during the fall and winter months. This pattern remained consistent in 2021 but with a wider overall disparity. Specifically, we noted there were 31 filled casework positions in June 2021 which was the highest during the three-year period and 20 filled caseworker positions in January 2022 the lowest during the three-year period. We also noted that the period of October 2021 to April 2022 was the longest, consistent period of fewer than 25 filled caseworker positions. This trend recovered in April 2022 with 28 filled positions.

The downward trend in filled positions beginning in May 2021 captured in the graph above is significant as it coincides with the period that nine new caseworker positions were budgeted to the county, with five added over one year ago, in January 2021. Per the data, the Department did not experience a single month with all available positions filled in 2021. May 2021 was the closest month to being fully occupied, with a total of 31 positions filled. However, this was short-lived and the number of filled-positions quickly fell to the lowest level in the three-year period with only 20 positions filled in January 2022.

After review of this data, it was clear that the Department's below average performance in case closure and average caseload size may be due to its inability to retain new caseworkers as voiced by Department personnel during our interviews. This is despite the number of budgeted positions increasing by approximately 25% during 2021.

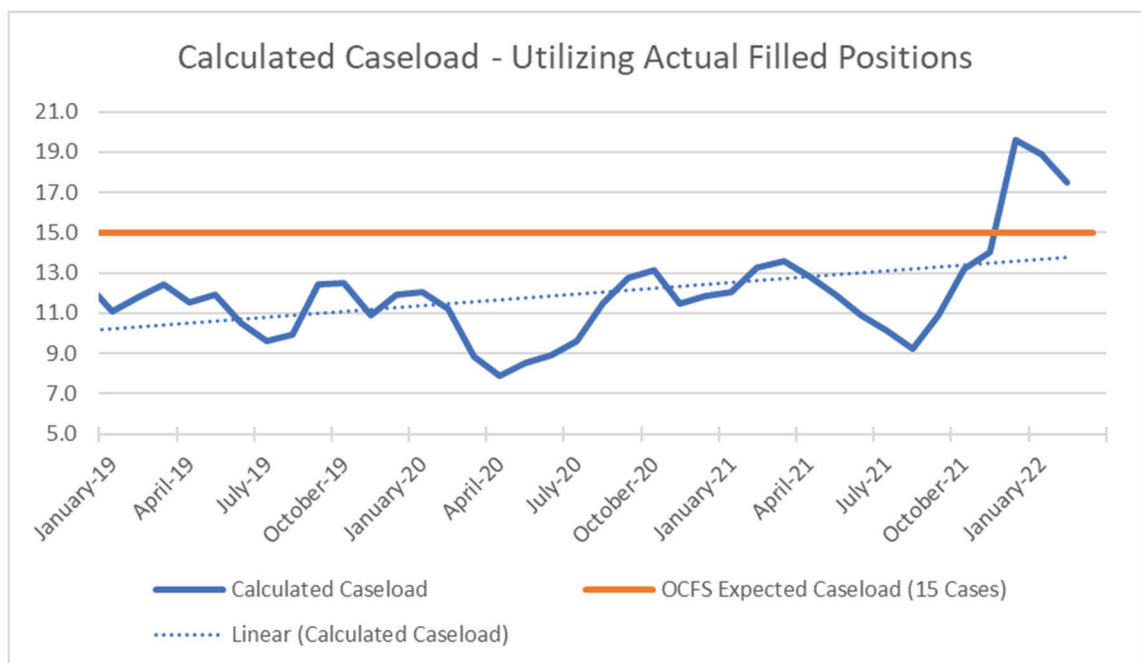
ANALYSIS OF INCOMING SCR CASES AND EXPECTED CASELOADS

After review of filled caseworker positions, we expanded our analysis to include the number of SCR reports received by SLCDACS during the same period of January 2019 through April 2022. This testing considered whether the volume of cases received from the SCR could be sufficiently managed during the period of our review if each case was closed within 60 days as expected by OCFS. This was approached from three perspectives:

1. Number of actual caseworkers available to receive reports each month based on historical positions-filled data provided by the Department.
2. Average number of caseworker positions filled during the entire period of review.
3. Budgeted number of caseworker positions during the entire period of review.

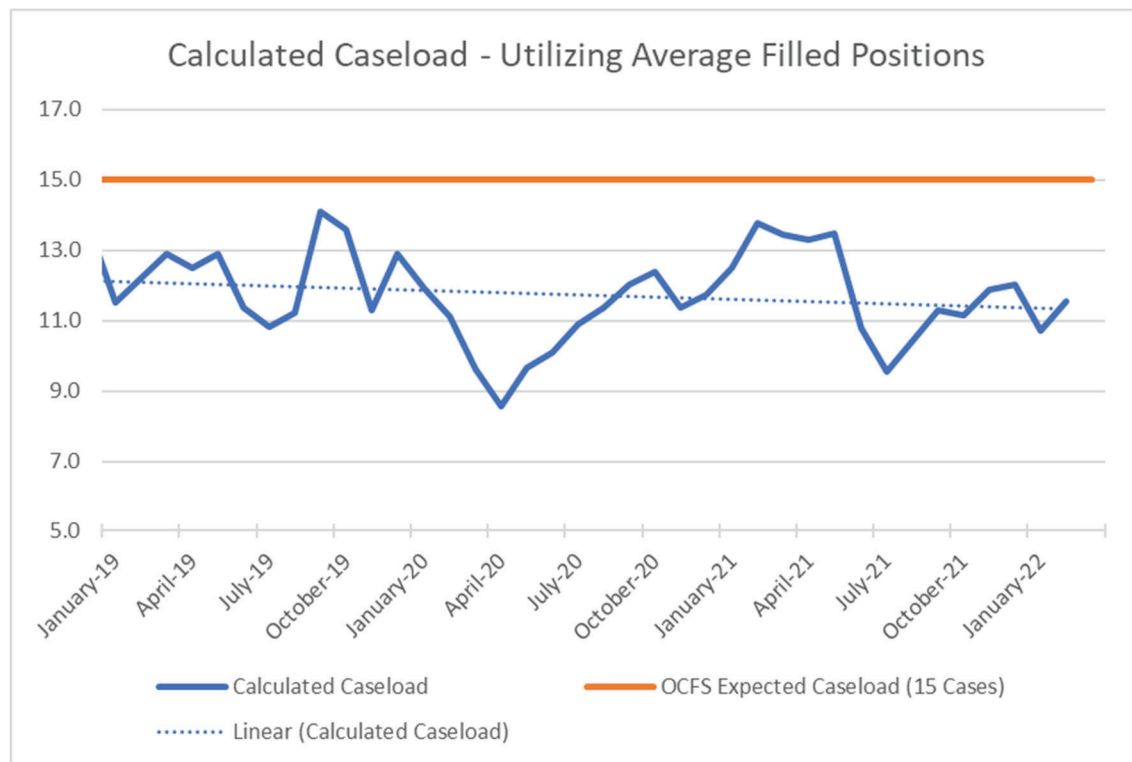
This testing includes subtraction of two caseworkers from our calculation of the overall population of available caseworkers for a given month. This is meant to account for short-term vacancies due to medical, vacation, or other work-related reasons and was deemed a reasonable average by SLCDACS management.

1. Expected Caseload Using Actual Caseworker Positions Filled: The average caseload size during the period reviewed was lower than the OCFS recommended caseload. The only period that experienced a calculated caseload higher than 15 cases was December 2021 through March 2022, when the department lost approximately 20% of its available caseworkers. We note this loss of caseworkers in fall 2021 accounts for the positive trendline of this graph, which approaches the OCFS maximum caseload guideline by March 2022. It is important to note that when there is turnover and a position is refilled, it is not counted as an 'actual filled position' for the first three months in this graph to account for the fact that new caseworkers are in training for the first three months and not accepting cases.

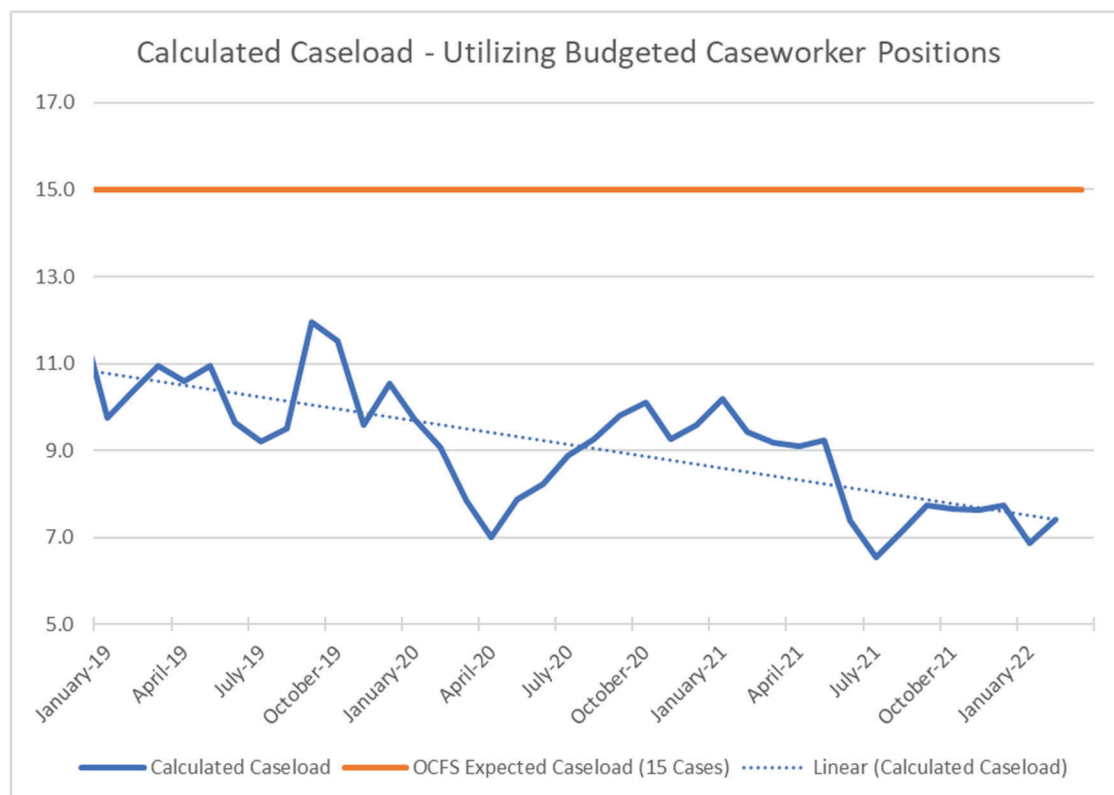


2. Expected Caseload Using Average Caseworker Positions Filled: The average caseload size during the entire period reviewed was fewer than the 15 cases considered manageable by OCFS standards. We note that this calculation particularly differs from the one prior during September 2021 through March 2022 due to the significant loss of available caseworkers during that period not directly affecting this calculation as this graph most directly reflects the influence of monthly SCR reports.

When compared to the graph above, the decrease in available caseworkers had greater influence on the average caseload approaching the OCFS standard than did any shifts in the number of SCR reports received by the Department. We note that the period's trendline is slightly negative and reflects the decrease in average monthly SCR reports received by the Department over the three year period.



3. *Expected Caseload Using Budgeted Caseworker Positions:* The average caseload size remains significantly below the OCFS recommendation during the entire period of this graph and the trendline slope is clearly negative. This reflects the significant resources allocated to the Department in additional caseworker positions, especially in 2021 as the average calculated caseload approaches half the OCFS recommended maximum. We note this differs starkly from Graph #1 during September 2021 through March 2022 and further reflects that the caseload increases in Graph #1 were due to Department turnover and not any significant change in SCR reports. Please note that, similar to the prior two graphs, this calculation still accounts for an average of two caseworkers not being on report rotation.

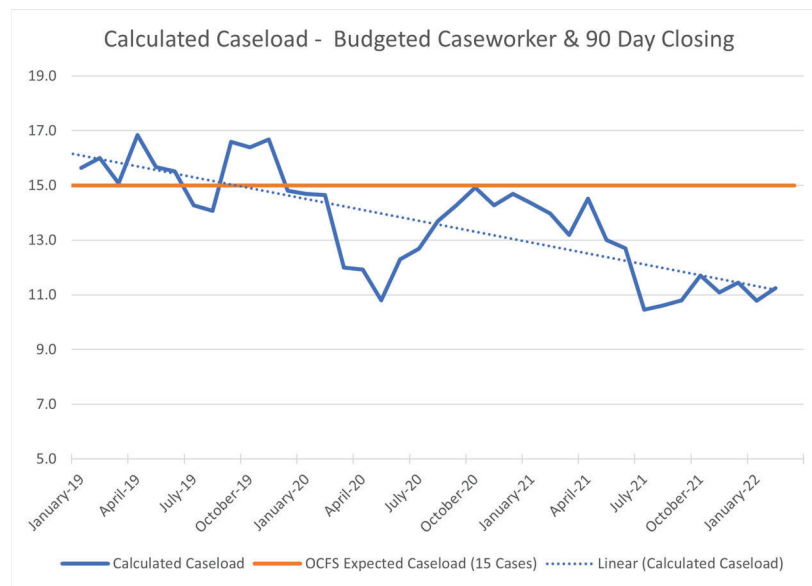


BONADIO COMMENTARY – CASELOAD ANALYTICS

Based on the three types of analysis performed above, the current number of budgeted caseworker positions is adequate to effectively process the number of SCR reports received by SLCDCS when using the 60 day case closing expectation of OCFS. As stated earlier in this section, we recognize that SLCDCS determined only 15% of cases timely in 2021. It was often stated during interviews that 60 day determinations are an ideal but not feasible. Considering this, we modified our calculation from graph #3 using an average case determination of 90 days (see below). Average caseload utilizing budgeted positions remains below 15 cases in this graph, and trends significantly lower than 15 cases in the last six months due to the decrease in overall reports and the increase in available caseworker positions. Considering this, we find that the Department has an adequate number of available CPS caseworker positions to maintain an average caseload within OCFS expectations, even if determinations remain on average overdue by one month. Although we are not advocating for a 90 day close rate as opposed to the OCFS expectation of 60 days or less, this exercise demonstrates that the budgeted positions are more than sufficient to handle fluctuating caseloads even when average close rate is well above 60 days.

An initial review of this graph may suggest that the County is currently overbudgeted for positions in CPS. However, in the ‘CPS Case Review’ section starting on page 23 of this report, we noted that the County has some significant shortcomings in casework documentation and Progress Note timeliness. These findings could be considered shortcuts in casework and ultimately impact the County’s ability to support its compliance with OCFS rules and regulations in its casework. Although we can’t estimate the additional time required Department-wide to improve compliance as it relates to OCFS regulations and adequate case documentation, we acknowledge it will require more effort than has been historically contributed.

Based on this information, we recommend the County shift focus toward reducing new caseworker turnover, effectively marketing open caseworker positions, and concentrating heavily on improving case compliance and gaining efficiencies in casework to close cases more timely. The next section offers our observations and recommendations toward this goal.



OBSERVATIONS AND RECOMMENDATIONS RELATED TO CASELOAD ANALYSIS:

The trend of fewer caseworker positions actually filled despite new budgeted positions is concerning as it may suggest the following:

- The Department does not have the ability to effectively onboard additional workers
- The community lacks a sufficient supply of qualified candidates for the caseworker position.
- The position itself is not attractive

Discussions with County personnel indicate that all three issues are likely contributing factors. Based on our analysis, it is likely that the County tried to immediately fill the new positions created by the county legislature in March 2021 but struggled to do so. The following observations offer insight into potential causes of the Department's inability to fill and maintain budgeted positions. Our recommendations are based on our interviews, analysis of caseload data, and our industry experience which allow us to share best practices we've seen utilized in other counties.

1. ONBOARDING AND TRAINING TEAM

OBSERVATION

Until recently, the county has not had a dedicated training team for new hires. Newly hired caseworkers attended OCFS training in Albany and received additional training by assisting existing caseworkers with their caseloads on weeks when not receiving OCFS training.

We are happy to report that the CPS Unit now has two dedicated senior positions that will lead new hire training, with the first position added mid-2021 and the second position being filled in February 2022. After completion of OCFS training, new caseworkers participate in trainings specific to SLCDCS and are assigned their first case while under the direction of the training team. This should significantly improve new employee preparedness and retention as new caseworkers can ask questions of the training staff instead of feeling they are pulling those with caseloads away from their work when they have questions.

We note that establishing a new hire training team is best practice within the Child Protective Services discipline. Casework can be complex and often shocking for new caseworkers and a robust introductory onboarding and training program allows the County to execute a formal and well thought out training curriculum that not only monitors a new caseworker's ability to reach an adequate level of training before deployment but also allows the County to train heavily on local practices, as well as the County's established policies, procedures, and casework protocols.

In counties where a formal training program is established, trainers often have flexibility in determining when a new caseworker is actually prepared to either participate in real casework, handle a case independently, and ultimately take on a full caseload. Partial caseloads can even occur within the training team with one of the training leaders being the signing supervisor.

RECOMMENDATION

We believe the establishment of the training team is an excellent step in assisting with the onboarding and training of new caseworkers and will ultimately lower turnover within upcoming caseworker classes. We offer the following recommendations for consideration as the training team continues to develop and formalize its program, curriculum, and integration within the Department.

- Draft and formalize the training team's positions, roles and responsibilities, and policies related to the team's objectives and procedures.
- Establish training tools that allow trainers to adequately measure new caseworker performance and readiness for the acceptance of cases.
- Create a formal integration plan for how new caseworkers that have completed training will receive caseloads and become part of rotation (see Observation #2 below for additional details).

2. CASELOAD FOR NEWLY HIRED CPS CASEWORKERS

OBSERVATION

During our discussions with management of onboarding procedures it was stated that new staff are placed on Intake rotation once they have completed the formal OCFS training and their skills appear sufficient for having their own dedicated caseload. Once approved for rotation, a new caseworker is often placed in the pool of workers available to receive cases. New caseworkers may be skipped in rotation if a case involving significant complexity is reported to the county, such as a fatality or sex abuse case. However, we noted that the Department does not have a documented policy of limiting the frequency of caseworkers receiving new cases or their overall caseload size under any specific circumstances.

Additionally, we noted that when a caseworker leaves the County, their cases are at times absorbed by new hires who have yet to have a significant caseload. These cases are often unorganized, late, and missing Progress Notes due to a common cause of an employee leaving because they were significantly behind in casework performance. We find that transferring cases to new workers solves the immediate problem of assigning the former employee's caseload but creates a greater problem by inundating a new worker with cases that will require significant additional work.

RECOMMENDATION

Depending on the ultimate development of the training team and its objectives, we recommend the county develop a formal method of limiting the number of cases a new hire can accept either during their training or once training is complete. Through interviews performed it was evident that the principal reason for new hires leaving the Unit is them feeling underdeveloped as a caseworker when they receive a full caseload.

We also recommend the Unit limits the practice of transferring full caseloads to new caseworkers, particularly cases that are more difficult or left unorganized by a former caseworker. We understand that the Unit currently considers the skills of each worker and their caseload when redistributing former caseworker cases. This likely works effectively in most instances but creating a policy will formalize the county's approach to purposefully controlling a new caseworker's caseload, both in scale and complexity.

3. CIVIL SERVICE EXAM AND POOL OF QUALIFIED CANDIDATES FOR HIRE

OBSERVATION

Additionally, we find that lack of respondents to the caseworker civil service exam significantly hampers hiring of CPS personnel. In our conversations with the County, it was stated that approximately 20-25 people sit for the caseworker civil service each time it is offered. The County finds that a significant portion of those who take the test have one or more of the following disqualifying factors:

- Inadequate test score (not necessarily test failure)
- No longer interested in position after contacted by county for interview
- Repeatedly taken the civil service exam and disqualified due to factor other than test score

These factors limit the pool of available applicants significantly and has led the department to offer the exam on a six month basis to attract new candidates. This has not resulted in an increased overall pool of candidates. St. Lawrence County is primarily rural and has a very limited population with college degrees. In recognition of this fact, the Department changed the education requirement for caseworker position in March 2019 by reducing the education requirement to any completed bachelor's degree instead of one with a social service focus. We noted that this marginally assisted with increasing the applicant pool but its effect was limited due to few St. Lawrence County residents having bachelor's degrees. We note that according to the U.S Census Bureau, only 19% of county residents hold a bachelor's degree or higher in 2020 while the New York State average is approximately 40%.

RECOMMENDATION

We recommend the Department significantly expand their partnership with area colleges to increase the quantity of the testing applicant pool. Though St. Lawrence County has a relatively low overall population for its geographic size, it has an untapped talent resource in the four local colleges. While none of the colleges have degrees that specifically focus on children services, each college has programs in associated degrees such as Psychology.

The Department currently has a limited partnership with the colleges that includes a seasonal internship program of two students during a given school year. We recommend the county expand this relationship through the following actions:

- Expanded Internship Program: We noted that the current program both relieves the workload burden at the clerical level but, more significantly, provides the county with potential caseworker candidates who are engaged and excited to participate in a program in which they feel invested on a personal level. Internship programs are the main method that most businesses hire young professionals and allows the business to vet the intern for future potential for success. St. Lawrence County should view their internship program in a similar fashion and expand its roster to at least five internships per year.
- New Caseworker Scholarship Program: As noted above, the county likely has sufficient positions available for processing Investigation cases within the 60 day timeframe but has not been fully staffed for any meaningful period of time in at least the past three years. We recommend that the county invest in a scholarship program. One option may be to eliminate one budgeted position and utilize the related local dollars toward funding of the scholarship.

This program should focus on students who participate in the internship program. At the end of each internship, management evaluates the interns' performance and their potential for future success in the department. If an intern seems very likely to succeed as a caseworker, the county offers the student a scholarship or tuition reimbursement if they agree to work as a caseworker for at least two years. This program provides the Department with candidates that are highly likely to succeed as caseworkers and will therefore result in an increased overall case output. If an open position is used, it should be reviewed on a yearly basis, but we find that use of the funds toward a scholarship is a better use of funds until the filled caseworker positions are consistently filled to 90% of those available (32 of the available 35 positions).

- Hiring of Students for Visitation Monitoring: During our interviews, it was noted that the Department struggles to fill supervision slots for parent/child visitations. As noted elsewhere in this report, two employees are assigned to visitation but both work normal daytime hours and are not available for the time slots when most people are off work. We recommend the Department hire college students on a part-time basis. College students typically work evenings and weekends and often look in the local community for part-time income opportunities.
- Coordination of Research Projects with Professors: Bachelor's and Master's degrees entail a significant element of research for completion of the study program. We recommend the Department coordinate with professors in relevant fields and develop research projects whose topics are selected by Department management. Students can then periodically discuss their research with management who volunteer as sponsors of this initiative. This program enhances the Department's reputation in the community and encourages students to participate in the internship and mentorship programs discussed above, with the ultimate goal of becoming effective caseworkers.

Additionally, we find that such a project would result with new approaches to common DSS problems: a student can be presented with an issue, research methods by which other departments in the country have handled it, and present to both their professor and Department management. Over time, this will likely lead to creative, new way of solving existing issues.

- Participation in Collegiate Job Fair Programs: The civil service exam is offered at most every six months by the Department. We recommend that the Department target upcoming seniors who are graduating by offering the exam in the spring and communicate this during job fairs offered at the colleges in the fall. This allows enough time for students who are interested to study for the exam and be part of the list that is used for hiring in the summer.

4. WORK FROM HOME PROHIBITION

OBSERVATION

During the COVID-19 and New York State stay at home orders, employees were required to work remotely. Effective August 2021, the county mandated that all grade A and B supervisors sign a policy that strictly prohibits supervisors from allowing employees to work remotely. This includes training time.

When caseworkers are not seeing clients in the field, they are required to perform all work-related responsibilities from either the Department of Social Services office in Canton or the satellite office in Ogdensburg. If employees elect to work up to an additional 5 hours per week, work must still be performed at one of the offices. This is a blanket policy that applies to all personnel in the Department. During our interviews, it was noted by several workers that they will sit in a parking lot in their car and work on Notes if their last visit for the day is closer to their home than either of the offices. Though recording the Notes in their car is cumbersome and inefficient this is seen by some as the only way to remain compliant with Department policy while not wasting time driving back to the office.

Recent college graduates are increasingly looking for careers that offer work/life flexibility and balance. The largest shift toward this model occurred during COVID-19 when businesses and governments were forced to adapt and function in a remote environment. We noted that during the pandemic, CPS was still closing cases at their historical average rate and in some months significantly higher than before the pandemic. Additionally, having the ability to work from home is critical due to child-care and family needs for many people. The Department not allowing any work from home likely limits the pool of civil service exam applicants as well as causing a portion of caseworkers to leave the county due to child-care and other requirements of family life.

RECOMMENDATION

We recommend the county allow work from home on a limited basis. St. Lawrence County is the largest county geographically in New York State and the four major population centers outside Canton (Gouverneur, Potsdam, Ogdensburg, Massena) are broadly scattered through the mid and upper edges of the county line. The effect of the county's size on travel time is exacerbated in the winter months. Given the distance between employees' homes and clients and/or office we find that there is likely a significant loss in productivity with the current policy.

The following hypothetical example displays a caseworker's total drive time when performing a home visit to North Bangor during their workday under both the current policy and a modified policy that allows WFH. Examples such as this were commonly communicated by caseworkers during interviews.

Time Commuting with Current Policy:

- Travel from home in Massena to DSS Canton office **36 minutes (29.2 miles)**
- Travel from DSS Canton office to client in North Bangor **56 minutes (45 miles)**
- Travel from client in North Bangor back to DSS Canton office to **56 minutes (45 miles)**
- Travel from DSS Canton office back to home in Massena to **36 minutes (29.2 miles)**

Total Driving Time = 3 hours and 6 minutes (148.4 miles)

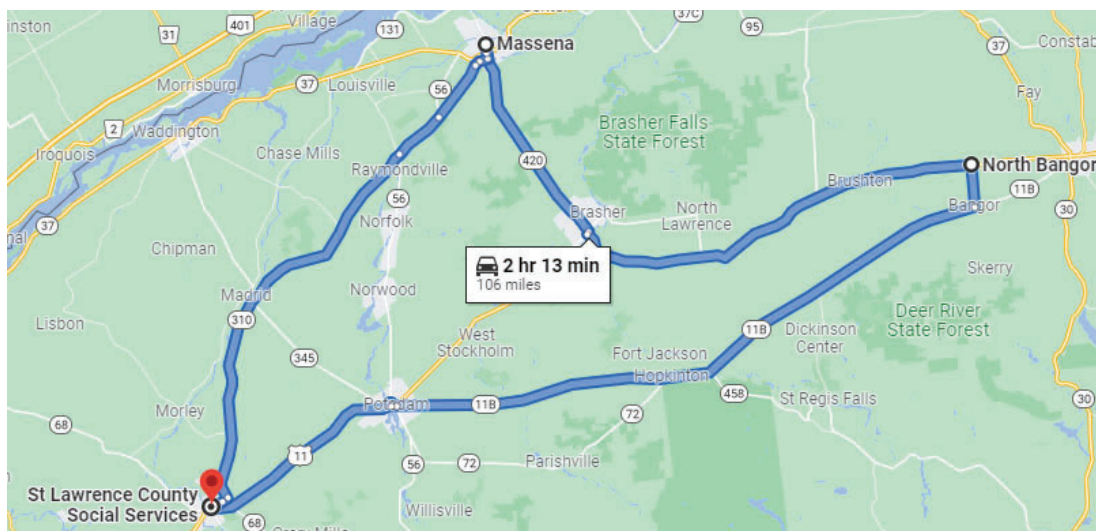
VS.

Time Commuting with Limited WFH Policy:

- Travel from home in Massena to DSS Canton office **36 minutes (29.2 miles)**
- Travel from DSS Canton office to client in North Bangor **56 minutes (45 miles)**
- Travel from client in North Bangor back to home in Massena to **36 minutes (29.2 miles)**

Total Driving Time = 2 hours and 13 minutes (103.4 miles)

Difference of 53 minutes



The Department may implement a limited work from home policy that only allows up to five of the caseworker's 35 hours be at home. We find that this allows for flexibility of staff who spend a significant amount of time in the field while also not encouraging its use for a significant portion of the work week. This privilege may be revoked if it is found that a worker's caseload is so high that they require additional support from their supervisor. Caseworker accountability can also be built into the policy by requiring the worker notify their supervisor of casework completed while at home. Completing this on a weekly basis would be a basic measure of caseworker accountability.

Lastly, the policy may have a trial-period, after which the County will revisit the matter and determine if it is effective. We recommend the trial period be at least six months and include metrics such as average cases closed and total absences not related to vacation. These metrics would be compared to data of prior years going back to at least 2019 in order to effectively compare to a year prior to COVID-19.

We have found that other counties have successfully implemented a similar hybrid model in the past two years with significant success. The type of hybrid model that best fits St. Lawrence County may be different than those of other counties but we find that a level of work from home flexibility is the norm for most businesses and counties whose work does not always require the person's physical presence. Implementing this type of worker benefit will likely increase worker productivity, retention, and provide a greater pool of civil service exam candidates.

GENERAL CPS OBSERVATIONS AND RECOMMENDATIONS

The following section is based on our discussions with Unit personnel and associated data collected. We find that these are areas that may present opportunities for internal control improvements and process efficiency in several areas of the Department.

1. CENTRALIZED HOLDING AND REVIEW OF POLICIES AND PROCEDURES

OBSERVATION

SLCDCS does not maintain a centralized listing of protocols and procedures specific to operations in the Department. Several policies and procedures related to general county-wide policies are kept available on a shared server but ones that specifically address SLCDCS operations are not centrally available.

In several conversations with caseworkers and management it was stated that the department does not have an official policy related to a matter (e.g. Use of Mobile Technology, Inter-Office Protocol), only to later find out in subsequent conversations that the procedure does exist and was just not known to the person we initially spoke to. Having differing thoughts on what policies exist is not uncommon within a department but these inquiries were made to people we would expect would know whether a current protocol exists.

RECOMMENDATION

To not have a centralized location for policies and procedures, to have caseworkers not know where they are or whether they exist, and to not have management regularly review, update and train on established policies and procedures is simply unacceptable for a CPS department. We recommend the Department create a centralized registry of all current SLCDCS protocols/policies, list policies to be added, and note a timeline by which already established procedures will be periodically reviewed, as well as when needed protocols will be written. We have found that a central registry assists both caseworkers and management: caseworkers have a simple means of accessing protocols for major procedures and management can clearly point to current policy when there is confusion or pushback from other personnel.

The registry can be a simple Excel spreadsheet that contains Protocol/Policy #, Name, Effective Date, Last Review Date, and Date of Next Review (See Appendix C). We recommend that the Department consider creating protocols for at least the following situations:

1. **Documentation Requirements for CPS History of SCR Reports:** The cases reviewed as part of our OMA Tool review exhibited case history review with significantly varied detail. Several caseworkers simply listed that review of CPS history was performed, while other showed understanding of the family's history by summarizing prior reports with the subject family.
2. **Guidelines for Transferring Cases from Investigations to Preventive Services:** It was stated in interviews that the transfer process for cases to Preventive services is often varied and unclear, resulting with both preventive and investigation workers frustrated by the process. Clarification of responsibilities would give both groups an understanding of current procedure.

3. *Forensic Interview Protocols and Recording Requirements*: Forensic interviews are one of the most valuable portions of an investigation case. This protocol should include specific requirements of each interview and a review of best practices.
4. *24 Hour and 7 Day Safety Assessment Guidelines*: Guidelines in this area are particularly useful for new staff who have heard 24 hour and 7 day requirements but can reference back to this document during casework.
5. *Supervisor Responsibilities and Best Practices*: A common theme during interviews was that Grade B supervisors do not receive training that is particular to their position. We recommend a listing of responsibilities and best practices that can be used in conjunction with training developed by management.
6. *Recording of Children's Physical Injuries Protocol*: Similar to the Forensic Interview Protocol, every caseworker should have a complete understanding of the requirements for recording injuries to children and the explanations given for the injuries. This documentation will be a critical element of case resolution and a protocol delineating its requirements will reinforce this to the caseworker and provide them a document to refer to in the field.
7. *Available Local Service Providers*: During our interviews we found that CPS caseworkers had varying understandings of services available to families. We recommend management create a comprehensive listing of services that includes description of items offered and their contact information.
8. *Guidelines for FAR Cases*: We noted that a guideline for FAR cases is used by Intake personnel that includes specific causes that would send a case to Investigation instead of FAR. This is a useful tool and should be periodically reviewed by management to ensure compliance with OCFS guidelines.
9. *DSS Conflict of Interest Policy*: As stated above, a conflict of interest policy that is specific to DSS and signed periodically by employees is recommended.

2. USE OF PERSONAL MOBILE TECHNOLOGY

OBSERVATION: INAPPROPRIATE USE OF PERSONAL TECHNOLOGY

The sensitive nature of children services cases requires a commitment to confidentiality and acknowledgement that inappropriate use of personal technology may cause unintended harm to families served by the department. This is acknowledged through the county's Mobile Device Policy that "prohibit(s) the use of personally owned mobile devices for work purposes." If one's work responsibilities require use of a mobile device/cell phone, those activities must be completed on an "LDSS-issued mobile device when the utilization of the device is required for legitimate business purposes" (see Appendix B).

RECOMMENDATION

We recommend that the County consider one of the following changes to the mobile device policy:

3. Reinforce the County's commitment to the current policy: Require all DSS staff periodically sign-off that they adhere to the policy and discuss its importance, specifically related to children services clients, in all new hire training. Additionally, we recommend the department evaluate whether the current supply of SLCDCS cell phones is sufficient both in volume and capability to not warrant caseworkers needing to use their personal cell phones for photographs. Issuing county cell phones to each CPS caseworker should be considered as it is unlikely that devices require being checked out would receive regular use.
4. Adjust the Policy to Better Reflect Current Practice: The County may survey how personal phones are used for work purposes and determine if any of the current uses are acceptable. The current mobile technology policy should then be adjusted to reflect those practices deemed acceptable and those still considered unacceptable should be clearly communicated and the adjusted policy enforced by management.
5. Research Software Solutions for Common Casework Uses of Personal Phones: The risk associated with use of personal mobile phones for work purposes is often mediated by employers through use of mobile phone applications that house any work-related activity performed on the device. The application requires a password separate from that of the phone itself and is regulated remotely by the employer. This protects work-related data by making it inaccessible without security protocols governed by the employer and allows the employer to remotely remove rights to the application if the phone is lost or stolen. Such software acknowledges that using personal phones is convenient for employees but regulates their activity in a way that maintains security of work-related data.

3. COMMUNICATION AND DIRECT INVOLVEMENT WITH AREA SCHOOL DISTRICTS

OBSERVATION

CPS currently has limited direct engagement with school districts in the county. Management periodically provides updates to district representatives regarding any significant changes to CPS reporting requirements, policies, or other elements of casework that would affect the school district. This was done as recently as January 2022 when management met with 18 school district representatives to explain modifications to SCR reporting requirements. We noted that approximately 10 years ago CPS had a more significant presence in five of the school districts, including Gouverneur and Ogdensburg. Five caseworkers were part of this team, with each assigned to a district. These teams were dissolved after two years of operating due to budgetary constraints and high caseloads.

RECOMMENDATION

We recommend the county reengage the school districts by appointing at least two positions that would each be responsible visiting the schools in their assigned portion of the county. This is common practice in New York State and provides on-site assistance to mandated reporters. We find that most counties experience a decrease SCR reports that have low levels of safety concern after school teams are implemented. This is due to issues such as educational neglect and dirty houses / students being handled by alternate means under the direction of the assigned caseworker.

Tracking the progress of school teams is often difficult for a department and can lead to questions of whether the team is effective. We recommend the county keep detailed record of the caseworker activity, including whether alternate services or solutions were given to families referred to the caseworker. Additionally, the number and type of SCR reports related to mandated school reports should be evaluated against historical data once the caseworkers have adjusted to their new role over a period of one year. This should be done annually and is a key metric for evaluating the school team's effectiveness.

CHILD PROTECTIVE SERVICES CASE REVIEW

METHODOLOGY

For each of the 15 CPS cases we reviewed, we performed Ongoing Monitoring and Assessment Tool review of the 12 Investigation cases and tracked performance of key regulatory areas for the three FAR cases. It should be noted that some of the performance measures we reviewed correlate directly to OCFS regulations, while others are based solely on what would be considered best practices.

During our case review we noted a wide range of casework activities, with the overall quality of casework performed reflecting recent areas of progress in the Unit, such as timely completion of the 24-Hour and 7-Day Safety Assessments. At times, we noted casework that was exceptional, while in some cases we found the casework performed to be lacking when compared to OCFS regulations and general best practices.

When OCFS is performing their analysis of county CPS division, they use the following positive compliance thresholds to evaluate performance in individual areas:

- Strong; no program improvement plan (PIP) required: 85% and above
- Recommendation; PIP recommended: 84% - 75%
- Area Needing Improvement; PIP required: 74% and below

The metrics highlighted below report results that we consider areas of strength for the Department as well as those in need of improvement. Of the six individual metrics areas we captured and reported in this section, four exceeded OCFS's "Strong" threshold of 85% positive compliance or greater. While two of the metrics we captured were below the OCFS threshold of 74% as an "Area Needing Improvement".

CASE REVIEW RESULTS

1. CASE HISTORY

Criteria Tested	Positive Compliance Rate
SCR History reviewed within 24 hours of report?	87%
SCR history search adequately performed	93%
Case records captured relevant / critical case history	93%

As evidenced in the results above, SLCDCS performed well in capturing information from the SCR case history in 13 of the 15 cases. History in these cases was reviewed within 24 hours, as prescribed by OCFS guidelines. Of the two exceptions, one case did not show evidence of any review of the SCR history while the other case did not perform the search until almost three weeks after the intake date.

2. CONTACT WITH SCR REPORT SOURCE

Criteria Tested	Positive Compliance Rate
Source of the report contacted, or adequate contact attempted within 7 days of the SCR report?	93%

Of the 15 cases we reviewed, contact with the source of the referral was made or adequately attempted in 14 of the cases we reviewed. Cases in which the source was anonymous or did not provide contact information were excluded from the positive compliance rate calculation.

3. SUPERVISION AND FOLLOW-UP

Criteria Tested	Positive Compliance Rate
Evidence of supervisory feedback throughout casework?	60%
Evidence of supervisory feedback only once during casework?	20%
No evidence of supervisory feedback during casework	20%

It should be noted that our evaluation of the evidence of supervisory feedback throughout the course of the investigation (60% positive compliance rate) was based only on the documentation available in the case files provided to us, which generally included the Intake Report, Stage Summary, and Progress Notes. In the six cases that failed to satisfy this criterion, it is possible the Caseworker and Supervisor had communication that was not documented in the case file; however, OCFS guidelines state that any communication of this type must be appropriately documented in the Progress Notes.

4. TIMELINESS OF PROGRESS NOTES

Criteria Tested	Positive Compliance Rate
All Progress Notes completed within 30 days of event date.	40%
All Progress Notes completed within 60 days of event date.	30%
All Progress Notes completed within 90 days of event date.	8%
Case includes Progress Notes with greater than 120 day difference between event date and record of noted.	22%

We noted a positive compliance rate of 40% in the criteria of inputting Progress Notes within 30 days of a case event. New York State Regulation for Departments of Social Services require that “progress notes must be made as contemporaneously as possible with the occurrence of the event” (18 CRR-NY 428.5). Additionally, OCFS highly recommends notes be recorded within 30 days of the event as one’s recollection of a case event greatly diminishes in accuracy and relevance after 30 days. This is especially the case given that supervisors are expected to perform monthly review of the case.

5. TIMELINESS OF 24 HOUR AND SEVEN DAY SAFETY ASSESSMENTS

Criteria Tested	Positive Compliance Rate
24 Hour Safety Assessment Completed Timely	100%
7 Day Safety Assessment Completed Timely	100%

All 15 cases exhibited positive compliance for both the 24 hour and 7 day safety assessments. We noted that one case did not see the children until three days after the SCR report date but the caseworker did confirm with relevant hospital staff that the children were safe within 24 hour of the report.

6. SIGNIFICANT GAPS IN CASEWORK

Criteria Tested	Positive Compliance Rate
No Significant Gaps Observed in Casework Activity	86%

While we noted that this metric reports a positive compliance rate at a level that is considered strong by OCFS, we would consider the casework gap in two cases grossly non-compliant as they both had gaps in casework of approximately four months. We noted that one of the three metrics measured monthly by OCFS for each county is that a case be completed with 60 days. These two cases both had periods of no casework performed for twice that limit. One case was open a total of 8 months and the other case was still open as of the date of pulling the case reports in April 2022. Perhaps most troubling in this statistic is that the alleged maltreated children were not observed by a caseworker for the four month period of no recorded activity in each case.

BONADIO COMMENTARY REGARDING CASE REVIEW

During our interviews, we noted areas that caseworkers and management stated were areas of strength for the Department and also areas still needing improvement. The testing results that are highlighted above mirror the thoughts and sentiment stated by caseworkers during these interviews. This exhibits to us that the Department has a proper understanding of their abilities and where future improvements should be prioritized.

Over the past year, management has prioritized improving compliance with the 24 Hour and 7 Day Safety Assessments. Additionally, we find that it was proper for the county to focus first on 24 Hour and 7 Day Safety Assessments as these two areas are the county's first assessment of a case and are the largest determinant of children's safety at case opening. Our case review showed 100% positive compliance for these metrics and further reflect the county's improvement in this area.

Two metrics resulted with compliance rates that are considered needing improvement: frequency of supervisor case conferences and timeliness of progress Notes. Improvement being needed in both areas was expected based on the feedback from interviews performed. Discussions with supervisors regarding case status often occurs impromptu, when a caseworker has a question, or during weekly meetings that occur in the Unit for cases that are considered high risk. It was stated that a record of many of these are not made in Progress Notes. While this is likely, OCFS requires that a case conference be entered into Connections for it to be considered compliant with state guidelines. Additionally, we find that these summaries have practical uses outside file audits as they provide written benchmarks of case progress and actions the supervisor considers critical to successful case completion.

Given the overall high caseloads in CPS, progress Notes being completed untimely was expected. Quality and timeliness of case Notes is a common area that shows strain since they do not directly contribute to case activity. Recording Progress Notes within thirty days is an expected guideline by OCFS due to event recollection quickly diminishing after a month and the noted increasingly being less relevant to next steps taken in the case. We find that both timeliness of case Notes and monthly case conferences should become the next areas of focus for the department and would result with increased quality of casework performed.

Areas with positive case review results still allows for SLCDCS to be exposed to significant risks on an individual case basis. This is observed in the testing of consistent casework in metric area number six. The overall high score of the metric shadows the risk contained in the two cases found to be grossly non-compliant. Every investigation carries its own risks, and those risks need to be appropriately addressed on each case. We noted that SLCDCS mitigates this risk by management performing periodic audits of cases before closing. We find that this practice assists SLCDCS with identifying trends that may not be statistically significant but carry substantial risk.

IV. Preventive Services

INTRODUCTION

Like all other LDSSs, preventive services at SLCDCS are intended to strengthen families that come in contact with the Department and eliminate or reduce the likelihood that the child(ren) enter into foster care. To determine whether a child and/or family is eligible to receive preventive services, the family's situation must be assessed. In addition to the requirements provided in NYS law SSL409-a(1) there are a number of eligibility requirements set forth in OCFS regulations 18-NYCRR 403.9 that must be considered when deciding whether a family is eligible for specific, mandated preventive services.

As of the date of our procedures, the SLCDCS Preventive / Foster Care units are located in the main social services building in Canton, NY. Each of the three units consist of one Grade B Supervisor, approximately five – six caseworkers and one keyboard specialist.

In general, there are two criteria that determine if a case will be transitioned from Investigations to one of the Preventive / Foster Care units:

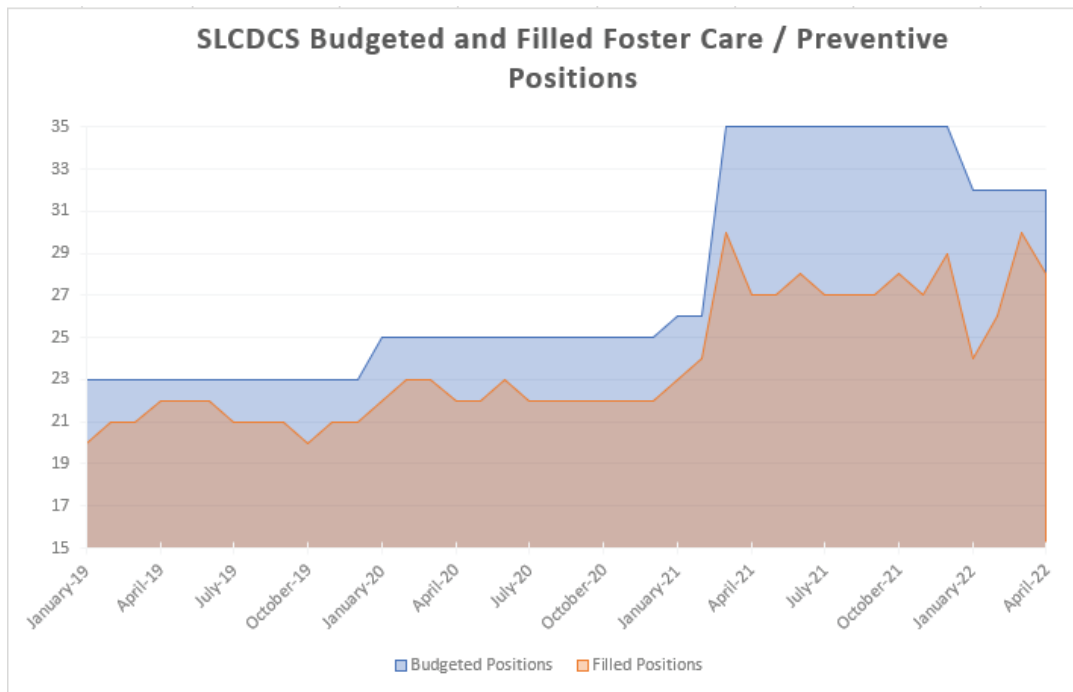
- Court-ordered: Indicated investigation cases with a safety factor of 3 (one or more safety factors are present, which place the child(ren) in immediate danger of serious harm) may result in legal action. If the child(ren) is not removed and remain with the parents/caregivers, the families may be court-ordered to engage in services to prevent the placement of the child(ren) in foster care. These cases are considered court-ordered, mandated preventive cases and a CPS monitor is assigned to each case. If the orders are violated, the CPS monitor can file to remove the child(ren).
- Voluntary: Indicated cases with a lower safety factor usually receive voluntary services with the Department's oversight. However, due to preventive services being voluntary, the family may choose to not participate in the recommended services. In these cases, there is not a CPS monitor. Since there are no court orders mandating the services, the family can terminate them at any time.

When a transfer is anticipated, the assigned Preventive / Foster Care worker will attend court with the Investigations caseworker. The next day, the Investigations caseworker and Preventive / Foster Care caseworker will meet to review case specifics and assign tasks that are outlined in the Mandated Preventive Case Transfer sheet. For case record purposes, each worker initials each task after it has been completed. The Investigative Supervisor and Preventive Supervisor sign and date the form as evidence of review. Typically, the Investigations caseworker is responsible for completing the 1st FASP and reviewing it with the parents. The form is submitted to the Keyboard Specialist for WMS authorization and placement verification in Connections. A meeting is scheduled for 30 days later when the case is officially transferred from Investigations to Preventive / Foster Care. In lieu of the traditional 30-day transfer, a case can be "fast-tracked" for transfer immediately. Details of the fast-tracked case are documented via a case conference sheet.

The NYS Preventive Services Practice Guide Manual is a comprehensive resource that details the required steps case workers must take during each preventive services case. This includes, but is not limited to, eligibility, services team and responsibilities, the initial Family Assessment and Service Plan (FASP) and conducting ongoing safety assessments. In the following, section we identify the eight criteria of preventive services casework we tested and the related performance results. We also highlight the recommendations we developed in light of casework and additional procedures performed.

The graph below captures the number of budgeted Foster Care / Preventive positions (caseworker and senior caseworkers only) to filled positions during the time period January 2019 through April 2022. It should be noted that unlike CPS cases, OCFS has not recently issued guidance on recommended caseload per worker for Preventive and Foster Care cases. Therefore, we did not analyze the amount of cases transferred to the Unit to expected caseload size.

Per the graph, there were 20 filled Foster Care / Preventive caseworkers in January 2019. The County budgeted for a 9% staffing increase in January 2020, which was the equivalent to two additional positions. However, the County was unable to fill more than 23 positions at any given time throughout 2020. The County created nine new caseworker positions between March and April 2021. Seven of these positions were filled by October and the remaining remained unfilled by December 2021.



SAMPLING METHODOLOGY

Bonadio obtained from SLCDCS a listing of all Preventive Services cases that were active during 2021, noting that approximately 100 cases had been referred to or transferred to the Unit. From this listing, we selected 15 cases using a random number generator. Eight of the cases were opened for services in 2021 and four were closed before year-end. The Preventive Services Unit maintains responsibility for management of each case while networking with outside providers for services such as drug screening, mental health counseling, and medical services.

CASE REVIEW RESULTS

For each of the 15 cases reviewed, we tracked performance in various elements of casework based on activity identified as critical by OCFS, discussion with SLCDCS management, and interviews with caseworkers. We also noted frequency of activities that we consider best practice.

1. FAMILY ASSESSMENT AND SERVICE PLANS

Family Assessments and Service Plans (FASP) are documents that guide a family and their worker while receiving county services. These documents list the areas in which the family requires assistance, services available to assist in each area, and the county's plan for their implementation. These documents are agreed to and signed by both the caseworker and the family receiving services. They guide all casework activity performed and are the critical first step in all Preventive cases. We noted that the critical nature of these documents is reflected in the OCFS regulatory requirement that each type of FASP be completed on a timely basis. (see OCFS Preventive Services Practice Guidance Manual, pg. 6-8).

Criteria Tested	Positive Compliance Rate
Initial FASP completed within 30 days of case opening?	47%
Comprehensive FASP completed within 90 days of case opening (if applicable)?	27%
Reassessment FASP completed within 210 days of case opening?	47%

Of the 15 cases we reviewed, a significant majority did not complete the initial FASP within 30 days. During our interviews with SLCDCS, it was stated that timely completion of the initial FASP is often not possible when the subject family does not respond timely to home visit requests. The compliance rate for the comprehensive FASP and Reassessment FASP are at or below the initial FASP and well below an acceptable rate of 75%. Additionally, one Initial FASP and a Reassessment FASP were completed 25 days overdue, and another Reassessment was 57 days overdue. Statistics of this level were expected based on our initial interviews with Preventive staff who stated that completing the amount of casework required in a timely manner is often not possible given the constraints identified in other areas of this report.

2. PREVENTIVE SUPERVISOR REVIEW

There is no prescribed frequency for case review by the case planner's supervisor outside of those required by FASPs, RAPs, and other reporting. Our testing of supervisor review is based on casework best practice and the general SLCDCS expectation that cases be reviewed through supervision on a monthly basis.

Criteria Tested: Frequency of Preventive Review	Positive Compliance Rate
Monthly Review Performed	27%
Bi-Monthly Review Performed	46%
Quarterly Review Performed	27%
Less Than Quarterly Review Performed	0%

We found that record of Preventive Supervisor review was relatively in line with best practices and that in all cases reviewed occurred more often than the minimum frequency required by OCFS. This is a noted area of strength for the county and is likely a conservative statistic as a portion of cases are discussed between supervisor and caseworker in an impromptu fashion and the meeting is not formally documented in Connections. Additionally, we noted that in 70% of case conferences, the caseworker was given specific action items by the supervisor. This is a critical element of case conferences as it demonstrates that supervisors are actively engaged and case workers are developing new, essential skills, both of which will likely affect the outcome of the case in a positive manner.

3. FREQUENCY OF HOME VISITS BY CASE PLANNER

OCFS requires that home visits are performed 12 times in the first six months of opening a Preventive case. At least six of these home visits must be made by the Preventive Case Planner, as opposed to a service provider.

Criteria Tested: Frequency of Home Visits by Case Planner	Positive Compliance Rate
Monthly Visits Performed	73%
Bi-Monthly Visits Performed	20%
Quarterly Visits Performed	7%
Less Than Quarterly Visits Performed	0%

Compliance with the guideline of monthly visitation is near the 75% level considered acceptable by OCFS, while 20% of cases reviewed had approximately bi-monthly home visits performed. One case had a period of no home visits in the first 48 days since the case opening.

4. HOME VISIT SAFETY ASSESSMENTS

There is no prescribed OCFS regulation requiring Progress Noted documentation of a child safety assessment during a home visit. However, we noted SLCDCS has a general internal policy of documenting child safety during each home visit.

Criteria Tested	Positive Compliance Rate
Safety assessments performed during each home visit	27%
Safety assessments performed during at least 75% of home visits	7%
Safety assessments performed during less than 50% of home visits	39%
Safety assessments not performed during any home visits	27%

As previously mentioned, home visits occur regularly throughout the life of a case. Per review of our sampled cases, safety assessments stating that the children appeared healthy and free of marks or bruises were recorded during at least 75% of home visits for approximately one-third of cases reviewed. We noted that those cases with less than 50% of home visits including a safety assessment did include reference to observing the children at home and attempts at conversation. Again, performing safety assessments is considered a best practice and would likely significantly improve if reinforced by development of an internal protocol describing steps to be taken during each home visit (See Policy and Procedures Recommendation).

5. ADEQUATE ATTEMPT OF FAMILY CONTACT

Encouraging family engagement in the Preventive services offered is a critical element of the case planner's responsibilities. This includes identifying family members who are disengaged and encouraging their involvement by pivoting services offered or identifying their needs to supervisors and asking their assistance. This test included review of procedures performed by the case planner when a subject family member became non-responsive, including multiple attempts at engagement and notifying the Preventive Supervisor of unsuccessful attempts.

Criteria Tested	Positive Compliance Rate
If family member(s) became non-responsive when Preventive case open, were adequate attempts made to engage with the family member(s)?	100%

We noted that approximately one quarter of the cases reviewed included one or more parents becoming disengaged with the service plan goals. In each instance reviewed, the Case Planner adequately attempted contact with the family and notified their supervisor of multiple cancelled meetings with the family, general disengagement of any family members, and attempts made by the case planner to reengage the family member(s). Additionally, it was noted that in one case a father became completely non-responsive and would not return calls or visits by the case planner. The case planner made many attempts at contact and once it was stated by a family member that the father moved out of state the case planner utilized national address databases to find the father's address and also found a working phone number. Once found, the father was served with family court papers needed for advancement of the service plan for the remaining family members. We noted this was a diligent effort performed by the case planner and is a consistent strength observed in the cases reviewed.

6. POTENTIAL SAFETY CONCERNS IDENTIFIED & SUPPORTS PROVIDED

It is expected by OCFS and SLCDCS that safety concerns with the subject family are identified by the case planner at the time of the initial safety assessment and during casework throughout the duration of the Preventive case. We noted this is primarily identified in the case FASPS but should also be identified at relevant times in the Progress Notes, and during periodic supervisor review.

Criteria Tested	Positive Compliance Rate
Potential Safety Concerns Identified and Supports Provided	100%

It was found that potential areas of safety concern were identified and adequate supports in the form of services offered by the Department or other providers were offered in each case reviewed. If these supports were rejected by the family, then the Preventive team pursued further action if necessary through other means available to the county (e.g. Legal Department and CPS). We find that this is a significant area of strength for the Department.

7. PERIODIC UPDATES OBTAINED FROM CONTRACTED SERVICE PROVIDERS

The Preventive Case Planner must obtain updates from service providers at relevant points in the case. This is generally expected to be performed on a monthly basis.

Criteria Tested	Positive Compliance Rate
Periodic Updates Obtained from Contracted Service Providers	93%

Updates were adequately obtained for almost all service providers identified in the cases. We noted one case did not obtain a mental health evaluation from a service provider for several months, despite the need for the evaluation being noted as an outstanding item on the case's monthly supervisor review. The mental health evaluation was outstanding for over four months, but we noted that the service provider stated over the phone during this period that they generally thought the person receiving services were completing them adequately.

8. PROGRESS NOTES INPUT WITHIN 30 DAYS OF CASE EVENT

OCFS guidelines state that Progress Notes should be input within 30 days of the case event. This ensures both relevance of the material to the case's current standing and accuracy of the Progress Notes.

Criteria Tested	Positive Compliance Rate
All Notes Input within 30 Days of Event	40%
90% of Notes Input within 30 Days of Event	33%
80% of Notes Input within 30 Days of Event	20%
50% of Notes Input within 30 Days of Event	7%

Most cases had the vast majority of their progress Notes written within the 30 day guideline. We noted that three cases each had several Notes that were at least 30 days past the event date and a portion close to 60 days. One case was particularly problematic and had nearly 50% of notes input at least two months after the event date, with 14 Progress Notes, or 25%, being written greater than 6 months after the event date. This is a significant breach of the 30-day guideline. With such a gap in notes being written it is likely that supervision of this case was grossly lacking and did not involve the supervisor actively reviewing Connections for the current case status.

OBSERVATIONS AND RECOMMENDATIONS BASED ON PREVENTIVE CASE REVIEW

The following recommendations were developed in response to the testing results identified above and in consultation with SLCDCS management, interviews with caseworkers, as well as best practices observed in other New York State Departments of Social Services.

1. RENEWED FOCUS ON FASP COMPLETION

Observation

As stated throughout this report, completion of the FASPs is a critical element of Preventive Service cases. This document identifies the needs of a family, the services that SLCDCS can provide to meet that need, and the subsequent agreement by both the County and the family members to work toward identified goals. A Preventive case is essentially stalled until the Initial FASP is completed. This is the reason OCFS requires a specific timeline for their completion.

Recommendation

We recommend the Preventive Grade A supervisor and Assistant Commissioner track the rate of FASP completion. This should include biweekly or monthly review of FASP completion dates. The Supervisor and Assistant Commissioner would identify any trends in types of cases that habitually have late FASPs or particular workers that struggle with on-time completion. Once identified, both would work in conjunction with the Commissioner to identify means of improving FASP completion. We advise that this also be done in conjunction with the OCFS regional office as FASP timeliness is a common struggle for DSS departments.

2. ESTABLISH INTERNAL PROTOCOL FOR SPECIFIC CASE ACTIONS

Observation

The Unit does not have written procedures that outline basic steps to be taken during performance of required case actions by a case planner. We noted that the OCFS Preventive Manual is also fairly high-level due to it encompassing an overview of all casework activity performed during a case.

Recommendation

We recommend that the Unit develop protocols that provide prescriptive guidelines for critical Preventive activities and that these are periodically reviewed by the County, at least annually, for casework areas that are currently in need of improvement. Based on our case review described above, we recommend the following areas be included:

- a. Frequency of Supervisor Case Conferences and Items to be Addressed. This should include review of the Progress Notes in Connections, not just the Case Planner's verbal summary of actions taken in the case.
- b. Frequency of Home Visits: The Unit may develop home visit expectations based on the severity of the case and cooperation of family members.
- c. Performance of Child Safety Assessments: This would include guidelines of what is considered an acceptable safety assessment. We noted that a significant number of home visit entries recorded speaking with the child and that they were appropriately dressed but did not address whether any marks or bruises were apparent. While this may be implied in the caseworker's comments, it is not known whether the case planner actually assessed the child for signs of physical abuse if it was not stated in the note.

3. PERIODICALLY AUDIT FOR COMPLIANCE TO 30 DAY PROGRESS NOTE INPUT GUIDELINE

Observation

During interviews, it was often stated that case conferences between a case planner and supervisor happen in an informal and often spontaneous manner. We noted that this is likely happening and may address the most significant areas apparent to the case planner. However, impromptu meetings do not permit the supervisor to review facts that may not stand out to the case planner but do indicate to the supervisor that further review or action is needed.

Additionally, impromptu meetings are inherently driven by the issue that is foremost on the case planner's mind and may not address other areas that would be evident in the Progress Notes. If notes are input 60 days or later after an event, it is likely that the information contained in the Progress Notes is no longer immediately relevant.

Recommendation

We recommend the case Supervisor assess whether all relevant Progress Notes are recorded in Connections on a bimonthly basis. Performing this audit should not be cumbersome since it may merely involve opening the case in Connections and determining if any Progress Notes have been entered in the past month. If not, then they may inquire of the case planner the reason for their absence.

4. AUDIT CASES WITH THOSE OPEN PER DATA WAREHOUSE

Observation

The Unit currently tracks open Preventive cases via an Excel spreadsheet that lists all children with an active case at any point in the year. As of the date of our procedures, this listing was not compared to any OCFS reports, which increases the likelihood that the status of a case does not agree to the status per the state's data warehouse. In the event a case is misplaced or incorrectly reported in Connections by the Department, the case could remain undetected for a significant period.

Recommendation

We recommend the Unit audit active Preventive cases per their Excel spreadsheet to those reflected in the state's Tracked Child Roster report on a quarterly basis. The Tracked Child Roster Report is part of OCFS' Data Warehouse. It is robust and can be generated using multiple parameters. Performing this audit will ensure that the case statuses of both reports agree and will identify any cases missing from either source. It should be noted that the roster report includes other significant case details such as the child's Permanency Planning Goal and Program Choice. Therefore, we recommend these elements are also part of the review as they are critical in guiding the case.

V. Foster Care

INTRODUCTION

Foster care is a temporary living arrangement for children who cannot be safely maintained in their home. Children are removed from the home of a parent or other specified relative through a court order under Article 10 (abuse/neglect), 3(JD), 7(PINS), 10-C (destitute child) of the Family Court Act (FCA) or through a Voluntary Placement Agreement (VPA) signed by a parent or legal guardian. When removal of a child is anticipated, workers and supervisors from Foster Care / Preventive, Investigations and the Homefindings Unit meet to discuss relative options and explore family resources. This process is not formally documented; however, workers may document the meeting in Connections as a supervisory/case consultation Progress Note.

Once the Department anticipates a child will be removed from their home, the Investigations caseworker identifies and locates potential family/friends as placement resources. If a familial resource is identified and elects to be a certified foster parent, the Department's Homefindings Unit trains, certifies and re-certifies the foster homes. Since the Spring of 2019, the Homefindings Unit only certifies relatives' and suitable-others' homes as they do not have the staff to adequately recruit, train, certify, approve and recertify non-relative foster homes. When members of the community reach out and express interest in being a foster parent, SLCDCS instructs them to contact Children's Home of Jefferson County- Fostering Futures Foster Care Program (CHJC- FF). CHJC-FF is an external agency that the Department contracts with to provide direct placements. CHJC-FF also recruits, trains and certifies prospective foster parents throughout the SLC community and the surrounding communities. When the Unit is unable to locate relatives that are willing and able to foster a child, or when the relative placement fails, the Unit makes a referral in Connections directly to CHJC-FF.

Once a home has been identified and the child has been placed, the case is transferred from the Investigations unit to the Foster Care / Preventive Unit worker until the child has achieved their respective permanency planning goal and is discharged. To effectively assess the safety of the child in foster care, caseworkers must have regular contact with them and the individuals who are caring for them. In accordance with 18 CRR-NY 441.21, during the first 30 days of placement, caseworker contacts are held with the child's caretaker as often as necessary, but at a minimum must occur once at the child's placement location. After the first 30 days of placement, caseworkers are required to have contact with the child at least monthly, and at least one of the monthly contacts every 90 days must be at the child's placement location. Likewise, caseworkers are required to have contact with parents or relatives at least twice during the first 30 days of placement. After the first 30 days of placement, casework contacts are to be held monthly at a minimum. The assigned case worker also completes the FASP, communicates child movements and placements to the Keyboard Specialist who logs it into Connections, and prepares for court. If a child is freed for adoption, the case is transferred from the Foster Care / Preventive Unit to the Adoption Unit.

For all children placed directly through the Department, the Unit maintains a Current Placements Excel spreadsheet to track foster home contact information, capacity, and vendor ID for payment purposes as well as for tracking the status of each foster home's certification. The Unit creates a separate tab within the spreadsheet for each child. The Unit's Keyboard Specialist updates the tab to track the date and reason (e.g., respite, adoption) for each child's movement. For cases that are referred to and ultimately handled by CHJC-FF, the CHJC-FF case planner / caseworker should adhere to the SLCDSCS Interagency Protocol. The protocol establishes and distinguishes roles and responsibilities for the admission/referral, respite, and discharge processes. Per the protocol, the CHJC-FF caseworker / case planner and SLCDSCS Case Manager must also participate in bi-weekly case conferences. The Case Manager is responsible for documenting the case conference details in Connections.

As of January 2022, approximately 290 children were in the Department's care. 129 of the children or 44% were placed through CHJC-FF. The remaining 161 children were placed in 114 foster homes directly by the SLCDSCS. 72 of the 114 homes (63%) were placement types through an approved relative (or close family friend) of the child. The remaining 39 placement types (37%) were certified foster homes and were comprised of non-relative members of the community. We also noted that the number of children in the County's care increased 17% in a 12-month period from 231 in January 2019 to 271 in January of 2020. The population of children in care increased an additional 14% from 271 in January 2020 to 309 in January 2021.

Our foster care procedures were split into two sections. The first section focused on case compliance with OCFS regulations, Federal Title IV-E Foster Care requirements, and the overall safety and well-being of children. Our methodology and case review results are highlighted in the section titled Sampling Methodology. The second section of our procedures focused on data analysis, trends in discharges, and overall operational efficiencies. Our procedures performed as well as our observations and recommendations are outlined in the section titled Operational and Efficiency Review.

SAMPLING METHODOLOGY

Bonadio obtained the Eligibility Unit's December 2021 EAF and IV-E spreadsheets. From this listing, we selected 15 active foster care cases using a random number generator. The years the children had been placed in foster care varied from 2016 through 2021. These cases consisted of children placed directly through SLCDSCS as well as cases transferred to and handled by CHJC-FF with varying board rates.

CASE REVIEW RESULTS

For each of the 15 cases reviewed, we tracked performance in various elements of casework and based on activity identified as critical by OCFS and discussion with SLCDSCS management. We also tracked compliance with Title IV-E requirements.

1. FREQUENCY OF FACE-TO-FACE CONTACT WITH CHILD

In accordance with OCFS policy directive 16-OCFS-ADM-16, after the 1st 30 days of placement, caseworkers must have face-to-face contact with the child and those caring for them at least monthly.

Criteria Tested	Positive Compliance Rate
Face-to-Face Contact with Child	87%

Compliance with this policy directive for 2021 is not 100%; however, in many of the cases we reviewed, SLCDCS caseworkers or CHJC-FF case planners had face-to-face contact with the child in their foster home more than once a month. Furthermore, we only noted one instance where a child had not been seen for more than 60 days.

2. FOSTER CARE SUPERVISOR REVIEW AND CASE CONFERENCES

Similar to Preventive cases, there is no prescribed frequency for case review by the caseworker's supervisor outside of those required by FASPs. For children that are placed by SLCDCS, our testing of supervisor review is based on casework best practice and the general SLCDCS expectation that cases be reviewed through supervisory review or a case conference on a monthly basis. For children placed by CHJC-FF, the SLCDCS case manager and the CHJC-FF case planner are required to participate in face-to-face case conferences bi-weekly in accordance with the Interagency Protocol. The Case Manager is required to document the case Conference in Connections.

Criteria Tested:	Positive Compliance Rate
Case Manager and Case Planner/Caseworker participate in Bi-Weekly Case Conferences	29%
Monthly Review Performed	57%
Quarterly Review Performed	85%

We found that documentation of supervisory case review was relatively in line with best practices and that in all cases, review occurred more often than the minimum frequency required by OCFS. This is a noted area of strength for the County. However, the compliance rate for case conferences between CHJC-FF and SLCDCS was far below acceptable levels at 29%. This indicates that the case conference requirement of the Interagency Protocol is not taken seriously by either side. As noted elsewhere, failure to adequately perform and record case conferences may result with critical elements of the case being missed or inappropriately handled. We find this is a critical area needing improvement for the effective management of SLCDCS' relationship with CHJC-FF.

3. ACCURACY OF TITLE IV-E ELIGIBILITY DETERMINATIONS

Each time a child is placed in the County's custody, the Eligibility Unit is required to determine, document, and authorize Title IV-E foster care. Correctly determining and documenting Title IV-E eligibility for a foster care case is crucial. Without the determination, or if required documentation is missing or incorrect, the County will not be reimbursed by the federal government. The result is that NYS and the County must cover the costs associated with these cases. For each case we tested that was IV-E eligible, we verified each of the eight initial eligibility requirements were appropriately documented and retained within the respective case file.

Per our examination of 15 IV-E foster care case files, we noted that individual files were exceptionally well-organized and readily available. Each file included all relevant information, including background information on the family, court orders, and the initial petition as well as all subsequent permanency hearing orders were appropriately retained. It was evident that the social welfare examiners have extensive Title IV-E knowledge and that efforts were made to ensure that cases were determined and coded IV-E when possible and thus maximizing opportunities for federal reimbursement.

Criteria Tested	Positive Compliance Rate
Accuracy of Title IV-E Eligibility Determinations	100%

4. TITLE IV-E ELIGIBILITY DETERMINATIONS AND CASE CIRCUMSTANCES AGREE TO THE NYS WELFARE MANAGEMENT (WMS) SYSTEM

The Federal Title IV-E funding category is open-ended and provides 50% Federal reimbursement for every eligible dollar claimed. TANF-EAF (Temporary Assistance to Needy Families- Emergency Aid to Families) is funded by a block grant and limited by appropriations in the state budget. To ensure counties receive proper funding reimbursement for eligible foster care maintenance costs (e.g., room and board, clothing, etc.) counties must appropriately and timely enter the Federally participating (FP) or non-participating eligibility code that corresponds to their initial Title IV-E determination in WMS. Title IV-E (WMS code 02) may be authorized until the child is discharged.

TANF-EAF (WMS code 04) is contingent upon the child's need for services arising from a family emergency and meeting all other eligibility requirements. EAF may be authorized for as long as the needs arising from the emergency last. The emergency is considered as ending when, among other situations, the child is freed for adoption. Children who are not eligible for either Title IV-E or EAF must be coded as one of the following: 06- SSI Blind, 07- SSI Disabled or 8- MA (Medicaid).

Criteria Tested	Positive Compliance Rate
Title IV-E Eligibility Determinations and Case Circumstances Agree to WMS Coding	93%

Per our examination of 15 IV-E foster care case files, we noted that Title IV-E eligibility determinations and case circumstances agreed to WMS coding for the 14 cases, which represented the majority of cases we reviewed. We noted that one EAF-eligible (non-IV-E) child had been freed for adoption in August 2021 and EAF was inappropriately claimed throughout the remainder of the year.

5. JUSTIFICATION FOR ROOM AND BOARD RATE ABOVE THE TRADITIONAL RATE

Per our examination of 15 IV-E foster care case files, we noted that the level of care (LOC) determination and the rate of room and board payment that was issued to foster parents exceeded the traditional (or basic) rate for seven children. Per OCFS, pre-placement LOC determinations for all children, regardless of level of care, should be documented via LDSS-7018 and authorized by the worker and signature.

Criteria Tested	Positive Compliance Rate
Justification for Room and Board Rate Above the Traditional Rate was Appropriately Authorized and Documented	100%

Per SLCDCS protocol, foster parents may request, in writing, an increase in board rate to either special or exceptional post-placement. The request is subsequently approved by the Grade A Supervisor within the Foster Care Unit via a Request for High Board Rate form. We find that this is an area of strength for the Department as all requests reviewed contained adequate justification and documentation for rate increases.

OPERATIONAL AND EFFICIENCY REVIEW

In conjunction with the second section of our procedures, we performed the following:

- Noted if the child's initial placement, including the names and titles of the individuals involved in the placement determination and overall factors considered, were documented.
- Compared the permanency rate of children with similar board rates placed with CHJC-FF to rates of SLCDCS. We included children who were discharged from foster care and either reunited with biological parents, placed with a relative via a Kinship-Guardianship Assistance Program or adopted. We excluded children who re-entered care within 12 months and children who aged/signed out of care.
- Noted the number of Department employees who were certified foster parents through CHJC-FF and SLCDCS and were actively fostering SLC children.
- Assessed the reasons cases were deemed non-IV-E to identify potential trends in internal process limitations that prevented a IV-E eligibility determination outside of case circumstances.
- Assessed daily board rate differences between SLCDCS and CHJC-FF and quantified the amount of expenditures (room and board rates in addition to administrative fees) issued to CHJC-FF based on January 2021 through December 2021 fiscal data.
- Assessed the rate that children placed through SLCDCS foster homes vs CHJC-FF foster homes achieved permanency goals during the calendar year 2021.
- We also reviewed a sample of weekly visitation statistics and individual visitation compliance reports maintained by the Homemakers Unit. We reviewed these documents to determine average number of court-ordered visits per week, average visit hours per child per week, and to identify any trends in agency cancellations due to supervisory staff shortages that was identified by caseworkers in our interviews.

RECOMMENDATIONS BASED ON FOSTER CARE CASE REVIEW

In the following section, we discuss our procedures performed in greater detail and highlight our observations and recommendations in response to the testing results identified in Case Review Results section as well as the Operational and Efficiency review. These recommendations are intended to improve the overall quality of care provided to children, increase overall transparency within the Department, streamline and enhance processes, reduce inefficiencies and increase opportunities for federal reimbursement for the County to consider.

1. DOCUMENTATION OF CHILD PLACEMENT

Observation

Based on our procedures, we noted that once an investigator anticipates removing a child from their home but before the child is physically removed, the investigator meets with the Homefinding Unit Grade B Supervisor and the Grade A Supervisor within Foster Care / Preventive to discuss relative placement options and identify extended family and resources. Typically, Homefindings or the Investigations caseworker will meet with the family prior to removal to identify and emergency certify an identified relative. Once a placement has been made, the Investigations worker completes the placement tab within Connections. Details on placement determination is not formally documented. However, workers may document meeting notes in Connections as a supervisory / case consultation Progress Note. All requests for foster home placements when a familial resource is not located are also done through Connections.

We reviewed Progress Notes and IV-E case files for a sample of 15 foster care cases and noted that while removal reasons are explicitly stated in court orders, criteria that directly affected a child's placement, such as how resources were identified and why a relative / suitable other was or was not determined to be an adequate placement resource, are not consistently documented. This applies to children that were placed with a relative / suitable other and children that were placed with a non-relative resource. As a result, we could not determine if all potential resources were identified and appropriately explored, or if the relative / suitable other that the Department recommended as a resource had the ability to protect the child placed in their home from future abuse/neglect. Finally, due to the lack of documentation, we could not determine if employees of the Department that were involved in the placement decision did so without a conflicting interest in the case and/or child.

Recommendation

We acknowledge that OCFS does not require LDSSs to formalize or document how or why a child is placed or the workers that are involved in the decision-making process. However, given the historical turnover in the Department and a lack of documented protocols and a consistent process, we recommend the Department utilize a standard form that incorporates each of the following criteria when removal is anticipated, regardless of whether the child is placed into the County's custody:

- Case name, number and address
- Child(ren)'s name and DOB
- Name of relative/suitable others identified and name of other children/individuals living with the relative/suitable other
- Relationship to child(ren), past role in protecting the child from and/or preventing abuse/neglect and present ability to protect the children
- Relative/suitable others knowledge of the circumstances and conditions that led to removal
- Other critical factors (source of income, SCR clearances, status of home, etc.) that lead to the decision to place or not place the child(ren) with relative/suitable others identified.

We emphasize that the worker and supervisor should sign and date the form. In the event that a potential conflict of interest arises, the Department can refer to the form as evidence of who was directly involved in the determination process and what factors they considered. The Department may want to consider submitting this completed form in court to further demonstrate to the assigned Family Court judge that they have appropriately identified and vetted relative/suitable others prior to placement decision. Refer to Appendix D for the *St. Lawrence County Department of Children and Family Services Relative/Suitable Other Placement Referral Meeting* form for a copy of the template that we created on the Department's behalf. Other counties that we work with utilize a similar form as it is best practice to do so. This document can be modified on an as-needed basis to align with the Department's evolving processes and is available for immediate use.

2. SUPERVISED VISITATIONS

Observation

The CW Assistants / Homemakers Unit within the Department work closely with caseworkers and are responsible for providing guidance and supervision for children and families to eliminate the need of out of home placement. As of the date of our procedures, two homemakers within the Homemakers Unit were dedicated to supervising visitation for foster care and preventive cases for all children included in the Department's visitation program. Both homemakers work 8am to 4pm with one half-hour break, Monday through Friday for a total of 37.5 hours per week.

According to our procedures, the majority of visits are held after school, which does not always coincide with the homemakers' hours. In an effort to avoid cancelling visits due to a lack of available supervisors, the Unit offers Department employees up to five hours of compensatory time to assist with supervising children and parent visits after hours. The Unit also relies on YAP (Youth Advocate Programs, Inc.) a local, external agency to transport and supervise visits and volunteers from the community who are reimbursed for mileage. The Unit previously relied on community volunteers, but over the past two years, the Unit has lost the majority of these volunteers due to COVID and only three remain. All visitation supervisors are required to document the details of each visit in a contact report. The details of these reports are often used when assessing family strengths and areas for improvement at permanency hearing orders. Visitation supervisors are also required to, among other duties, complete visitation compliance reports, enter notes, and assist with transportation if needed. Each time a visit is cancelled, either by the client, YAP, or the Department, the Homemakers Unit must communicate with clients, foster parents, and transportation personnel to facilitate a make-up meeting, which compounds the workload related to these visits.

To determine if the Department had adequate resources to fulfill current visitation requirements, we reviewed a sample of five weekly visitation logs from the period December 2021 through April 2022 and noted the following

- On average, 135 children received weekly, court-ordered, supervised visits through the Department.
- Each supervised visit lasted approximately 1.5 hours for a total of 204 hours per week.
- The majority of visits (68%) were supervised by YAP. 21% of visits were supervised by the Homemakers Unit and the remaining 11% were supervised by Department employees and community volunteers.
- The Homemakers Unit spent an average of 43 hours per week (21.5 hours per FTE) supervising visits.
- Department employees spent an average of 22 hours per week, which is equivalent to the time one Homemaker FTE spent supervising visits.

To determine the rate that visits were cancelled due to a lack of available supervisors (or other resource related issues) we reviewed a sample of monthly visitation compliance reports for ten children in care for the 12-month period of May 2021 through April 2022. It should be noted that not all 12 months' worth of compliance reports were available for all ten children as some of the cases went back and forth between the Department and CHJC-FF for various reasons (e.g., client request). In total, we identified 15 instances of 264 visits (5.6%) where a visit was cancelled at the request of the Department.

Recommendation

Consistent and frequent visitation between a child in foster care and a parent / legal guardian can significantly increase the likelihood of successful reunification. Parent-child visits can also minimize the time the child spends in foster care, the associated costs and can reduce the negative effects of separation for both the parent and child.

To reduce the likelihood that scheduled, supervised visits are cancelled while eliminating the reliance on Department employees, we recommend the Homemakers Unit hire one or two additional FTEs. These employees should work a varying schedule (e.g., after school, evenings and weekends) when visits are needed the most. As noted in other areas of this report, Investigations and Foster Care / Preventive caseworkers are already working at capacity and are often unable to complete their required tasks in a timely manner. Therefore, utilizing these employees to supervise visitations is not in the best interest of the Department. We also recommend the Department continues to track visitation statistics and should start to analyze costs per YAP worker vs. Homemaker Unit worker. The Department should adjust staff (and reliance on YAP) to satisfy current visitation requirements and align with fiscal objectives.

3. CONSISTENCY IN DEPARTMENT PERSONNEL FOSTERING CHILDREN

Observation

As of the end of our testing in April 2022, we noted that five SLCDCS employees were certified foster parents. However, no St. Lawrence county children were placed with any of these employees. Specifics regarding certification oversight for each of the five employee is as follows:

- Four were certified (and continue to be overseen) by SLCDCS.
- One was certified by SLCDCS but is not recertifying and will be closed at the end of June 2022.
- One was certified through CHJC-FF. This employee does not currently foster any children as the children in her care were discharged and sent home on a trial-basis in December 2021.
- Two were relative resources for family members.
- One employee no longer fosters any children as the child previously in her care was discharged in Spring of 2022.
- One fosters a child from Oswego County.

We obtained the documented policy governing County employees accepting and fostering children. The policy prohibits County employees from fostering a child if the employee “participates in the delivery of services or public benefits to the child’s family or is involved as a petitioner, witness, or attorney in any legal proceedings related to the child except when the involvement is related to the employee’s status as a foster parent” However, the document is outdated (it was last modified in June 2011). Furthermore, the policy does not require nor specify whether cases are overseen by a SLCDCS caseworker or a CHJC-FF case planner. Per the Commissioner of Social Services, the Department has suspended any future placements with Department employees.

Recommendation

OCFS does not prohibit DSS employees from fostering children nor does OCFS provide specific guidance over how these cases should be handled. However, given the disparity in annual board rates set by CHJC-FF and SLCDCS (highlighted in Observation 7) and the potential conflict that arises when a coworker is assigned to this type of case, we recommend creating a documented policy. This policy should address the following main elements:

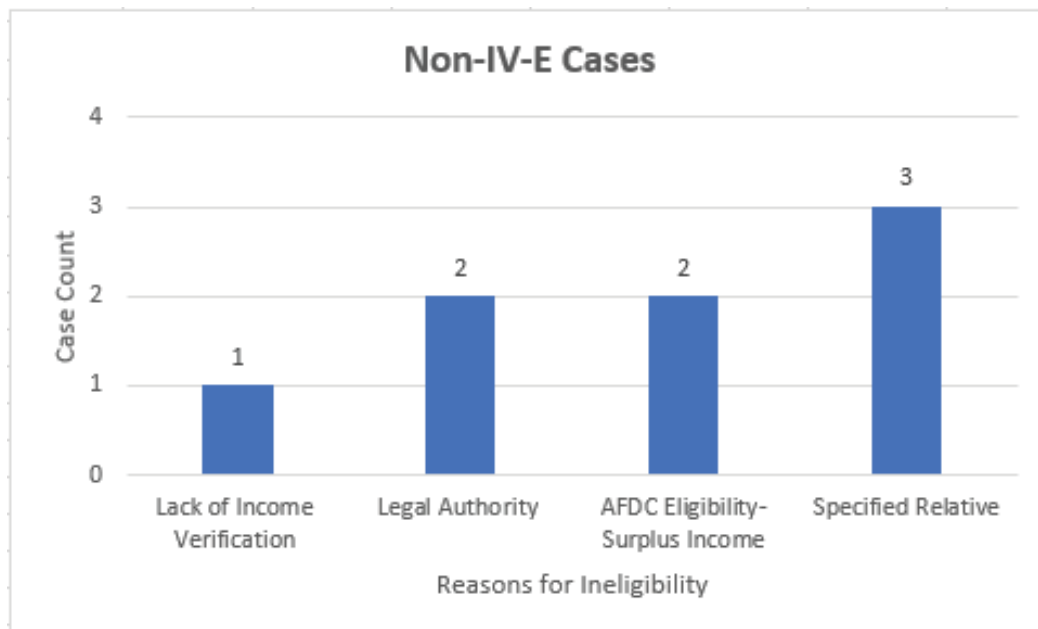
- Training: The Department should specify whether training and certification processes are completed through the SLCDCS or CHJC-FF.
- Placement Limitations: The Department should establish and communicate whether an employee can apply for and foster a child for which they were directly involved in the Investigations casework.
- Continued Oversight: We recommend that, once a child is placed with an employee (pending the placement protocol referred to in Observation 1) these cases should be referred to and ultimately handled by CHJC-FF. This will help ensure both consistency and transparency in case oversight as well as in the care of the child and eliminate the potential for future conflicts of interest, whether legitimate or perceived.

The *St. Lawrence County Department of Children and Family Services Relative/Suitable Other Placement Referral Meeting* form we developed will also address this issue by making placement decisions more transparent.

4. TITLE IV-E DETERMINATIONS

Observation

We noted that seven cases were accurately determined Title IV-E eligible and all but one case was appropriately coded non-IV-E as the Supplemental Security Income (SSI) reimbursement was greater than and therefore more advantageous than claiming Title IV-E reimbursement. The remaining eight cases were determined and coded ineligible for the following reasons depicted in the chart below.



Case circumstances for five of the cases that failed to meet eligibility requirements were beyond the Department's control and appropriate documentation existed to support the determination. The remaining three cases were determined to be non-IV-E based on a lack of non-income verification and legal authority. According to our review, two of the cases lacked legal authority because the Order on Application for Temporary Removal of Child, a document drafted internally by the County's legal department, did not include a section for "reasonable efforts." Per OCFS guidelines, a court order directing removal must explicitly stipulate that the court made a case specific finding that continuation in the home of the respondent would be "contrary to the welfare" of the child or that removal was in the "best interests" of the child within 60 days of removal. In both cases, the Department did not receive a documented determination of reasonable efforts for over 100 days after the child was placed.

The last case was deemed non-IV-E as the Department was unable to acquire income information from the family to establish AFDC eligibility. However, per Progress Notes, the caseworker made numerous attempts to collect income information from the family but had not been able to facilitate contact in general. The Senior Social Welfare Examiner has access to and regularly uses 'The Work Number,' an online income database maintained by Equifax that contains income and employment records for millions of employers nationwide. The attempts were appropriately documented and therefore, we feel the determination was appropriate.

Recommendation

To mitigate the risk that court orders lack required language, rendering an otherwise IV-E eligible case non-IV-E, we recommend the following:

1. All legal personnel (new and existing, attorneys and support staff) attend a Title IV-E Training session. This can be facilitated directly through OCFS and performed virtually.
2. Draft the criteria for an Order on Application for Temporary Removal of Child. This order should be submitted to the Court in conjunction with the preliminary hearing that occurs immediately after a petition is filed and should include a section for each of the following critical areas:
 - i. Criteria for Temporary Removal of Child
 - ii. Required "Best Interests" and "Reasonable Efforts" Findings
 - iii. Findings Regarding Alternatives to Removal to Foster Care
3. Periodically (e.g., semi-annually) someone independent of the determination process should analyze the reasons for non-IV-E to identify any trends. Refer to Observation 6: Case Coding and Tracking, for additional details.

5. CHILD MOVEMENTS & EVENTS AND FOSTER HOME CERTIFICATION TRACKING

Observation

According to our interviews and process walkthroughs, the child placement and movement process is manually tracked in various spreadsheets by multiple units and requires time and collaboration amongst several workers within the Department. When a child is initially removed from their home and placed in foster care, the assigned caseworker or case planner completes the placement module in Connections. They notify their unit's keyboard specialist who updates the unit's caseload spreadsheet, writes payment lines in WMS, verifies placement in Connections and sends out a memo to other units to remove the child from the parent TA case (if applicable). Currently, each of the six Preventive / Foster Care units maintain their own caseload spreadsheet.

Each time a child in the Department's custody transfers/moves foster homes locations, is placed in temporary respite care, freed for adoption, or discharged, the keyboard specialist updates their movement list within the monthly reports spreadsheet. The keyboard specialist emails a copy of their list to the Homefindings Unit weekly as the Homefindings Unit maintains their own placement spreadsheet. The keyboard specialist handwrites details of the move and critical foster home information (FH name, vendor number, address and current board rate) on an Informational Transmittal LDSS-2859 form. This form is a two-page document originally intended for use in child support applications. The keyboard specialist submits the completed form to the Social Welfare Examiners within the Children's Services Unit. The Senior Social Welfare Examiners log each movement / event into the child's Foster Care Eligibility & Medicaid Activity Sheet. This sheet, and each Informational transmittal spreadsheet, are maintained in each child's foster care eligibility case record.

We noted the volume of case activity varies based on many circumstances, including the length of the child's stay in foster care. Many of the foster care case files we reviewed contained up to 40 different moves/transfers/case activity. Based on interviews, we also noted that seven support staff workers spend approximately 95 hours per week (13.5 hours per worker) tracking, writing, and logging activities related to children's movements in various spreadsheets. It should be noted that these hours do not account for the time that two designated backup workers, Homefindings Unit staff, and Social Welfare Examiners spend updating their respective forms and spreadsheets. Finally, we noted that the discharge detail for two of the 15 cases we selected for testwork were not updated in either the Eligibility Unit's spreadsheets or the Homefindings Unit current placement spreadsheet.

Recommendation

From a safety and well-being standpoint, as well as permanency planning, caseworkers must always be aware of a child's current placement location, move type (respite, discharge and transfer) and the reason for the move. Accurate and timely recording of Connections legal activities in conjunction with each child's movement is also critical to ensure the County is not being billed for foster care related services a child did not receive. Furthermore, NYS requires foster homes be fully certified or approved prior to making any Title IV-E claims. To streamline the process, reduce duplicative efforts, and ensure that all workers across the Department have access to accurate and timely information on a child's movements and key events, we recommend the Department consider the following:

- Implement a foster care child movements, placement, and key events database. This database should be used to track both historical and current activity for each child placed in the Department's care. Specific information, such as the authorizing agency, home name, worker, date placed, date removed and removal reason should be completed for each placement/event.

- Incorporate foster home certification status and other critical information the Department currently tracks (e.g., vendor name, vendor ID, etc.) into a centralized database. This will dramatically reduce the time workers spend communicating and logging each move and will also eliminate the errors and inconsistencies associated with the current manual process. A database will facilitate proper claiming coding and foster home certification tracking. This is crucial for cases where an otherwise IV-E eligible child is placed in an emergency certified home or an EAF-eligible child has been freed for adoption.
- Work with IT to ensure the database has the capability to generate various reports that the Department may not currently have access to (e.g., monthly / YTD admittances and discharges, rate of successful trial discharges, children in care for x number of months or more, etc.). Such information could be used to analyze trends and identify opportunities for further processes enhancements.
- Utilize the database when approving vendor invoices. Performing this crucial step will help ensure the Department is not paying for services after the child has been discharged from care.

If the Department is not confident that they can create one that mirrors what we described above, they should consider communicating with other counties who have created or use a similar tool. One county in particular is Onondaga, who internally developed and use the Onondaga County DSS Foster Home And Child Event System (FACES). Such a database will centralize each child's historical movements, critical events, and foster home information in one secure platform that is viewable to all appropriate personnel.

6. CASE CODING & TRACKING

Observation

As of the date of our procedures, the Department's Social Welfare Examiners are responsible for, among other duties, reviewing records, gathering relevant documentation and determining and documenting financial and categorical eligibility for various programs administered by the County, including Title IV-E. Title IV-E of the Social Security Act is a federally funded program which provides states, and consequently social service districts, with 50% reimbursement of certain costs for eligible children in foster care. Costs for certain foster care placements can exceed several thousand dollars per month, thus, this reimbursement can be crucial to districts. If claiming is not maximized, the cost to the district can be substantial. Eligibility for IV-E funding is predicated on a child meeting eight distinct criteria.

Once a determination has been made, the Social Welfare Examiners log each child's eligibility for Title IV-E into one of two spreadsheets: IV-E (02) or Temporary Assistance to Needy Families – Emergency Assistance to Families (TANF-EAF) (04). SLDCS support staff enter corresponding eligibility codes into WMS. Each month, the Social Welfare Examiners copy and paste caseload information from the prior month into a new tab, delete children from the spreadsheet as they are discharged and add new children as they are admitted. On a semi-annual basis, the Social Welfare Examiners agree WMS billing records to their spreadsheets to ensure coding agrees with the initial determination. For any issues identified, the Social Welfare Examiners process a retroactive claiming adjustment.

Per our review of the IV-E and EAF/non-IV-E spreadsheets and the corresponding fiscal reports for the period January 2021 through December 2021, we noted the following:

- We attempted to analyze admittance and discharge detail from these spreadsheets but noted that neither the EAF nor the IV-E spreadsheets indicate a child's discharge date from foster care. We also noted the children in care remained consistent for several months, with no children admitted or discharged for months at a time, suggesting the spreadsheet was not appropriately updated for several months.
- Cases are not coded "01" which is the code used to indicate that the case has a pending IV-E determination. This code should be used when the Unit does not have all required documentation to render an eligibility decision and is most often used when the child associated with an IV-eligible case is not in a fully certified foster home. According to our procedures, the Unit does not pend cases as they are concerned they will not follow up on these cases if/when the foster home is fully certified. Instead, the Unit relies on the WMS Non-Reimbursable (NR) report, which captures service payments that, among other reasons, are non-reimbursable due to a lack of foster home certification. The Senior Social Welfare Examiner reviews the NR report throughout the year and enters the required codes to align with the service period that the house became certified. While this is sufficient, we noted that the Senior Social Welfare Examiner may be the sole individual in the Department that is familiar with the reports. As job responsibilities change and personnel leave, the current process to code and follow-up on pended cases may not be practical nor sustainable.
- Cases are not coded "08" Medicaid which is the code used when children who are not eligible for either IV-E or EAF. Per OCFS requirements, SLCDCS can no longer draw down EAF funds once an EAF-eligible child is freed for adoption and therefore, these children must be changed from an "04" to an "08. This may have resulted in incorrect claims; however, due to the extent of our testwork at this time, we cannot quantify this amount.

Recommendation

To ensure that the Department has access to an updated, accurate list of children in the County's care and that WMS claiming is accurate and in compliance with OCFS requirements, we recommend the Department consider the following:

- Consolidate the IV-E and EAF spreadsheets into one master Foster Care detail. Expand the functionality of the spreadsheet to include columns for IV-E eligibility code, Reason for Non-IV-E (if applicable) and Discharge Date.
- Code cases "01" when the child associated with an otherwise IV-E eligible case is placed in an emergency certified home. These cases should be flagged on the spreadsheet. If/when the home becomes fully certified, the Unit should update IV-E claiming coding in the spreadsheet as well as in WMS.
- Configure and generate a report via the Movements and Events database of all changes that may warrant a change in claiming category such as adoption status. The Unit should update IV-E claiming coding in the Foster Care spreadsheet as well as in WMS.
- Reconcile the active listing of kids in care per the Foster Care spreadsheet to the Connections Data Warehouse Foster Care Roster. This step will also help to ensure that each child that has been placed into care has been timely assessed for Title IV-E eligibility.

7. COST AND EFFECTIVENESS OF CHJC-FF

Observation

As of the date of our procedures, we noted that the Department directly oversees 30 non-relative, certified foster homes. Five of the homes were DSS employees and were used for emergency and respite situations only. 19 of the homes were not viable choices as they were at capacity, pending adoptions or the foster parents were experiencing medical issues. The remaining seven non-relative homes / vacancies had varying capacities and preferences in the age and gender of children. Based on the number of children in care as of year-end December 31, 2021 (290) the Department does not have sufficient foster home capacity to place all children in need and therefore, the Department relies heavily on CHJC-FF.

To assess the disparity between SLCDCS and CHJC-FF daily board rates, we analyzed SLC foster care board rates effective 4/21/21 and CHJC-FF Daily Rate Sheet effective for the same period. Refer to the table below for breakout in daily rates per child for the three foster care payment categories:

Daily Foster Board Rate Comparison
Children's Home of Jefferson County – Fostering Futures vs. St. Lawrence County

Daily Rates	SLCDSS	CHJC-FF*	\$ Difference	% Difference
Basic / Traditional	\$16.35	\$86.18	\$69.82	427.0%
High Board / Special	\$22.92	\$120.26	\$97.34	424.6%
Exceptional / Therapeutic	\$32.78	\$146.16	\$113.38	345.9%

**Daily Room/Board Rates (service code 61) are an average based on per diem amounts for age level 0-3, 4-5, 6-11 and 12-21. Amounts include CHJC-FF's daily admin fee assessed for each child and excludes clothing (service code 68 & diaper allowance (service code 79).*

According to further analysis of the Department's fiscal reports for the service periods January 1, 2021 through December 31, 2021, we noted that the following:

- The County spent a total \$8,947,993 on room and board. \$2,248,344 or approximately 25% of total costs were reimbursable.
- 57% of children were placed directly through SLCDCS while the remaining 43% were placed through CHJC-FF.
- The overwhelming majority of costs (\$6,170,786) or 68% were spent on room and board for children placed through CHJC-FF. This amount includes the daily administrative fee of \$57.79 or \$67.67 assessed for each child.

To quantify the total amount of services that were subject to Title IV-E reimbursement at 50%, we analyzed monthly costs per child by placement agency and payment category for the service period January 1, 2021 through December 31, 2021. It should be noted that rates of IV-E eligibility cases for children placed through DSS are lower than those placed through CHJC-FF.

This is due to the fact that children placed through DSS are more likely to have been initially placed with and living in the home of a non-respondent relative or suitable other for more than 6 months before the relative or suitable other became a certified foster parent. Details of the analysis are captured in the chart below.

	Traditional / Basic		High Board / Special		Exceptional / Therapeutic		
Placement Agency	SLCDCS	CHJC- FF	SLCDCS	CHJC- FF	SLCDCS	CHJC- FF	Totals
No. of Children In Care Throughout 2021	193	79	34	51	12	50	419
Total Spent	\$717,104	\$1,870,128	\$404,710	\$1,698,907	\$1,655,392	\$2,601,752	\$8,947,993
Title IV-E Eligible	\$330,524	\$1,201,357	\$79,895	\$1,106,767	\$677,045	\$1,569,101	\$4,964,688
% IV-E Eligible	46.1%	64.2%	19.7%	65.1%	40.9%	60.3%	55.5%
Total of Services Reimbursed by Title IV-E	\$165,262	\$600,678	\$39,948	\$553,383	\$338,522	\$784,551	\$2,482,344
Total of Services Not Reimbursed by Title IV-E	\$551,842	\$1,269,449	\$364,763	\$1,145,524	\$1,316,870	\$1,817,201	\$6,465,649

To determine if there was a discrepancy between the average time in foster care and the number of discharges per year for the two placement agencies, we obtained discharge detail for the period January 1, 2021 through December 1, 2021 and noted the following:

- Approximately 119 children were discharged during 2021. This includes children who were adopted, aged/signed out of care, released to a relative, returned to biological parent(s) and children who released to KinGap guardianship with subsidy.
- 68 children (57%) of children that were discharged were children that were placed through SLCDCS. The remaining 51 children that were discharged were placed through CHJC-FF.
- The average time in foster care for children placed directly through SLCDCS was one year and 9 months. The average time in foster care for children placed through CHJC-FF was 2 years and 4 months.

We also compared the 2021 discharge rate of children by board rate and placement agency with the composition of kids in care throughout 2021, noting that children placed through CHJC-FF were relatively consistent. For example, children placed through CHJC-FF with exceptional/therapeutic rates accounted for 9.2% of all discharges while children placed through CHJC-FF with similar rates accounted for 12% of all kids in care throughout 2021. We noted larger disparities in children placed through SLCDACS. Specifically, children placed through SLCDACS with basic/traditional rates accounted for 53% of all discharges while children placed through SLCDACS with similar rates accounted for 46% of all kids in care throughout 2021. In contrast, children placed through SLCDACS with special rates accounted for 2% of all discharges while children placed through SLCDACS with similar rates accounted for 8% of all kids in care throughout 2021.

Recommendation

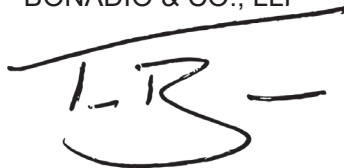
While we acknowledge that it is difficult to measure how successful or effective a third-party placement agency is, we recommend analyzing costs, specifically how much in room and board rates are not subject to Title IV-E federal reimbursement as well as discharge rates on an annual basis. This analysis should be done consistently to ensure that the Department's procedures continue to align with the County's short- and long-term objectives.

* * * * *

We appreciate this opportunity to work with SLCDACS. Throughout the entirety of the engagement, we found SLCDACS employees helpful and cooperative. If you have any questions concerning this report or if we can be of service to you in any other way, please feel free to contact us at any time.

Very truly yours,

BONADIO & CO., LLP



Tim Ball, CFE

Executive Vice President



ST. LAWRENCE COUNTY GOVERNMENT

Conflict of Interest Policy

St. Lawrence County Department of Social Services

General Expectations

Employees should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Employees should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible.

Employees should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.

Treatment of Dual Relationships

Employees should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, employees should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when employees relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)

When employees provide services to two or more people who have a relationship with each other (for example, couples, family members), employees should clarify with all parties which individuals will be considered clients and the nature of employees' professional obligations to the various individuals who are receiving services. Employees who anticipate a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles (for example, when an employee is asked to testify in a child custody dispute or divorce proceedings involving clients) should clarify their role with the parties involved and take appropriate action to minimize any conflict of interest.

Use of Social Media

Employees should avoid communication with clients using technology (such as social networking sites, online chat, e-mail, text messages, telephone, and video) for personal or non-work-related purposes. Employees should be aware that posting personal information on professional websites or other media might cause boundary confusion, inappropriate dual relationships, or harm to clients.

The county recommends that employees make social media accounts private and only available for viewing by individuals known to them. Employees should avoid accepting requests from or engaging in personal relationships with clients on social networking sites or other electronic media to prevent boundary confusion, inappropriate dual relationships, or harm to clients.

Practical Action Steps

If a conflict of interest is identified, the employee should discuss the situation with their supervisor before performing any additional casework. The supervisor will consider the factors and have final decision regarding whether a conflict exists. If the conflict is confirmed by the supervisor, the case will be transferred from the employee. Depending on the seriousness of the conflict, this will involve one of the following three actions:

1. Case transfer to another employee in the Department. This is implemented when the conflict is employee-specific and is largely remediated by transfer to another employee.
2. The employee's supervisor completes necessary casework. Situations where several Department employees may experience a conflict may be handled by an impartial supervisor taking responsibility for the case.
3. Case transfer to a neighboring county. This is appropriate where the conflict is significant and cannot be remediated with County resources, such as cases involving a current Department employee. Please note extending this procedure to all county employees is not considered necessary or efficient.

When a transfer is performed, the employee's supervisor will notify the County Commissioner within one business day. The employee's supervisor may also request that the Commissioner provide guidance if they are unsure whether a conflict of interest exists or of the best course of action. Record of all conflict transfers will be kept by the Secretary to the Commissioner.

By signing this document, I agree to conduct myself in accordance with the St. Lawrence County Department of Social Services Conflict of Interest Policy described above.

Name: _____

Signature: _____

Date: _____

St. Lawrence County Department of Social Services

Mobile Device Policy

a. Purpose

The St. Lawrence County LDSS is committed to protecting the confidentiality, integrity, and availability of confidential, personal, private, and sensitive information (PPSI). The LDSS is committed to maintaining compliance with all applicable state and federal laws, rules, regulations, as well as LDSS policies.

The mobile device policy is intended to provide guidance and information to LDSS staff on the acceptable use of LDSS-issued mobile devices, **as well as prohibit the use of personally owned mobile devices for work purposes.** Mobile device users must follow all necessary, technical, administrative, and physical measures to protect the security of mobile devices issued by the LDSS, protect sensitive data, and maintain compliance with state and federal requirements.

b. Scope and Definitions

Employees whose work duties require them to work remotely may be permitted to utilize LDSS-issued mobile devices when the utilization of the device is required for legitimate business purposes. Devices will either be issued to specific employees or will be signed out by employees as needed. All employees must complete training regarding mobile device use and sign the Acceptable Use Policy Acknowledgement prior to mobile device use.

c. Physical Security of Mobile Devices

Mobile device users must exercise due diligence and are responsible for maintaining the physical security of not only the mobile device(s), but the security and integrity of all information accessed, transmitted, or stored on the mobile devices. Suitable protective measures must be present, enabled, and used on all such mobile devices.

d. Technical Controls

Technical controls utilized by the LDSS provide protection from unauthorized use or misuse, facilitate detection of security or compliance violations, and support security and compliance requirements. Users are not authorized to alter or disable security, physical, or compliance-based configurations, or any other portion of the standard mobile device image on LDSS-issued mobile devices. Users are prohibited from tampering with or disabling any mobile device management solution.

The LDSS implements centralized mobile management technology.

e. User Controls

Users of mobile devices consent to acceptable use provisions.

- Access to Third-Party Applications
Only those applications which are approved by St. Lawrence County LDSS IT may be installed or run on mobile devices.
- Global Positioning System (GPS)
GPS is enabled and tracked on all mobile devices.
- Bluetooth Technology

Bluetooth is disabled on all mobile devices. This does not apply to the device used to allow an iPad or phone to work with an earpiece or headset.

- **Text Messaging**

The OneTalk application is the only application authorized for text messaging on iPads.

- **Purging of the Mobile Device**

LDSS IT staff purge and remote wipe mobile devices when required.

- **Network and Data Monitoring**

LDSS IT staff monitor the network and device usage of mobile devices.

- **Updating the Mobile Device**

Updates will be facilitated by the LDSS IT Department as needed. At any time, users will provide the mobile device to IT when requested.

f. Access Controls

Users choose a password with at least eight characters, one numeric value, one capital letter, and one symbol. The limit on the number of retries permitted without negative consequences is 5. After 5 retries, the mobile device is wiped.

g. Security Training

Mobile device users receive training prior to the issuance of a mobile device and annually thereafter. Training addresses threats and recommended security practices, care and use of the mobile device, and a review of the St. Lawrence County LDSS mobile device policy.

All mobile device users sign an Acceptable Use Policy Acknowledgement.

h. Network Security

Users are not authorized to connect LDSS-issued mobile devices to personally owned equipment including, but not limited to printers, scanners, wireless devices and flash drives.

i. Encryption

All LDSS- issued mobile devices are properly encrypted. Users are not authorized to alter or disable encryption. A mobile device that does not have encryption enabled may not be used to access, store, or transmit protected data.

j. Lost or Stolen Procedures

Mobile device users must immediately notify the St. Lawrence County LDSS IT Department when a LDSS-issued mobile device is lost or stolen. LDSS IT staff will immediately remote wipe and geographically locate the device.

k. Compliance and Enforcement Handling

Compliance with the mobile device policy is mandatory. Any non-compliance with the policy may result in disciplinary action, civil liability and/or criminal penalties. LDSS IT staff and mobile device users will take all appropriate measures to protect the security and confidentiality of its information assets and protected data.

I. Legal and Regulatory References

This mobile device policy addresses and incorporates compliance with a variety of federal and state statutory, regulatory, and policy requirements related to confidentiality, privacy, and information security. Applicable requirements include IT Standard for Encryption: NYS-S14-007, Office of Children and Family Services Policy for Mobile Devices 17-OCFS-LCM-14, Mobile Device Security Standard NYS-S14-009, and Enterprise Mobile Management NYS-S14-011.

Acknowledgement of Receipt and purpose of Portable Mobile Device Policy (PMD)

I have read and agree to abide by the Portable Devices Policy as set forth by the St. Lawrence County Department of Social Services.

Initials

- _____ I am required to produce the County issued PMD for inspection at any time, upon request by my Department Head or the County Manager.
- _____ I must exercise reasonable and prudent care to keep the County issued Portable Computing Device in good working order and protects it from damage and/or theft.
- _____ If the County issued PMD is damaged, altered, or stolen as a result of my own actions, I shall report such incident to my supervisor promptly (within 1 hour of incident) and DSS IT services, or County ITS.
- _____ The County issued PMD is not for my personal use.
- _____ I shall NOT make any modifications to the County issued PMD (hardware or software), without the express written permission of ITS (or DSS ITS).
- _____ I shall not download or install any software or apps to the County issued PMD (to include ringtones & games) that is not DSS ITS approved.
- _____ All PMD(s) used in support of St. Lawrence County DSS business is subject to all federal and local laws and regulations (to include FOIL, e-discovery, and court cases).
- _____ County DSS issued PMD are to be on "AT ALL TIMES" while employee is on duty.

I understand any violation of this policy may subject me to discipline.

Employee Name (print)

Employee Signature

Date



ST. LAWRENCE COUNTY GOVERNMENT

Policy and Procedures Registry

St. Lawrence County Department of Social Services

Index Number	Protocol/Procedure Name	Effective Date	Last Review Date	Next Review Date
001	Documentation Requirements for CPS History of SCR Reports			
002	Guidelines for Transferring Cases from Investigations to Preventive Services			
003	Forensic Interview Protocols and Recording Requirements			
004	24 Hour & 7 Day Safety Assessment Guidelines			
005	Supervisor Responsibilities and Best Practices			
006	Recording of Children's Physical Injuries Protocol			
007	Available Local Service Providers			
008	Guidelines for FAR Case Track			

Department of Children and Family Services

Relative/Suitable Other Placement Referral Meeting

Instructions: Section 1 of this form is to be completed each time a child is anticipated to be removed from his/her home and placed in the legal care and custody of St. Lawrence County under Article 10. Section 2 must be completed each time a relative/suitable other has been identified as an appropriate resource.

Section 1

Case Name: _____

Case #: _____

Case Address : _____

Meeting Date: _____

Meeting Attendees:

Name	Title / Unit
_____	_____
_____	_____
_____	_____
_____	_____

Names of Children to be Placed:

Name	DOB
_____	_____
_____	_____
_____	_____
_____	_____

Removal from: (name & relationship to child(ren)) _____

Removal Address: _____

Removal Reason: _____ Anticipated Placement Date: _____

Has the Department identified any potential family member(s) or suitable other(s)? *Check One*

Yes () If yes, complete Section 2 on page 2

No () If no, explain why (e.g., no family in county) Skip to **PLACEMENT APPROVAL** in section 4 on page 3

Section 2

Please list all relatives/suitable others identified and describe why they are or are not being considered as a placement resource below

1) Name _____

Relationship to Child _____

Considered as a Placement Resource (Circle One) Y N Why / Why Not _____

2) Name _____

Relationship to Child _____

Considered as a Placement Resource (Circle One) Y N Why / Why Not _____

3) Name _____

Relationship to Child _____

Considered as a Placement Resource (Circle One) Y N Why / Why Not _____

4) Name _____

Relationship to Child _____

Considered as a Placement Resource (Circle One) Y N Why / Why Not _____

Section 3

Please complete Section 3 for the relative/suitable others identified and selected as placement resource.

4) Name _____

Check if Each Clearance Completed Warrants ☐ Sex Offender ☐ CPS ☐

Conditions of Home:

Meets Minimum Standards? _____ Yes _____ No

Operable Smoke Detectors? _____ Yes _____ No

Safety Concerns? _____ Yes _____ No

If "Yes" please describe: _____

Source of Income: _____

Knowledge of the circumstances and conditions that led to the child's removal: _____

The present ability of relative / suitable other to protect the child placed in his/her home from neglect/abuse: _____

Section 4

Placement Approval

Child to be placed with relative/suitable other identified in Section 3? (Select One)

☐

Yes

☐

No, no potential resources were identified. Child placement will be referred to external agency or Non- relative foster home certified through the Department

☐

No, potential resource(s) were identified but due to reasons described in Section 2, the Department will not place the child(ren) with potential resources identified. Child placement will be referred to external agency or non-relative foster home certified through the Department.

Caseworker (Name & Signature)

Date

Supervisor (Name & Signature)

Date