

**State of Washington
Joint Legislative Audit and Review Committee (JLARC)**



**DIVISION OF CHILDREN AND FAMILY SERVICES:
Caseload and Staffing Issues**

Interim Report 02-4

May 22, 2002

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**DIVISION OF
CHILDREN AND
FAMILY SERVICES:
CASELOAD AND
STAFFING ISSUES**

REPORT 02-4

INTERIM REPORT
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STATE OF WASHINGTON
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AND
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**DIVISION OF CHILDREN AND FAMILY SERVICES:
CASELOAD AND STAFFING ISSUES**

The Division of Children and Family Services (DCFS) of the Children's Administration in the Department of Social and Health Services requested substantial increases in its field staff for the 2001-2003 Biennium. This request was based on the Division's desire to lower its staff-to-client ratios. The Legislature funded part of the request, but also directed JLARC to review the reliability of the numbers driving the request. This briefing report responds to that legislative directive.

JLARC finds that **more staff** are involved in "case work" in DCFS than identified in the ratios used in the budget. More staff resources are "working" cases than are conventionally identified. Thus, for Children and Family Services, **staff resources have been undercounted**.

JLARC recommends:

- DCFS re-define "case-carrying" staff to "case-working" staff, and re-configure its staff-to-client ratios.
- DCFS break-down case counts and the number of case-working staff into three parts: Child Protective Services, Child Welfare Services, and Family Reconciliation Services.
- DCFS develop a proposal to carry out a caseload-staffing model, to be developed in consultation with the DSHS Budget Office, OFM and the Legislature.

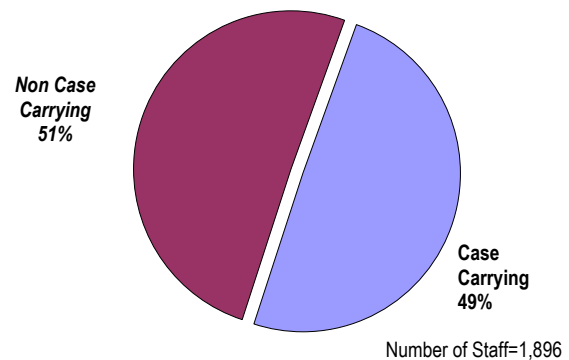
BACKGROUND

The Children's Administration (CA) within the Department of Social and Health Services is charged with protecting abused and neglected children, supporting families to safely care for and parent their own children, and providing quality care and permanent families for children. CA has a 2001-2003 budget of \$844 million, and some 2,350 FTEs. Most of the FTEs (1,896) are with the Division of Children and Family Services (DCFS) **field services**. These field services staff investigate reports of abuse or neglect and provide direct services to clients, such as foster care, adoption support, and family reconciliation.

As **Figure 1** illustrates, **only 49 percent** (937) of the 1,896 field services staff are considered by DCFS to be "case-carrying" and are included in the ratios used to request additional staff.

Figure 1: DCFS FIELD-SERVICES STAFF

DECEMBER 2001



Source: DSHS-DCFS Regions Staff Month Report.

In its 2001-2003 biennial budget request, the Division requested an additional 140 FTEs at a cost of \$17 million per year to improve its staff-to-client ratios. The Legislature funded part of the request, but also directed JLARC to review the reliability of the numbers driving the request. In short, JLARC was asked to verify the number of cases and case managers.

HOW MANY CASES ARE THERE?

For some areas of DSHS, counting cases is based on counting the number of “checks written” for services or grants, such as public assistance. For other areas, such as DCFS, cases cannot be counted by “checks written” since services may be provided exclusively by state caseworkers.

In DCFS, a case management system is used to provide case counts. Generally, case management systems do not have the same controls and scrutiny as financial systems such as those that produce welfare checks. Thus, JLARC analyzed the DCFS case management system to determine its case count accuracy.

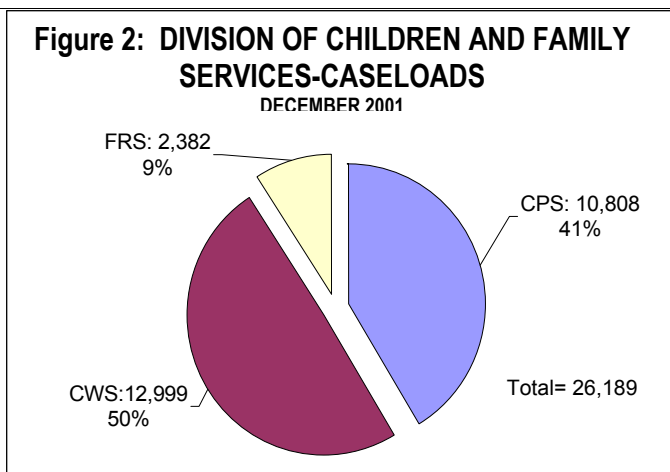
The Three Main Case Areas

DCFS is divided between three main areas: Child Protective Services (CPS), Child Welfare Services (CWS), and Family Reconciliation Services (FRS). CPS investigates reports of child abuse or neglect, and provides in-home and out-of-home temporary services during investigation. CWS provides longer-term services, such as foster care and other intensive treatment services. FRS provides services to prevent out-of-home placement. Currently, all three areas are added together to develop a single DCFS case count. **Figure 2** shows a total of 26,189 cases: 10,808 in CPS, 12,999 in CWS, and 2,382 in FRS as of December 2001.

DCFS uses its Case and Management Information System (CAMIS) to track clients as they move through the system and to count its caseload. CAMIS is complex, reflecting the many different paths clients might take while interacting with the Division.

Case Count Depends on Case Status

When CPS begins an investigation to determine if a child has been abused or neglected, a case is opened.



Source: DSHS-DCFS Regions Case Count.

Because the focus is on the family, this single case will include all family members: brothers, sisters, and parents. All will be counted as one case.

If the case is transferred to CWS for longer-term services, this one CPS case might become multiple CWS cases. This is because it is quite likely that the child and the child’s brothers and sisters will each require separate services, and each needs to be tracked as a separate case.

These separate cases can get wrapped back into a single case should the “cases” move into Family Reconciliation. This family and its members therefore move from being counted as one case, to many cases, to one case.

Given these types of shifts in what constitutes a “case”—sometimes a family, sometimes an individual—staffing requirements will vary between “types” of cases. A total DCFS caseload, while not necessarily misleading, does not provide decision makers the information they need.

Case Count Appears Accurate

Because of these case count complexities, we were concerned that case count errors might exist. Our analysis indicates, however, that the DCFS case count is accurate. Processes are in place to ensure that if a client is in both CPS and CWS at the same time, the case is counted more than once **only where appropriate** and checks and balances are in place to guard against duplicate records. Our field research indicates that the accuracy of the CAMIS system is very important to case-working staff: they rely on CAMIS for accurate, up-to-date case records.

Active vs. Inactive Cases

CAMIS information includes a specific code to identify if a case is active, inactive, or closed.

Figure 3 shows that the case counts shared with the Legislature when requesting staff include only “active” cases.

Figure 3: DECEMBER 2001 CASE COUNTS		
Count	Type	Counted in Ratios?
26,189	Active	Yes
5,779	Inactive	No

Source: DSHS-DCFS Workload Report.

However, professional judgment determines when to move a case from active to inactive. A caseworker may believe a case should not be moved to inactive because additional services are required. But the supervisor may observe that all indications point to the case as inactive.

Because of this, a “push” by DCFS management to move cases from active to inactive can produce case count swings. Such a “push” took place during the summer of 2001. Since there are always cases being opened and closed, the net decrease of 3,000 cases during this time cannot be completely attributed to the “push.” Nevertheless, the extent of the change shows that DCFS management practices do have an impact on the count of active cases.

Inactive Cases Still Require Work

While the 5,779 “inactive” cases in December 2001 are not included in caseload ratios, actually closing a case (moving from a status of inactive to closed) means work for both case-workers and supervisors.

To be “closed,” the file must include all the documentation required to support all related decisions to the case: court decisions, client reviews, provider agreements, etc. Supervisors review the file before agreeing to closure to assure the record is complete. According to DCFS this closure activity can take anywhere from 15 minutes to 20 hours, but no clear and consistent information exists on the amount of effort required to “close” all inactive cases.

Linkages to Other Service “Systems”

JLARC’s fieldwork indicates that how well a DCFS area office or region is linked to local mental health and court systems is also a very important driver of workload.

For a CPS case, the role of the court system is extremely important. We were unable to measure the exact time required to interact with the courts, but field staff around the state emphasized the importance of the relationship.

Ongoing JLARC analysis of the mental health system will further quantify the expenditures related to children in the DCFS system.* Early indications are that children in the DCFS system “consume” substantial mental health services. How well the two service delivery systems are coordinated will have a direct impact on the workloads of DCFS case-working staff.

HOW MANY CASE MANAGERS ARE THERE?

We were asked to determine how many staff, and how many “case-carrying” staff, comprise the DCFS workforce. Our analysis leads us to conclude that the focus on “case-carrying” creates a distorted view of the resources available to actually handle cases.

Supervisors, intake staff, clerical staff, after-hours staff—none of which are “case-carrying”—are important resources in casework.

Counting DCFS Staff

Five staff “types” have been included when counting staff for workload ratios. They are:

- CPS Social Workers
- CWS Social Workers-Foster Care
- CWS Social Worker-Adoption Services
- FRS Social Workers-Intake and Assessment
- FRS Social Workers-Crisis Counseling

* Children’s Mental Health Study, to be completed in July 2002.

Figure 4 illustrates that these five types comprise only 49 percent of field services staff.

Figure 4: DCFS REGIONAL STAFF	
Staff Type	December 2001 Count
CPS Social Worker	352
CWS Social Workers: Foster Care	473
CWS Social Workers: Adoption	40
FRS Social Workers: Intake and Assessment	68
FRS Social Workers: Crisis Counseling	4
Total "Case-Carrying Staff"	937
TOTAL DCFS FIELD SERVICES STAFF	1,896
"Case-Carrying" as % of Total Field Staff	49%

Source: DSHS-DCFS Regions Staff Month Report.

The 1,896 "Total DCFS Field Staff" includes a variety of staff "types," such as intake workers, after-hours workers, clerical workers, supervisors, and regional administrators.

We do not contend that regional administrators are conducting "case work." Our understanding, however, is that of the 388 supervisors and clerical support staff—not included in current ratios—a large component of their time is involved in case work. Indeed, DCFS considers them to be "direct service staff." This also holds for a number of other positions: intake workers, home support specialists, after-hours workers, etc.

DCFS has a chart of accounts and monthly reporting process that allows for easy identification of all staff types. Figure 5 on the following page illustrates that staff are accounted for in many discreet groups.

DETERMINING STAFFING LEVELS

This JLARC study has found that both sides of the ratio calculation—available staff and number of cases—need changes. One means of making that change is to use a more sophisticated tool than ratios: a staffing model.

Staffing Models

Because of the confusion and doubt surrounding the use of caseload and staff counts in the DCFS budget information, JLARC was asked to assess and evaluate

alternatives to simple staff-to-case ratios for budget development and allocation purposes. One potential approach is to consider the information that could be produced from developing a **staffing model**.

Such staffing models can measure the amount of time required for staff to complete specific tasks, outlined in standard definitions of children's services tasks. An accurate forecast of children's services caseloads, based upon accurate counts of "active cases," could then be factored into a calculation of staffing requirements. If a staffing model were to be constructed and maintained rigorously, such a model would be a useful tool in estimating staffing requirements for an accurate forecast caseload.

Any such staffing model, to be effective, would require information systems that can accurately delineate different types of staff as well as the various types of client cases. JLARC's analysis suggests that while attempts have been made in the past, DCFS has not yet completed the development of such a data-driven staffing model. JLARC's analysis, however, also indicates that DCFS has the necessary information system (CAMIS) in place to facilitate the development of such a model. In addition, DCFS appears to have the necessary management and caseload controls in place to make the exploration of a staffing model a worthwhile pursuit.

Ratios and Models

A staffing ratio can be attractive as it is an easy number to grasp and remember: one staff for every 25 cases. But as policy priorities and work practices change, an old ratio can quickly become obsolete.

A change in policy, emphasizing in-home services over out-of-home placement, will have workload impacts. It may take fewer, or more, staff. But the 1:25 ratio will not reflect this change. On the other side of the equation, improvements in work practices or automation may improve staffing efficiency, freeing staff time that the 1:25 ratio will not recognize.

With a staffing model, changes in policy or changes in work practices can be quantified. In addition, with a benchmark established as to how long a task **does** take to complete, questions of how long it **should** take to complete can be more accurately determined.

Figure 5: DCFS FIELD SERVICES STAFF

Area	Staff	December 2001 FTE	Included in Current Ratios?
Child Protective Services	Social Workers	352	Yes
	Social Workers: Intake	83	No
	Social Workers: After Hours	63	No
Child Welfare Services	Social Workers: Foster Care	473	Yes
	Social Workers: Child Care	1	No
	Social Worker: Adoption Services	40	Yes
Family Reconciliation Services	Social Workers: Intake and Assessment	68	Yes
	Social Workers: Crisis Counseling	4	Yes
Kid Screen Workers	Kid Screen Workers	18	New
Social Workers: Non-Case-Carrying Community Protection	Social Workers: Non-Case-Carrying	52	No
	Community Protection Teams	6	No
Field Office Administration	Area Managers	27	No
	Area Manager Clerical Support	14	No
	Area Manager Special Project Staff	6	No
Field Office Support	Group Care Coordination	8	No
	Cultural Diversity/Minority Initiative	5	No
	Field Office Clerical Support	17	No
	Volunteer Coordination	14	No
	Other Support Staff	24	No
	Continuum of Care Project	3	No
Regional Administration	Regional Administrator	4	No
	Deputy Regional Administrator	1	No
	Regional Administrative Clerical Support	8	No
	Regional Administrative Personnel	6	No
	Regional Administrative Special Project Staff	14	No
	Regional Business Manager	4	No
	Regional Accounting	17	No
	Regional Payroll	5	No
	Regional Contract Coordinator	8	No
	Regional Contract Monitoring	1	No
	Regional Office Non-Staff Support	14	No
	Regional CAMIS Staff	13	No
Social Worker Support	Supervisors	175	No
	Clerical	213	No
	Clerical Supervisor	19	No
	Home Support Specialist	65	No
	Community Workers	2	No
	Other Support Staff	14	No
	Foster Care Medicaid Eligibility	6	No
	Adoption Program Staff	8	No
	Adoption Support Staff	5	No
	Adoption Home Study	16	No
TOTAL		1,896	

Source: DSHS-DSFS Regions Staff Month Report.

ACCREDITATION

Legislation enacted in the 2001 Legislative Session directed the Children’s Administration to undertake the process of accreditation, with the goal of completion by July 2006.¹ Policy makers saw this as a means to improve the quality of services to children and families. Budget requests for additional staff have included the need to meet the standards of accreditation as a rationale for additional staff.

The accrediting organization—the Council on Accreditation (COA)—looks at specific service areas, as opposed to all of DCFS services. As **Figure 6** illustrates, COA has specific requirements for the operations of Child Protective Services, specific requirements for the operations of Foster Care, etc. COA’s accreditation material has no single staffing ratio that encompasses all of the activities of DCFS.

Many of the standards that COA applies are “process” in nature. For example, within CPS, under the area of access to services, a standard is: *“The organization maintains a well-publicized, 24-hour access line to receive reports of suspected abuse and neglect.”*²

A notable exception to the process standards is staffing levels. Here, specific statements of “allowed” caseload sizes are made. A CPS worker’s caseload, for instance, is not to exceed between 15 to 30 cases, depending on case complexity and intensity.

JLARC discussed these workload standards with COA staff. There is considerable room for interpretation of when an organization is meeting staffing level standards. Some of this interpretation is directly related to issues raised in this JLARC report, such as how cases are counted and which staff are included as “working” those cases. Many organizations that COA works with will assign most tasks to one worker, from intake to investigation to service delivery. DCFS follows a different model in which many tasks are assigned to specialists. Therefore in the case of DCFS, all the specialist staff should be considered in calculating staffing level ratios or criteria.

Figure 6: SELECTED COA AREAS OF ACCREDITATION		
Area	Worker Ratio: Cases to Worker	Supervisor Ratio: Workers to Supervisors
Child Protective Services	15-30	5-7
Adoption Services	12-25	Not specified
Foster and Kinship Care	8-18	5*
Family Centered Casework: Intensive	2-12	5-8
Family Preservation		

**Specified for Treatment Foster Care only.*

Source: Council on Accreditation: Standards and Self-Study Manual, 7th Edition.

Other areas of interpretation are related to the “technique” COA has used to determine whether 15 to 30 cases per CPS worker are appropriate. COA informed us that it is based on research, analyses, and consensus of its stakeholders, including studies performed by the organizations that sponsor and support its work. COA does not perform workload and staffing studies of its own. COA then applies its criteria to organizations with great differences in how they organize their workforce, and does not use a particular work measurement time study to determine appropriate staffing levels. However, COA does discuss the need for organizations to independently assess workloads and the time required to accomplish tasks.³

Finally, COA considers the area of staffing ratios a “third order standard.” First and second order standards are considered either mandatory or critical. For third order standards, organizations must be in compliance with 85 percent of all applicable standards.

Thus, JLARC concludes that Washington State can develop, using sound techniques, a workload-staffing model and point to it as an acceptable methodology for determining appropriate workloads. This methodology would likely be more sophisticated than that used by the Council on Accreditation.

¹ SSB 1249—Chapter 265, Laws of 2001.

² Council on Accreditation: Standards and Self-Study Manual, 7th Edition, 2001: Child Protective Services S10.1.04.

³ Council on Accreditation: Standards and Self-Study Manual, 7th Edition: Management of Human Resources, G4.1.04.

SUMMARY

The current focus of the Children's Administration on "case-carrying" staff is too narrow. A change to "case-working" staff will more accurately reflect the resources available to handle cases. This, and a number of other changes are necessary to improve information for budgeting.

A more discreet count of cases is needed, at a minimum breaking the caseload down between CPS, CWS, and FRS. And while current case counts do not include inactive cases, what constitutes active is open to professional interpretation. Continuing to develop means to clearly define whether a case is active or inactive could clarify such interpretations.

One means of becoming more sophisticated in determining staffing requirements is the development of a caseload-staffing model. DCFS has both the systems and the desire to develop such a model. Past work by the Children's Administration can provide a framework for developing a model. But any model, to be credible, must be developed in consultation among the DSHS Budget Office, DCFS, OFM, and the Legislature.

Finally, the concern over meeting the requirements of accreditation is used in justifying the need for more staff. While appropriate staffing levels is certainly one of the areas the Council on Accreditation reviews, it remains one of many. Considerable discretion remains in determining appropriate caseload size, depending on the complexity of the caseload, the effort required for various cases, and how an agency is organized. A direction DCFS could take, rather than focusing on ratios, would be the development of an accurate caseload-staffing model that would be accepted by the Council on Accreditation.

Recommendation 1

The Division should re-define "case-carrying" staff to "case-working" staff and re-configure its staff-to-client ratios. At a minimum, the Division should break down case counts and the number of case-working staff into three parts: Child Protective Services, Child Welfare Services, and Family Reconciliation Services.

Legislation Required: None
 Fiscal Impact: None
 Completion Date: November 1, 2002

Recommendation 2

The Division should continue to work to develop systematic means to indicate case "activity" levels. At a minimum, this will include criteria to indicate, using CAMIS reports, when cases are to be moved from active to inactive.

Legislation Required: None
 Fiscal Impact: None
 Completion Date: November 1, 2002

Recommendation 3

DCFS should develop a proposal to establish and maintain a caseload-staffing model. The proposal should identify the costs associated with its establishment and maintenance. DCFS should involve the DSHS Budget Office, OFM and the Legislature in the development of such a model.

Legislation Required: None
 Fiscal Impact: None
 Completion Date: November 1, 2002

APPENDIX 1 – AGENCY RESPONSE & JLARC STAFF COMMENTS TO AGENCY RESPONSE

- DSHS Division of Children and Family Services
- JLARC's Comments to Agency Response



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March 22, 2002

Thomas M. Sykes, Legislative Auditor
Joint Legislative Audit and Review Committee
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**SUBJECT: RESPONSE TO DIVISION OF CHILDREN AND FAMILY
SERVICES: CASELOAD AND STAFFING ISSUES – INTERIM
REPORT 02-4**

Dear Mr. Sykes:

The Children's Administration appreciates the opportunity to respond to the above-referenced Interim Report. Please give my compliments to the JLARC team assigned to this audit for an extremely thorough and well-structured process that included reviewing many volumes of materials, developing several rounds of detailed written questions, and meeting with our information technology, fiscal, research, and data management staff. The JLARC team also visited several of our field offices and interviewed front line staff, which I think gave them a better understanding of the complexity of our work and the dedication of our staff. Though pressed hard, we appreciate that the process was fair and open.

The following is our response to the report.

Technical Issues (descriptions related to client types, data system relationships, case activity indicators, case counts, etc.)

We are pleased that the JLARC audit team determined that our case counts, in fact, are accurate. As noted in this interim report, the accuracy of the Case and Management Information System (CAMIS) is very important to our staff. We would like to mention, however, that our current caseload ratio methodology includes only our major program areas of Child Protective Services (CPS), Child Welfare Services (CWS) and Family Reconciliation Services (FRS). Other types



of cases, such as interstate compact, home study, courtesy supervision, adoptive home services and adoption support services are not reported in our current caseload ratio. These cases require different kinds of activities from that of CPS, CWS and FRS and they do not easily fall into one of those primary categories.

As JLARC appropriately points out, the current caseload ratio also does not capture the significant direct service workload of Intake and After-hours. In addition, the caseload ratio does not capture all work activities performed by our staff on the CPS, CWS and FRS cases that are in the ratio. Work done by staff other than the primary social worker is not fully captured in the current caseload ratio or in previous workload studies. It is also true, as stated in the report, that workload is strongly impacted by linkages to other service systems, such as mental health and courts.

We fully agree with the finding that supervisors and clerical staff directly support casework. The report implies that first line supervisors and clerical staff are not taken into account in our current budget development methodology. However, our current methodology does build in standard ratios of 1:8 supervisor to social workers and 1:6 clerical to social workers and supervisors. In a new model this, of course, could be addressed differently.

The report suggests that the Council on Accreditation (COA) may be somewhat flexible in applying the COA caseload standards. While this may be true, it is important to recognize that the many first and second order substantive accreditation standards can only be met if staff are responsible for a reasonable number of cases.

Recommendations (concur, partially concurs or does not concur, may include comments)

Recommendation 1. The Division should re-define "case-carrying" staff to "case-working" staff and re-configure its staff-to-client ratios. At a minimum, the Division should break down case counts and number of case-working staff into three parts: Child Protective Services, Child Welfare Services, and Family Reconciliation Services.

Legislation Required: None

Fiscal Impact: None

Completion Date: November 1, 2002

The Children's Administration partially concurs with the recommendation.

We are able to separate case counts and caseload ratios for our case-carrying social workers in the three main program areas of CPS, CWS and FRS because we currently track these for management purposes. However, we can only partially concur with the recommendation because we think including additional

staff in the ratio and re-configuring the staff-to-client ratios, for the most part, should await the development of a new proposed model under Recommendation Number 3.

While the cases and the case-carrying staff assigned to CPS, CWS and FRS are clearly designated, the boundaries are not so clear for other direct service and case support staff. We are very interested in looking at how best to take into account their workload. For Intake and After-hours workers, in particular, it may make more sense to link them to the number of referrals, rather than link them to the CPS caseload.¹

One of the reasons we have counted our caseload ratio as we have is that it is very important for practice and accountability reasons to clearly identify the social worker that has primary responsibility for a case. Another reason we have done it this way is that it might appear that we were double-counting cases if more than one worker were counted for a case. Finally, we believe that most state child welfare agencies count cases similarly to the way we currently count them, so this allows us to compare ourselves to other states.

Recommendation 2. The Division should continue to work to develop systematic means to indicate case "activity" levels. At a minimum, this will include criteria to indicate, using CAMIS reports, when cases are to be moved from active to inactive.

Legislation Required: None
Fiscal Impact: None
Completion Date: November 1, 2002

The Children's Administration concurs with the recommendation.

By November 1, 2002, CA will develop criteria to indicate when cases are to be moved from active to inactive. CA will continue to develop systematic means to indicate case activity levels.

Recommendation 3. DCFS should develop a proposal to establish and maintain a caseload-staffing model. The proposal should identify the costs associated with its establishment and maintenance. DCFS should involve the DSHS Budget Office, OFM and the Legislature in the development of such a model.

Legislation Required: None
Fiscal Impact: None
Completion Date: November 1, 2002

¹ Washington State uses a risk assessment model to make screening decisions at the time that a referral is received. During Fiscal Year 2001, intake workers processed 95,124 referrals, 78,328 for CPS and 16,979 for voluntary services. Of the 78,328 referrals to CPS, 41,773 were accepted for investigation and became CPS cases. Front-end risk assessment requires highly skilled staff to complete an initial assessment to ensure that only those referrals most at-risk are assigned for CPS services. This front-end work keeps case numbers down and appropriately should be included in determining staffing needs.

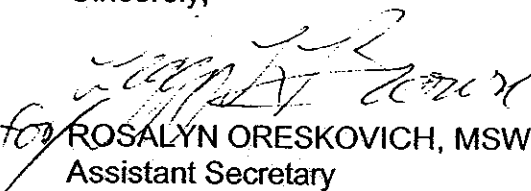
The Children's Administration concurs with the recommendation.

By November 1, 2002, CA will develop a proposal to establish and maintain a caseload-staffing model and identify the costs associated with its establishment and maintenance, working with representatives from the DSHS Budget Office, OFM and the Legislature.

We agree that a more sophisticated caseload staffing model, based on workload studies that more fully capture all direct service workers and their activities, would produce very valuable information for budget development and allocation purposes. We have begun to explore the development of such a model with our 1994 and 2000 workload studies. Those studies measured the time necessary to perform workload activities related to intake, investigation, in-home service and out-of-home care. As the JLARC report points out in the *Summary* section, these studies could provide a framework for developing a credible model.

We are pleased that JLARC's analysis indicates that DCFS has the necessary management and caseload controls and information system in place to make the exploration of a staffing model a worthwhile pursuit. Working with the DSHS Budget Office, OFM and the Legislature, we will carefully consider all possible impacts as we work toward a proposal for a new caseload-staffing model.

Sincerely,


ROSALYN ORESKOVICH, MSW
Assistant Secretary
Children's Administration

c: Dennis Braddock
Stan Marshburn
Legislative Committee Staff
Sherry McNamara

JLARC STAFF COMMENTS TO AGENCY RESPONSE

CHILDREN'S ADMINISTRATION

Technical Issues and Partial Concurrence with Recommendation 1

There are two basic components of a staff ratio: the number of **staff** and the number of **cases**.

JLARC's analysis found that more **staff** are involved in case work in DCFS than identified in the ratios used in the budget. "Case-working" staff—not the limited "case-carrying" staff—must be the focus of budget discussions. More staff will be counted, then, as resources available to deal with the caseload. The Legislature will also have a better understanding of the total staff resources available to the Children's Administration.

The Children's Administration's responses to JLARC's findings and recommendations reflect their concern that current case counts may not be an accurate way of counting the number of **cases**—the workload—for this more broadly defined "case-working" staff. Intake workers would now be included, but they may perform initial work for clients who never actually become a "case". We realize that by including more staff in discussions of available "case-working" resources, some of their workload may not be reflected in existing case counts.

Nevertheless, we think an important first step is to report cases and case working staff at the CPS, CWS, and FRS level. Again, as a first step, this reporting process can simply highlight the number of cases and which staff **are** counted as working this caseload, and which **are not** (such as intake workers) due to case counting issues. Our main point here is that all parties must develop a broader understanding of the total amount of staff resources available for "case work". The current approach, with its narrow focus on "case carrying" staff, simply does not provide a full enough picture of the resources the Legislature funds to provide services.