

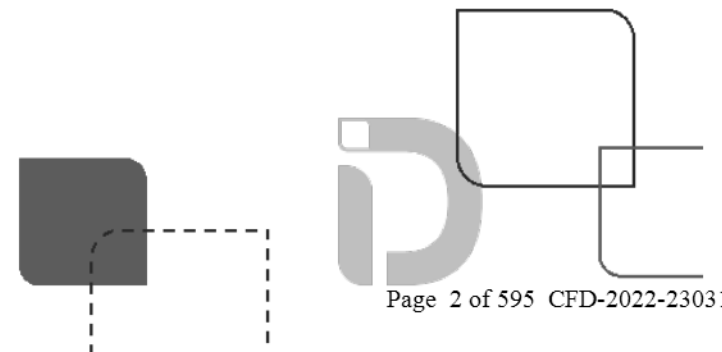


PCS Operational Review

PCS PHASE III APPROACH

October 2, 2020

1. Purpose of Governance Committee
2. Operational Review Approach and Status
3. Baseline Report Results
4. Market Scan Takeaways
5. Next steps



Context



Provincial Centralized Screening (PCS) is inspired by a vision of improving consistency (decisions and client experience) and creating efficiencies. PCS provides a 24/7 contact centre to receive and screen child & youth safety concerns for the entire province.

What does PCS do?

Since inception, PCS has been delivering critical services to stakeholders – Children, Youth & Families, SDA's, and DAA's – including handling safety reports, making screening decisions and during out of core hours coordinating safety supports, clinical supervision for district offices and fielding calls for closed district offices.

PCS also provides business continuity support for district offices affected by emergencies (e.g. flood, fire). Additional after hours services were onboarded for Community Living BC (CLBC) and Ministry for Social Development and Poverty Reduction (SDPR).

What is the Purpose of a Review?

PCS is facing challenges to maintain a high quality public service.

The PCS Operational Review Project has been sponsored by MCFD & PCS leadership with an objective of recommending ways to improve how PCS services are delivered – service quality, effectiveness, efficiency and sustainability – within a cost neutral environment

Project Objectives & Scope

Scope

How to improve PCS service and operations in terms of:

- Service Quality
- Efficiency,
- Effectiveness,
- Sustainability

...within a cost neutral environment

...while maintaining the centralized screening approach



Governance Committee Objectives

The Governance Committee will be engaged to drive the vision for PCS and provide high level direction and signoff on the solutions recommended by the PCS Operational Review.

Vision

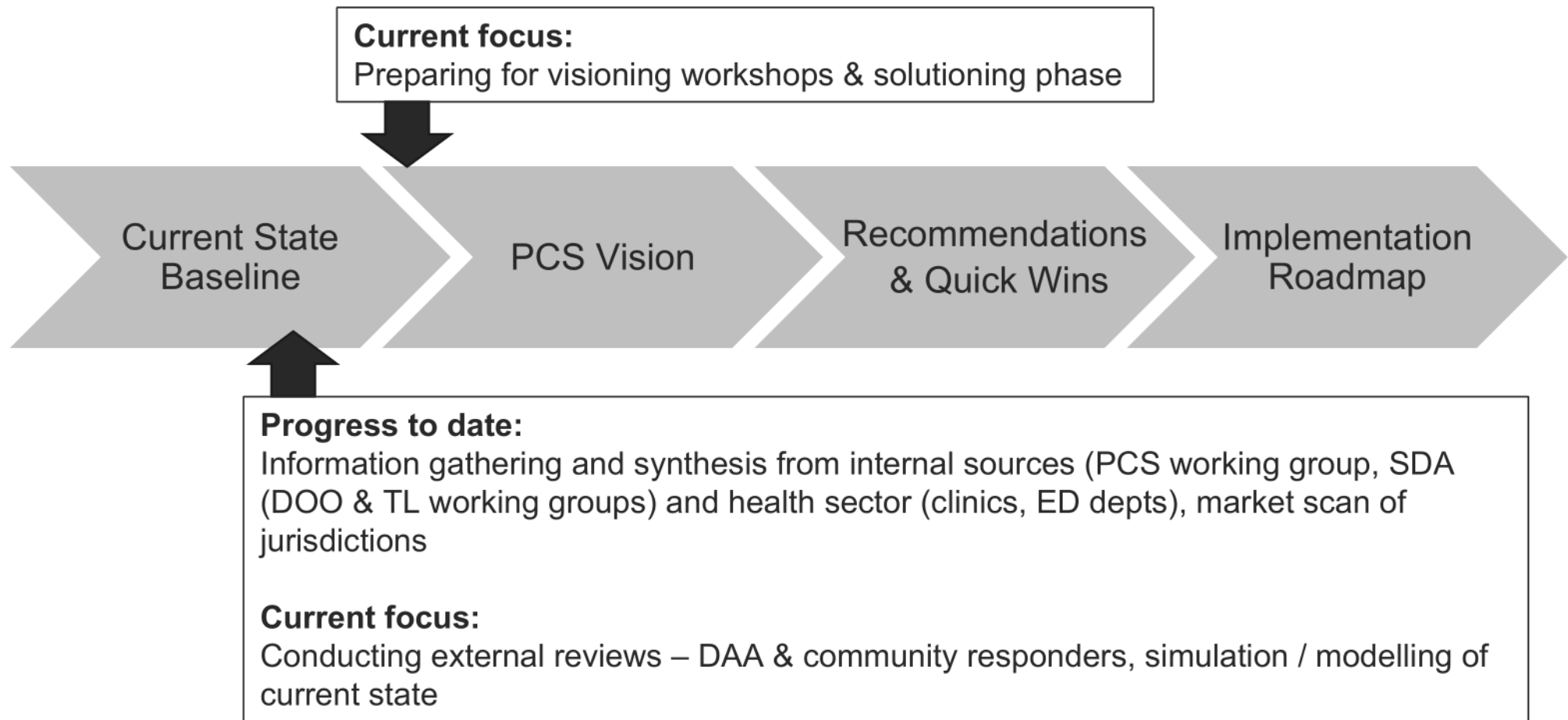
- The Governance committee will help create a vision for PCS and MCFD Virtual Services. The purpose of a vision is to guide solution options and recommendations for PCS' Future State Operating Model.

Future State Operating Model

- The Operational Review may propose solutions that may impact other stakeholders within MCFD and external to MCFD – the Governance Committee will provide the necessary perspective to understand and predict these impacts
- The Operational review may propose solutions that require tough decisions – the PCS vision along with guidance from the Governance Committee will help navigate these tough decisions and deliver solutions in accordance to the vision.

Approach

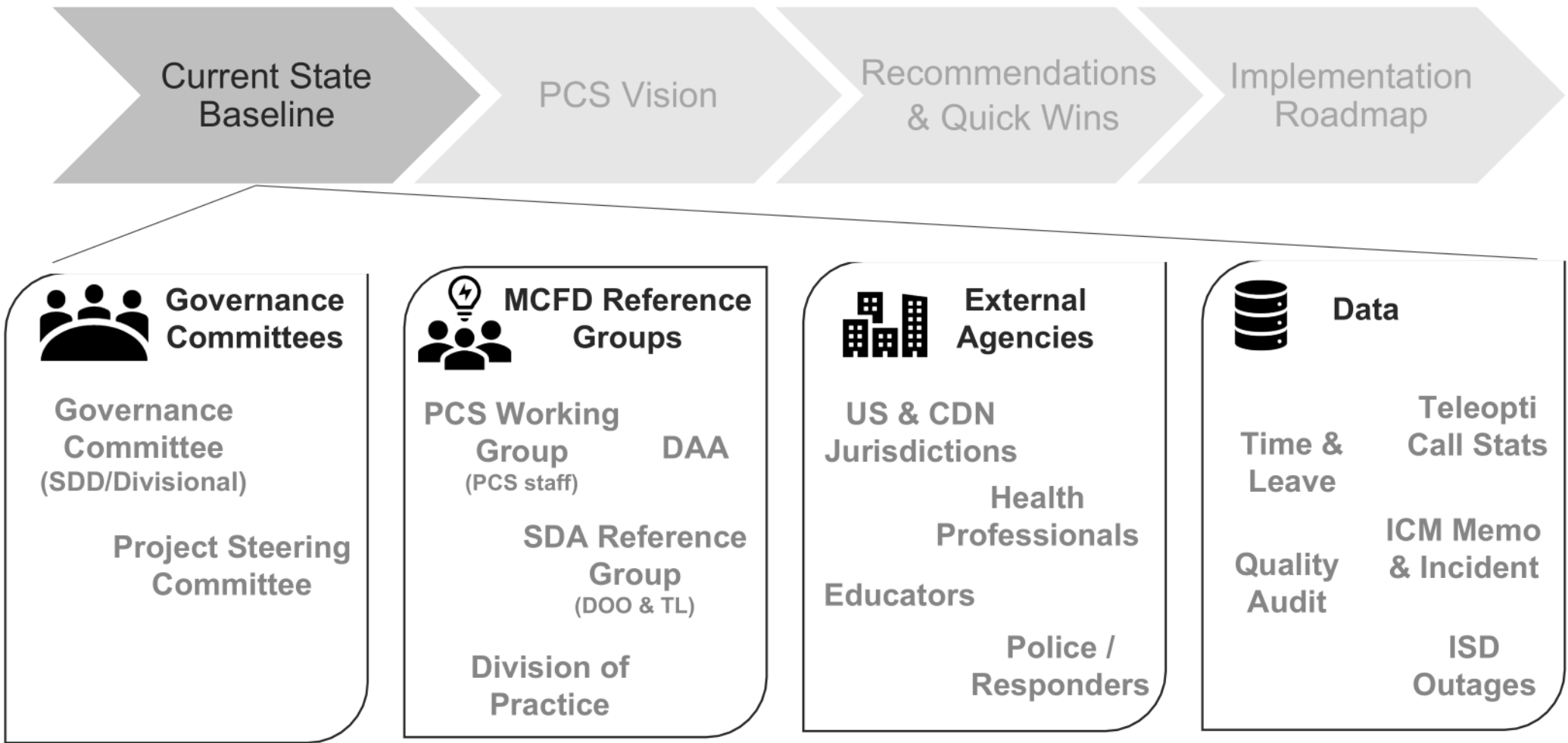
We have substantially completed the current state baseline and transitioning to the visioning & solutioning phases of the project.





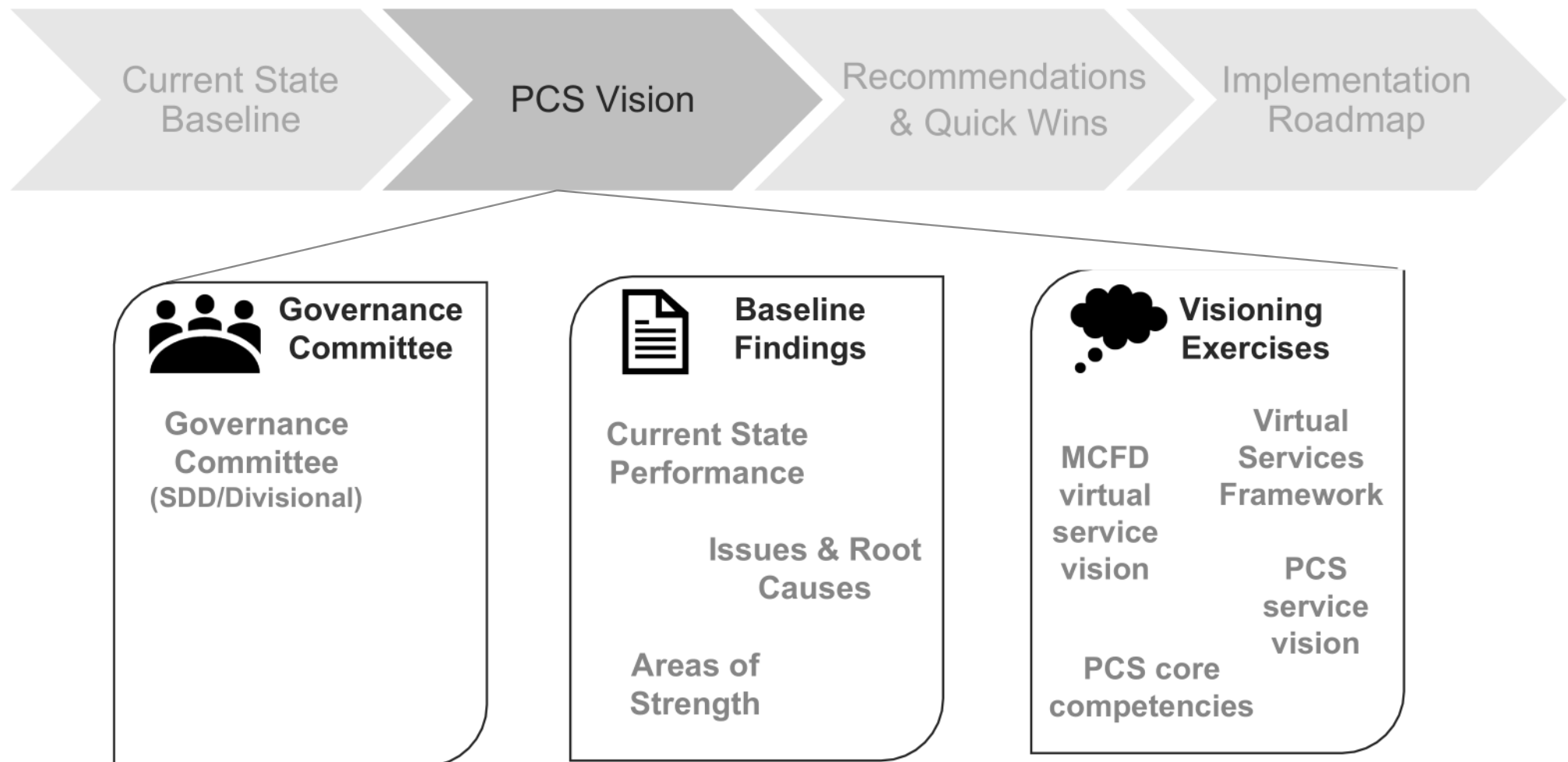
Baseline Approach

This project aims to deliver a PCS vision, organizational & operational recommendations and 2-3 year implementation roadmap.



PCS Vision Approach

Workshops with the Governance Committee informed by the findings of the Baseline Report will aim to define a vision for both PCS and MCFD's virtual services.



PCS Visioning Workshop Schedule



	~ October		Post-October		
	Presentation	Workshop 1	Workshop 2	Workshop 3	Workshop 4
Topic	Background and Orientation	Virtual Services Framework	MCFD Virtual Services Vision	PCS Visioning Exercises	PCS Vision Recommendation
Length	1 hour	1 hour	1 hour	2 hours	2 hours
Objective	Common understanding of PCS' current state	Defining virtual services framework	Defining MCFDs vision for virtual services	Developing PCS vision content & options	Recommending a vision (and statement) for PCS
Contents	Baseline Report and Market Scan	Exercises to define MCFD virtual services	Exercises to define MCFD virtual services vision	Exercises to facilitate components of a vision (what, who, how, why)	Several options for a final vision statement
Details	<ul style="list-style-type: none"> Discuss expectations and approach Present baseline analysis Present market scan findings 	<ul style="list-style-type: none"> Define a virtual service Define a framework for evaluating virtual services (Current & Potential New) 	<ul style="list-style-type: none"> Define vision options & ratify for MCFD virtual services Brainstorm changes or new virtual services to consider for MCFD 	<ul style="list-style-type: none"> Exercises to discuss and define PCS' core competencies, services, and service objectives 	<ul style="list-style-type: none"> Discuss and refine vision options Discuss implications of each option / key differences

Potential to engage MCFD EDS in refining the MCFD virtual services vision (in sequence or in parallel with Workshop 3)



Baseline Report Findings

Baseline Findings to Date – Service Quality



PCS is seen to provide a valuable single point of contact and unbiased resource to consult on and/or report child welfare concerns to MCFD. Timely access and more transparency are two areas for improvement.

PCS Objectives		Strengths	Weaknesses
Service Quality	Professional, Respectful & Unbiased Experience	<ul style="list-style-type: none"> PCS provides a professional and unbiased resource for community health professionals to consult on and/or report child welfare concerns. 	
	Timely & Simple Access	<ul style="list-style-type: none"> Community health professionals value the convenience and efficiency from having a single access point for making reports to MCFD. 	<ul style="list-style-type: none"> Wait times are unpredictable and long during critical periods of the day (e.g. end of the business day wait times > 8 min).
	Transparent Process & Decisions		<ul style="list-style-type: none"> PCS is unable to provide transparency into decision-making at a level that satisfies client needs, sometimes creating mis-trust.
	Consistent Experience	<ul style="list-style-type: none"> Community health professionals appreciate the consistent process experience provided by PCS. 	

Baseline Findings to Date - Efficiency

Inefficient channels for clients and a transactional relationship with SDAs leads to inefficiencies and differing views of PCS scope, expectations and success. Lack of process standards and role expectations contributes to process variability and potentially inefficiencies within PCS.

PCS Objectives		Strengths	Weaknesses
Efficiency	Efficient for SDAs	<p>PCS absorbs inefficiencies with SDAs from in-efficient channels e.g. out of date contact lists, delayed/non-response and by completing administrative tasks e.g. taking messages, documenting in ICM.</p>	<p>Transactional relationship between SDA & PCS creates macro-inefficiencies for MCFD e.g. channels for coordination & information sharing, lack of visibility into business processes.</p>
	Efficient for Stakeholders & PCS	<p>Efficient for Professionals & Community Responders</p>	<p>Existing channels for safety reporting, information collection and safety coordination create multiple handoffs, long-wait times and inefficiencies for clients.</p>
	Efficient Service Delivery		<p>Inconsistent or missing role expectations (e.g. calls per shift) and business process standards (e.g. screening vs. calls) leads to operational variability and inefficiencies.</p>

Baseline Findings to Date - Effectiveness

PCS has demonstrated strong consistency in decision making and policy compliance. Improving documentation and timeliness consistency are areas for improvement.

PCS Objectives		Strengths	Weaknesses
Effectiveness	Timely Screening Decisions	● PCS has demonstrated timely assessment and decision making – based on audit findings of 2016-2018 case reviews.	● SDAs report that Incidents appear to be ‘batched’ towards the end of the day creating challenges for district office SWs to respond timely if needed
	Timely and Effective Decisions	● Evidence-based Screening Decisions & Appropriate Safety Response	● PCS has demonstrated strong consistency in decision making and policy compliance – based on audit findings of 2016-2018 case reviews.
	Documentation that is clear, consistent with decision, complete, accurate and bias-free		● SDAs report documentation that is unclear, does not reconcile with screening decision and missing/inaccurate contact details.

Baseline Findings to Date - Sustainability

PCS has been responsive to MCFD priorities and adapted to gaps in support. However, these come at the expense of sustainable resourcing and operations practices. In addition, PCS does not have a line of sight to its key external clients – making it difficult to confidently define value.

PCS Objectives		Strengths	Weaknesses
Sustainability	Adaptable & Responsive Service Delivery	<p>● PCS has adapted to deliver new services (e.g. CLBC, SDPR) and been responsive to MCFD priorities (e.g. Protection Order, Emergency Backup for disasters) requiring process agility and rapid mobilization.</p>	<p>● No line of sight to key external clients – e.g. Community Responders, Health & Education Professionals – making it difficult to define success, collaborate to improve services and ultimately achieve consensus on results.</p>
	Effective use of Resources and Staffing		<p>● PCS lacks the level of resourcing agility necessary for a 24/7 safety service leading to chronic resourcing gaps, staff morale issues, and significant overtime expense.</p>
	Reliable & Scalable Service Delivery Platform		<p>● Operational responsibilities are fragmented leading to a lack of clear ownership.</p>
	Robust Quality Assurance & Continuous Improvement Processes		<p>● Quality assurance (QA) and Continuous Improvement (CI) practices are mostly ad-hoc and have not matured in line with the size and scale of PCS. QA, CI and Supervision responsibilities are fragmented.</p>
	Reliable & Scalable Technology Infrastructure		<p>● Technical support and system maintenance for core technologies (e.g. ICE, ICM) is designed for a district office operation - creating inefficiencies and service continuity risks that are amplified for out of core operations</p>

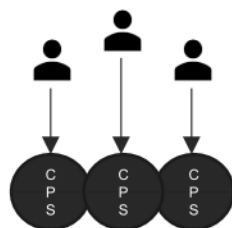


Market Scan Findings

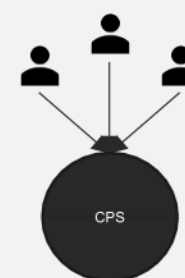
Initial Screening Operating Models

Centralized initial screening has been widely adopted in the US while in Canada there is more diversity in operating models across provinces

Localized Screening



Centralized Screening



Description

Screening conducted at the municipality / county level with some use of centralized screening (e.g. after hours)

Screening conducted at the Province, State or Major Region level

Examples

Ten (10) US states (e.g. Colorado) are classified as state supervised, county administered

Fourty (40) US states (including the District of Columbia, Puerto Rico) are state administered

Ontario has ~48⁵, Manitoba ~13³, Quebec has ~20, Yukon ~9, Nova Scotia ~17, Newfoundland / Labrador⁴ >20 local offices handling initial report calls

BC, NB, SK¹, AB², PEI each have adopted centralized screening

Adopted SDM Tool⁶

Manitoba
Newfoundland/Labrador
Nunavut

BC, NB, SK, PEI	Michigan	Tennessee
Florida	Washington	New Jersey
Texas	Missouri	Kentucky
Delaware	Kansas	Vermont
Indiana		

focus of research

¹ Saskatchewan has three major regionalized intake centres – Regina, Saskatoon & Prince Albert

² Alberta has two major regionalized intake centres – Northern and Southern Alberta Child Intervention Services

³ Manitoba has thirteen regional designated intake areas

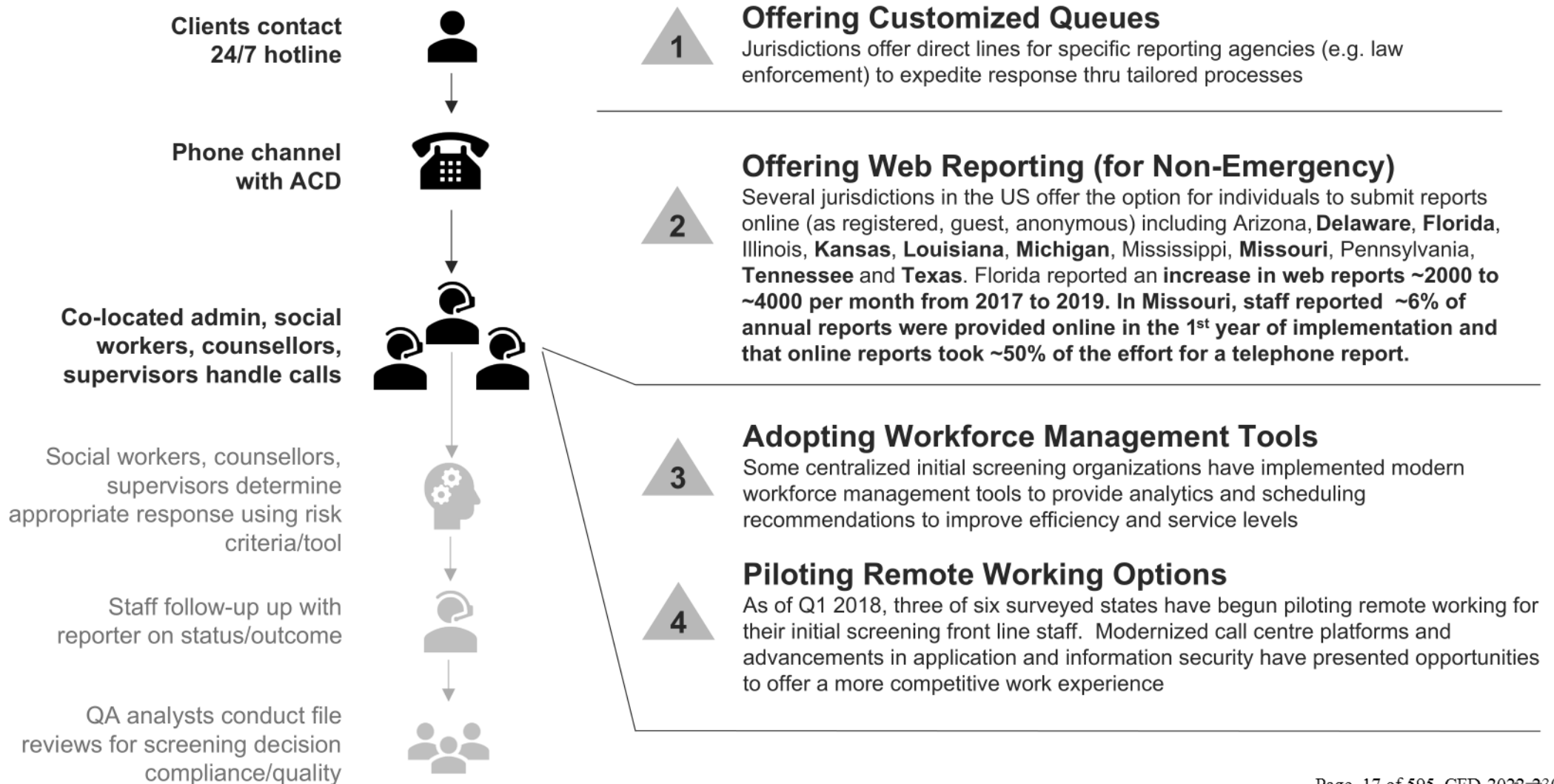
⁴ Newfoundland/Labrador have some centralized after hours support

⁵ Ontario uses child protection agencies governed under the act to deliver services

⁶ Based on report provided by NCCD for Feb 18, 2020 - does not indicate which SDM tools have been implemented.

Initial Screening Op. Models – Customized Practices

Initial screening is typically 24x7 contact centres staffed by co-located social workers/counsellors. Adapting channels (e.g. online) and remote working may be innovation opportunities for MCFD



Initial Screening Op. Models – Supervision Model

Some jurisdictions do not appear to require real-time review of screening decisions and rely on other practices e.g. QA sampling/audit for assuring screening decisions



Supervision and Screening Practices

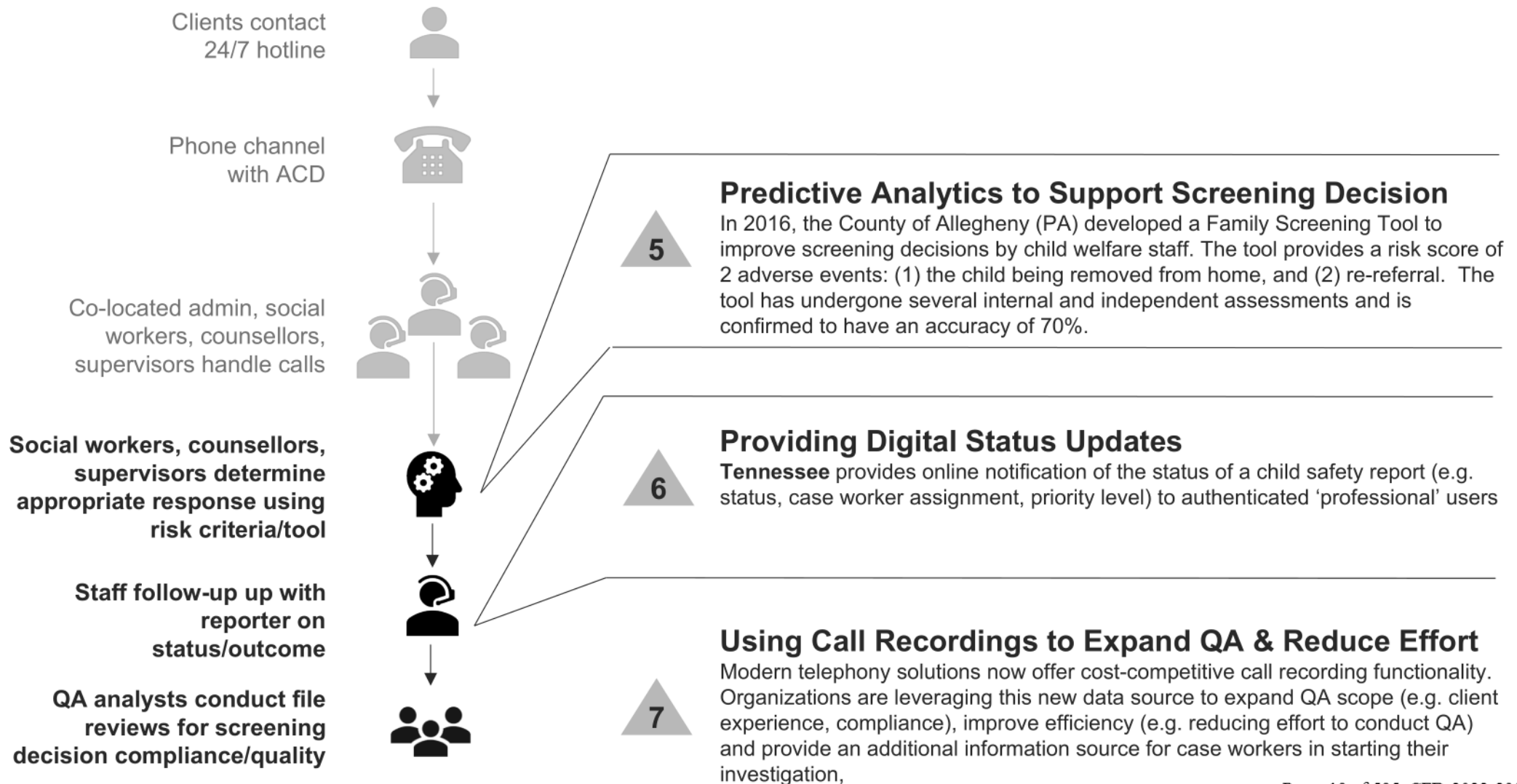
SDM	Jurisdiction	Screener : Supervisor Ratio	Real-Time Review of Screening Decisions	QA Practices		
				Sampling of Screening Decisions	Sampling Calls / Call Recording	Front Line Operations Feedback
✓	Florida	8-12 : 1	No Real-Time Supervision	4 per FTE per month	✓	✓
✓	New Jersey	6 : 1	No Real-Time Supervision	100% from previous day	✓	
✓	Tennessee	8 : 1	No Real-Time Supervision ¹	2 per FTE per month	✓	
✓	Texas	7-12 : 1	✓ All "PN ² " referrals (~5% of all referrals)	yes	✓	
✓	Washington	6 : 1	✓ All screening decisions	n/a		
✓	Missouri	7.5 : 1	no info found			

¹Tennessee & Texas have real-time supervision for 100% of screening decisions for new hires

²PN refers to screens where a determination cannot be made by the screening staff

Initial Screening Op. Models – Customized Practices

Online channels for authenticated client groups and leveraging predictive analytics for QA and improving screening decisions represent more unique practices (based on the market scan)



Initial Screening Op Models – Customized Practices

A sampling of US jurisdictions provides some useful metrics and samples of customized practices adapted to initial screening – online reporting & communications, workforce management tools and remote working

Jurisdiction (all current SDM Jurisdictions)	Operating Model	Reporting Channels			Customized Practices			
		Phone 2	Fax / mail	Web	Work Force Management 3	Remote Work 4	Online Communications 1 6	Call Recording 7
Florida	centralized	✓	✓	✓	✓	✓		✓
New Jersey	centralized	✓						✓
Tennessee	centralized	✓	✓	✓			✓	✓
Texas	centralized	✓	✓	✓	✓	✓		✓
Washington	Regional + Central 24/7	✓			✓	✓		
Missouri	centralized	✓		✓	✓			

¹ Provides ability for individuals to submit reports online (registered, guest, anonymous) and get notification of activity/decisions on the report (e.g. screening decision, case assignment, social worker contact details)

Source: Casey.org, "How do some states hire, train, and retain their hotline intake screeners", 2018

Bold font indicates jurisdiction is using SDM Tools as of Feb 2020



Next Steps

In the immediate term, the governance committee will be engaged to define PCS' role in providing virtual services to MCFD. In the future, the governance committee will be engaged in visioning exercises for PCS.

Near Term

1. Virtual Service Framework (1 hour session)

Post October

2. Visions Workshops:
 - i. MCFD Virtual Services Vision
 - ii. PCS Visioning Exercises
 - iii. PCS Vision Recommendation
3. Presentation – PCS Operating Model Recommendations



PCS Operational Review

US Jurisdiction Interviews

January 2021

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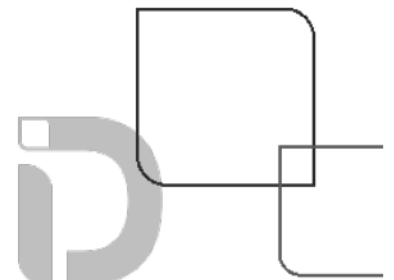
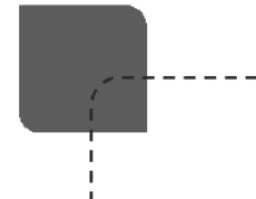
1. Executive Summary

2. Washington State CPS Hotline

3. Missouri Child Abuse and Neglect Hotline

4. Tennessee Child Abuse Hotline

5. New Jersey Child Abuse Hotline



Approach and Objective

The purpose of the Provincial Centralized Screening (PCS) Operational Review is to recommend ways to improve PCS services – service quality, effectiveness, efficiency and sustainability.

Research from publicly available sources highlighted innovative practices used in Canadian and US jurisdictions.

The research identified jurisdictions that have adopted innovative practices while sharing some similarities with British Columbia (e.g. *centralized screening and use of Structured Decision-Making (SDM) tools*).

The following jurisdictions were interviewed:

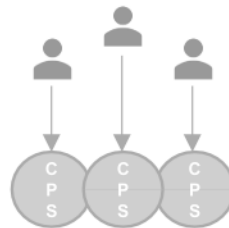
Jurisdiction	Department	Service	Interview Date
Tennessee	Office of Child Safety	Child Abuse Hotline	October 16
Washington	Department of Children Youth and Families	CPS Hotline	November 16
Missouri	Department of Social Services	Child Abuse and Neglect Hotline	November 19
New Jersey	Department of Children and Families	Child Abuse and Neglect Hotline	December 14

The purpose of this document is to summarize the key findings from these interviews

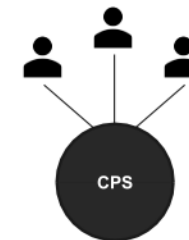
Scope

An initial desktop market scan indicated that Centralized screening has been more widely adopted in the US than in Canada. US jurisdictions that operate a centralized model and use an SDM tool were identified as good candidates for further investigation.

Localized Screening



Centralized Screening



Description

Screening conducted at the municipality / county level with some use of centralized screening (e.g. after hours)

Screening conducted at the Province, State or Major Region level

Examples

Ten (10) US states (e.g. Colorado) are classified as state supervised, county administered

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BC, NB, SK¹, AB², PEI each have adopted centralized screening

Adopted SDM Tool⁶

Manitoba
Newfoundland/Labrador

Nunavut

BC, NB, SK, PEI
Florida
Texas
Delaware
Indiana

Michigan
Washington
Missouri
Kansas

Tennessee
New Jersey
Kentucky
Vermont


***Indicates states that were interviewed**

focus of research

1. Saskatchewan has three major regionalized intake centres – Regina, Saskatoon & Prince Albert
2. Alberta has two major regionalized intake centres that provide after hours supports – Northern and Southern Alberta Child Intervention Services
3. Manitoba has thirteen regional designated intake areas
4. Newfoundland/Labrador have some centralized after hours support
5. Ontario uses child protection agencies governed under the act to deliver services
6. Based on report provided by NCCD for Feb 18, 2020 - does not indicate which SDM tools have been implemented.

Innovative Practices by Jurisdiction

Each jurisdiction interviewed displayed a number of innovative operational models and practices that have informed potential solutions for PCS' Operational Review. Some highlights are detailed below.



Washington

Washington state adapted to the unique needs of local populations by developing a hybrid centralized model for their hotline. This model acknowledges the local context of each region while providing centralized coverage outside of business hours.



Missouri

The Missouri child abuse & neglect hotline leverages technology and channels (e.g., online reporting, IVR queues) to triage calls according to organizational priorities and definitions of urgency, ensuring urgent callers experience the lowest possible wait times.



Tennessee

The Tennessee child abuse hotline has reorganized their service team to differentiate between frontline staff (i.e. dedicated screeners) and support staff who ensure the frontline team is organized and meeting performance targets and quality standards.



New Jersey

The New Jersey child abuse & neglect hotline has a thorough approach to quality, where screeners go through an intensive certification process, and supervisors check for potential false negatives (i.e. 'screened out' reports) daily and review a sampling of phone calls per screener every week.







Innovative Practices – themes

Key themes emerged that are distinct from PCS' current operating model, including independent screening decisions and expanded use of channels and queues to organize work.

IVR based triage	All states interviewed utilized an IVR system (in some cases with dedicated phone lines) to queue and triage calls based on a variety of factors including caller type (e.g., police, hospitals), and/or urgency (e.g., fatalities).
Independent Screeners	Many of the states interviewed had a level (e.g., certified, fully-delegated, senior) of screener that is capable of independently handling calls end-to-end. Supervisory consult is available at their discretion.
Online Reporting	Two of the states developed online reporting tools as an alternative to reporting via phone. Online reports resulted in a number of successes for these states, including reduced call volumes, increased operational efficiency (i.e., reduced handling time), and improved customer satisfaction.
Support Roles	Many states had dedicated support roles / functions (e.g., service desk, quality assurance lead, trainers, etc.) that ensure the frontline teams (i.e., screeners) are working in an organized, efficient manner and meeting performance targets and quality standards.
Scheduling	While all jurisdictions noted challenges in staffing a 24/7 operation that requires specialized clinical professionals, one state in particular had found a solution to drastically improve vacancy rates and overtime. All workers are scheduled M-F on fixed schedules, and are “obligated” to pick up a small number of 4-hour weekend shifts per month.

Jurisdiction Key Takeaways

Each jurisdiction interviewed had unique approaches to performance management, business process design, and roles and responsibilities. Key observations include dedicated roles for training, QA, and queue management.

	Initial Triage	Online Reports	Screening Decision Consult	After Hours Coordination
Washington 	Dedicated Police phone line + IVR system	Not offered	Not applicable Screening decision is made by Supervisor	None – Local Offices have Standby SW
Missouri 	IVR system that prioritizes urgent queues (4 queues total)	Online Reports from Professionals (non-urgent)	Optional “Fully Trained” SW can make screening decision independently	None – Local Offices have Standby SW
Tennessee 	Multiple dedicated phone lines + FIFO queue	Online Reports from Public & Professionals (non-urgent)	Optional “Sr Case Manager” can make screening decision independently	None – Local Offices have Standby SW
New Jersey 	IVR system + FIFO prioritization (2 queues total)	Not offered	Optional “Certified Screener” can make screening decision independently	None – Local Offices have Standby SW

Jurisdiction Key Takeaways

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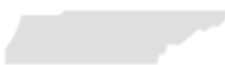

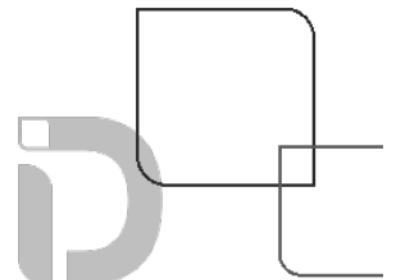
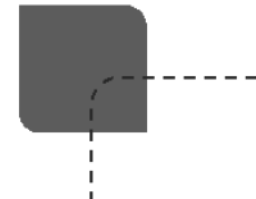
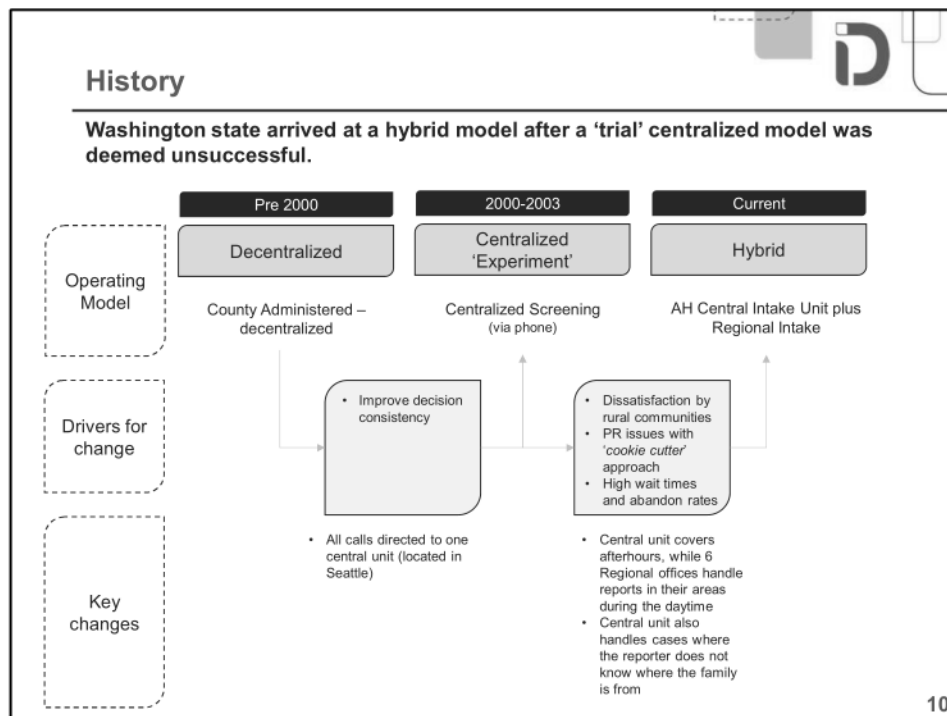
	Training & Supervision	Code Review / QA Practices	Call Recording	KPIs	SLOs
Washington 	Staff work in units with consistent supervisor	Local office can recode 'up' freely, approval required to recode 'down'	No	5 – 8 intake reports per shift	None
Missouri 	~12 months of hands-on training & supervision to become independent SW	Info not available	No	3 calls per hour 16 – 17 min talk time 6 – 7 min wrap time	Zero busy signals
Tennessee 	Information pending	2 calls / FTE per month are reviewed	Yes For QA sampling	Info not available	80% < 5 min <5% abandon rate
New Jersey 	~9 months of hands-on training & supervision to become a 'certified' screener	2-3 calls/week per FTE and 100% of ~NFAs are reviewed	Yes for QA sampling and for Local Office SWs	Info not available	25s answer time <5% abandon rate (pending confirmation)

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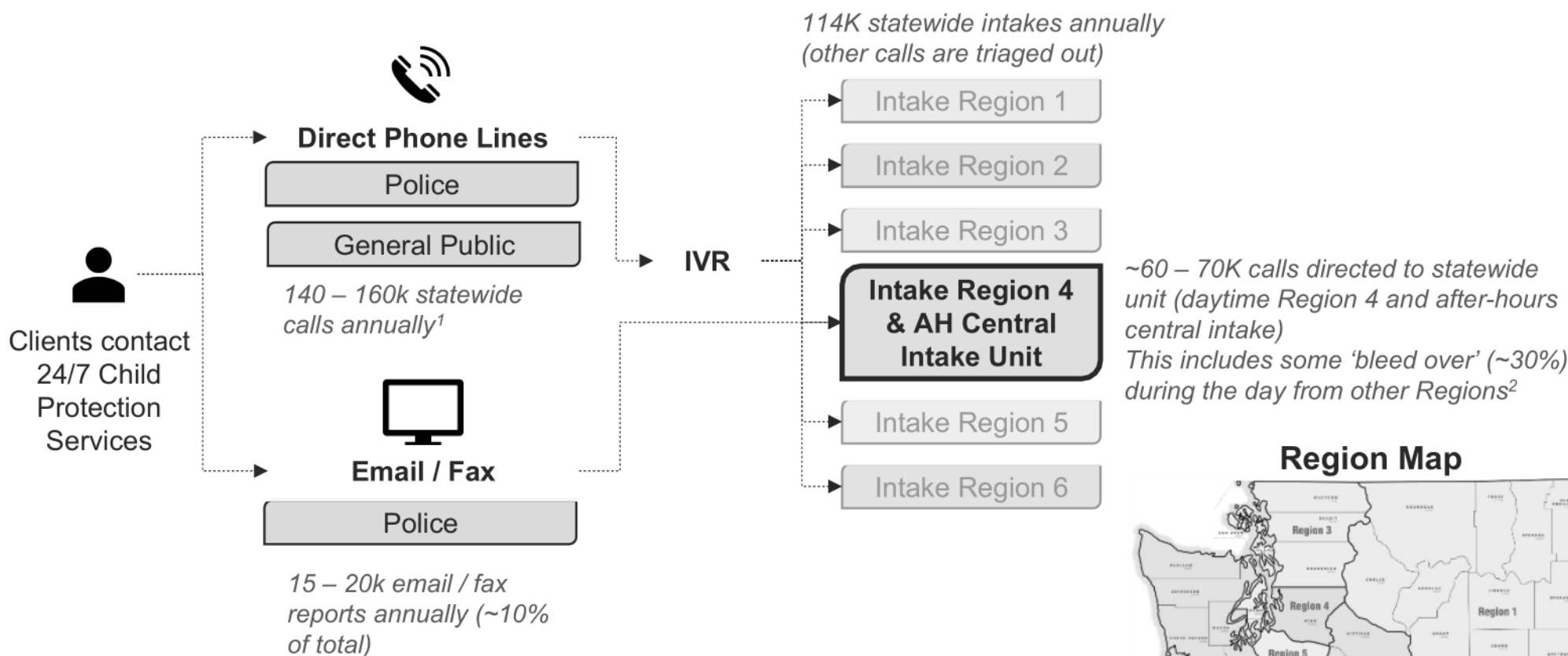
Key changes x drives for change order?

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Font Size?

Hybrid Intake Operating Model

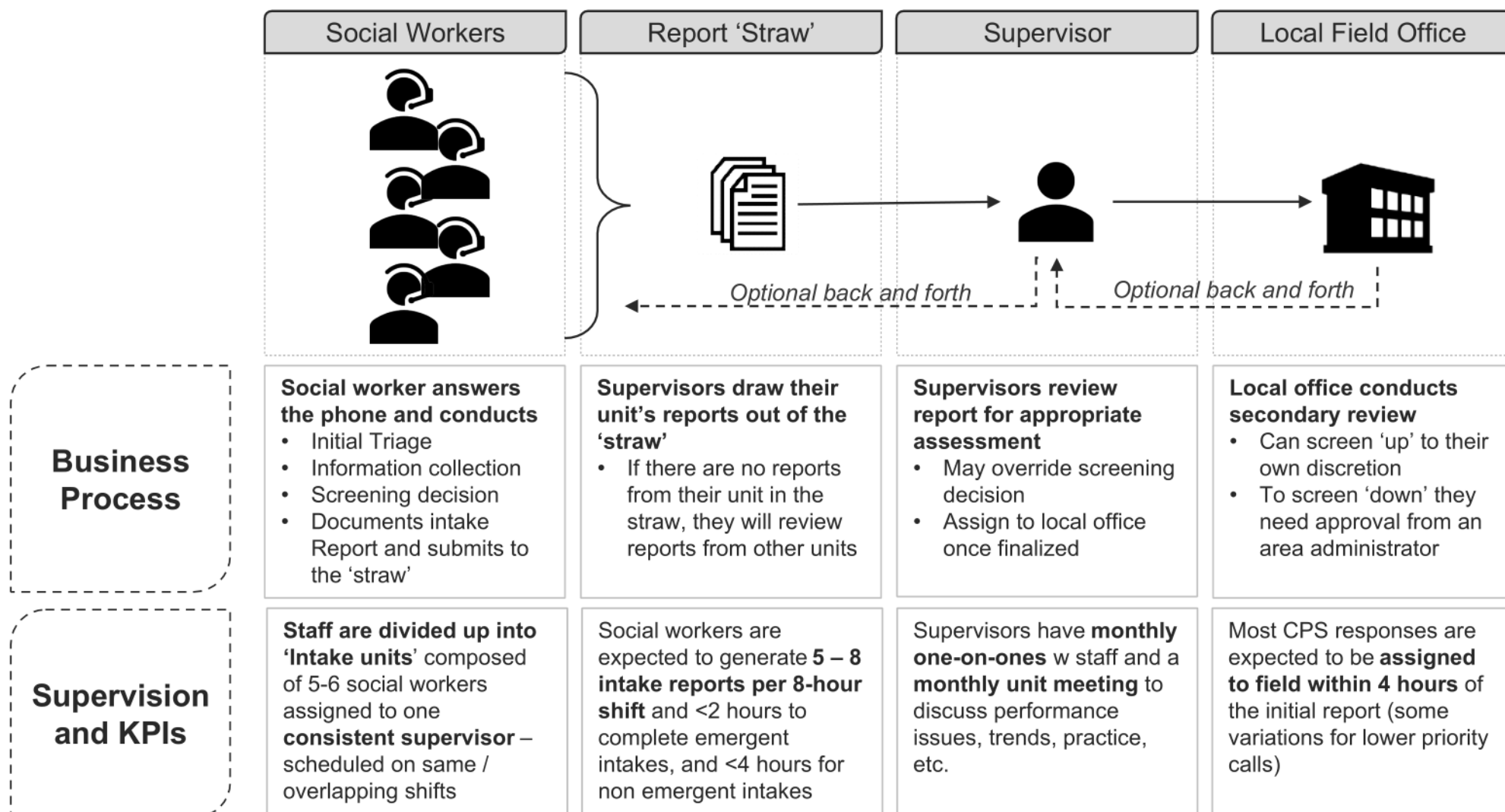
Washington State Department of Children, Youth & Families operates on a hybrid model to for Child Protective Services (CPS) Intake. A central intake unit covers afterhours and holidays, while 6 Regional Offices cover their respective areas and local offices during business hours (M – F, 8am – 4:30pm).



1. Volumes provided are prior to Covid-19
2. most often when people are reporting on a family and they don't know where the family lives

Central Intake Business Process

Each Supervisor has 5-6 social workers assigned in their 'unit'. Supervisors will review reports from their unit before finalizing the decision and sending off to the appropriate Regional Office, where a secondary review is performed.



After Hours Scheduling and Response

Afterhours (weekends, evenings, holidays) Region 4 (King Country) becomes the Central Intake Unit for the entire state. After hours safety stabilization and coordinating is left to each local office, which has its own scheduled afterhours field staff and supervisor.

Central Intake Unit

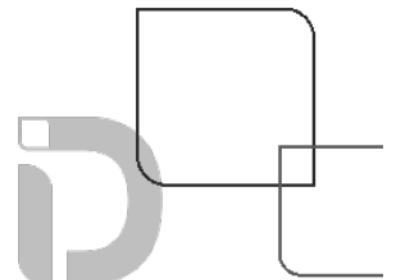
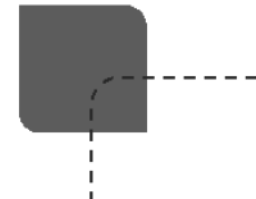
- **Region 4 / Central Intake offers two shift types:**
 - M – F daytime | 5 on 2 off | 8-hour shifts
 - Swing shifts | 4 on 3 off | 10-hour shifts
- **The Statewide Central Intake Unit corresponds to the 'swing shift' staff**
 - Swing shift teams are scheduled either Sun – Wed or Wed to Sat
 - The overlap on Wednesday is used to coordinate office-wide meetings
- **The graveyard shift consists of 2 social workers and one supervisor**
 - On Call staff are available to supplement the graveyard shift in the case of unexpected high intake volumes or unplanned vacancies
 - On Call staff are at the supervisor level (service specialist 5) and are not covered by the collective agreement (i.e. not unionized)

Local Field Response

- **During afterhours, the central intake unit is responsible for handing off reports to any of the 52 local offices in WA**
 - During daytime hours, they would only hand off reports to local offices within the King County region
- **Each local field office employs scheduled afterhours response staff, including a supervisor**
 - The local office afterhours staff do not conduct consults or screening reviews during these hours – they respond to emergent situations as coded

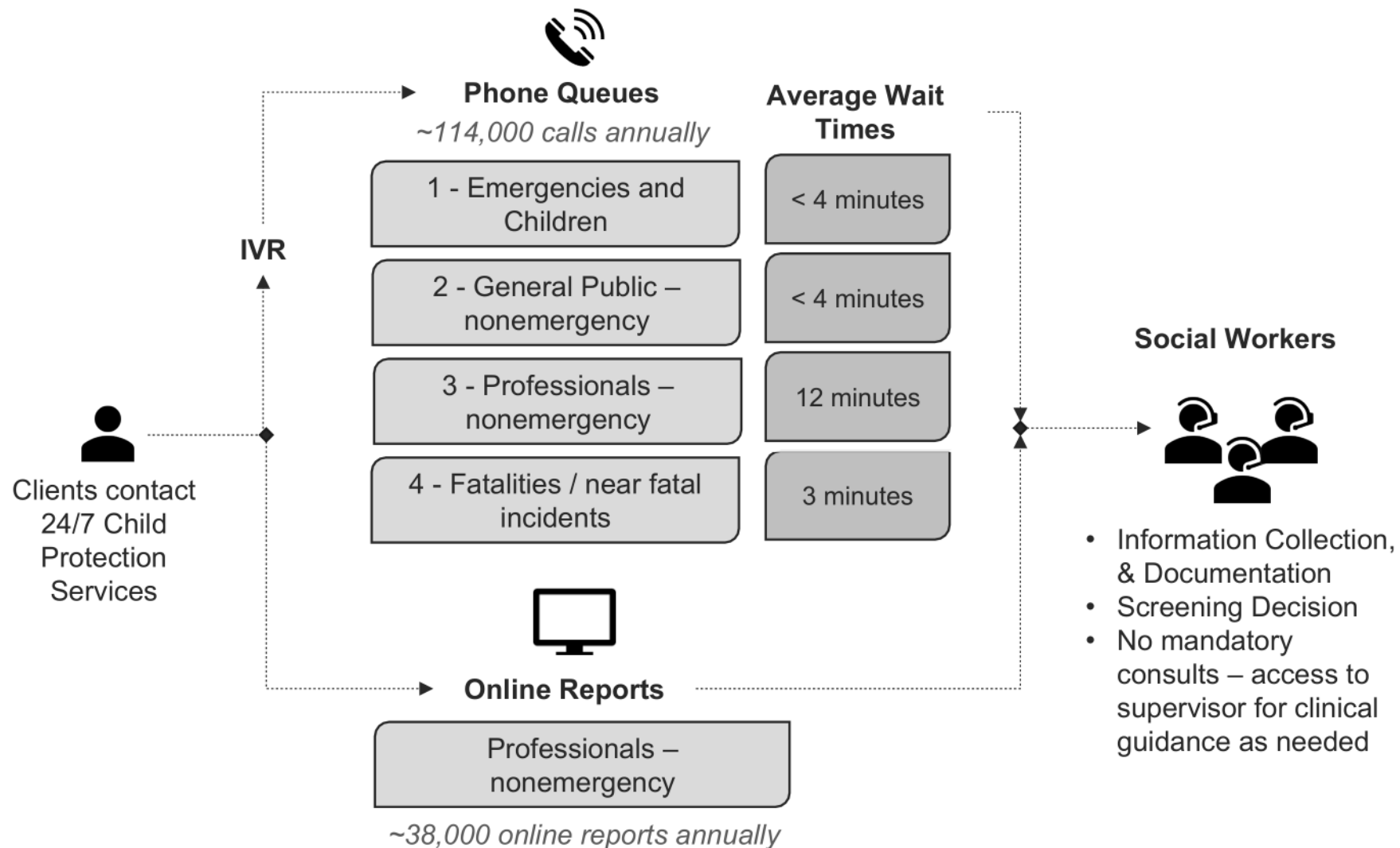
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Operating Model

Missouri operates a centralized intake service with an IVR system for four queues, and online reports as an alternative non-emergency option for professionals. Social workers collect information and make screening decisions.



Roles and Responsibilities

A fully trained social worker independently handles the call end-to-end, including informing the reporter of the decision. Supervisors are there to provide clinical support and liaise with county offices. Additional dedicated support manages training, scheduling / KPI tracking, and clerical staff.



Social Worker

- **Info collection and screening decision:** Social workers collect information from the caller and determine the screening decision and response priority, supported by 2 SDM tools
- **Communication w reporter:** While on the phone, the social worker will tell reporter whether their report meets criteria for child abuse / neglect, which county the report is going to, phone number, and general disposition info (if identified)



Supervisor

- **Clinical Supervision:** 1 – 2 supervisors on shift¹ to answer questions, provide clinical support, and hands-on support to newer staff
- **Performance Management:** Each supervisor is assigned a specific team of 5 – 9 social workers that they are accountable for
- **Liaise w county offices:** Supervisors answer calls from the county office about disagreements or clarification on coding decisions– via direct phone line or email



Support

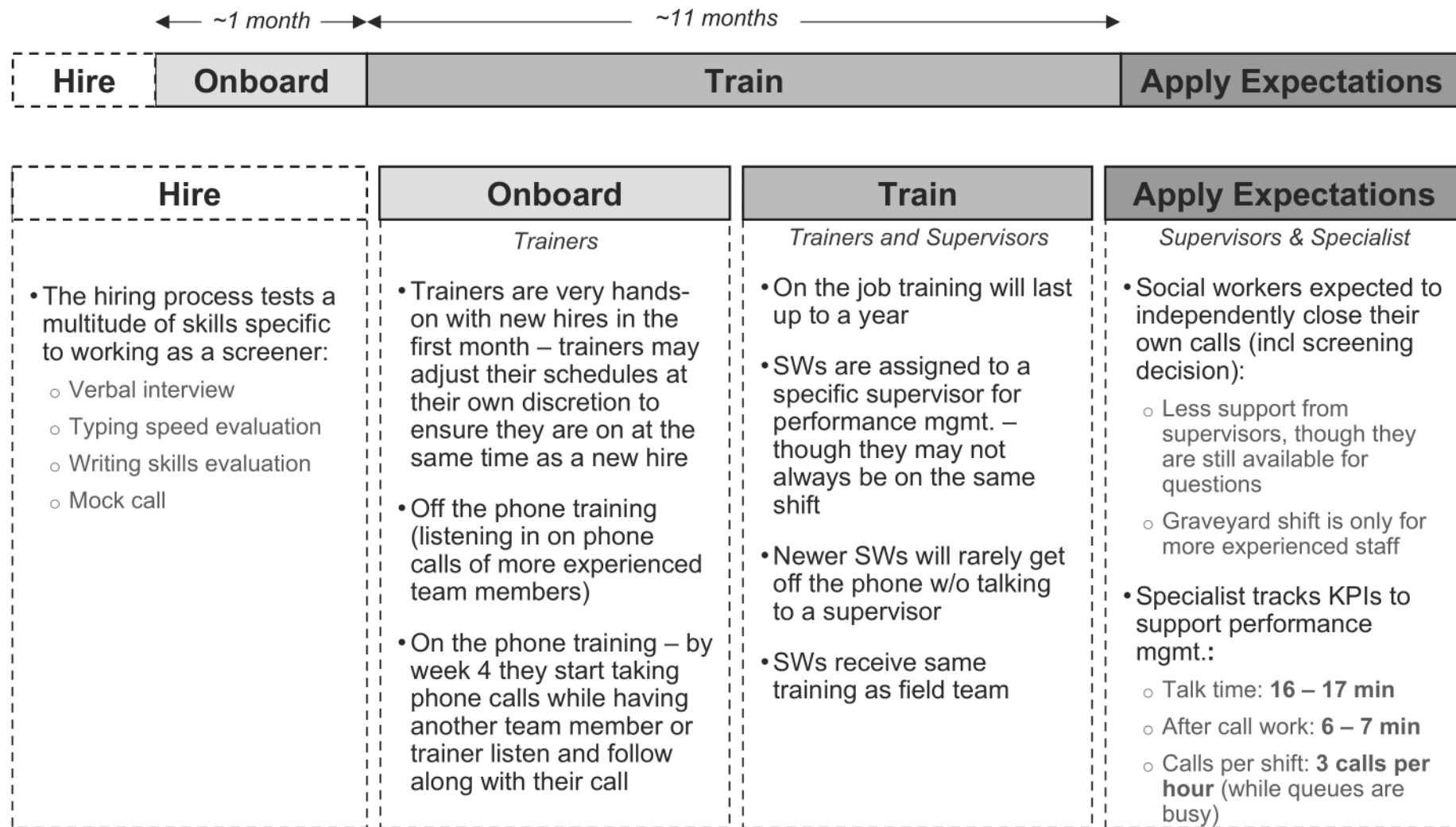
- **Training:** Two dedicated full-time trainers are responsible for training new hires
- **Scheduling/KPIs:** One specialist handles the scheduling, workforce management, works with the contact technology (cisco) and tracks KPIs
- **Admin:** another specialist manages the clerical staff
- **IT support** – the team uses 'groupthink' to develop self-help materials for common issues; divisional support is available for more complex issues

1. Supervisors do not work during the graveyard shift – graveyard social workers are more experienced and will call the unit manager or assistant manager if they need support



Training and Expectations

Missouri has two dedicated fulltime trainers that oversee all new social workers. A social worker is not generally not considered independent until approx. one year of working fulltime.



Online Reports

Online / digital reporting was implemented 5 years ago and is offered for professional reporters. It has been successful in terms of (1) reduced wait times for all queues and (2) reduced handle time for online reports.



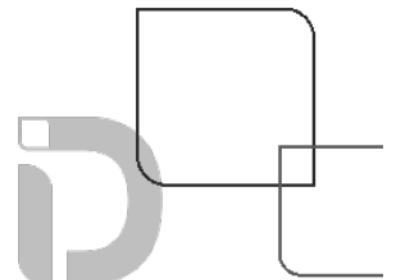
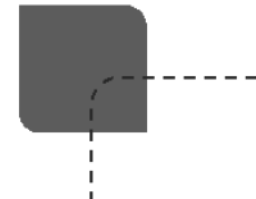
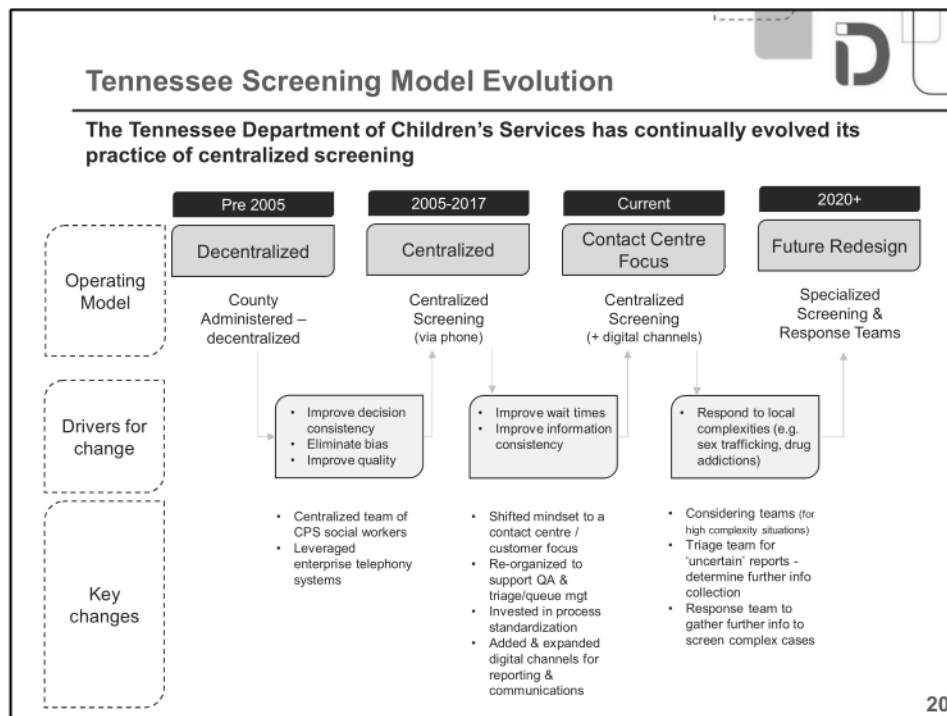
	Implementation	Impact & Response
External Users (professionals) 	<p>An online reporting option was developed ~5 years ago for a range of professionals (i.e. nurses, police officers, bus drivers, teachers, etc.) reporting a non-urgent incident</p> <p>Training materials, live presentations, and guidelines helped train new users on the online report system</p>	<p>Uptake has been successful and is increasing:</p> <ul style="list-style-type: none">→ 2019: 25% of total volume (~38,000 reports)→ 2020: 30% of total volume (~43,000 reports)
Internal Users (staff) 	<p>Reporters essentially fill the same online forms that screeners do, and the information auto-populates into the system – eliminating talk time and transcription for social workers</p>	<p>Effort reduced to 5 min total to screen the online report (as compared with 20 – 25 min total handle time)</p> <p>The corresponding phone queue (professional non-emergencies) was degraded to the lowest priority, allowing social workers to answer the remaining queues faster</p>

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3. Missouri Child Abuse and Neglect Hotline
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5. New Jersey Child Abuse Hotline



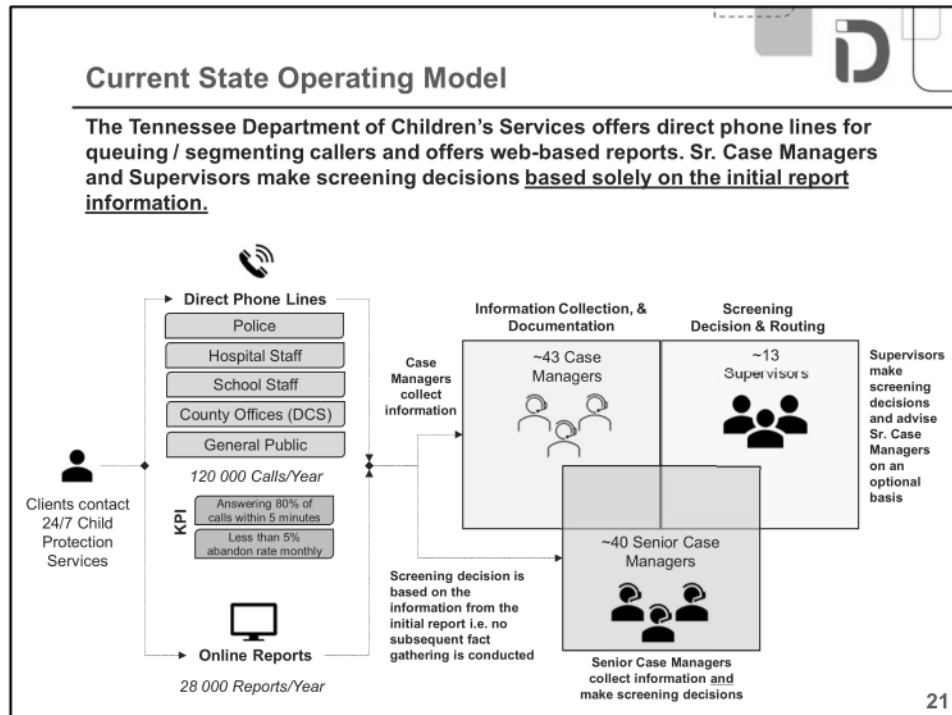


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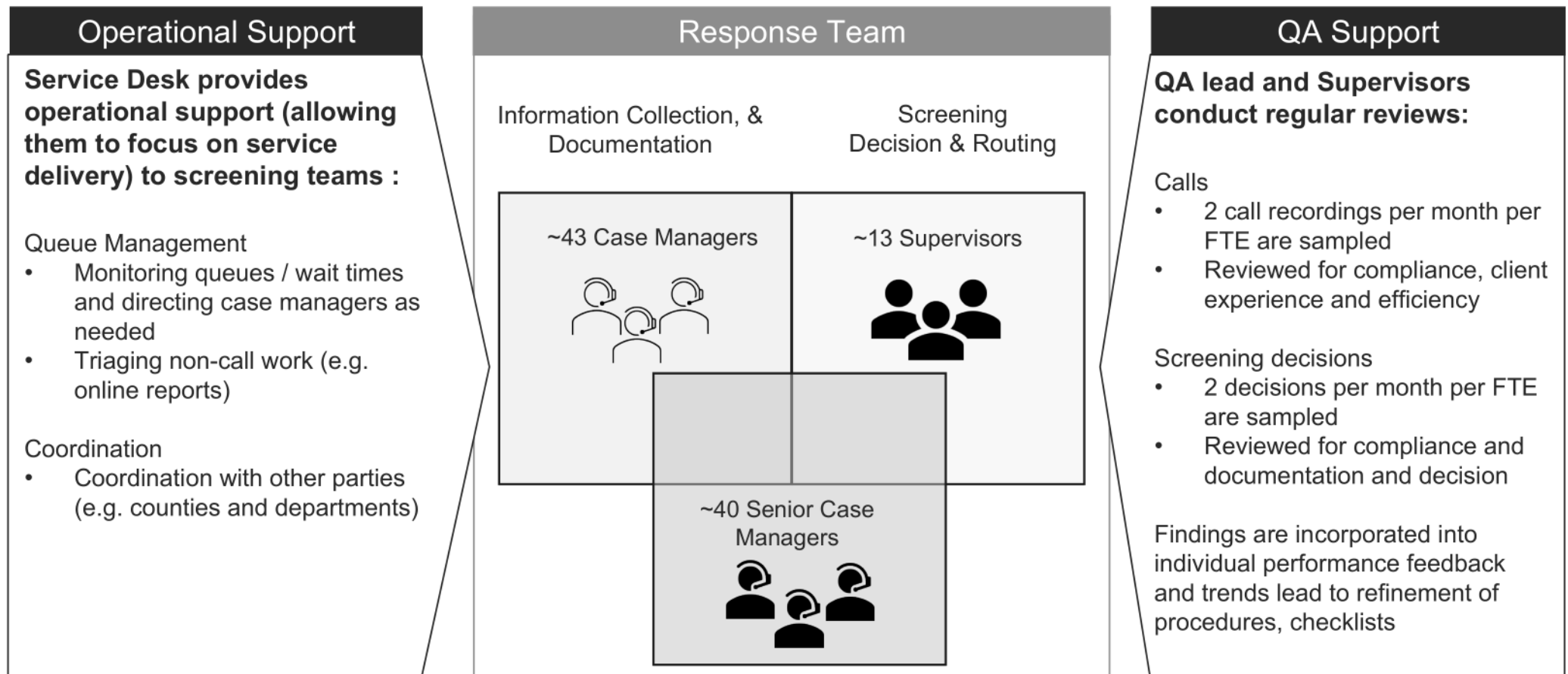


- Social workers do not investigate for more information after the call;
- Only team leaders are responsible for the screening decisions. TL makes decisions using only the information on the database;

83/2?

Current State Operating Model

A dedicated QA lead and Supervisors review calls (using call recordings) and screening decisions on a sampled basis. A dedicated Service Desk staffed with Supervisors serves to manage operations including queue mgmt, triage immediates and coordinating with counties



Scheduling

Rotating shifts for the weekends solved the vacancies on weekends problem. It also decreased staff overtime work.

Situation	Impacts	Solution	Benefits
<p>Previous work schedule (pre-2020) organized staff into two teams – weekday and weekend.</p> <p>Each team had fixed shift schedules (e.g. always graveyard on weekday)</p> <p>On call list to respond to unplanned vacancies</p>	<ul style="list-style-type: none">• Vacancies piled up on weekends• Difficult to recruit for weekend and mostly new staff working on weekends• Significant over-time as on-call filled vacancies leading to burnout and unfilled vacant shifts	<p>All staff work M-Fri (fixed schedule) and obligation to fill 3-4 weekend shifts per month (funded by overtime)</p> <p>Weekend shifts are mostly 4hrs and 8 hrs for graveyard. Flexibility for individual to complete 2 x 4 hr shifts on weekend to fulfil monthly requirement.</p>	<ul style="list-style-type: none">• Down to 1 vacancy from >10 vacancies• Less turnover• Higher moral• Less overtime work for staff

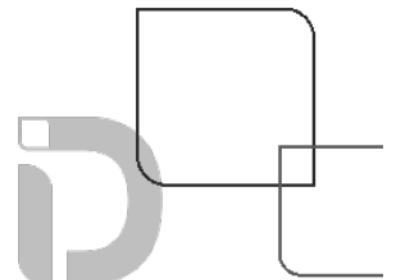
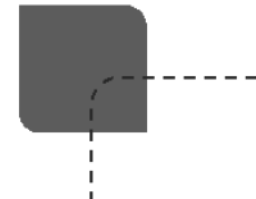
Online Reports

Online reports are an option for people that are not comfortable talking on the phone or being recorded. The new online system enabled customers to track the status of their cases.

Situation	Impacts	Solution	Benefits
Department of Children's Services (DCS) received reports by e-mail from the public and professionals	<ul style="list-style-type: none">• No reduction in workload as staff would have to transcribe contacts and report information to database• Lack of transparency as no feedback / confirmation is provided to reporter	<p>Implemented a web-based submission for public and professionals.</p> <p>Reporter provides information in structured format i.e. guided questionnaire – report automatically populates database.</p> <p>Reporters can view status online by using a PIN code (i.e. check if the report has been screened in or pending)</p>	<ul style="list-style-type: none">• Enhanced efficiency for reporter and DCS• Improved transparency / customer focus

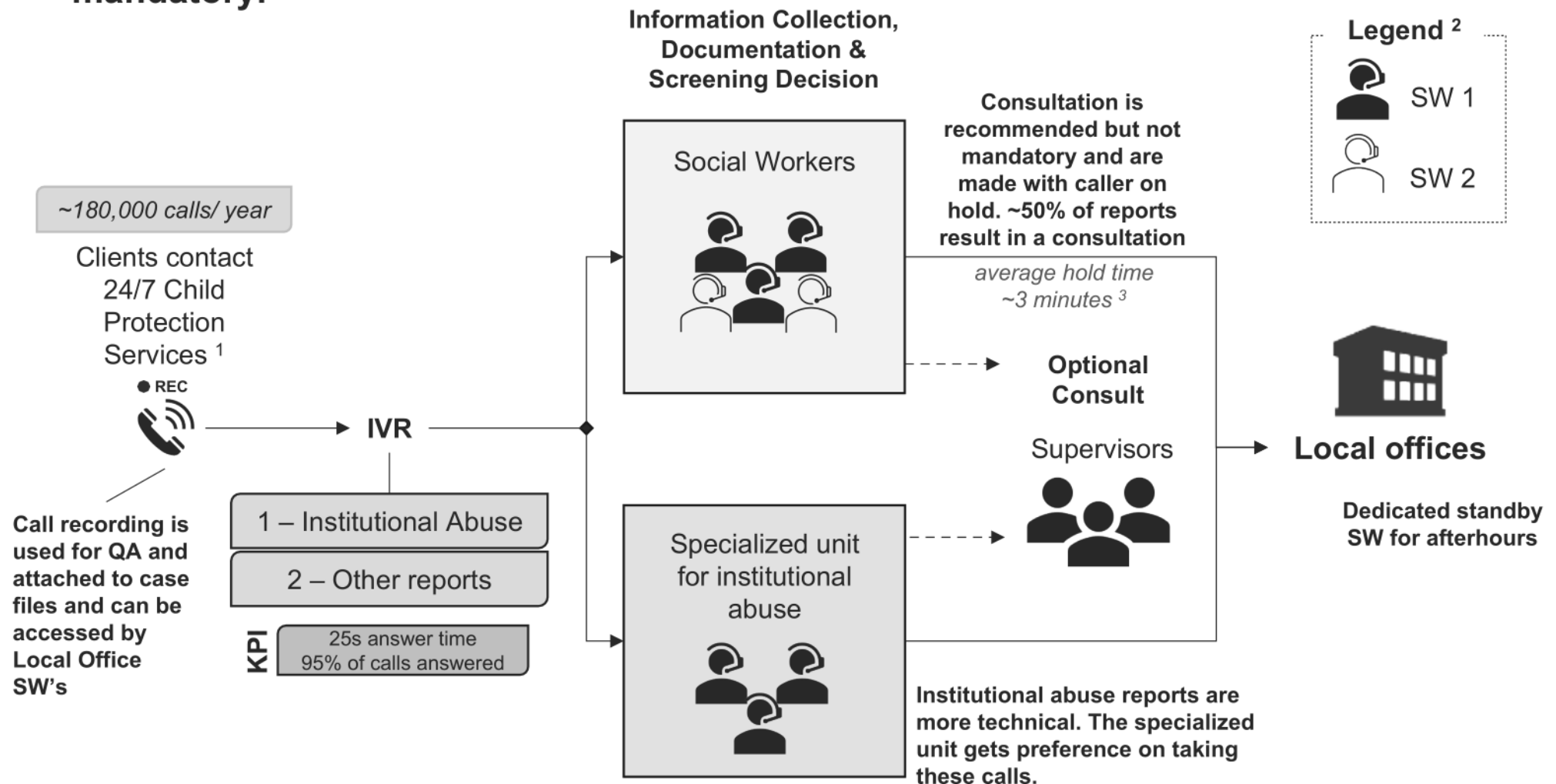
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Operating Model

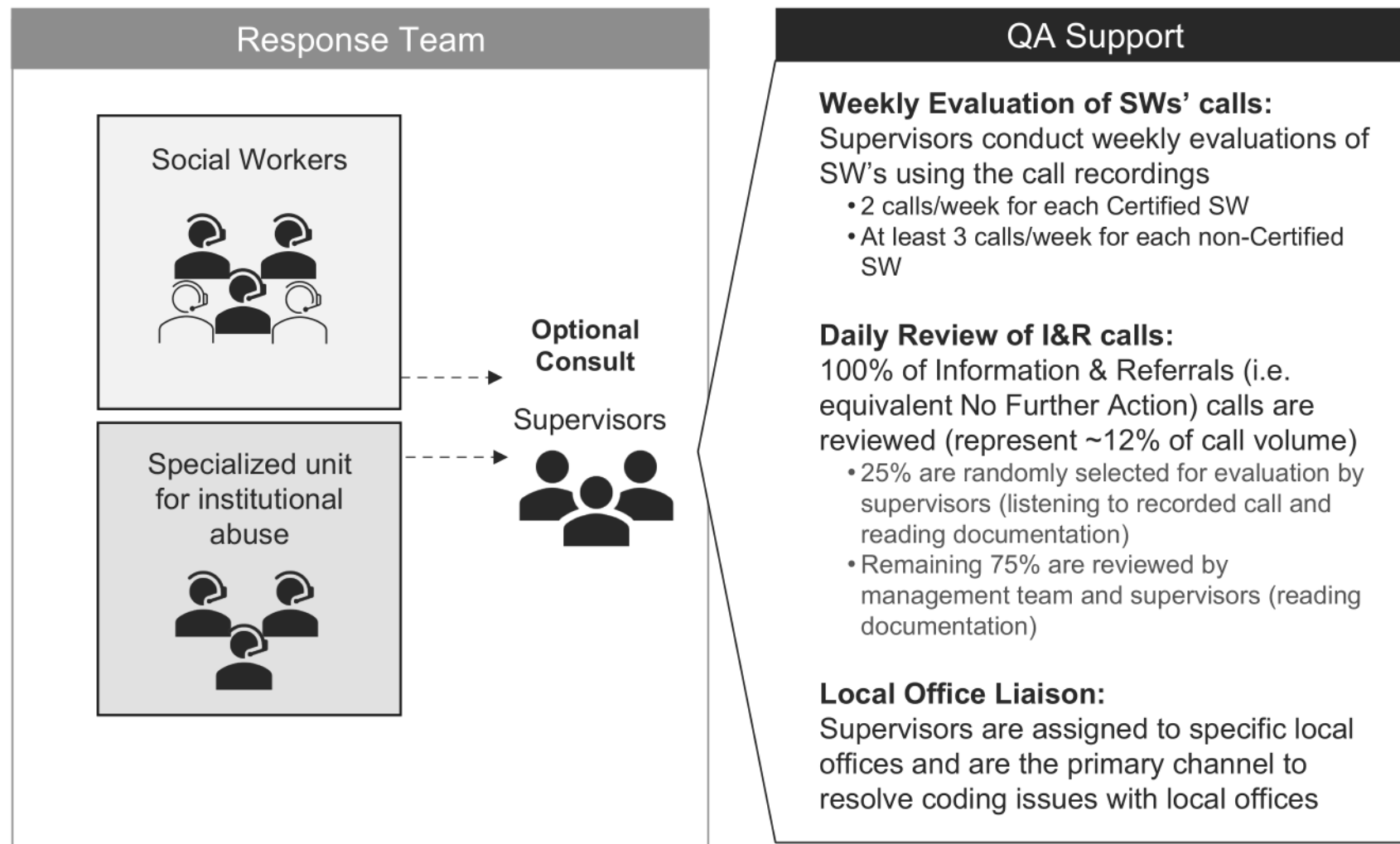
New Jersey operates a centralized intake service with an IVR system to filter institutional abuse reports. Certified SW's collect information and make screening decisions. Consultation with a supervisor is recommended, but not mandatory.



1. There are referrals that come from other channels (e-mail for local units and mail), but they represent less than 2% of the total volume.
2. FIS 2 classification: SW 1 is the higher classification SW.
3. Average hold time increased to ~5 minutes after Covid.

Operating Model

New Jersey's QA process includes regular sampling and supervisor review of calls (2-3 calls/week) and 100% review of Information & Referrals (i.e. ~NFAs) and memos.



Supervision and Training Status

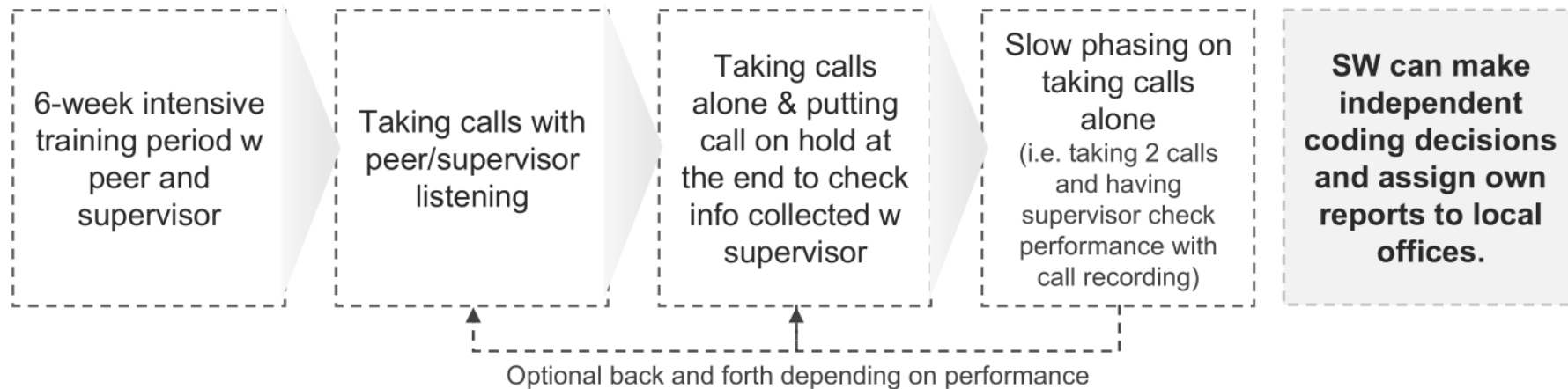
New hires need 2 years of field experience and are not able to make independent screening decisions until approved as Certified SW – taking a minimum of 9 months to achieve

Non-certified SW

No independent screening decisions for at least 9 months w daily meetings w assigned supervisor. Reports are reviewed entirely by supervisor and assigned to local offices by supervisor (no security clearance).

Certified SW

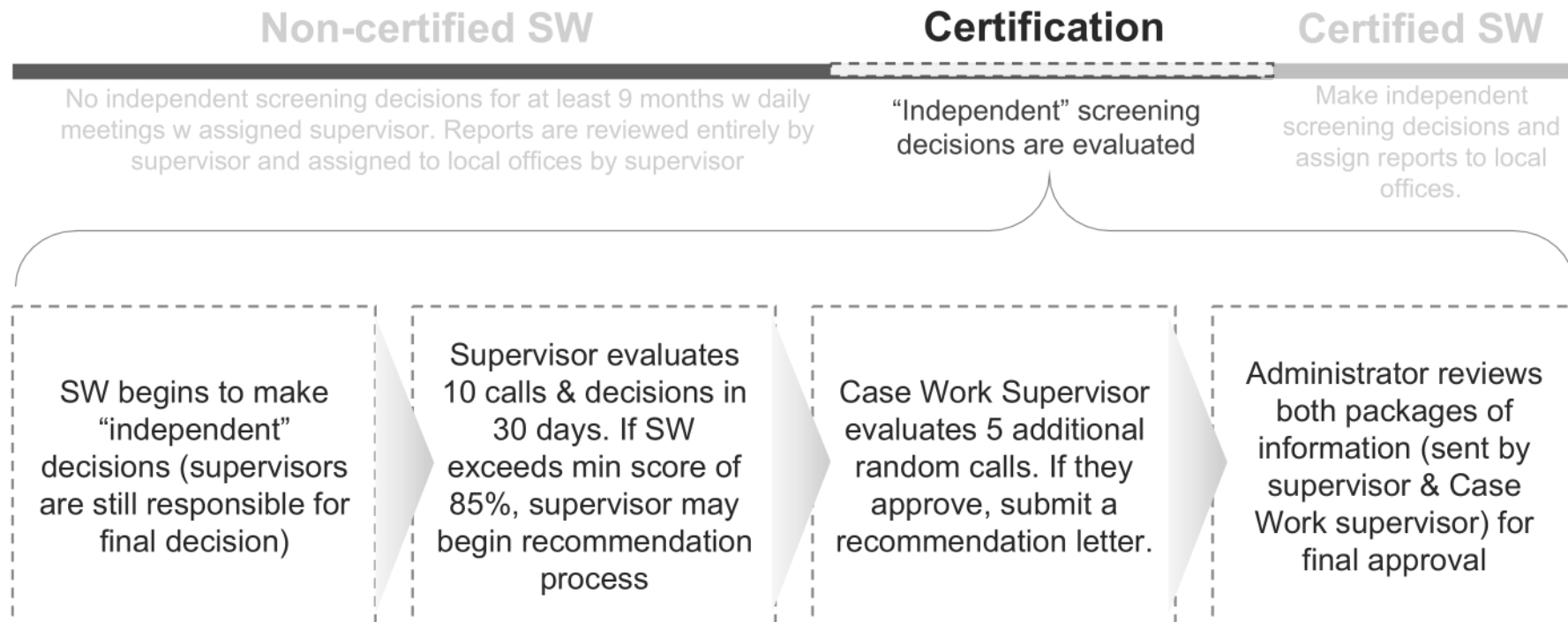
Make independent screening decisions and assign reports to local offices.





Certification Process

To become certified, a social worker must pass three checkpoints: (1) A supervisor assessment, (2) a Case Work supervisor assessment, and (3) Administrator approval.



Scheduling

Most staff work M-F 6:30am-7pm with staggered dedicated shifts. Supervision is operated 24h with scheduled supervisors for each shift and staff from the management team on call afterhours. Part-time staff are used to cover weekends and holidays.

Weekday shifts

- 3 shifts with dedicated schedules: day, evening and overnight.
- The period with the higher volume of calls is in the afternoon 1pm - 5 pm.

Staggered shifts

- Shifts are staggered by 30 minutes increments to cover for lunch, breaks and change of staff.

Weekend shifts

- Part-time and staff from the previous hotline¹ cover weekends and holidays with regular schedules.
- Part-time pick three shifts and a holiday from presented schedules.
- Hard to get people for less-desirable shifts (holidays, Sunday night).

24h Supervision

- Supervisors are scheduled 24hrs (i.e. at least one supervisor for each of the three shifts).
- Additionally, there is always an administrator level staff on call afterhours.

1. There was a hotline for afterhours before the state model became centralized.



PCS Operational Review

Visioning Session – Virtual services

November 19, 2020

Introduction

Today's workshop aims to define the vision for MCFD's virtual services.

	~ October		Post-October		
	Presentation	Workshop 1	Workshop 2	Workshop 3	Workshop 4
Topic	Background and Orientation	Virtual Services Framework	MCFD Virtual Services Vision	PCS Visioning Exercises	PCS Vision Recommendation
Length	1 hour	1 hour	1 hour	2 hours	2 hours
Objective	Common understanding of PCS' current state	Defining virtual services framework	Defining MCFDs vision for virtual services	Developing PCS vision content & options	Recommending a vision (and statement) for PCS
Contents	Baseline Report and Market Scan	Exercises to define MCFD virtual services	Exercises to define MCFD virtual services vision	Exercises to facilitate components of a vision (what, who, how, why)	Several options for a final vision statement
	Completed Oct 2	Completed Oct 28	Today	January 2021	



Recap: What is a Virtual Service ?



Refined Working
definition

Centralized Virtual Service

A service that is primarily delivered remotely by a person, centralized – facilitated by technology (phone, video, chat, web portal, email, fax, etc.)

Complimentary Virtual Service

Complimentary to in-person service delivered remotely by a person, de-centralized – facilitated by technology (phone, video, chat, web portal, email, fax, etc.)

vs

A service that is delivered in-person – face to face, in-office, in-community

In-Person

A service that is delivered remotely through automation

Self-Service

Recap: Current MCFD Virtual Services



Centralized Virtual Service

A service that is primarily delivered remotely by a person, centralized – facilitated by technology (phone, video, chat, web portal, email, fax, etc.)

Provincial Centralized Screening	ISD	Centralized Services Hub
<ul style="list-style-type: none">• Child protection screening• Afterhours Safety planning and coordination• Afterhours TL consult/Clinical Supervision for DO SWs• Afterhours CLBC report handling• Afterhours SDPR income assistance authorizations• Protection Order Registry checks for all DOs• Afterhours & Off-hours Path-finding service for DOs	<ul style="list-style-type: none">• Level 1 technical support for MCFD staff• Level 2 technical support for MCFD staff	<ul style="list-style-type: none">• Screening services:<ul style="list-style-type: none">• Prospective caregiver• Prospective contracted residential agency (in ministry) employee• Adoption applicant• new adults in 'Child of the Home of the Relative' and 'Child out of the Parental Home' agreements• Interprovincial requests• Family Law Act assessments• Tuition waivers

Recap: Characteristics of a Virtual Service



What characteristics determine the potential for a Centralized Virtual Service ?

Service Characteristic

What is the preference of the client (i.e. virtual, anonymous, face-to-face)

What is the importance of having a physical presence?

What is the importance of having a deep understanding of the local context?

Is the client internal to MCFD, external to MCFD or the public?

Are there economies of specialization?

Are there economies of scale?

What is the importance of standardization/consistency?

How important is collaboration (with client and/or with colleagues) to provide a good service ?

What training / qualifications are needed for the service (i.e. clinical, administrative, management)?

What is the availability of the service (i.e. 24/7, scheduled, on-demand)?

What is the importance of relationship / continuity?

What is allowed by the capacity of the technology?

Topic 1: Virtual Services Imperative

The Ministry's approach is to deliver inclusive, culturally respectful, responsive and accessible services that support the well-being of children, youth and families in B.C.

From MCFD service plan report

How strategic is Centralized Virtual Services to MCFD ? – Strategic Imperative Complimentary (Non centralized) Virtual Services ? – Strategic or Tactical / Operational?

Tactical / As-needed

Used as the opportunity / need arises i.e. Covid, severe weather events, etc.

Central / Imperative

Imperative from a sustainability / mission perspective to invest and expand virtual services

What are implications for ...

- Strategic planning
- Service delivery & design
- Technology
- Policy
- Omni channel strategy to meet client preferences
- Access challenges in a decentralized model – virtual services enable sustainability of services (may not have a choice in the future)
- Popularity of virtual services (accessibility) with certain demographics
- Enable citizen choice
- Centralization not necessarily required to deliver virtual services
- Opportunities to use a 'hybrid' delivery model to fit the needs of the service (relationship building vs consistency)(centralized vs distributed)

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s.13 ; s.17

Draft and Work in Progress

PCS Operational Review

BASELINE REPORT

September 30th, 2020

Context

Provincial Centralized Screening (PCS) provides a 24/7 hotline to receive and screen child & youth safety concerns for the entire province.

The PCS concept was inspired by a vision of improving consistency (decisions and client experience) and creating efficiencies. PCS merged the Provincial After Hours service with additional staffing and incrementally deployed at Vancouver and Surrey offices in 2016.

Since inception, PCS has been delivering critical services to stakeholders – Children, Youth & Families, SDA's, and DAA's – including handling safety reports, making screening decisions and during out of core hours coordinating safety supports, clinical supervision for district offices and fielding calls for closed district offices. PCS also provides business continuity support for district offices affected by emergencies (e.g. flood, fire). Additional after hours services were onboarded for Community Living BC (CLBC) and Ministry for Social Development and Poverty Reduction (SDPR).

PCS is facing challenges to maintain a high quality public service. MCFD and PCS leadership have sponsored this project.

The purpose of this project is to recommend ways to improve how PCS services are delivered – service quality, effectiveness, efficiency and sustainability – within a cost neutral environment. Over the summer of 2020, the team conducted several workshops with the PCS working group & SDA reference group, interviews with select external client representatives and data analysis with the focus on surfacing issues and opportunities and accurately describing the current state of PCS.

This document provides a summary of the current state findings that will be used as a key fact base for subsequent visioning and solutioning phases of the project.



Executive Summary

PCS is seen to provide a valuable single point of contact for professional and unbiased resource (for community health professionals) to consult on and/or report child welfare concerns to MCFD. Timely access and more transparency are two areas for improvement

PCS Objectives		Strengths	Weaknesses
Service Quality	Professional, Respectful & Unbiased Experience	● PCS provides a professional and unbiased resource for community health professionals to consult on and/or report child welfare concerns.	
	Timely & Simple Access	● Community health professionals value the convenience and efficiency from having a single access point for making reports to MCFD.	● Wait times are unpredictable and long during critical periods of the day (e.g. end of the business day wait times > 8 min).
	Transparent Process & Decisions		● PCS is unable to provide transparency into decision-making at a level that satisfies client needs, sometimes creating mis-trust.
	Consistent Experience	● Community health professionals appreciate the consistent process experience provided by PCS.	

Respectful & Responsive Experience



Executive Summary

Inefficient channels for clients and a transactional relationship with SDAs leads to inefficiencies and potentially differing views of PCS scope, expectations and success. Lack of process standards and role expectations contributes to process variability and inefficiencies within PCS

PCS Objectives		Strengths	Weaknesses
Efficiency	Efficient for SDAs	● PCS absorbs inefficiencies with SDAs from in-efficient channels e.g. out of date contact lists, delayed/non-response and by completing administrative tasks e.g. taking messages, documenting in ICM.	● Transactional relationship between SDA & PCS creates macro-inefficiencies for MCFD e.g. channels for coordination, & information sharing and business processes.
	Efficient for Stakeholders & PCS	● Efficient for Professionals & Community Responders	● Existing channels for safety reporting, information collection and safety coordination create multiple handoffs, long-wait times and inefficiencies for clients.
	Efficient Service Delivery	●	● Inconsistent or missing role expectations (e.g. calls per shift) and business process standards (e.g. screening vs. calls) leads to operational variability and inefficiencies.



Executive Summary

PCS has demonstrated strong consistency in decision making and policy compliance. Improving documentation and timeliness consistency are areas for improvement

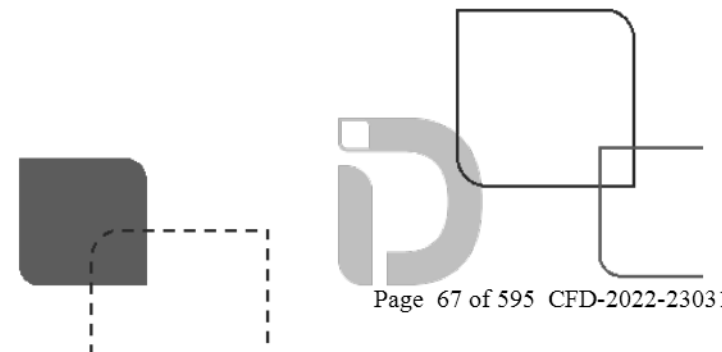
PCS Objectives		Strengths	Weaknesses
Effectiveness	Timely Screening Decisions	● PCS has demonstrated timely assessment and decision making – based on audit findings of 2016-2018 case reviews.	● SDAs report Incidents appear to be ‘batched’ towards the end of the day creating challenges for district office SWs to respond timely if needed
	Timely and Effective Decisions	● Evidence-based Screening Decisions & Appropriate Safety Response	
	Documentation that is clear, consistent with decision, complete, accurate and bias-free	● PCS has demonstrated strong consistency in decision making and policy compliance – based on audit findings of 2016-2018 case reviews.	● SDAs report documentation that is unclear, does not reconcile with screening decision and missing/inaccurate contact details.

Executive Summary

PCS has been responsive to MCFD priorities and adapted to gaps in support/resourcing. However, these have come at the expense of sustainable resourcing and operations practices. In addition, PCS does not have a line of sight to its key external clients – making it difficult to confidently define value

PCS Objectives		Strengths	Weaknesses
Sustainability	Adaptable & Responsive Service Delivery	<p>● PCS has adapted to deliver new services (e.g. CLBC, SDPR) and been responsive to MCFD priorities (e.g. Protection Order, Emergency Backup for disasters) requiring process agility and rapid mobilization.</p>	<p>● No line of sight to key external clients – e.g. Community Responders, Health & Education Professionals – making it difficult to define success, collaborate to improve services and ultimately achieve consensus on results.</p>
	Effective use of Resources and Staffing		<p>● PCS lacks the level of resourcing agility necessary for a 24/7 safety service leading to chronic resourcing gaps, staff morale issues, and significant overtime expense. In addition, operational responsibilities are fragmented leading to a lack of clear ownership.</p>
	Robust Quality Assurance & Continuous Improvement Processes		<p>● Quality assurance (QA) and Continuous Improvement (CI) practices are mostly ad-hoc and have not matured in line with the size and scale of PCS. QA, CI and Supervision responsibilities are fragmented.</p>
	Reliable & Scalable Technology Infrastructure		<p>● Technical support and system maintenance for core technologies (e.g. ICE, ICM) is designed for a district office operation - creating inefficiencies and service continuity risks that are amplified for out of core operations</p>

1. Overview of PCS
2. Service Quality
3. Efficiency
4. Effectiveness
5. Sustainability



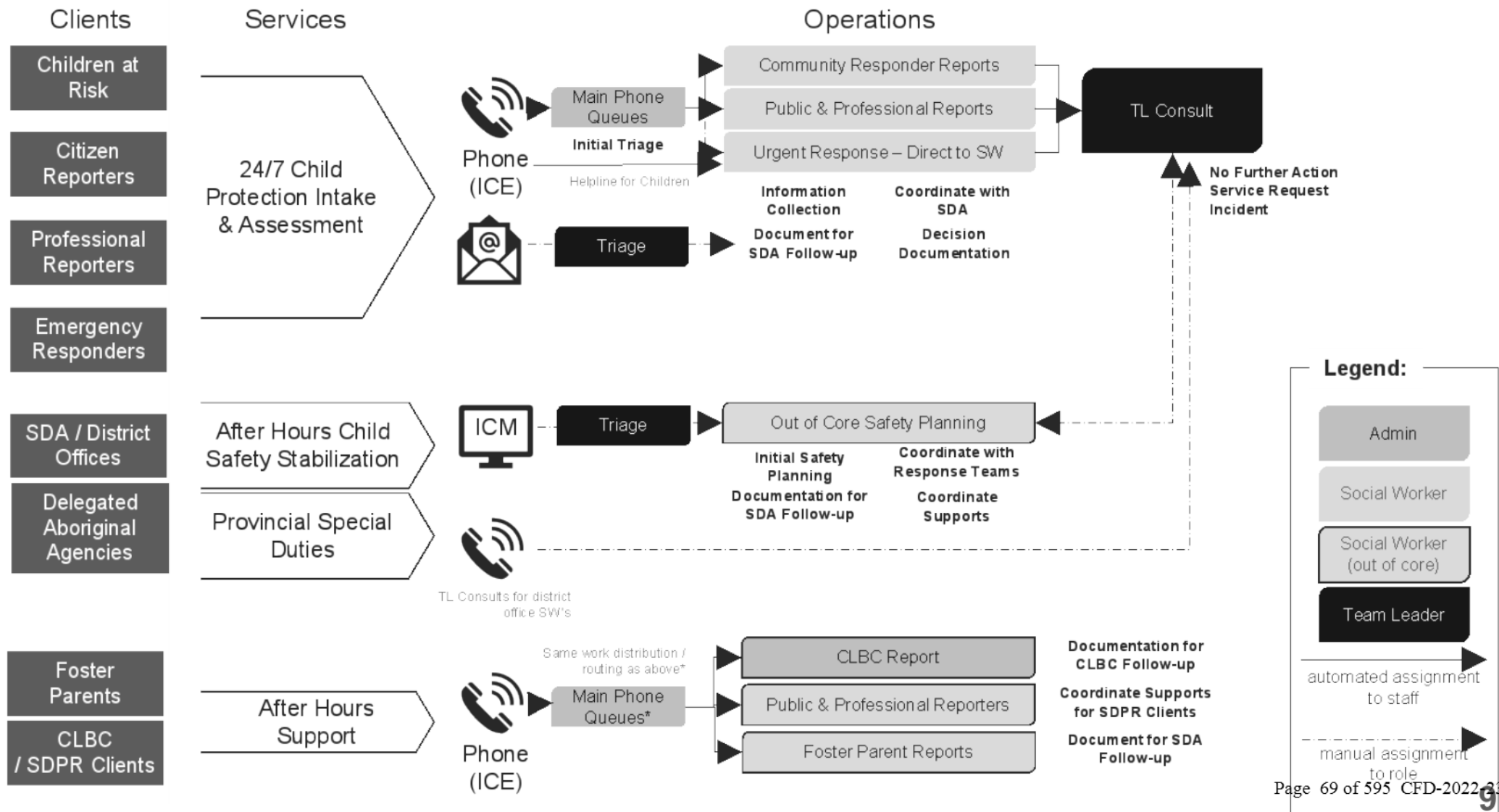


Chapter 2

PCS SERVICES

PCS Current State Operating Model

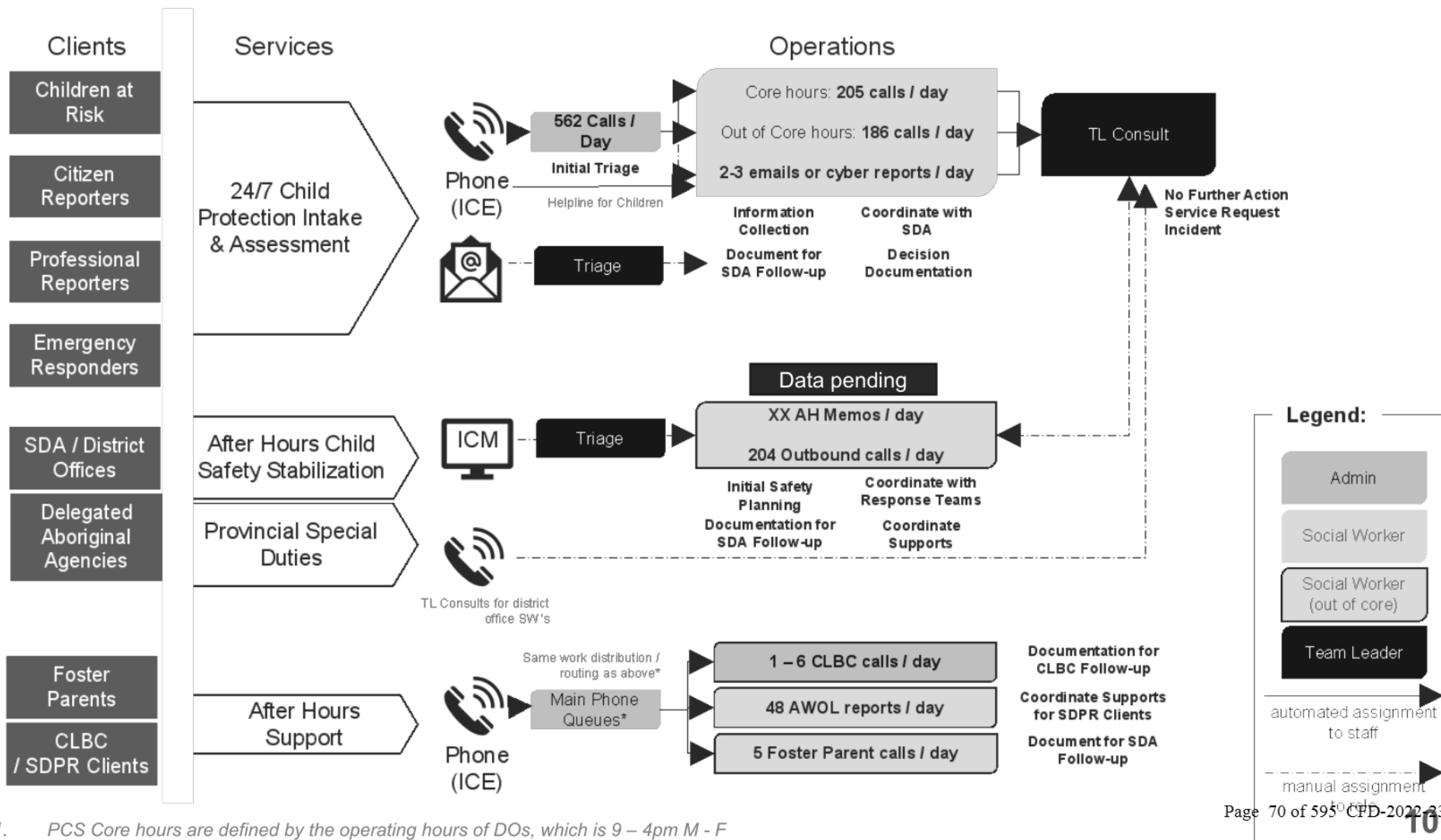
PCS provides a 24/7 hotline to receive and screen child & youth safety concerns and during out of core to stabilize safety and provide after hours provincial support for foster parents, SDPR & CLBC clients



PCS Current State Operating Model

Values are approximate

PCS provides its core services primarily through the phone channel with selective use of email/messaging (Email/ICM Actions).



PCS Services

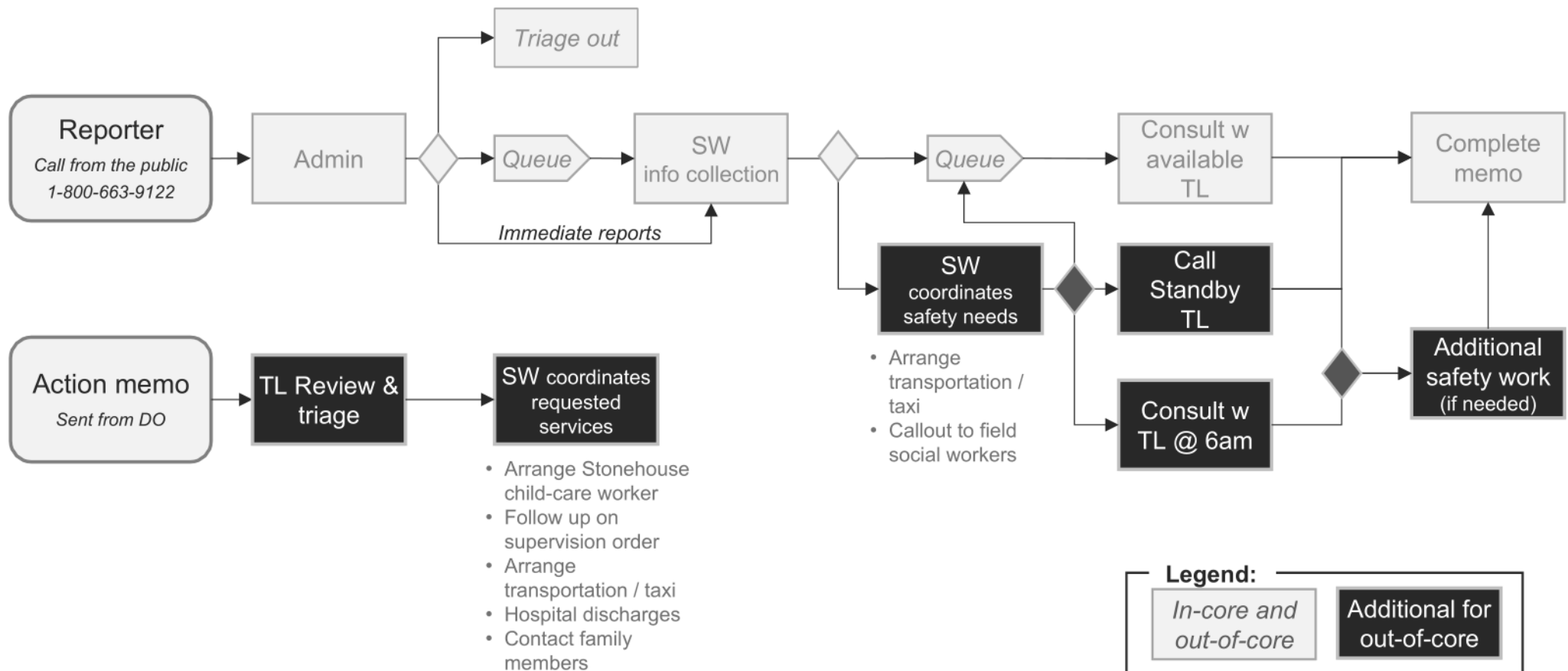
PCS provides a 24/7 hotline to receive and screen child & youth safety concerns and during out of core to stabilize safety and provide after hours provincial support for foster parents, SDPR & CLBC clients

Service	Clients	Description
24/7 Child Protection Intake & Assessment	<ul style="list-style-type: none"> General Public Children & Youth Community Responders Health & Education Professionals 	<ul style="list-style-type: none"> Screening child & youth safety concerns – information collection, research, synthesis, decision, consultation and documentation
After Hours Child Safety Stabilization	<ul style="list-style-type: none"> SDAs DAA's 	<ul style="list-style-type: none"> Stabilizing child safety for new reports received after hours and for existing district office cases (via Action Memos) – checking in with child/youth/families/collaterals, coordinating with response/satellite/standby/on-call teams, coordinating supports (e.g. Stonehouse worker, extended family, removal, accommodations)
Provincial Special Duties	<ul style="list-style-type: none"> SDAs 	<ul style="list-style-type: none"> Supporting district office SWs with TL consultation Conducting Protection Order Registry checks for all SDAs Providing emergency support for district offices closed due to emergencies Handling of office inquiries and messages during office closures e.g. outside of M-F 9-4pm (and lunch)
After Hours Foster Parents Support	<ul style="list-style-type: none"> Foster Parents 	<ul style="list-style-type: none"> Documenting and coordinating response for AWOL reports after hours Providing an anonymous support to foster parents after hours
After Hours Support CLBC	<ul style="list-style-type: none"> CLBC Clients 	<ul style="list-style-type: none"> Documenting CLBC safety reports after hours
After Hours Support SDPR	<ul style="list-style-type: none"> SDPR Clients 	<ul style="list-style-type: none"> Coordinating financial supports (e.g. taxi/travel) for SDPR clients after hours

PCS Services

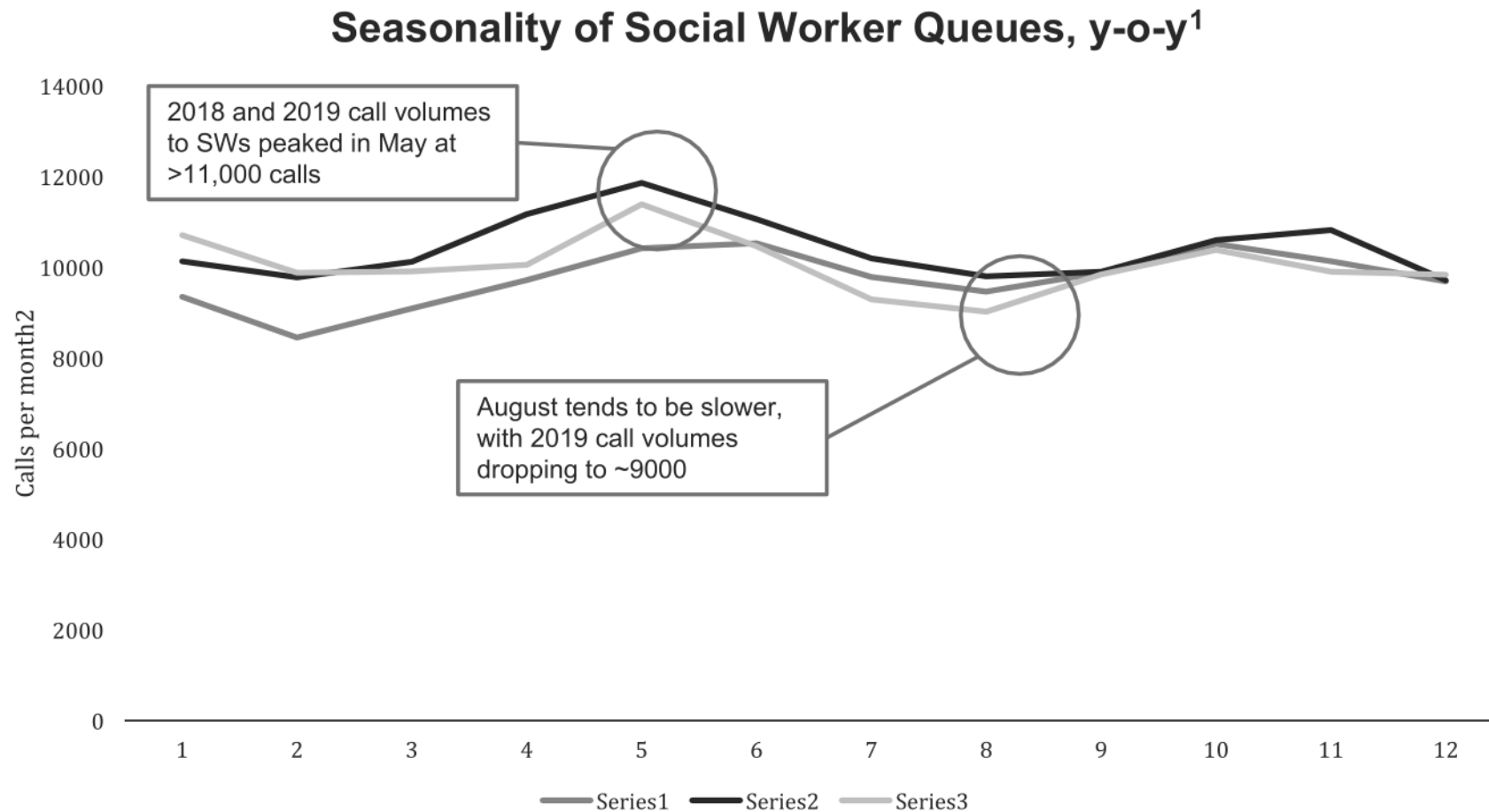
In addition to screening, out of core provides child safety planning for both existing cases (via Action Memos) and for new reports – increasing the intensity and level of effort that is not captured in call stats

After Hours Child Safety Stabilization- Out of Core



PCS Services

Demand for PCS' core services has been relatively predictable with 2018 and 2019 call volumes seeing similar monthly trends.

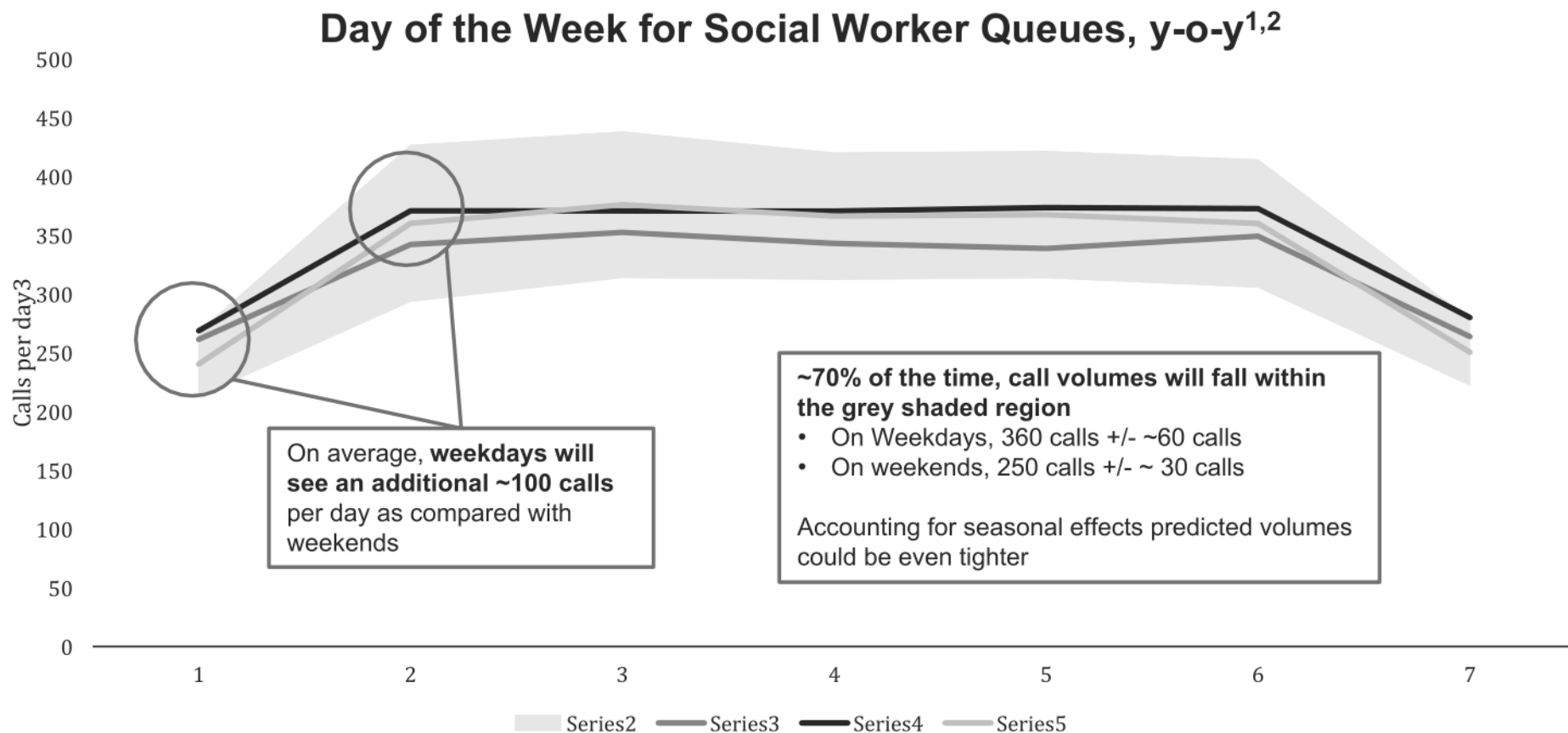


Source: Queue Statistics, Teleopti

1. Graph represents volume of offered calls in Centralized Screening and Community Responder queues
2. Offered calls include answered, abandoned, and calls directed to the voicemail callback queue

PCS Services

Demand for PCS' core services is consistently higher on weekdays as compared with weekends. However, there may be some variability in actual daily call volumes due to seasonality



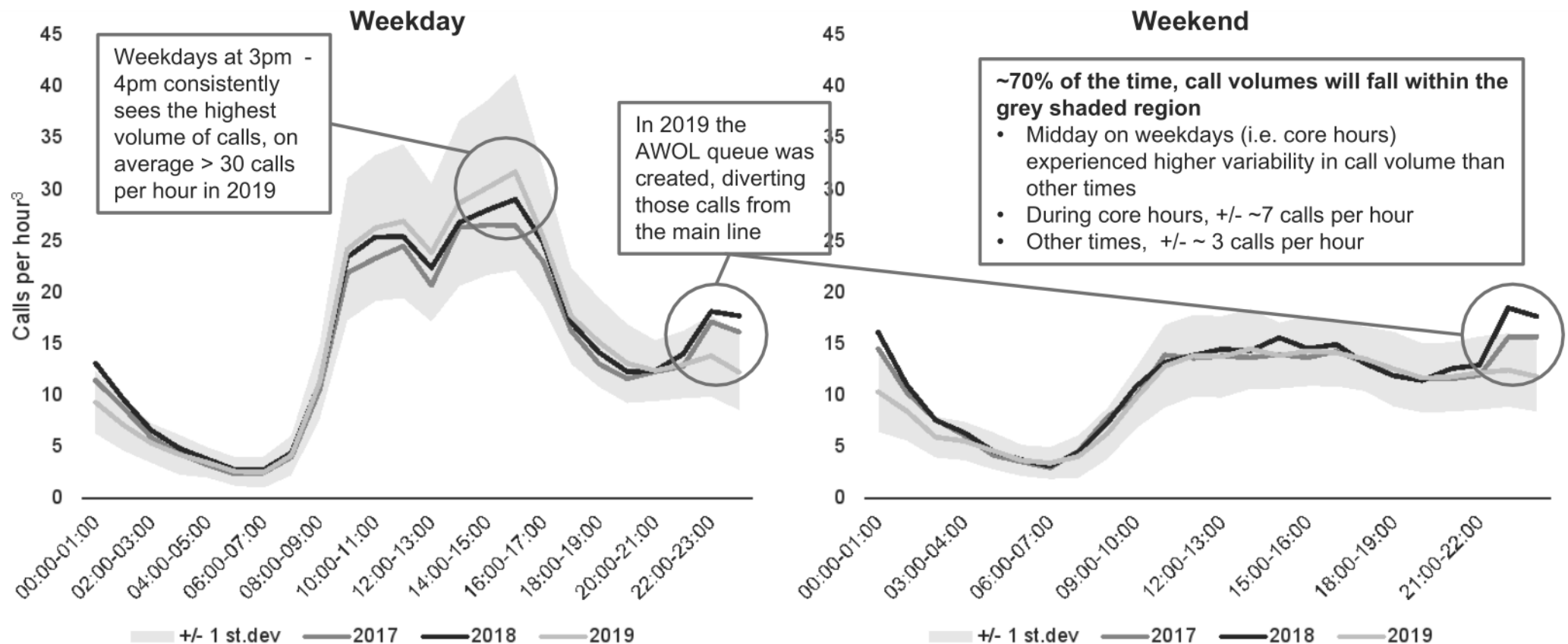
Source: Queue Statistics, Teleopti

1. Graph represents volume of offered calls in Centralized Screening and Community Responder queues
2. Grey shaded region represents +/- one standard deviation from the 2019 average
3. Offered calls include answered, abandoned, and calls directed to the voicemail callback queue

PCS Services

Demand for PCS' core services follows a consistent pattern by time of day. However, there may be variability in the actual volume of calls per hour due to seasonality.

Call Volumes to Social Worker Queues, y-o-y^{1,2}

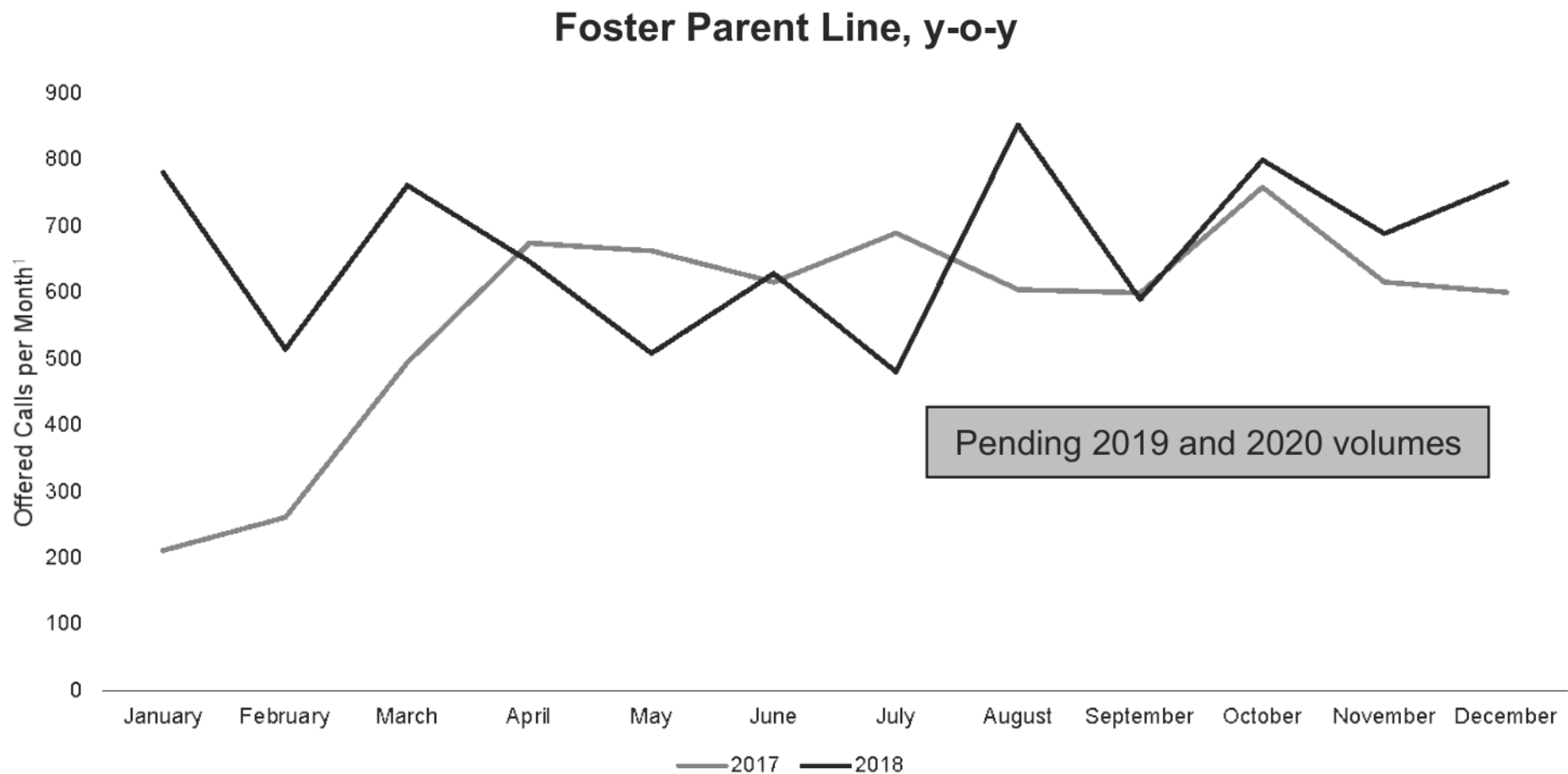


Source: Queue Statistics, Teleopti

1. Graph represents volume of offered calls in Centralized Screening and Community Responder queues
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PCS Services

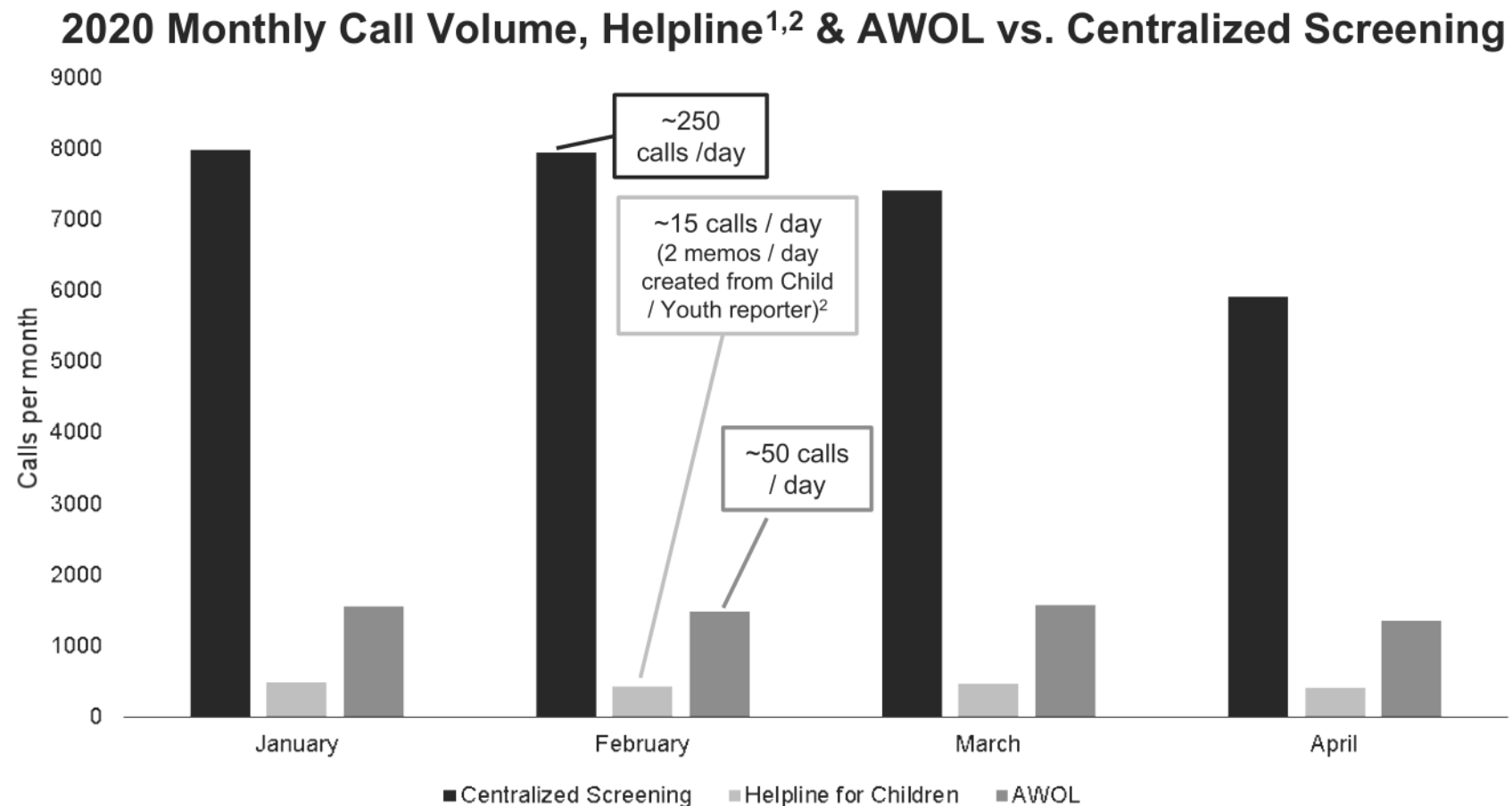
The Foster Parent Support line has seen ~20 calls per day / ~600 calls per month in 2017 and 2018. This line was previously served by 2 staff (non SWs), which has recently decreased to 1 individual.



Source: Queue Statistics, Teleopti

PCS Services

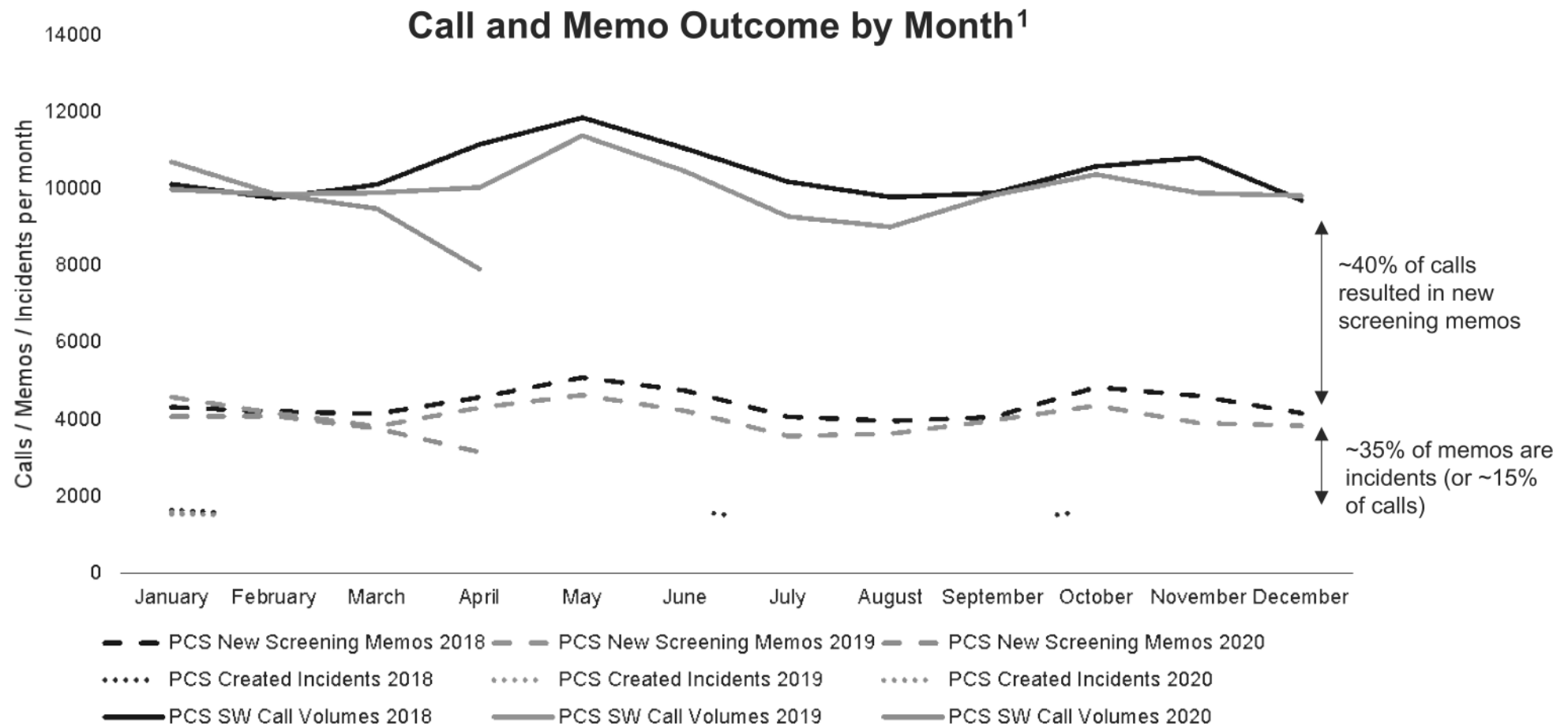
The AWOL and Helpline for Children ICE queues are both relatively new. AWOL calls were previously embedded in the main Centralized Screening queue, and the Helpline was previously a landline (no data captured).



Source: Queue Statistics, Teleopti

PCS Services

For every ~10 calls that enter PCS' SW queues, 4 of them result in New Screening Memos. ~1 – 2 of those memos are escalated as incidents. This proportion has been consistent both seasonally and annually.



Source: New Screening memos by month Created by PCS, New Incidents Created by PCS by Resolution, Teleopti Queue Statistics

1. Note only incidents as an outcome was available at the time of the analysis – the remaining portion of memos includes both NFAs and Service Requests.



Chapter 2

SERVICE QUALITY

Client Perspectives



PCS provides services to a range of clients. Each has unique expectations and experiences that need to be considered.

Health Professionals	Health professionals (doctors, nurses, social workers) making a child protection report to PCS in a professional capacity
Education Professionals	Education professionals (teachers, principals, school counsellors) making a child protection report to PCS in a professional capacity
Emergency Responders	RCMP and VPD officers making a child protection report to PCS
General Public	Family members, children / youth, neighbours, etc. making a child protection report
Delegated Aboriginal Agencies	Select DAAs that opt to utilize PCS' after hours child / youth safety stabilization services
SDAs / District Offices	Field offices that receive triaged protection reports from PCS, and call into PCS to create action memos for when the office is closed
Contracted Residential Agencies	Caregivers and foster parents making child protection reports, reporting missing children / youth, and calling into the foster parent support line.
CLBC	Utilizes PCS for after hours information collection and documentation support
SDPR	Utilizes PCS for after hours Income Assistance and documentation support

Client Perspectives

SDAs / District Offices (Field social workers, team leaders, and DOOs at local district offices)

Expectations

- Responsive, respectful and consistent service to callers
- Timely, consistent, concise, and complete report / screening decision to the right district office (*80-90% considered success*)
- Immediate contact / call out when appropriate with documented justification/evidence
- Set consistent expectations for callers i.e. follow-up, process

Experiences

- Struggles with consistent quality with documentation (completeness, accuracy, consistency), screening decision, expectation setting with callers, routing of incidents to district offices
- Some PCS practices create inefficiencies in the district office SWs (e.g. incidents vs. memo with existing FS case, incidents without complete names vs memo)
- Callouts without complete documented justification
- Expectations for follow-up set for callers cannot be met by SDAs

Client Perspectives

Health Professionals (Nurses, doctors, social workers)¹

Expectations

- Easy (one-stop service) and timely (sometimes immediate) access to the “right” social worker resource
- Respect for their time, professional judgement and follow through in a professional and consistent manner (sometimes with follow-up)
- Efficient information sharing / collection
- Expert resource to consult on child welfare concerns and/or provide information on community supports
- Timely follow up and support to guide next steps in emergency situations
- Communication and transparency regarding MCFD processes, screening decisions and next steps

Experiences

- One number to call has been immensely helpful as opposed to tracking down a specific district office number
- Wait times have improved over the last couple of years
- High degree of professionalism – social workers are asking the right questions
- Inconsistent level of ‘thoroughness’ based on each social worker
- Inconsistent efficiency in contact with support social worker (whether MCFD case worker or afterhours standby worker)
- Inconsistent follow-ups from PCS social worker

1. Refer to Appendix D for summary notes from interviews with Health Sector stakeholders

Client Perspectives

Emergency Responders (Municipal police and RCMP)¹

Expectations

- Easy (one-stop service) and timely (sometimes immediate) access to the “right” social worker resource
- Respect for their time, professional judgement and follow through in a professional and consistent manner
- Efficient information sharing / collection
- Timely response and coordination with field social workers
- A concerted team effort with MCFD social workers to respond appropriately to critical child protection issues
- Reliable access to report non urgent child protection concerns
- On-phone professional guidance and support while navigating challenging family and child safety dynamics

Experiences

- Simple and efficient service
- Inconsistent wait times
- Ineffective and inconsistent triage of urgent vs. non-urgent reports
- Inconsistent efficiency in contact with support social worker (whether MCFD case worker or afterhours standby worker)
- Inconsistent professionalism of intake worker
- Disagreements over appropriate MCFD response (i.e. whether a social worker should be called out)
- Inconsistent cultural appropriateness of PCS response

1. Refer to Appendix D for summary notes from interviews with Emergency Responder Stakeholders

Client Perspectives

Education Professionals (teachers, principals, school counsellors)¹

Expectations

- Easy (one-stop service) and timely (sometimes immediate) access to the “right” social worker resource
- Respect for their time, professional judgement and follow through in a professional and consistent manner (sometimes with follow-up)
- Respect for their deep local relationships and knowledge of families in their communities
- Responsiveness to unique local challenges
- Expert resource to consult on child welfare concerns and/or provide information on community supports
- Timely follow up and support to guide next steps in emergency situations
- Communication and transparency regarding MCFD processes, screening decisions and next steps
- Local resources and support for teachers, families, youth and children

Experiences

- Wait times have improved over the last couple of years
- Inconsistent degree of professionalism
- Inconsistent level of ‘thoroughness’ based on each social worker – most social workers are asking the right questions though some appear to be inexperienced, in which case the reporter will fill in the ‘gaps’
- Disagreements over appropriate MCFD response (i.e. school absences)
- Lack of respect or appreciation for local relationships and context held by education professionals
- Inconsistent follow-ups from PCS social worker

1. Refer to Appendix E for summary notes from interviews with Education Sector stakeholders

Client Perspectives

General Public (Families, Children, neighbours, concerned citizens)

Expectations

- Easy (one-stop service) and timely access to the “right” social worker resource
- Sufficient empathy and questioning to ensure their emotional needs are met
- Report will be handled in a professional and consistent manner
- Information on outcomes of their report (sometimes)

Experiences

- Feedback not collected

Client Perspectives

Delegated Aboriginal Agencies¹

Expectations

- Timely, consistent, concise, and complete memo or screening decision to the right DAA
- Immediate contact / call out when appropriate with documented justification/evidence
- Responsiveness and support to each DAA's unique challenges (i.e. limited resourcing, remote communities)
- Responsiveness to each DAA's unique screening requirements (i.e. screening support, memo alert only)
- To be included in discussions and decision making that may impact DAA services and communities

Experiences

- PCS has generally been responsive to each DAA's unique screening needs
- High quality memo documentation with clearly written rationale for screening decision (if applicable)
- Essential afterhours support, particularly for DAAs with resourcing gaps
- Some PCS staff responses and communication with DAAs exhibit a lack of understanding of the communities they serve (i.e. asking someone to do a callout for a community that is not covered by their DAA)
- Some memo routing errors resulting from gaps in PCS knowledge about Nations and DAA covered areas
- Missing or inconsistent channels to communicate changing requirements or provide ongoing feedback to PCS
- Limited representation of services provided to aboriginal communities in MCFD reports and communications

1. Refer to Appendix F for summary notes from interviews with DAA stakeholders

Client Perspectives

Contracted Residential Agencies¹

Expectations

- Easy (one-stop service) and timely access to the “right” social worker resource
- 24/7 access to report critical cases and AWOLs
- Report will be handled in a professional, confidential, and consistent manner
- Follow up / transparency regarding next steps
- Equitable support for underserved children and youth
- Empathy and support for children and youth with challenging life circumstances

Experiences

- Wait times to speak to a social worker are inconsistent and often lengthy
- Inconsistent level of ‘thoroughness’ based on each social worker
- Inconsistent level of respect and professionalism based on each social worker
- Long wait times to complete the screening process
- Responsive PCS liaisons that handle ad hoc concerns
- Differing perspectives on what constitutes a child protection concern

1. Refer to Appendix G for survey results from Contracted Residential Agencies

Client Perspectives

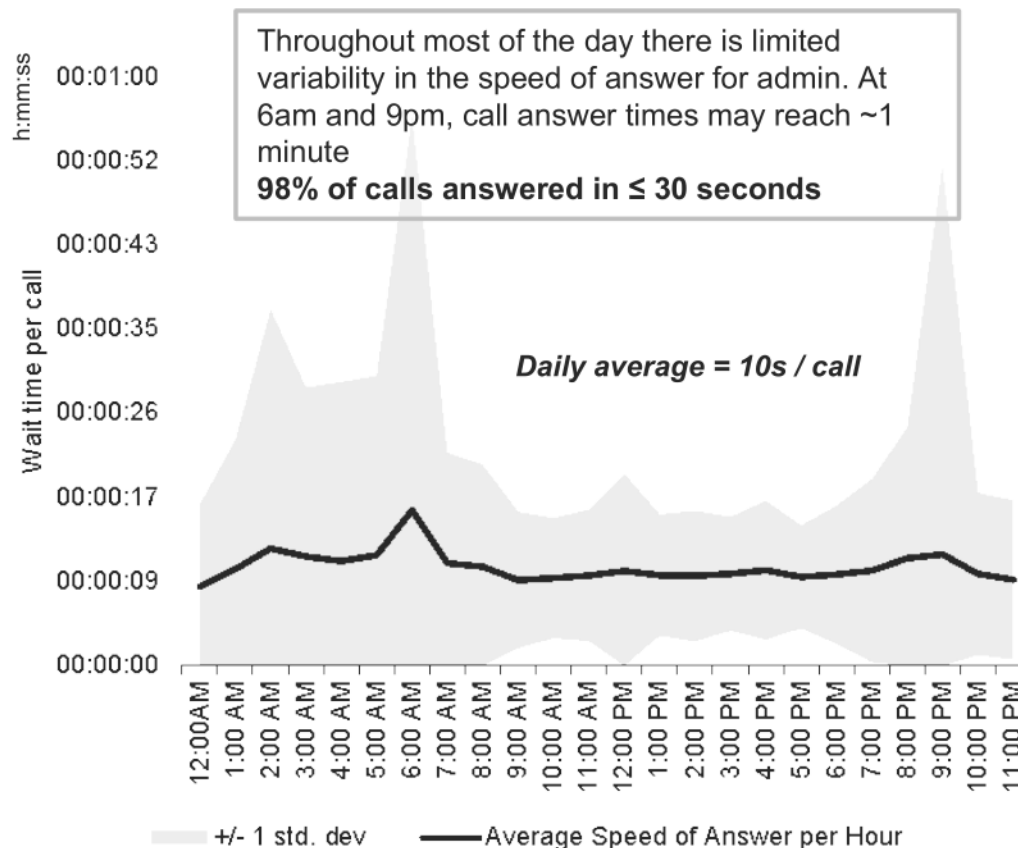


	Expectations	Experiences
CLBC	<ul style="list-style-type: none">• Not interviewed	<ul style="list-style-type: none">• Not interviewed
SDPR	<ul style="list-style-type: none">• Not interviewed	<ul style="list-style-type: none">• Not interviewed

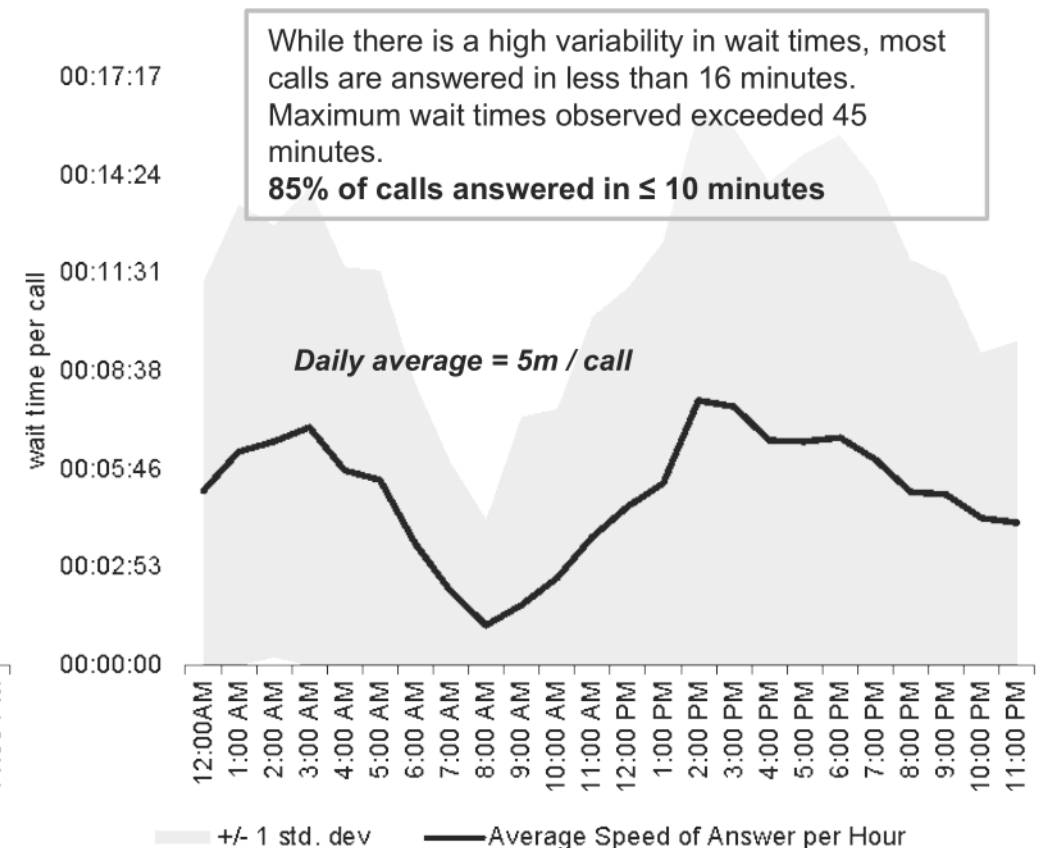
Client Experience

By design, calls are initially answered quickly (~10 seconds on average); however, callers experience high variability when waiting to speak to a social worker.

Initial (Admin) Speed of Answer¹



Social Worker Speed of Answer²



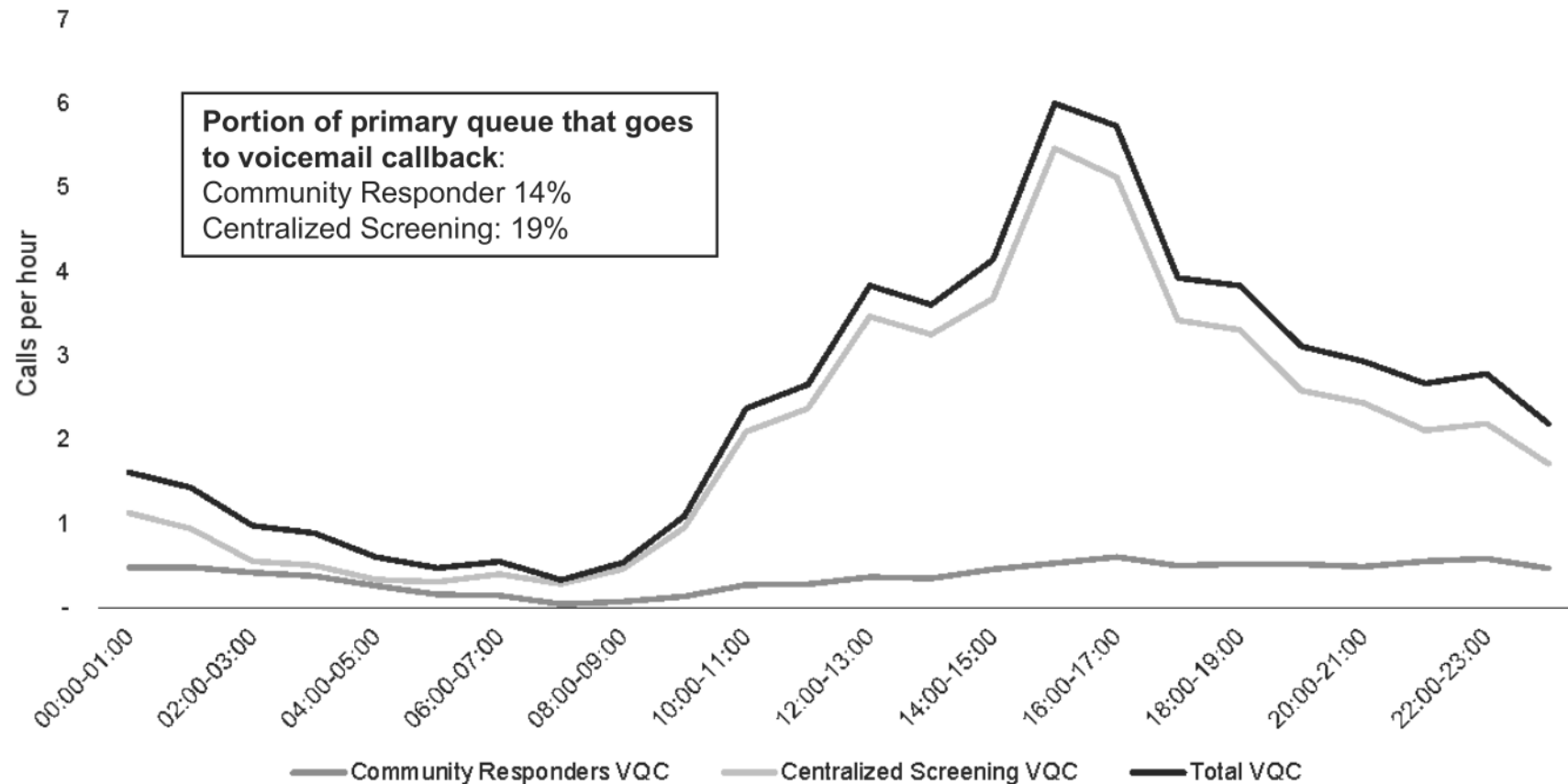
Source: Queue Statistics, Teleopti

1. Graph represents average wait times for Centralized Services Admin queue in 2019
2. Graph represents average wait times for Centralized Screening queue in 2019
3. While the data is not normally distributed (it has a long tail), +/- 1 std. dev depicts the variation in call answer times

Client Experience

The peak in both call volumes and wait times also coincides with the peak in clients requesting a call back (~6 calls per hour from 3 – 5pm).

Voicemail Callback Requests, 2019



Source: Queue Statistics, Teleopti, 2019

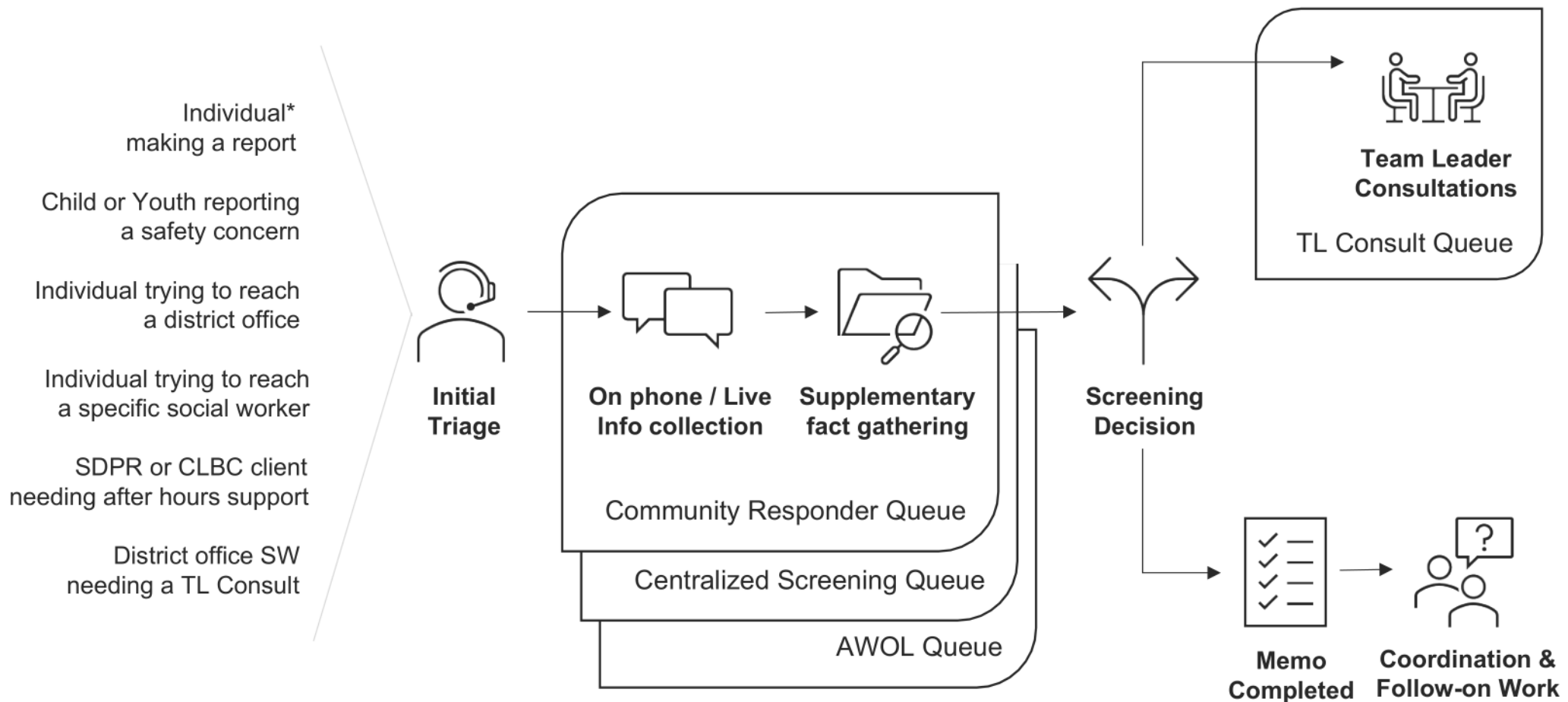


Chapter 3

EFFICIENCY

Generalized Business Process

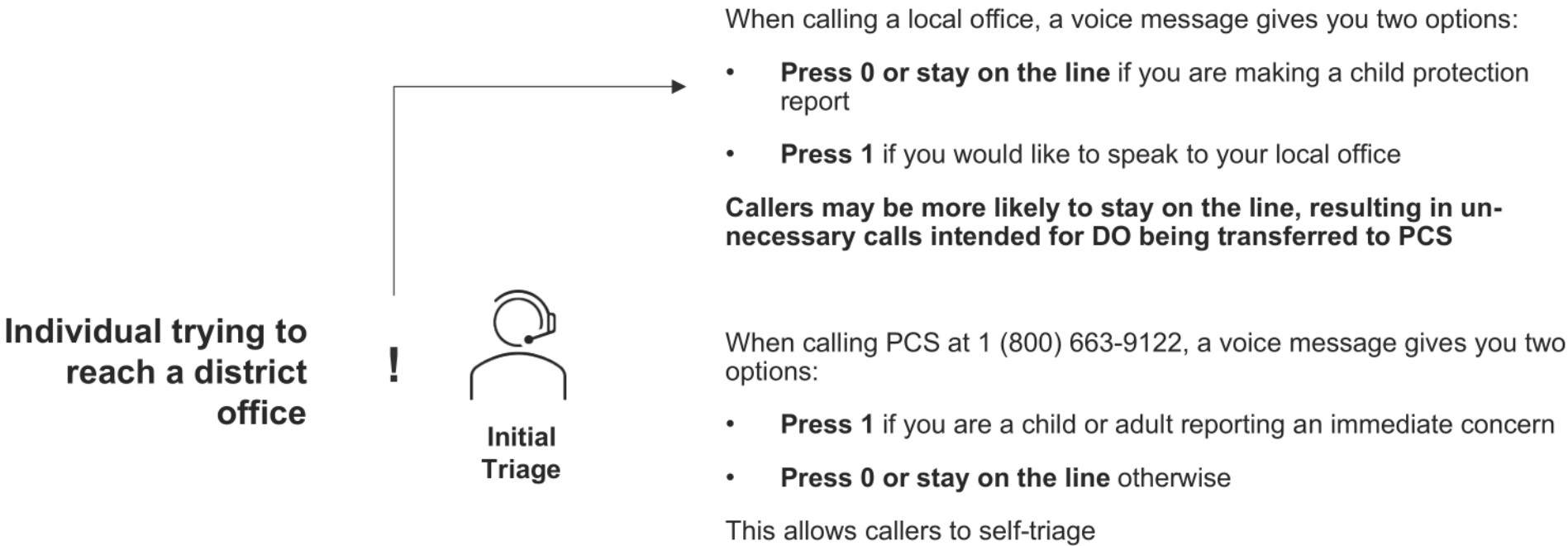
The core business process is based on a series of escalations, information gathering & analysis leading to a screening decision and coordination work that follows. The specific tasks depend on the nature of the report and the day/time of the report (i.e. out of core)





Process Issue – Multiple Handoffs

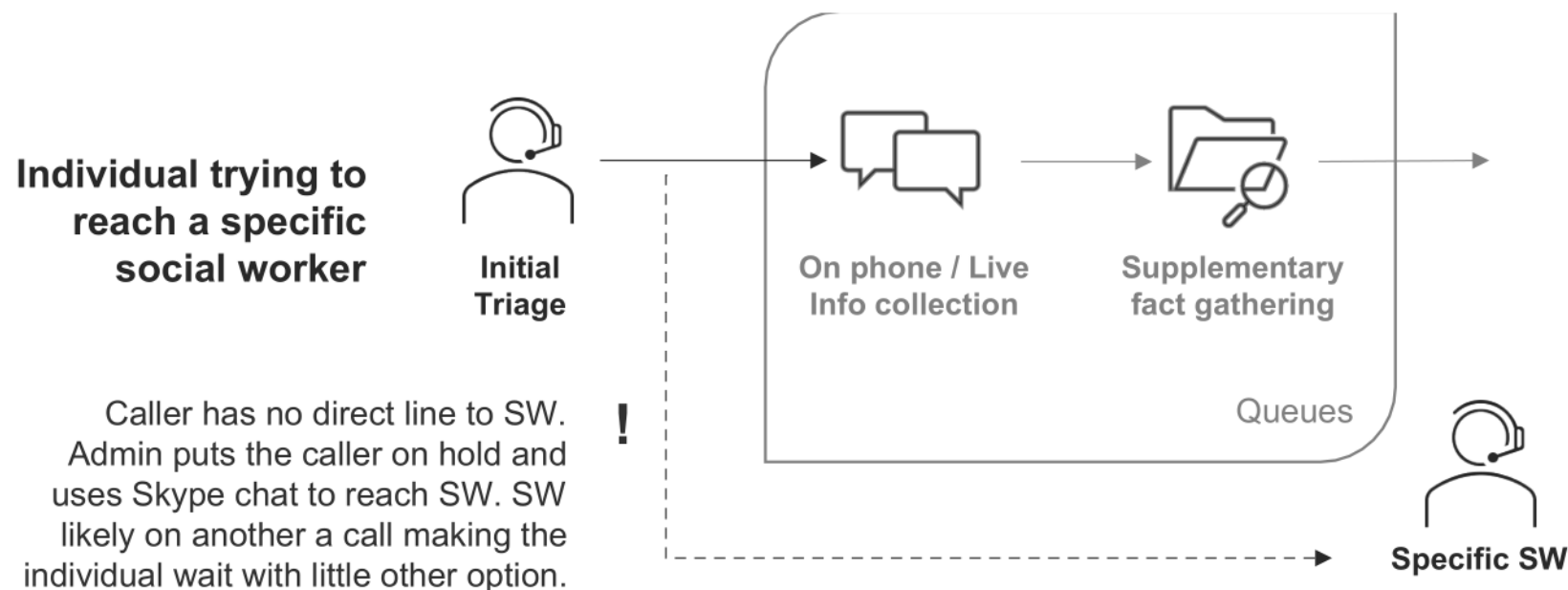
PCS’ business process creates handoffs in connecting a caller to the appropriate MCFD resource. The initial IVR message may be unclear to the public. Calling a district office and staying on the line will redirect a caller to PCS unnecessarily



Triage Process	Potential Extra Handoffs	
Warm transfer, Message or Ask to Callback	2	<ul style="list-style-type: none">• IVR message is confusing leading to many false connections to PCS intended for district office• Caller self identifies (e.g. need to speak with John)• Admin either takes a message (in ICM), warm transfer or asks them to call back to push the correct IVR choice

Process Issue – Multiple Handoffs

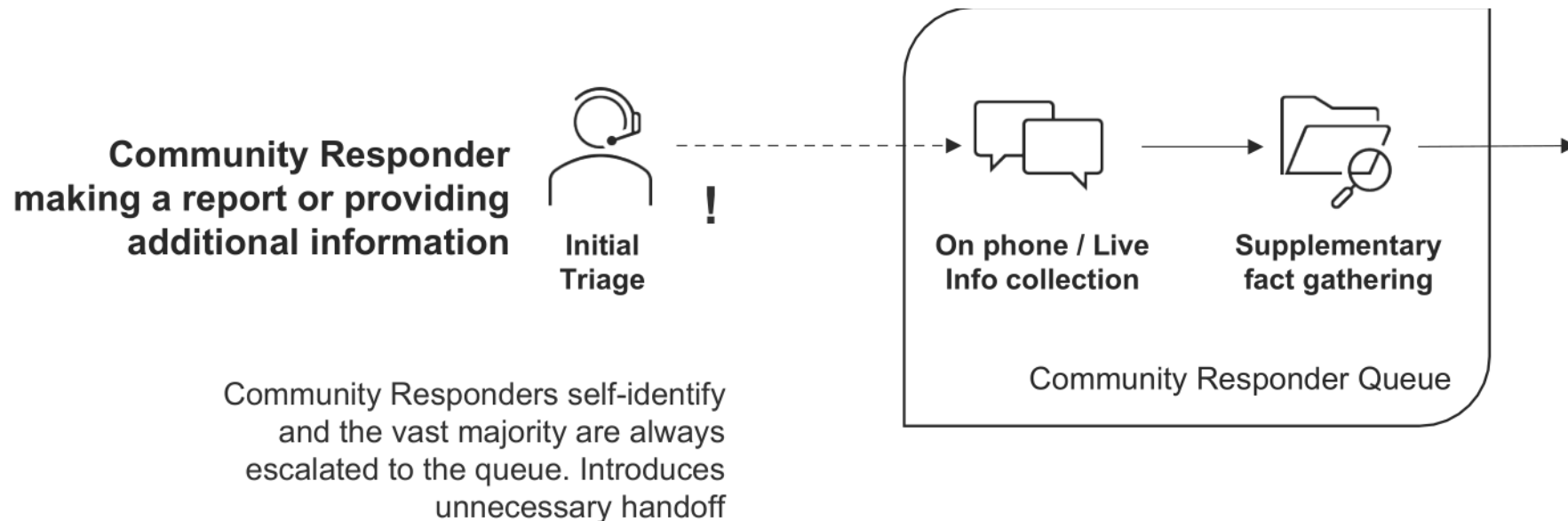
PCS' business process creates handoffs in connecting a caller to the appropriate MCFD resource. Callers trying to reach a specific SW (in many cases as a result of SW requesting information) are manually triaged, subject to lengthy waits and no option of leaving a message



Triage Process	Potential Extra Handoffs	
Skype Chat to Specific SW	2	<ul style="list-style-type: none">• Self identify (e.g. need to speak with Jane)• Admin uses Skype chat (with associated lags) to notify SW (who may be on a call or away from desk) which increases wait time

Process Issue – Multiple Handoffs

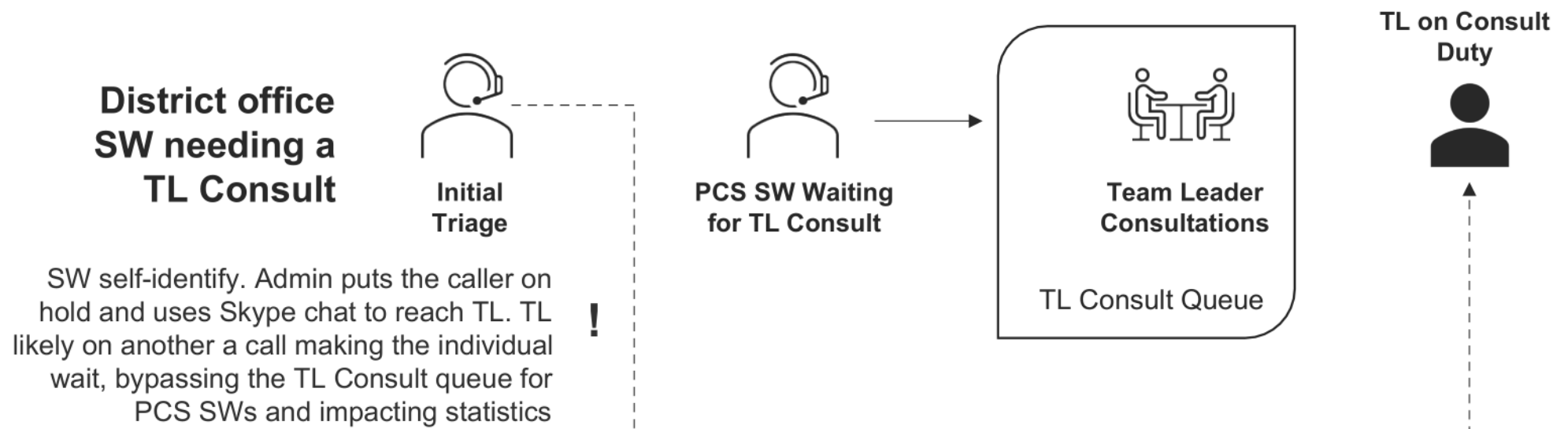
PCS' business process creates handoffs in connecting a caller to the appropriate MCFD resource. Community Responder calls are almost 100% escalated to the queue; however, they go thru the Admin queue – wait, self-identify and then wait every time.



Triage Process	Potential Extra Handoffs	
Admin to Community Responder Queue	2	<ul style="list-style-type: none">• Easy to identify and always escalated to the Community Responder Queue• Short wait in the Admin Queue, discussion with Admin before waiting in the queue for a SW

Process Issue – Multiple Handoffs

District office SWs use inconsistent channels to reach a TL for consult a) via Admin queue and manual triage or b) using TL direct line. Each bypasses the TL Consult queue order and tracking

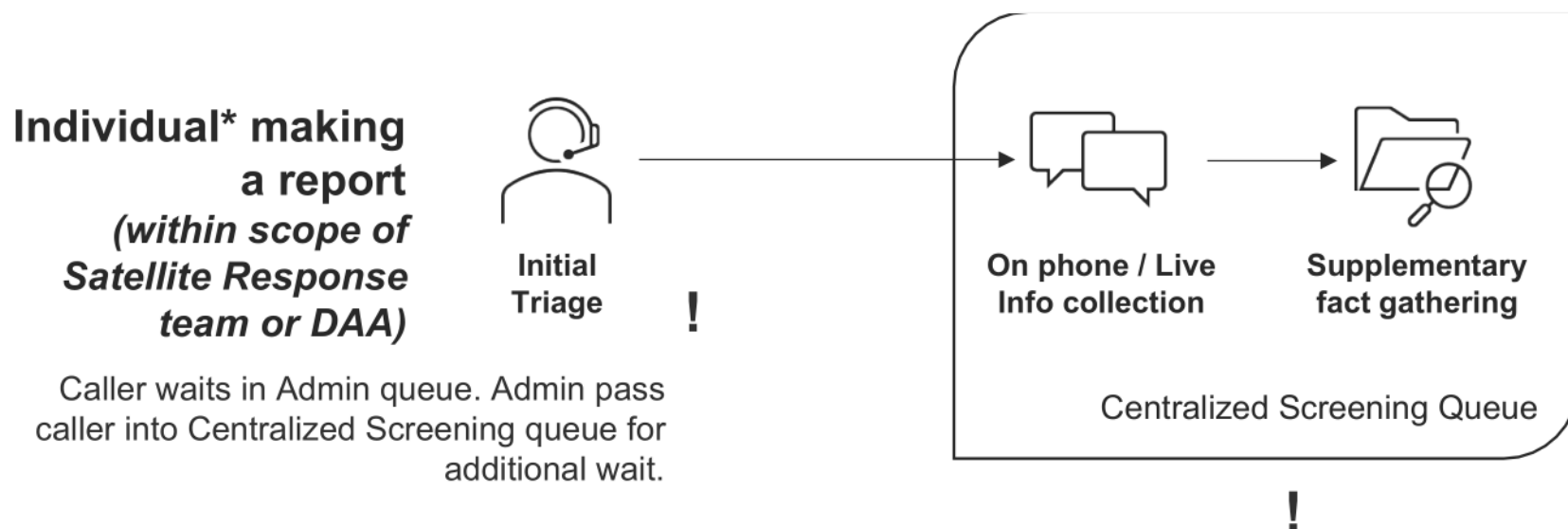


Triage Process	Potential Extra Handoffs	
Skype Chat to Specific TL	2	<ul style="list-style-type: none"> Self identify (e.g. need to speak with Jane) Admin uses Skype chat (with associated lags) to notify TL (who may be on a call or away from desk) which increases wait time and bypasses the PCS TL queue / order

Process Issue – Multiple Handoffs



Calls covered by DAA or Satellite Response teams are passed to the social worker queues and then inconsistently either directed to the DAA/Satellite team (creating multiple handoffs) or handled by PCS

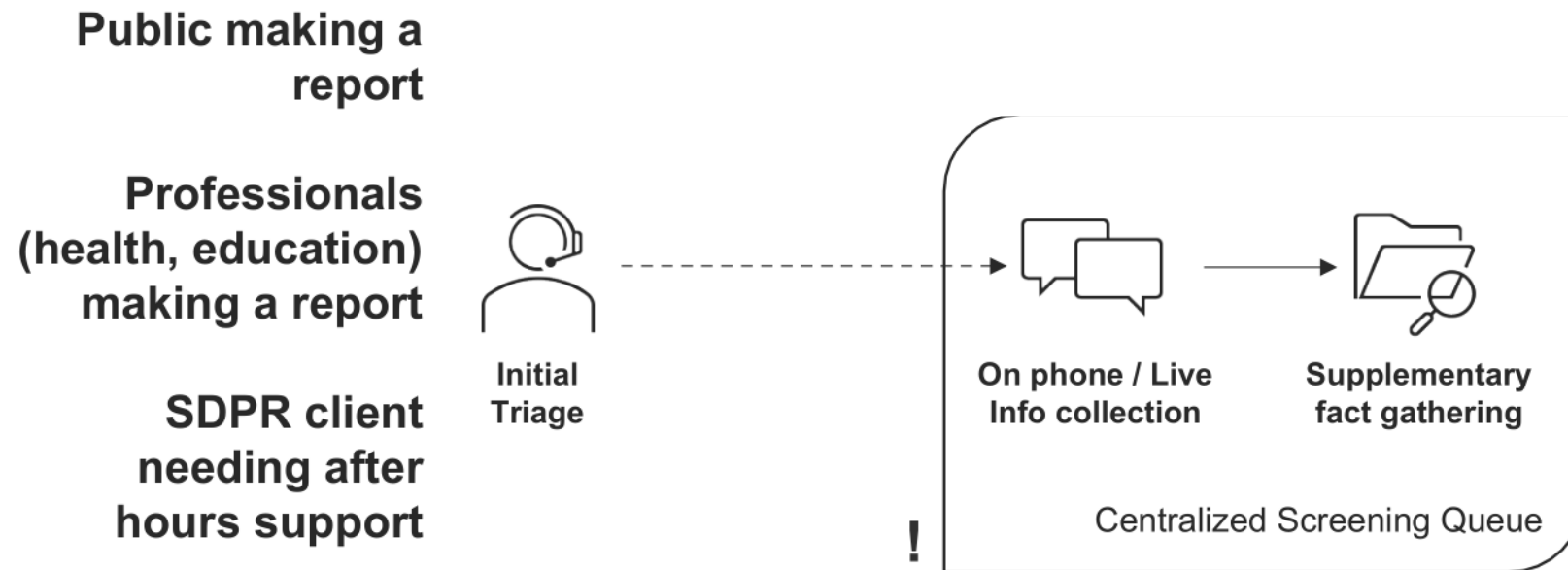


SW determines the report needs to be taken by DAA or Satellite team. Inconsistently SW directs caller to appropriate team (additional handoffs) or SW takes report and coordinates with the appropriate team.

Triage Process	Potential Extra Handoffs	
Admin to Centralized Screening Queue	0-2	<ul style="list-style-type: none"> DAA is difficult to identify while Satellite team call can be identified with appropriate questioning Admin directs to Centralized Screening queue SW may take report and afterwards forward to DAA or SW may direct caller to DAA directly (for DAA's not supported by PCS)

Process Issue – Multiple Handoffs

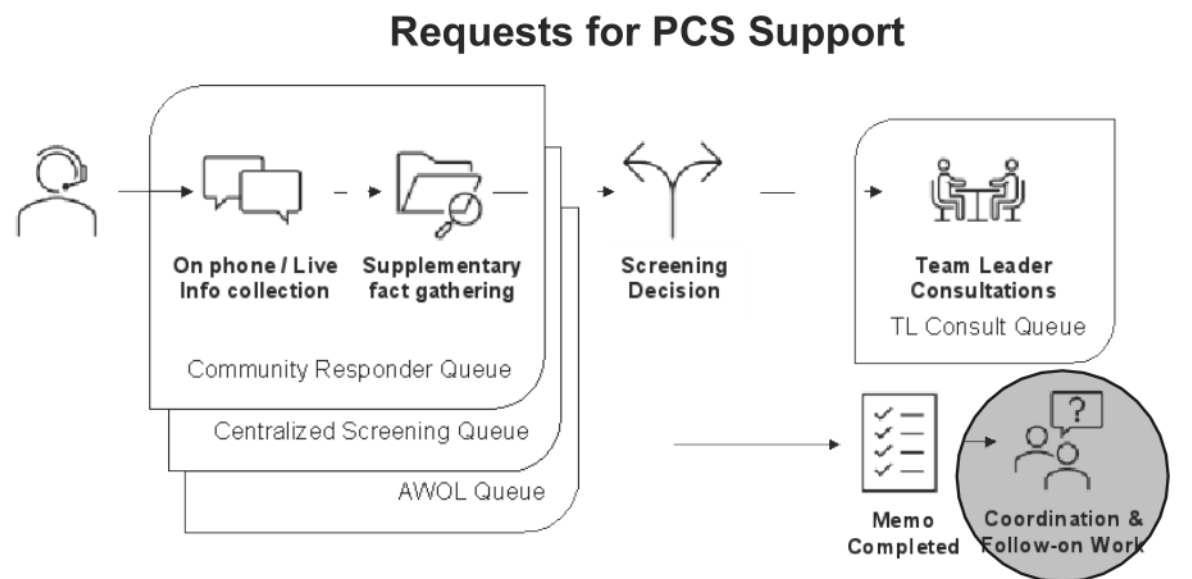
Professional (e.g. doctors, social workers, teachers) callers are triaged into a common queue that also includes general public. Professionals have time constraints (e.g. end of shift, between classes, lunch) and often cannot use voicemail call back option.



Calls within the Centralized Screening queue are prioritized equally on a 'first in, first out' basis. These represent a range of callers including the general public, health professionals (doctors, nurses, social workers), education professionals (teachers, counsellors, principles), and after-hours income assistance reports. Professionals have time constraints (e.g. making reports at lunch, break times or at end of day) and often cannot use the voicemail call back option.

Process Issues – Impacts from SDAs

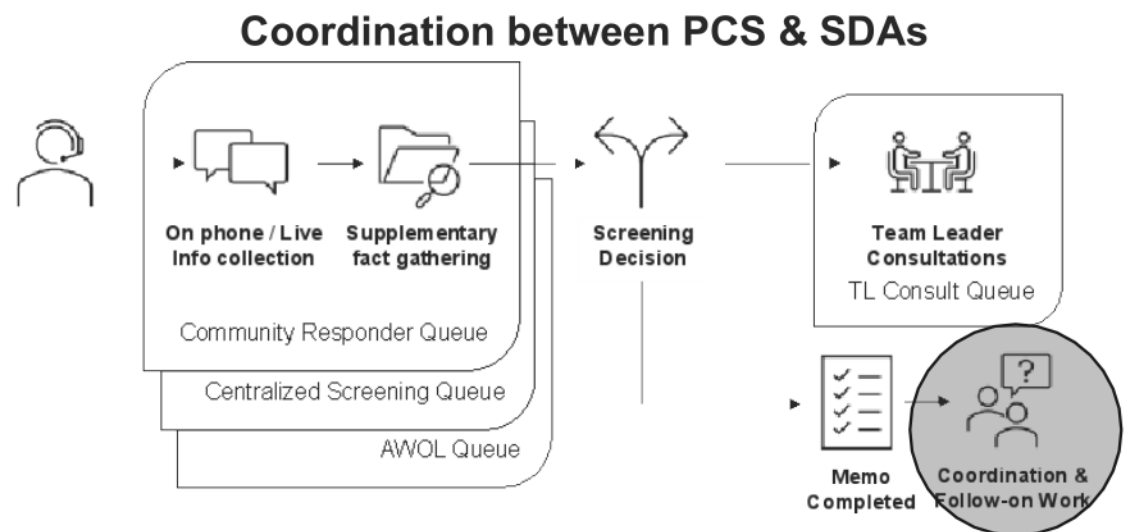
SDAs could improve process consistency for requesting support from PCS e.g. use of Action Memos and Protection Order checks



Issue	Description
Action Memos are inconsistently created by district offices	District Office staff are not creating Action Memos with a consistent process. Information memos are being created instead of the more appropriate Action memo. PCS TL's need to copy over information when sent inappropriately as an Action Memo. Sometimes Action Alerts are created for PCS when the standard practice is to assign to a standby worker in the same district office.
Protection Order Registry Checks are not consistently being requested	POR checks are not being completed on all domestic violence situations because process is cumbersome to request (district offices) and complete (PCS). Currently on PCS TL's have access to the Registry. Considered best practice is that these be completed within 24 hours of request.

Process Issues – Impacts SDAs & PCS

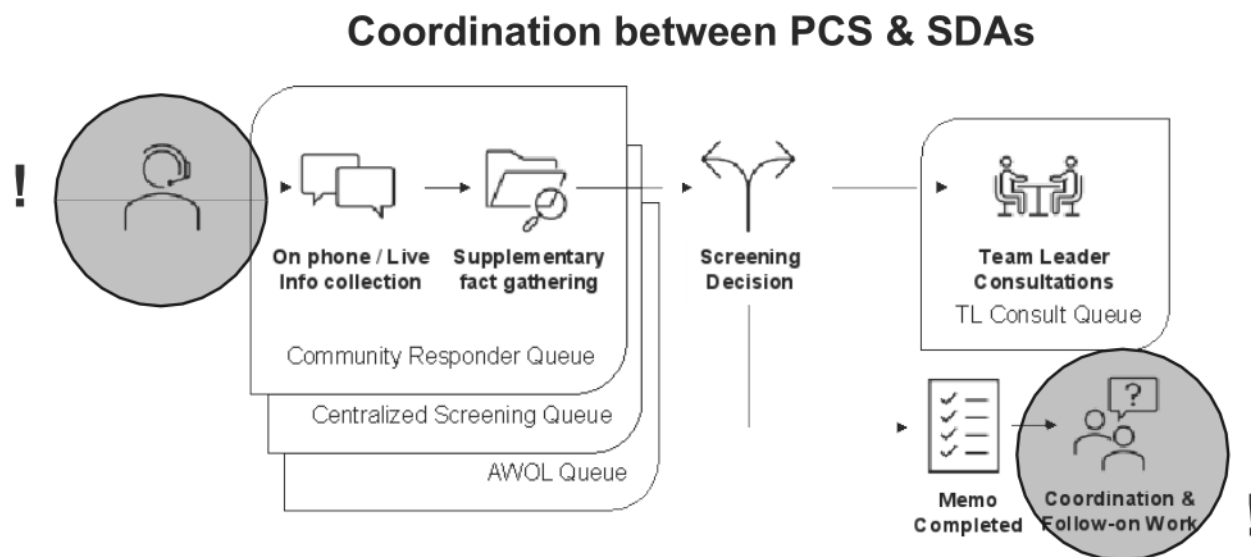
The processes for coordinating supports between SDAs & PCS is inefficient



Issue	Description
Inefficient channels for PCS & SDAs to coordinate safety plans & urgent response	Both SDAs and PCS report challenges in being able to efficiently coordinate / communicate in a timely way. Contact lists are not up to date for standby and on-call resources in district offices requiring PCS to track down the appropriate resource. Urgent contact channels e.g. “red” phone and call-out SWs are inconsistently answered by District Office staff. While reaching a specific SW who has knowledge about an incident is challenged by shift rotations.

Process Issues – Impacts from SDAs

Two areas were identified where SDA practices create additional workload for PCS



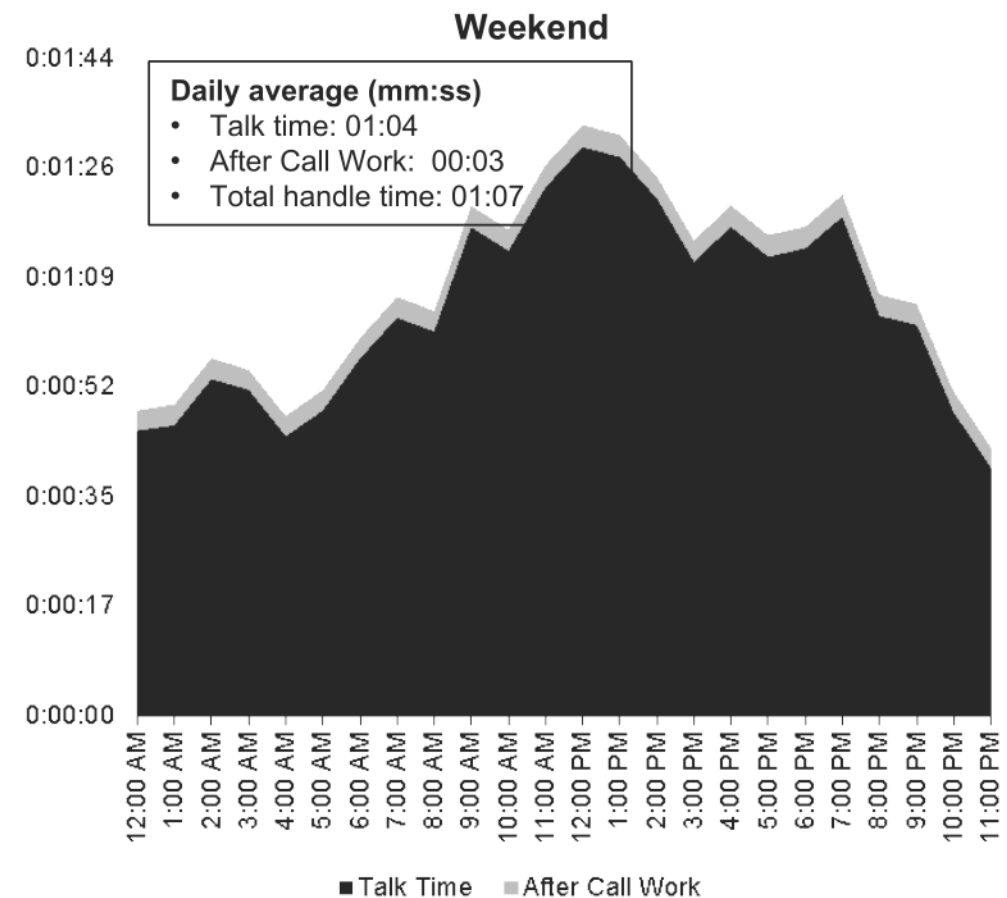
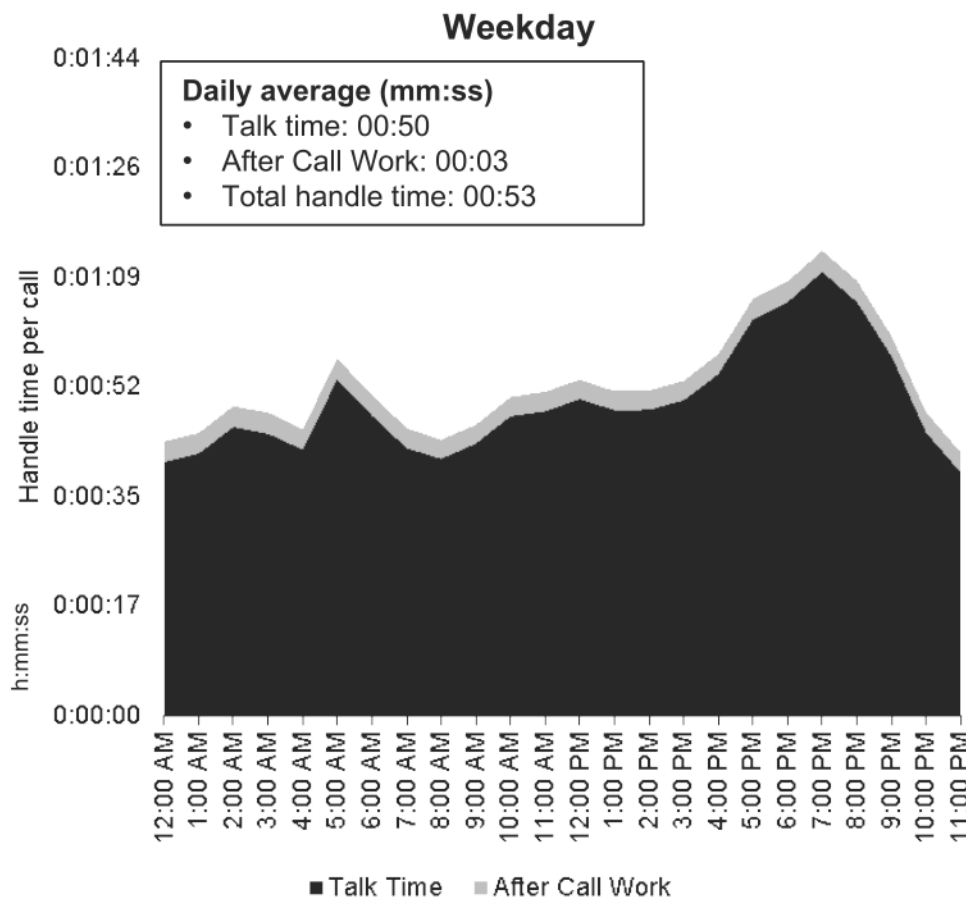
Issue	Description
Critical case information created by district offices is difficult to access by PCS	PCS SW conducting an IRR or gathering information for safety planning cannot readily access critical case information (e.g. Supervision Orders, current safety plans, relationship networks) and/or the information is poorly maintained. ~ 50% of Supervision Orders and safety plans are not available to PCS i.e. stored outside of ICM. The impact is further complicated for out of core situations where risk assessment and or child safety stabilization decisions can be impacted
Citizens are directed by district offices to report safety concerns to PCS	Citizens sharing safety concerns with district office staff are sometimes directed to contact PCS to report these concerns. In some situations, this causes un-necessary delay (or failure to report) creating child safety risk and potential inefficient client experience.



Efficiency – Handle Time Variability

On call efforts for admin are consistent with more callbacks on weekends, where the admin must track down a specific social worker.

Admin Handle Times¹



Source: Queue Statistics, Teleopti

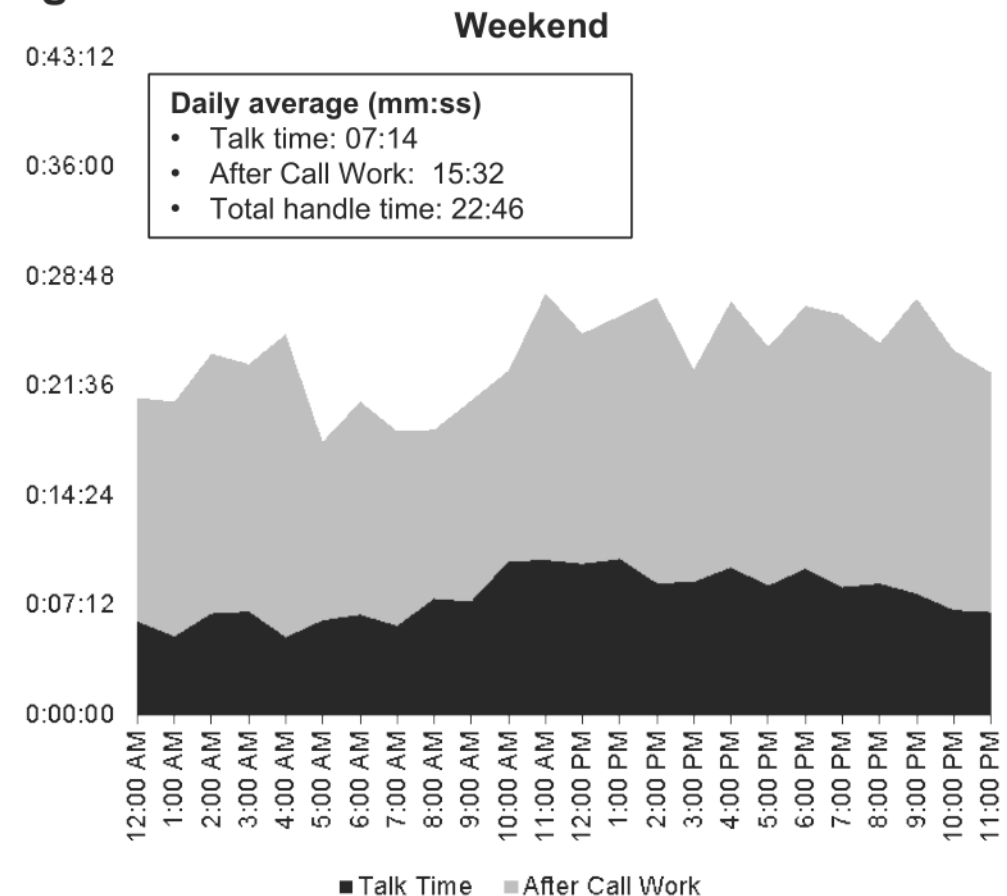
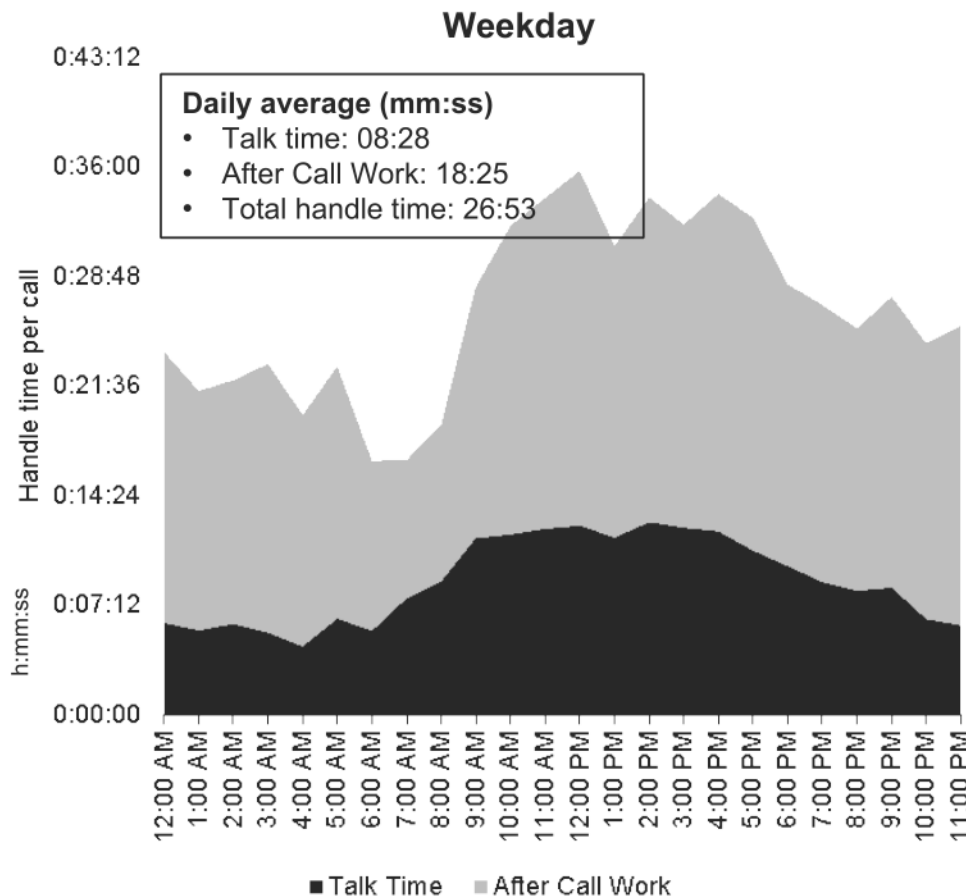
1. Data represents daily averages from 2019



Efficiency – Handle Time Variability

Increased wrap time on weekdays is not expected – this is possibly due to improperly including lunch breaks in wrap time for in-core staff.

Centralized Screening Handle Times¹



Source: Queue Statistics, Teleopti

1. Data represents daily averages from 2019

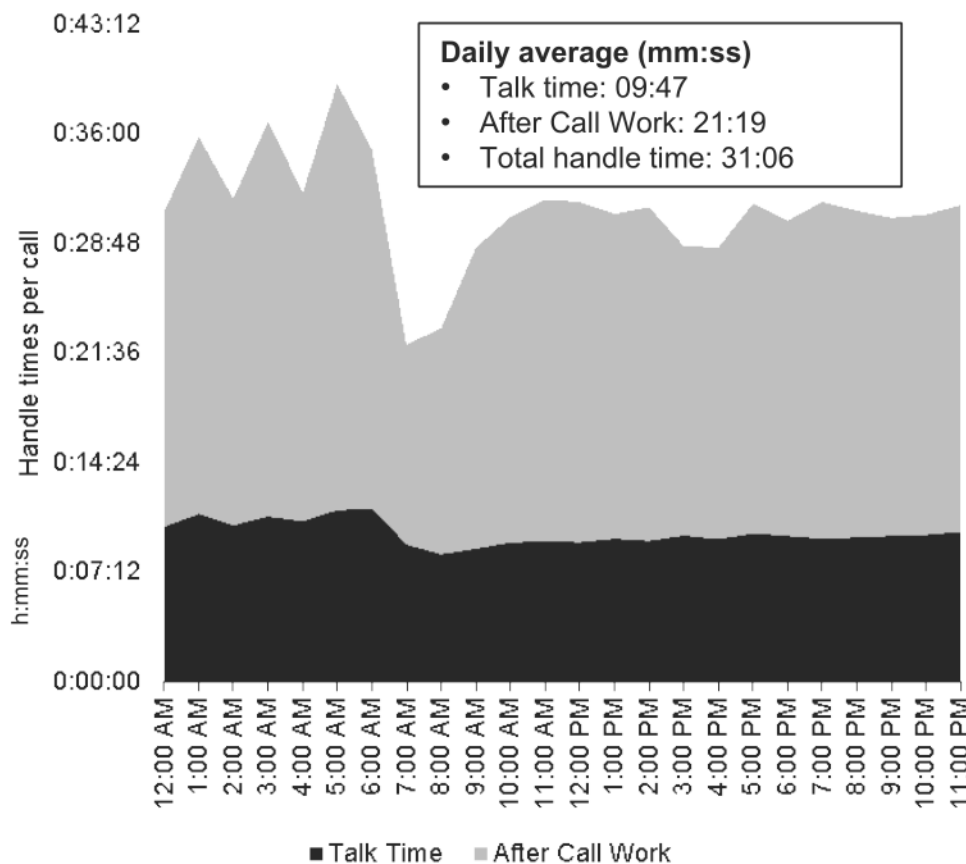


Efficiency – Handle Time Variability

On call efforts are consistent with longer handle times during the graveyard for community responders possibly due to multiple reports from a single call.

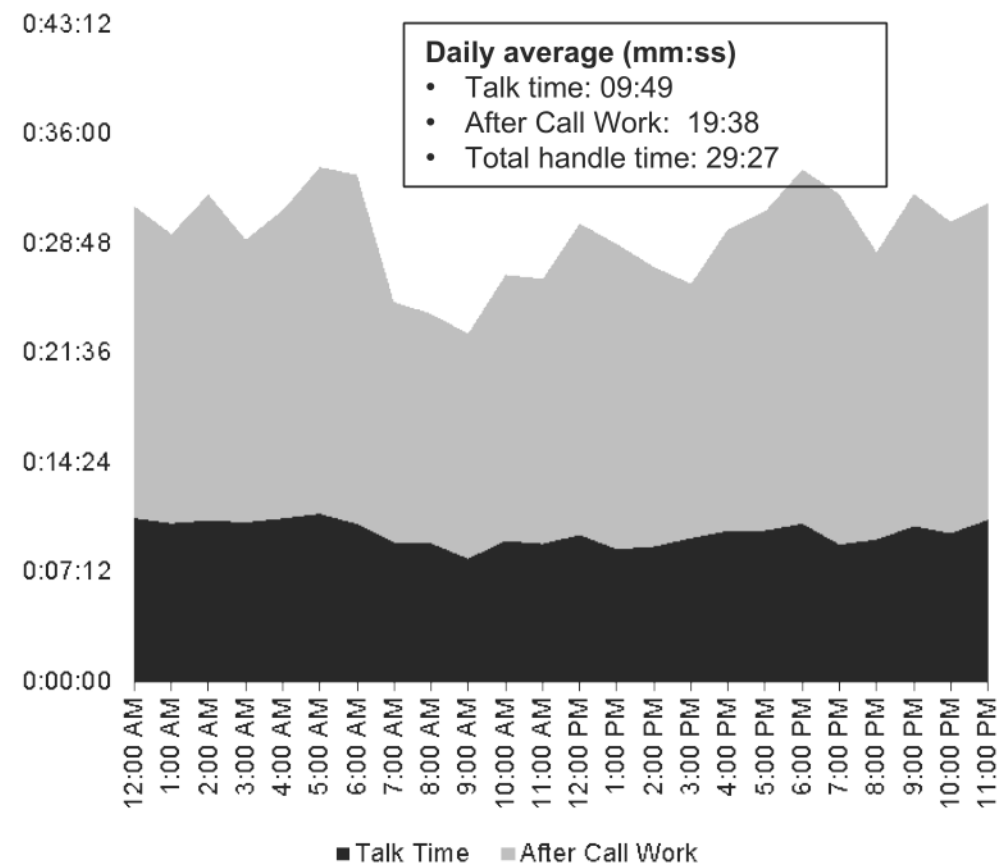
Community Responder Handle Times, ¹

Weekday



Source: Queue Statistics, Teleopti

Weekend

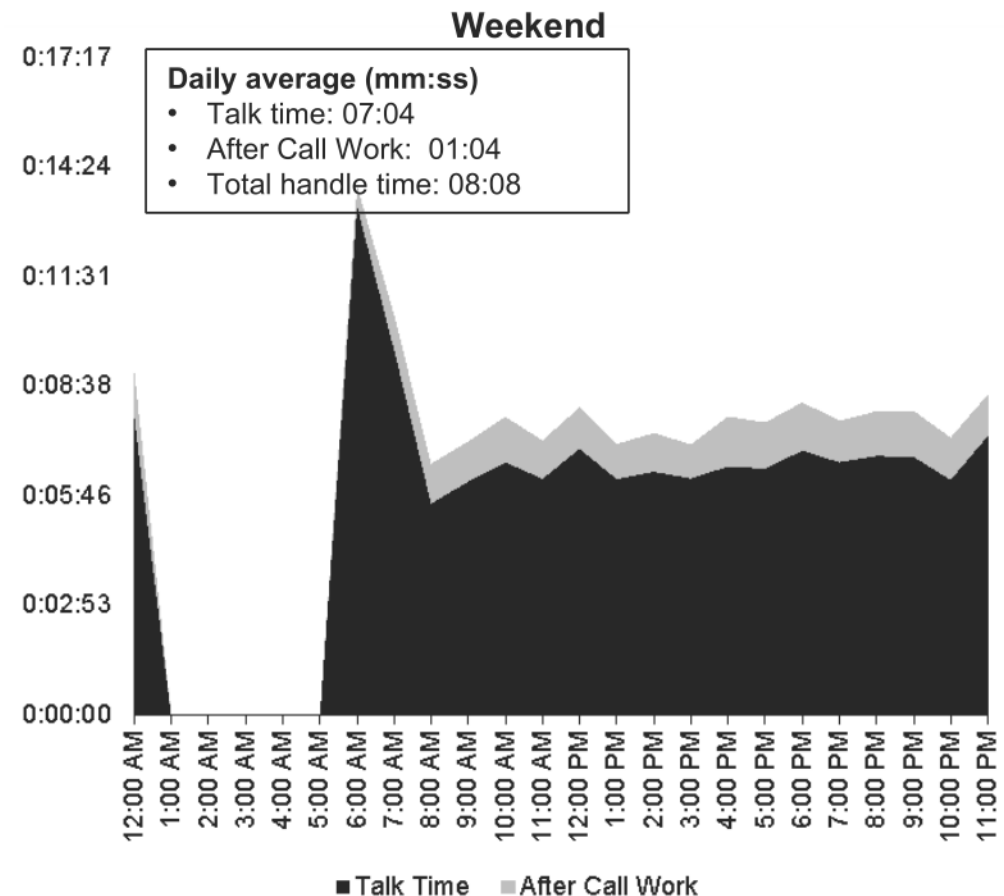
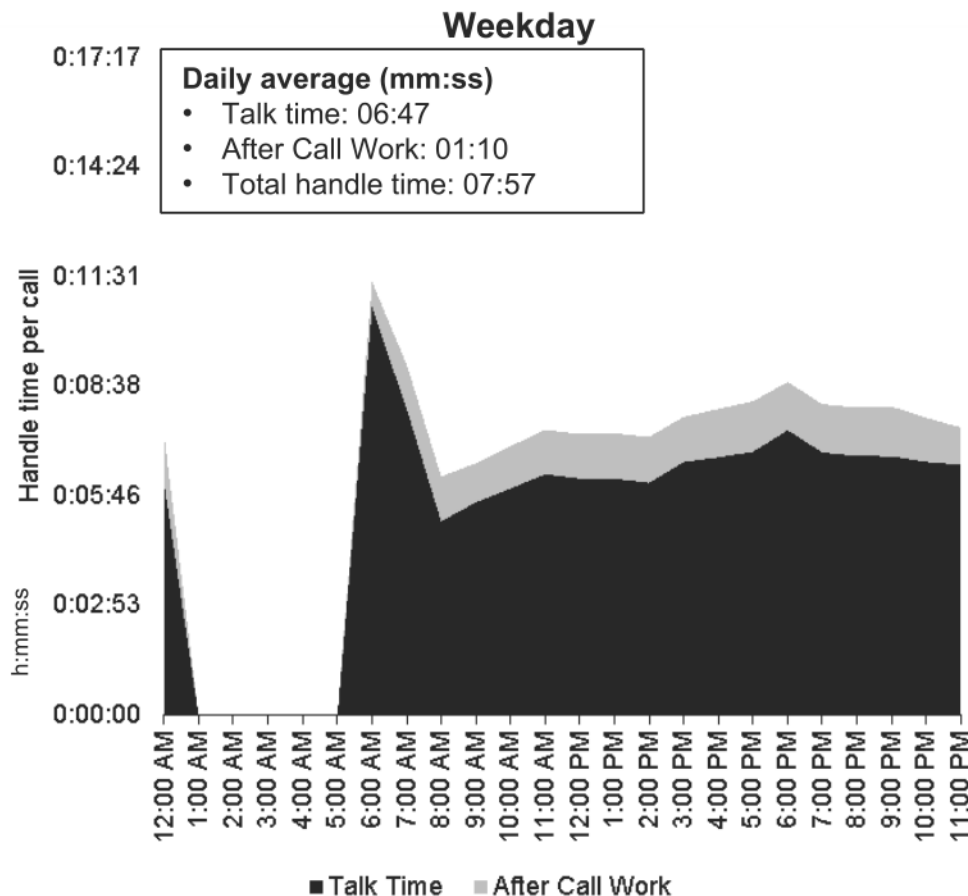


1. Data represents daily averages from 2019

Efficiency – Handle Time Variability

Longer consults from 6 – 7am are consistent with graveyard shift social workers consulting on multiple reports in one 'consult'. Otherwise consults are consistently ~ 8 minutes

Team Leader Handle Times¹



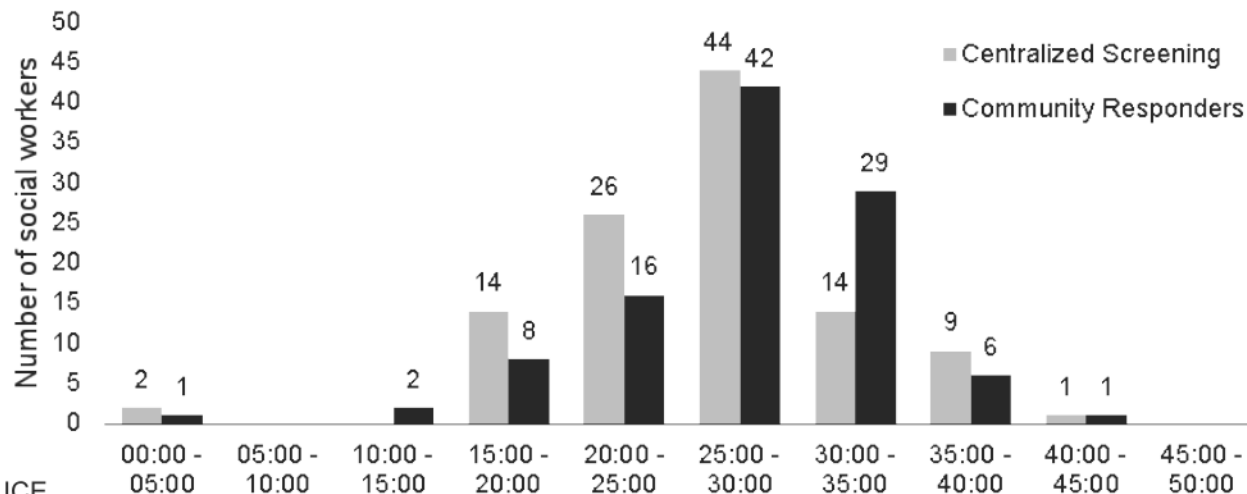
Source: Queue statistics, TL Consult, ICE

1. Data represents daily averages from March 29 – July 23, 2020, when the Team Leader queue was activated to facilitate remote work

Efficiency – Process Variability

Significant variability in handle times illustrates the impact of ad-hoc and missing process and quality expectations for SWs and TLs.

Average Handle Times by Individual Social Worker



Note: Sample was provided from Jan – Aug 2020. Agents with <10 calls answered in the sample were excluded from the analysis.

Outliers (0 – 5min) represents 3 agents who collectively answered 38 calls

(40 – 45min) represents 2 agents who collectively answered 232 calls

Source: Agent Queue Statistics, ICE

Clinical expectations are well defined in policy and practice guidelines (e.g. IRR, SDM, response and coding guidelines). Process and quality guidelines are a mixture of ad-hoc, personal preference / experience, or missing. These gaps can contribute to productivity variability and has impacts for training and performance management.

Role-based performance / expectations are inconsistently defined

Process expectation gaps

- Taking calls / working on the queue vs. competing a prior memo/screening decision
- Taking calls to the end of the shift vs. ending shift early to complete memos / screening decisions
- Productivity expectations for e.g. calls, memos, consults

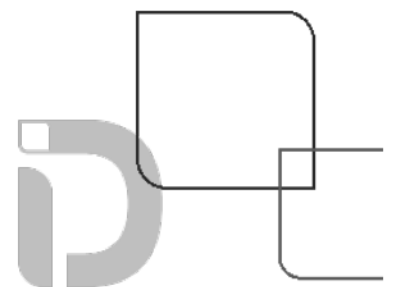
Quality expectation gaps:

- Good screening calls for client service, expectations setting/transparency
- Consult practices including preparation and facilitation
- Documentation practices for clarity, completeness, accuracy, and level of effort



Chapter 4

EFFECTIVENESS



Screening Effectiveness

An audit completed in mid-2019 showed that PCS' process compliance was strong in 2 out of 3 measures and screening decisions are robust

Measure	Total Applicable (PCS)	# Not Achieved (SDA+PCS)	# Achieved (SDA+PCS)	Direct from audit report
				% Achieved (SDA) (PCS)
FS 1: Gathering Full and Detailed Information	2323 1558 (67%)	(40+38) =78	(725+1520)=2245	(96%) 97% (98%)*
FS 2: Conducting an Initial Record Review (IRR)	2323	(639+1045)=1684	(126+513)=639	(16%) 28% (33%)*
FS 3: Completing the Screening Assessment	2323	(474+ 98)=572	(720+1031)=1751	(60%) 75% (91%)*
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response	2323	111	2212	95%

~ 50 % of the sample cases failed to have the Best Practice Tool being completed – the PCS working group highlighted this as a training gap for SWs which may be a contributing factor

Screening Timeliness

An audit completed in mid-2019 showed that PCS met timeliness requirements for conducting IRR (~95% achievement) and completing the screening assessment (~85% achievement)

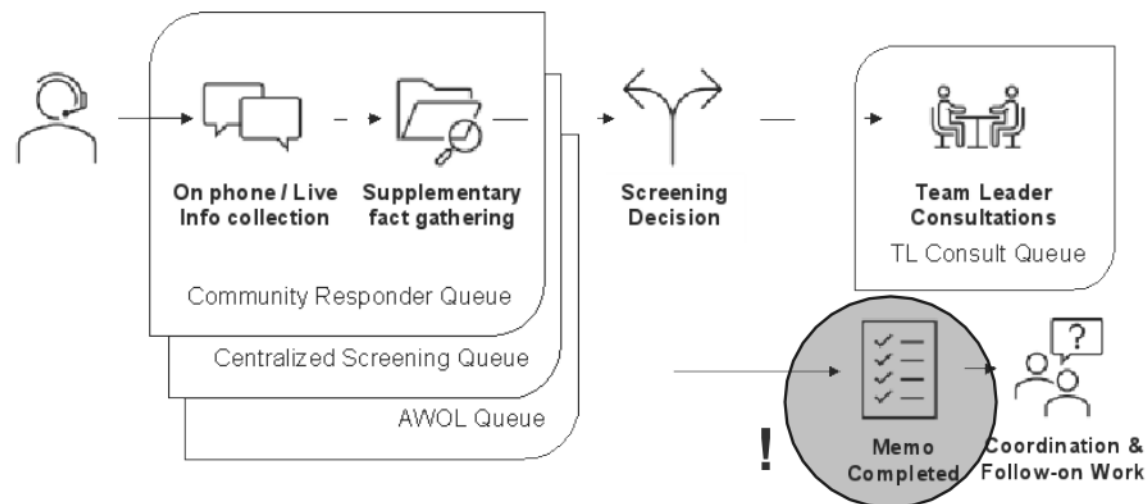
Direct from audit
report

	Reasons for Not Achieved	SDAs (#/765)	PCS (#/1558)	Proportion Comparisons
FS 2: Conducting an Initial Record Review (IRR)	Not completed within 24hrs	64/765	81 / 1558	8% / 5%*
FS 3: Completing the Screening Assessment	Not completed within 24 hrs	271/765	238/1558 (157+81)	35% / 15%*

Quality Issues – Impacts to SDAs

SDAs rely on the documented report, information collection and decision rationale. SDAs report inconsistent quality of documentation – e.g. clarity, completeness, accuracy

Inconsistent Screening Decision Documentation

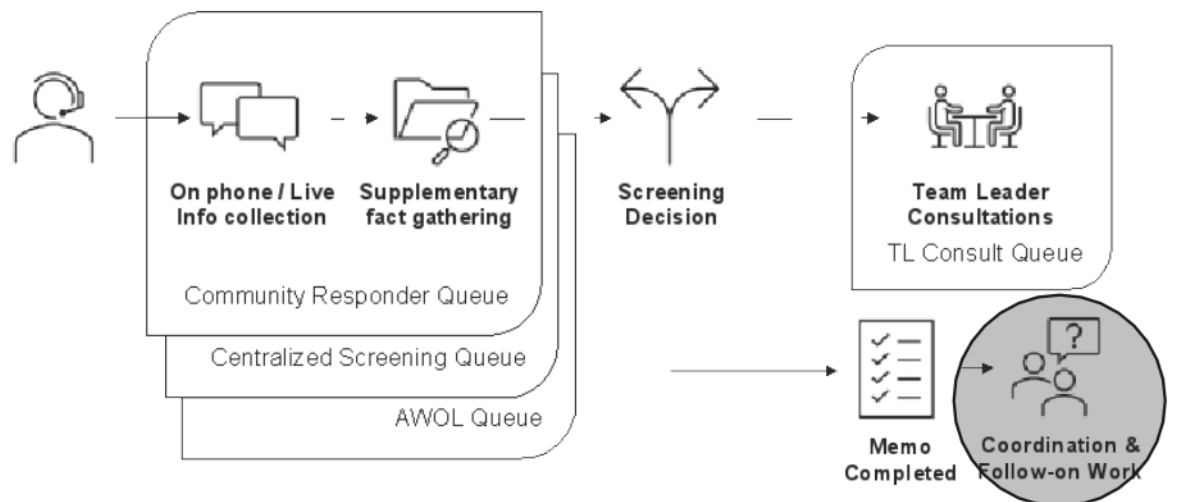


Issue	Description
Inconsistent contact information quality / accuracy	Documentation practices are not consistent around names / parties e.g. missing contacts, using he/she, using nicknames, misspelling (may be caused by auto-correct in MS Word), missing contact information – estimated at 1-2% of cases. ICM is not forgiving when it comes to making contact information corrections/deletions from ICM Incidents. SDA recommends it is better to acknowledge (e.g. create memo) information gaps and let district office teams complete accurately as part of their investigation.
Inconsistent screening decision clarity	Documentation sometimes is not concise and therefore is difficult to connect the analysis to the screening decision.
Multiple records (Incidents, SR) are created	Multiple incidents and service requests are created for the same set of children – may be opportunity for consolidation of work.

Quality Issues – Impacts to SDAs

Inconsistent practices for routing and call-outs can lead to delays in SDAs responding to incidents

Coordination with SDAs

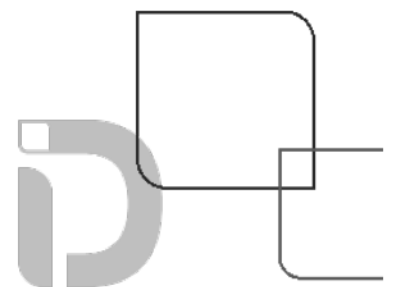


Issue	Description
Incidents are routed to wrong district office	Routing of Incidents is seemingly complex and relies on manual processes (e.g. uses SharePoint information which may be dated). Routing errors can lead to delayed investigations/response by district offices (e.g. Incidents sent to inactive office codes or to DAAs that do not have ICM training). TLs review routed incidents (ICM Sweep) to ensure Incidents are picked up by district offices.
Urgent call-outs without complete documentation	District offices prefer to receive the documented evidence/Incident supporting an urgent call (e.g. red phone) out to remove the child. Creates challenges during after hours where social worker may not have access to ICM. This is not a consistent expectation across SDA nor is it consistently practiced.



Chapter 5

SUSTAINABILITY



Roles & Responsibilities

Some operational responsibilities are fragmented, lack clear ownership or gaps¹

		Admin	SW (in core)	SW (out of core)	TL	OM	DOO	
Client Driven Responsibilities	Triaging Inbound Calls							<div> <div></div> indicates responsibilities </div> <p>Service delivery responsibilities are clearly defined</p>
	Handling Safety Concern Calls			1				
	Information Collection & Researching							
	Screening Decision & Consult				3			
	Documentation & Coordination with SDAs							
	Coordinating Safety Planning & Supports			2				
	Screening Decision Follow-up ⁶							
	Sensitive Reports / Situations ⁸							
Operational Responsibilities ⁵	Work Management ⁷							<div> <div></div> indicates responsibilities </div> <p>Some Operational responsibilities are fragmented and lack clear ownership</p>
	Knowledge Management ¹⁰							
	Scheduling	4			4			
	PCS Performance ¹¹							
	Supervision & Performance Management							
	Recruiting, Onboarding, Training							
	Facilities, Procurement, Finance & Payroll Admin							
	Technology Support							
	Quality Assurance						9	
	Cross-divisional & Client liaison (incl SDA, ISD)						9	

1. Includes AWOL calls from foster parents
2. Includes New Reports, Existing Cases (Action Memos) and SDPR clients
3. Includes PCS and district offices consults
4. Accounts for when schedulers are off (e.g. out of core hours or on leave) and includes approving leave requests to filling vacancy
5. All roles include Emails, Meetings, Special Projects & Committees
6. Following up on memo/incidents e.g. pending, NFA)
7. Includes triaging work & queue mgt
8. Includes Protocol memos, Restricted memos, complaints, high-profile situations
9. Director of Practice conducts clinical practice quality assurance and associated liaison with SDAs
10. Includes maintaining & distributing SharePoint resources, contact lists, training, procedures,

Fragmented Responsibilities & Gaps

SWs (especially out of core) conduct administrative tasks to support child safety stabilization and SPDR obligations –introducing delays in addressing child protection reports¹

		SW (in core)	SW (out of core)	Issues
Client Driven Responsibilities	Coordinating Safety Planning & Supports		2	<p>PCS SW's prepare and coordinate taxi authorizations/PDOC for MCFD and SDPR clients</p> <p>In addition to assessing the information with the caller and making decisions, the SW completes the administrative documentation and coordinates with the taxi and/or grocery store (e.g. no ID) – e.g. during busy periods it can take 15-20 minutes to complete the documentation and get thru to the taxi company to coordinate.</p>
			2	<p>PCS SW's coordinate over the phone with district office, contracted & community resources, and collaterals</p> <p>District Office staff – SW, TL, DOO & EDS, contracted resources and collaterals are difficult to reach in a timely manner (and especially during out of core). SWs can spend significant efforts with reaching out to multiple individuals, leaving messages before connecting with an individual.</p>

2. Includes New Reports, Existing Cases (Action Memos) and SDPR clients

1. Refer to Appendix A for current state responsibilities by role

Fragmented Responsibilities & Gaps

Ownership for PCS operational performance is fragmented – the lack of metrics and targets may be a contributing factor. Knowledge management activities are conducted on a best-efforts basis with no clear ownership¹

		TL	OM	DOO	Issues
Operational Responsibilities	Work Management ⁷				Lack of targets, no clear responsibility for managing queues and accountability for wait times. Current practice appears to be ad-hoc and responsibility fragmented across DOO, OM, and TL roles.
	Knowledge Management ¹⁰				No clear role & responsibility for maintaining <u>PCS-specific</u> knowledge (e.g. training procedures, standards/expectations, callout/standby lists, community resources) leading to information gaps/inaccuracies and information that is fragmented amongst different staff. SharePoint resources are maintained on a best-efforts basis with responsibilities fragmented across roles.
	PCS Performance ¹¹				Lack of metrics and targets (note: there are reports published ad-hoc though most focus on calls volumes, handle times, wait times) that reflect the overall strategic value that PCS delivers including service quality, efficiency, effectiveness, and sustainability. This gap creates difficulties for strategic planning, continuous improvement and stakeholder engagement.

7. Includes triaging work & queue mgt

10. Includes maintaining & distributing SharePoint resources, contact lists, training, procedures,

11. Includes overall team performance, QA & Continuous Improvement initiatives

Fragmented Responsibilities & Gaps

Due to shift rotations, supervisors are often not able to supervise their assigned staff and provide timely and consistent feedback. In addition, some HR responsibilities are fragmented across and within roles creating inconsistencies and inefficiencies¹

	Admin	SW	OM	TL	DOO	Issues
Supervision and Performance Management (LR issues, MyHR, public service agency , union reps, STIIP, RTW Plans, OT)						Supervision and performance management (e.g. for SWs) are divided within a role (i.e. TLs). Because of shift rotations, supervisors are often not able to have regular communication, assessment & feedback and supervision. This creates challenges for timely & consistent feedback, coordination efforts and duplication of efforts.
Recruit New Employees (interviews, reference checks, job postings, EOIs)						Some responsibilities (e.g. training of SWs) are fragmented within a role (e.g. all TLs are responsible for training) which results in inconsistencies which are amplified due to 24/7 operation and gaps in standards / training procedures.
Onboard New Employees (setting up employee, orientation to facilities, corporate policies & processes)						
Provide Role-based Training & Mentoring						There does not appear to be any role specialization (e.g. some TLs that focus on recruiting & training while others specialize in HR/LR issues) that could improve efficiency, effectiveness and potentially increase job satisfaction.

1. Refer to Appendix A for current state responsibilities by role

Fragmented Responsibilities & Gaps

There is no formal QA process or continuous improvement process leading to poor transparency and inconsistencies in outcomes. PCS' clients (internal & external) are highly dispersed which has been a significant obstacle in fostering a stronger relationship¹

		TL	OM	DOO	Issues
Operational Responsibilities	Quality Assurance			9	<p>Quality assurance primarily relies on ad-hoc feedback from district office/ PCS TL Reference Group. NFA decisions and documentation are reviewed by the TL in most cases several days later due to backlogs with little reporting. DOOs on ad-hoc basis will review sampling of incidents and memo. In both situations there is no corrective action procedure or reporting.</p> <p>No clear ownership for continuous improvement within the operations leads to ad-hoc processes e.g. committees that do not result in implementation or results, or decisions that are not preserved.</p>
	Cross-divisional & Client liaison (incl SDA, ISD)			9	<p>PCS clients are highly dispersed (e.g. municipal police vs RCMP by detachment, health clinics vs. ER staff by region, educators by school & school district, SDA staff by office) making it difficult to foster relationships (e.g. identifying sources of value or success) and exchange information (e.g. continuous improvements, transparency). Reaching external clients for this project has been challenging and unsuccessful in some cases. Forums exist for reaching SDA TLs and DOOs; however, preserving continuity and ensuring communications are shared beyond the forum is challenging.</p>

9. Director of Practice conducts clinical practice quality assurance and associated liaison with SDAs

Fragmented Responsibilities & Gaps

PCS relies on core technologies on a 24/7 basis. PCS is not able to rely on Shared Services and now largely relies on an internal support model that is fragmented, under-resourced and does not have the deep technical expertise sometimes needed¹

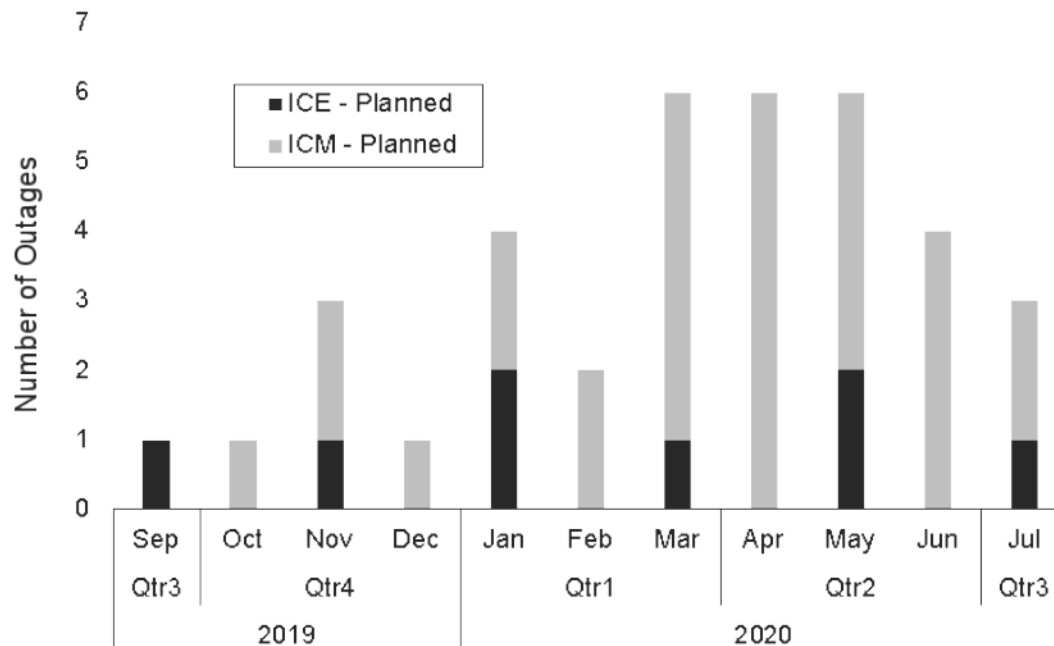
	Admin	SW	OM	TL	DOO	Program Analyst	Issues
Provide Level 1 Technical Support – software and hardware (e.g. workstations, printers)							PCS relies on core technologies (e.g. ICE & ICM) on 24/7 basis.
Coordinate Level 2 Technical Support (w ISD or service provider) – software and hardware							Shared Services expertise on PCS technologies is fragmented leading to frustration and delays in getting resolution. PCS has relied on an ad-hoc internal support model.
Coordinate outage business processes ICM/ICE/SharePoint							
Coordinate with Shared Services re: Systems Outages Services (e.g. ICM)							However, this model is limited by capacity & expertise to support 24/7 and is fragmented across roles.

1. Refer to Appendix A for current state responsibilities by role

Fragmented Responsibilities & Gaps

Planned systems outages are designed to support district office operating requirements; however, these require inefficient workarounds to preserve service and impact out-of-core operations. Technology support gaps amplify these impacts

Outages, ICM and ICE



System	Total Outages by Impacted Group		Total
	Out of core only	Both In and out of core	
ICE	8	0	8
ICM	18	11	29
Total	26	11	37



Majority of outages are ICM and are planned during out-of-core hours

- Procedures for ICM are fragmented across roles
- ICM outages are generally managed via 'read only' versions of ICM, additional documentation support by admin, and using other tools (pen and paper, Microsoft word) to document call details
- PCS has not been able to manage outages efficiently (i.e. insufficient lead times, poor process)
- System latency, which is generally experienced after outages, is also disruptive to PCS



- While less frequent, ICE outages are more disruptive, and PCS workers use personal devices and networks to maintain service delivery
- Currently there is no standard operating procedure for planned outages of ICE

Resourcing Agility

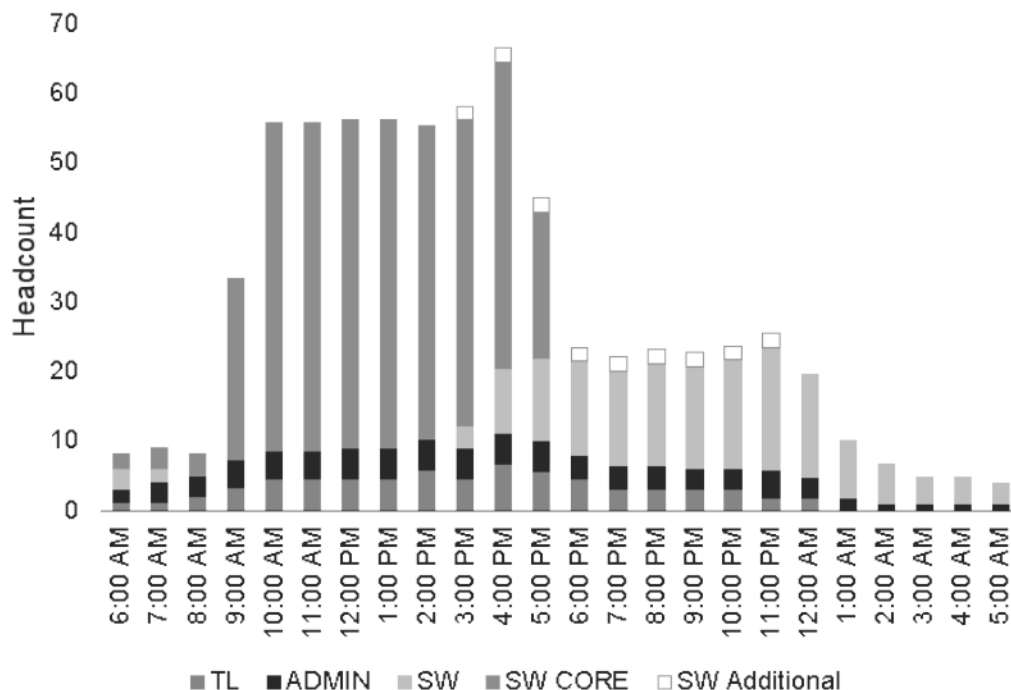
PCS' resourcing model lacks the agility necessary for 24/7 operation leading to under-resourced shifts, increased workload for out of core staff and impacts service, effectiveness and staff morale

Issue	Description
Difficulty recruiting quality candidates for out of core full-time vacancies	There are routinely full-time vacancies for out of core positions. Pre-PCS i.e. After-Hours, required minimum of 5 years experience. Currently, candidates are being hired with little experience (MCFD or otherwise) and do not seem prepared for out of core responsibilities – both impacting regular social workers and TLs.
Lack of proficient resource options to fill out of core shifts	In addition, there are routinely vacant shifts that need to be filled to meet the planned schedule e.g. from sick leaves, vacations, secondments. PCS relies on available out of core workers, in core workers (i.e. over-time) and auxiliary social workers to fill these vacancies. Each of these options are problematic. In Core and auxiliary social workers are not reliably proficient with the additional responsibilities of Out of Core shifts and thereby increases the workload on regular social workers and TLs. Long term and significant reliance on existing staff (through overtime) is not sustainable - staff morale, health & wellness and financially.
Process for notifying/requesting leaves is inefficient and fragmented	The process for notifying or requesting leaves (e.g. sick, personal) is inefficient (multiple systems) and fragmented (e.g. multiple touchpoints and individuals) leading to delays and additional efforts.
Scheduling supports are limited to core hours	Scheduling supports (e.g. schedulers, program analyst, DOO) are available during core hours. Responsibilities to fill short lead time vacancies (e.g. sick or personal leave) during out of core hours fall on TLs – complicated by lack of resource options and complex constraints/requirements.
Scheduling decisions are governed by complex constraints and requirements	Scheduling decisions are complex and they consider many factors such as availability of resource options, labour agreement requirements, supervision needs and operational criteria but may not account for other factors such as proficiency.

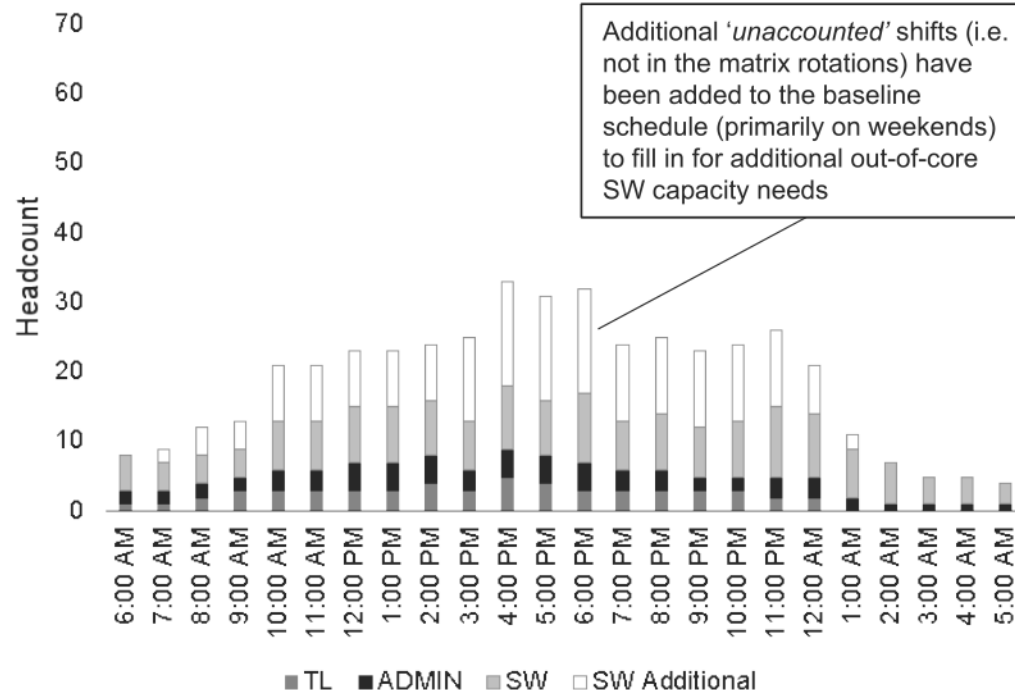
Baseline Schedule / Shift Rotation

The current baseline schedule is designed to account for statutory requirements, budgeted staffing and call volumes.

Weekday Schedule



Weekend Schedule



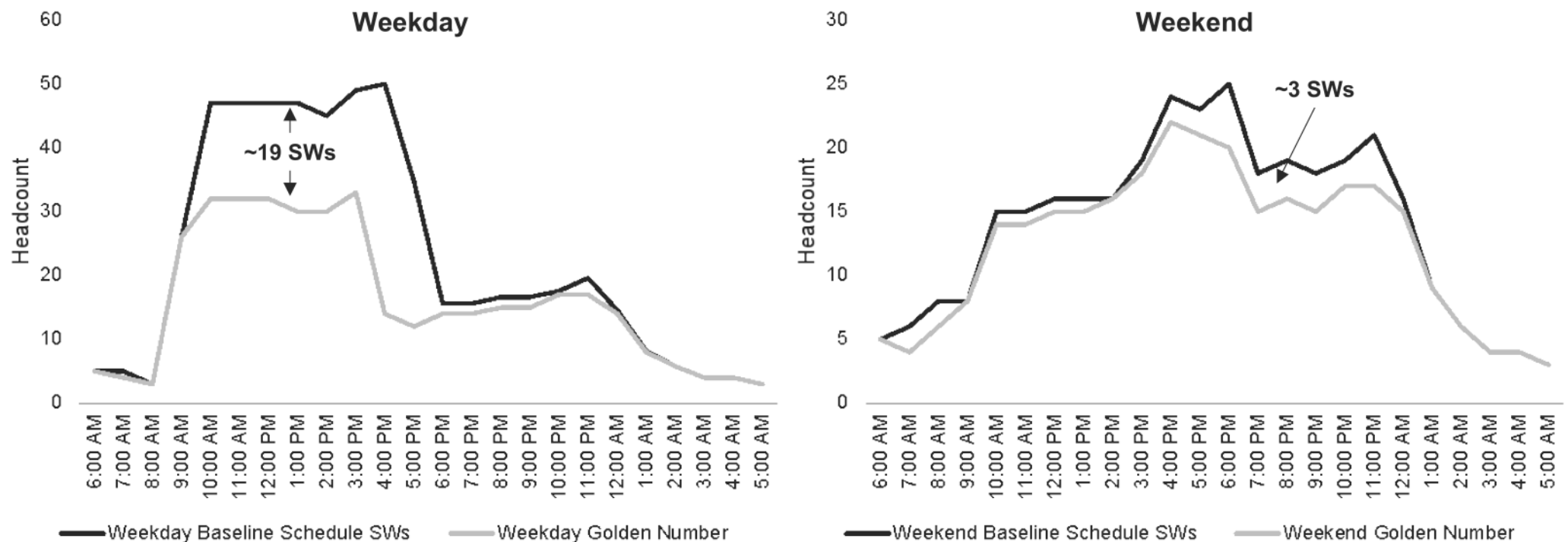
- Schedules depict the average headcount working per hour per day according to available staff according to 2020 staff matrices, as well as the available core SWs (who do not follow a rotating matrix schedule).
- Staff matrixes and scheduling assumptions can be found in Appendix A



Golden Number vs. Baseline Schedule

The "Golden Number" is the target minimum number of SWs that should be available to handle calls at any given time in the day from a service and risk perspective. It appears there is less buffer during out of core hours (~2 - 5 SWs) and therefore requires a more responsive resourcing model to ensure the Golden Number is not breached.

Golden Number vs. 2020 Social Worker Baseline Schedule^{1,2}



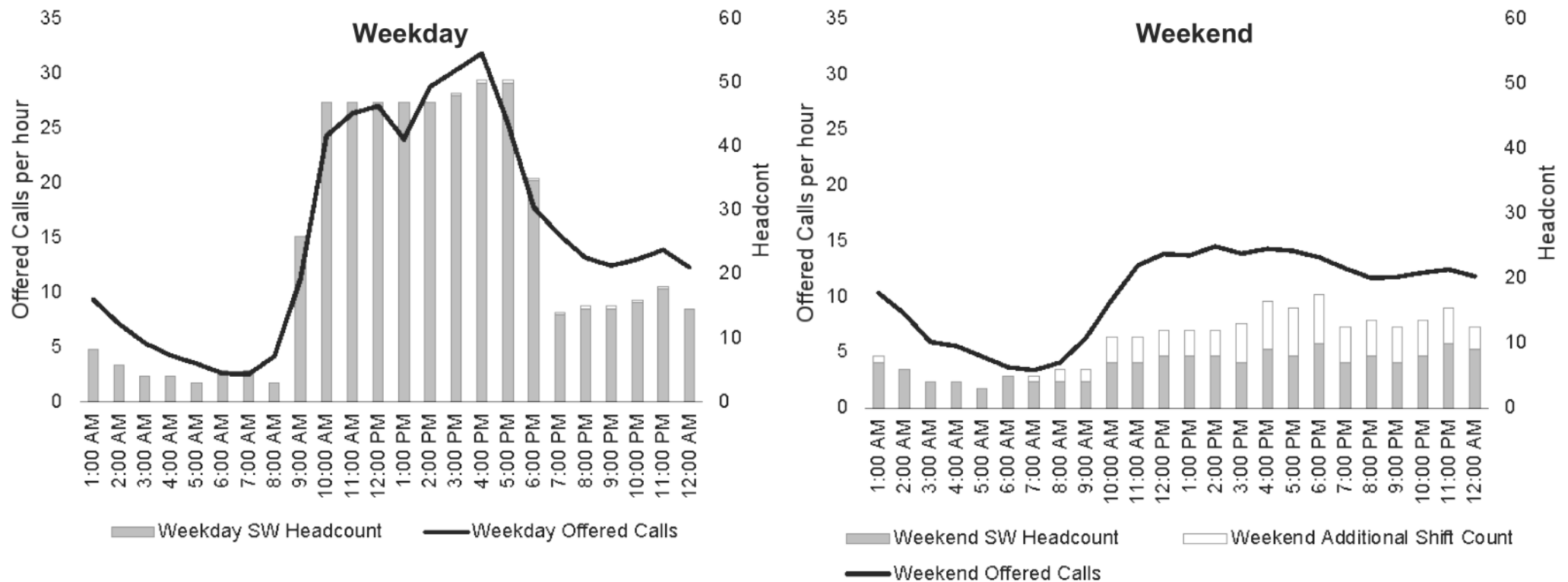
1. Schedules depict the average headcount working per hour per day according to available staff according to 2020 staff matrices, as well as the available core SWs (who do not follow a rotating matrix schedule).

2. Staff matrixes and scheduling assumptions, and Golden Numbers can be found in Appendix B

Resource Allocation - Baseline Schedule (SW)

The baseline schedule appears to track with call volumes throughout the day and week.

SW Headcount vs Call Volume^{1,2}



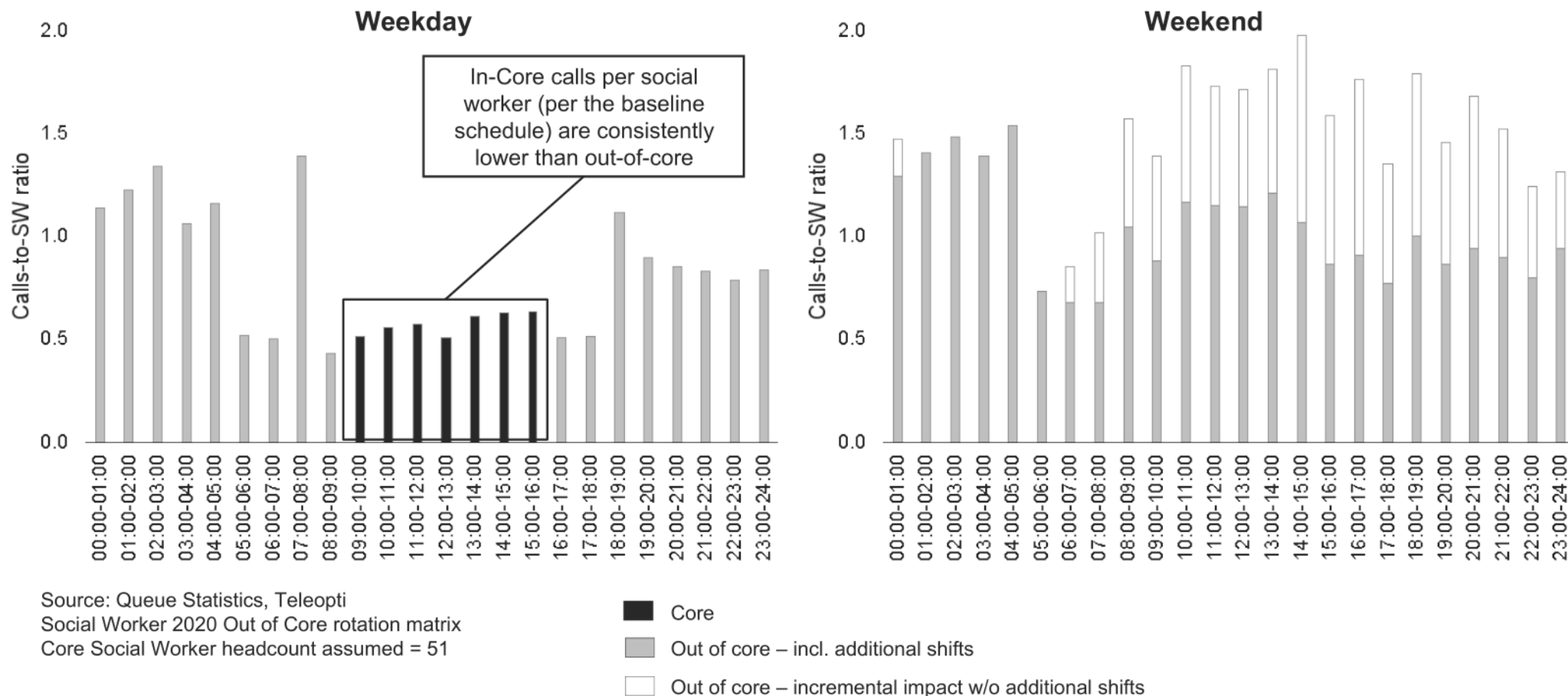
Source: Queue Statistics, Teleopti
 Social Worker Out of Core 2020 rotation matrix
 Core Social Worker headcount assumed = 51

1. Offered calls include answered, abandoned, and calls directed to the voicemail callback queue for Centralized Screening and Community Responders
2. Scheduled OT shifts (primarily on the weekends) represent required shifts that cannot be filled within regular FTE hours of available staff
3. Refer to Appendix B for staffing assumptions and matrices

Resource Allocation - Baseline Schedule (SW)

Out of core (> 1 call/hr per SW) appears to be under-resourced on a relative basis compared to in core (~0.5 call/hr per SW) even before accounting for the additional out of core non-call responsibilities e.g. Action Memos.

Inbound Calls to SW Ratio¹

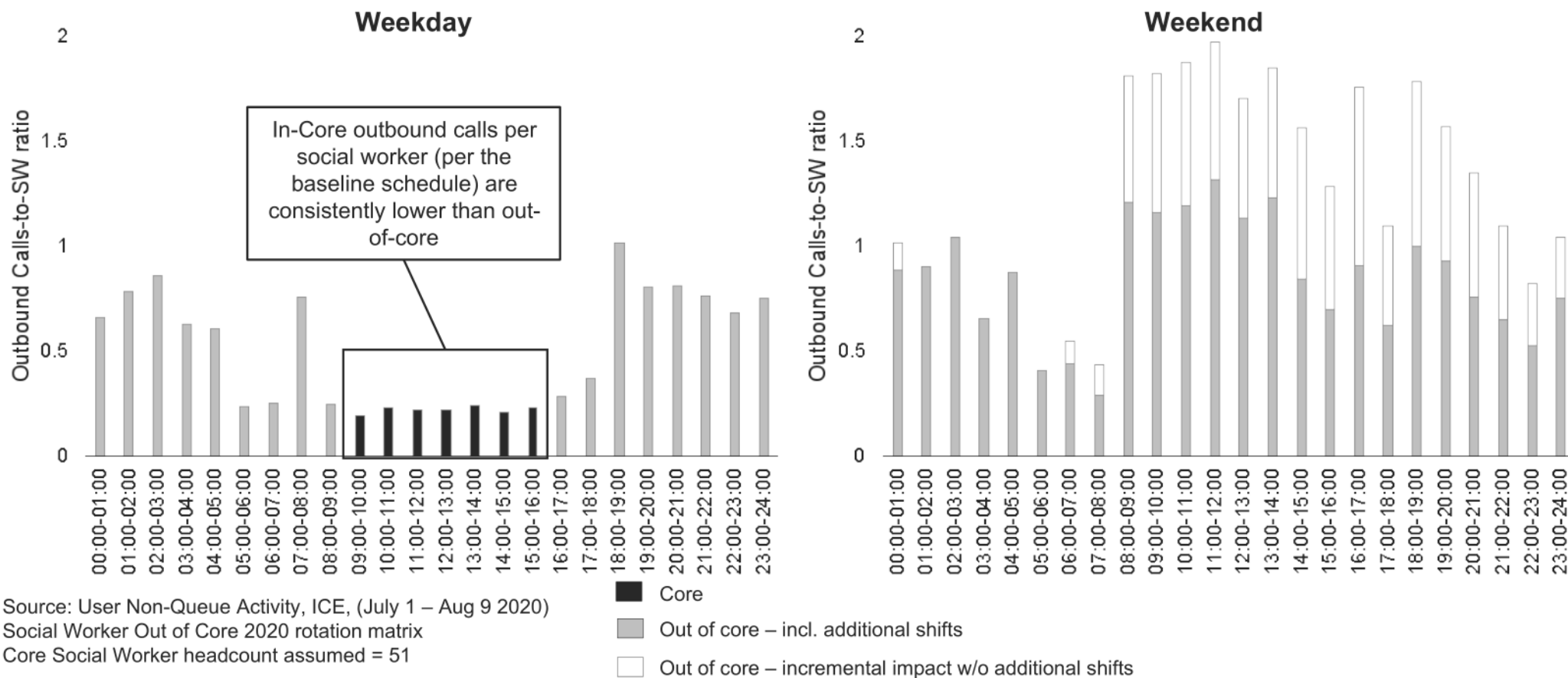


1. Calculated using budgeted scheduled capacity – not considering flex time, vacation, or sick time
2. Refer to Appendix B for staffing assumptions and matrices

Resource Allocation - Baseline Schedule (SW)

The additional responsibilities (e.g. additional safety planning & coordination) of out of core staff can be illustrated by outbound call activity. Out of core (0.5-1.5 call/hr per SW) have much higher outbound call activity relative to in core staff (~0.3 call/hr per SW)

Outbound Calls-to-SW ratio



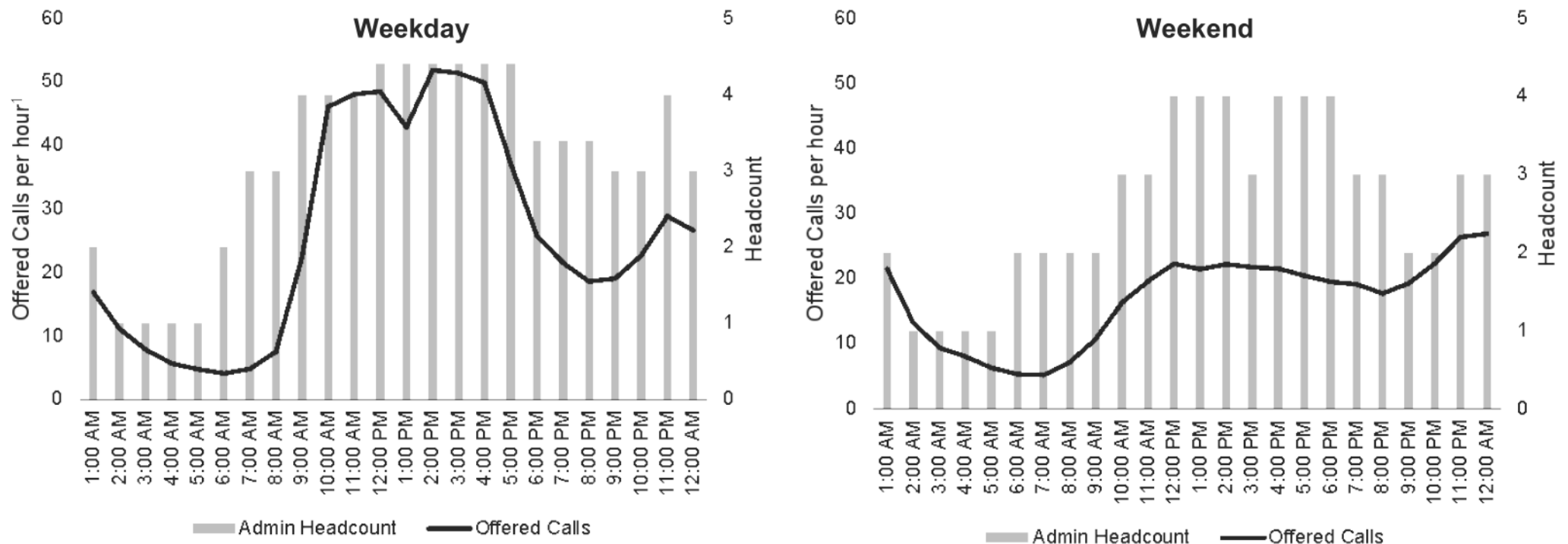
Source: User Non-Queue Activity, ICE, (July 1 – Aug 9 2020)
 Social Worker Out of Core 2020 rotation matrix
 Core Social Worker headcount assumed = 51

1. Calculated using budgeted scheduled capacity – not considering flex time, vacation, or sick time
2. Refer to Appendix B for staffing assumptions and matrices

Resource Allocation - Baseline Schedule (Admin)

Baseline admin scheduling tracks with call volume on weekdays, though appears to have relatively more budgeted staff per call on weekends. This does not account for non-call work performed by admin.

Admin Headcount vs Call Volume¹



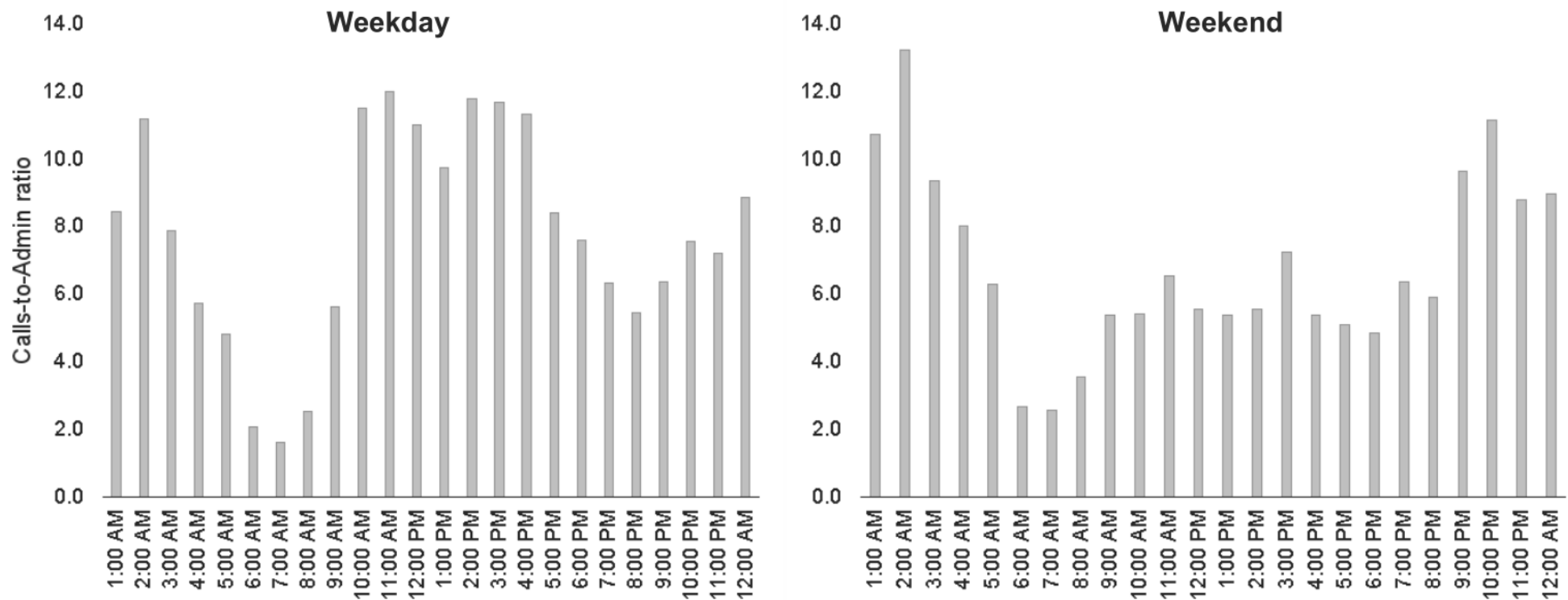
Source: Queue Statistics, Teleopti
Admin 2020 rotation matrix

1. Offered calls include answered and abandoned calls for Centralized Screening Admin queue
2. Refer to Appendix B for staffing assumptions and matrices

Resource Allocation - Baseline Schedule (Admin)

The intensity of call work per scheduled admin appears to be higher during graveyard shifts and on weekdays during the day.

Calls to Admin Ratio¹

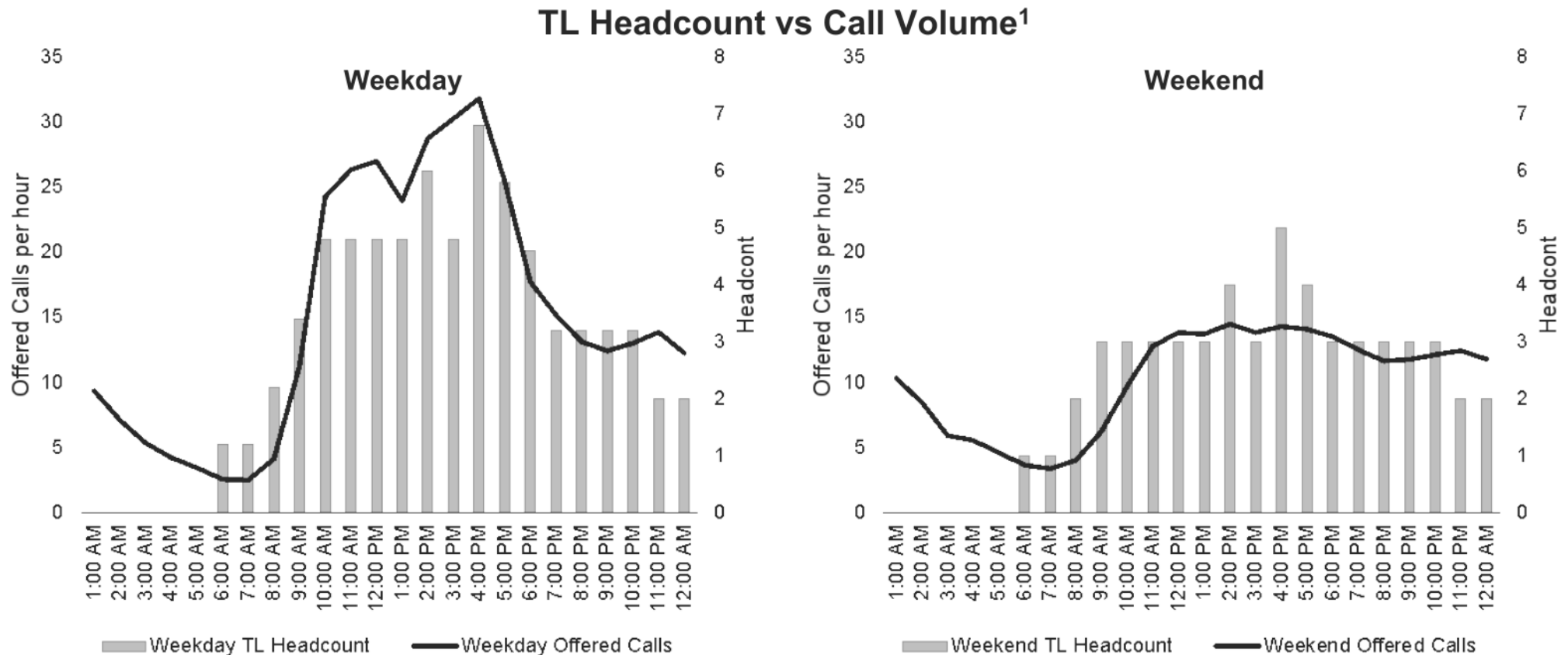


Source: Queue Statistics, Teleopti
Admin 2020 rotation matrix

1. Ratio based on offered calls (including answered and abandoned calls) for Centralized Screening Admin queue
2. Refer to Appendix B for staffing assumptions and matrices

Resource Allocation - Baseline Schedule (TL)

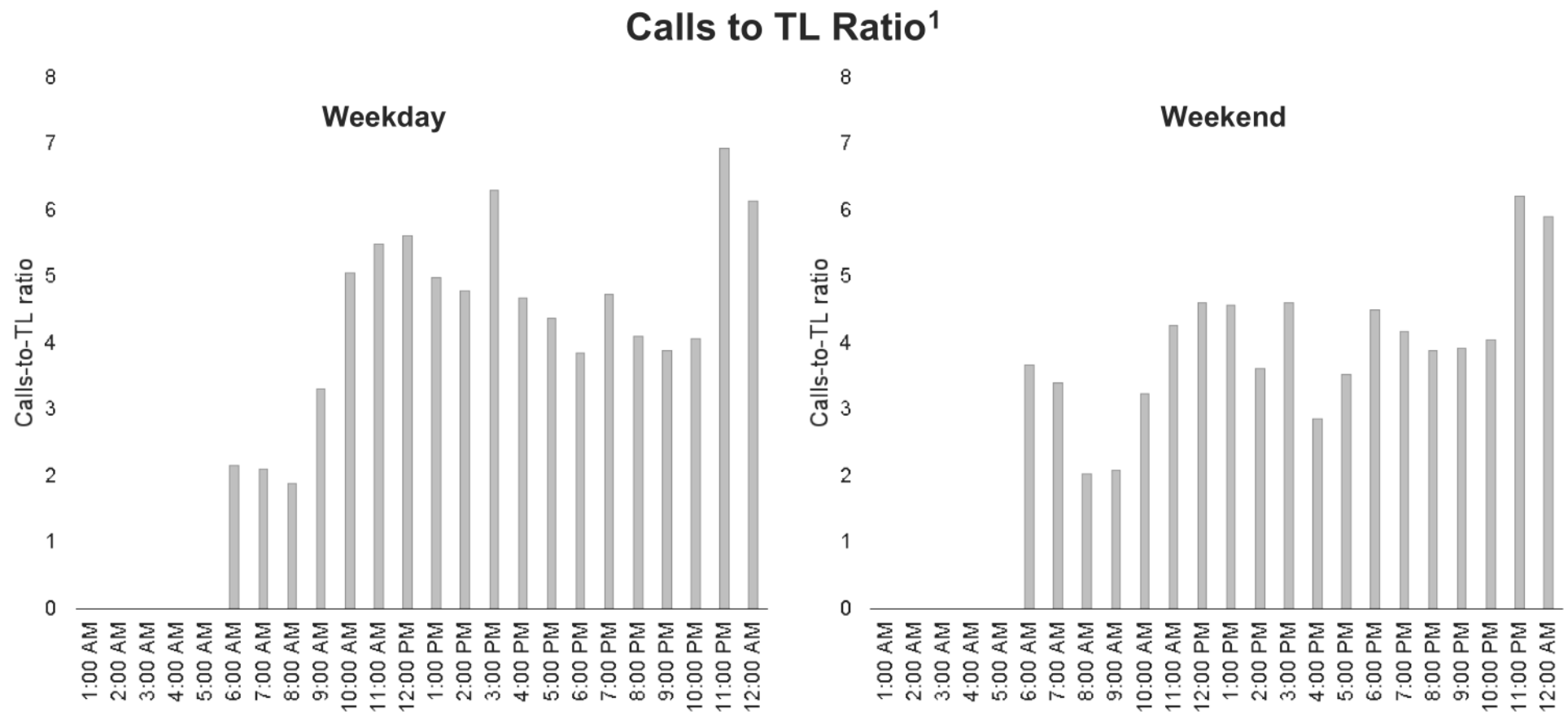
Baseline TL schedule tracks with call volumes from Centralized Screening and Community Responders on weekdays and weekends. However this does not include calls from field social workers during non-core hours.



Source: Queue Statistics, Teleopti
TL 2020 rotation matrix

Resource Allocation - Baseline Schedule (TL)

The intensity of PCS call / consult work for Team Leaders is relatively consistent, though peaks just before the standby shift.



Source: Queue Statistics, Teleopti
TL 2020 rotation matrix

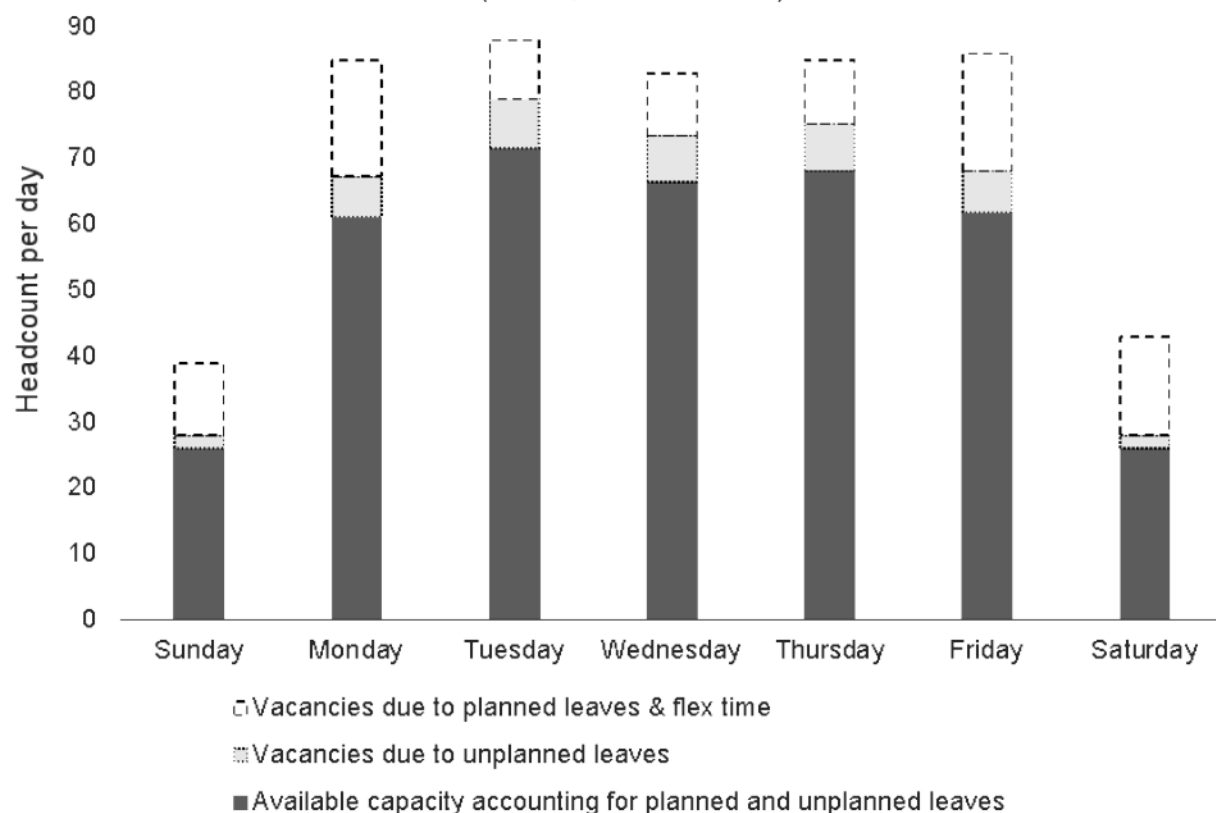
Resourcing Agility Requirements

Over a year, an estimated 25% (~127 shifts / week) of total scheduled shifts¹ will not be filled by the scheduled person, 30% of which (~38 shifts / week) will have limited to no lead time to cover (i.e. sick time). Flex time amplifies shortages on Monday and Fridays.

Directional

Impacts to Baseline Schedule

(Admin, SW & TL roles)



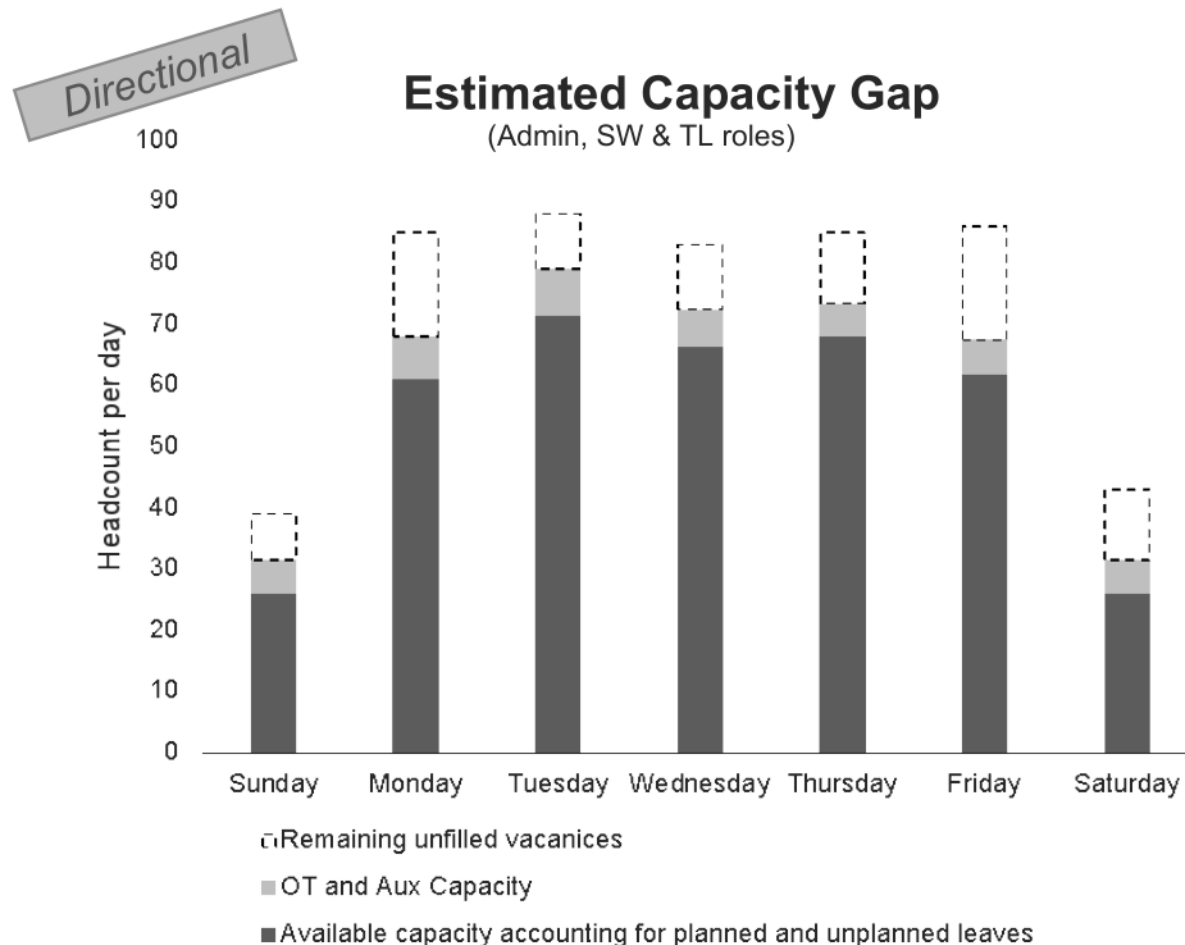
- **Total Scheduled capacity** (the sum of the stacked bars) is based off the total available team leaders, admin, in and out of core social workers, and additional scheduled OT shifts
- **Capacity accounting for planned leaves** considers staff availability after vacation time, stat holidays, in lieu time (for out of core staff) and flex time (for core social workers)²
- **Available Capacity accounting for unplanned leaves** considers staff availability after sick time and special leave²

Source: Staff 2020 matrices, 2019 payroll report

1. = (planned vacancies + unplanned vacancies) / (total shifts per matrix plus additional scheduled OT shifts) for all front line positions (admin, SWs, TLs)
 2. Average vacation, time in lieu, and sick time were gathered from 2019 data and distributed evenly across days, as the actual days taken off was not available in the data. Flex time was approximated at 10 people per Monday and Friday (assuming 40 in-core staff are on a flex schedule over other week).

Resourcing Capacity

PCS leverages OT & Aux staff to fill an average of 42 vacant shifts per week, which is ~70% of all out of core vacancies. The remaining ~30% of out-of-core vacancies are managed by PCS staff.



- Overtime data from 2019 was used to approximate the amount of shift vacancies (from both planned and unplanned vacancies) that would be covered¹
- An assumed 3 shifts / week are covered by auxiliary staff
- In Core SW shifts are staffed with leave planning, so OT/Aux are generally not used to backfill these shifts – this is unique to in-core SW shifts (i.e. out of core, admin, and TL shifts require OT/Aux coverage)
- **Gap remains between baseline schedule and available staff:** 30% of vacant shifts are managed by PCS staff

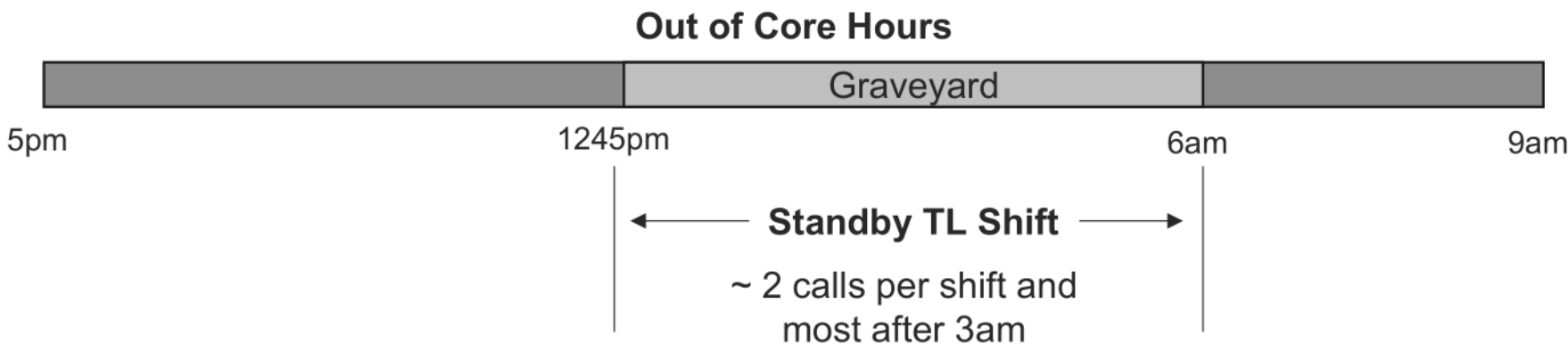
Source: Staff 2020 matrices, 2019 payroll report

1. 2019 overtime payout at 2x and 2.5x for TLs, Admin, and Core and Out of Core Social Workers was used to approximate the amount of shifts backfilled. This was distributed proportionately by role to each day of the week for illustrative purposes only – data on the actual shifts covered by OT was not available
2. Core SW vacant shifts were not allocated any OT coverage, as these shifts have some buffer room if there are vacancies



Graveyard TL Coverage

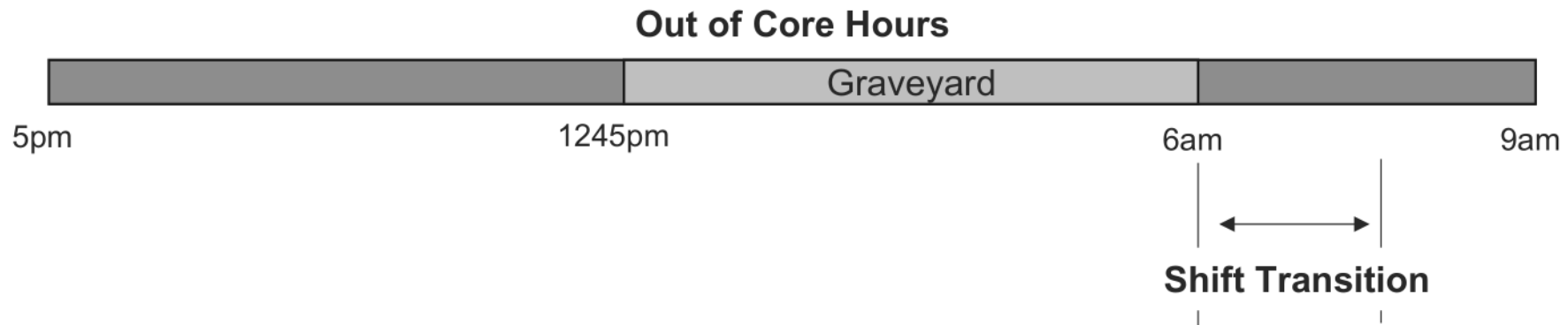
The Standby TL shift for urgent/immediate consults from 1245am to 6am disrupts Standby TLs sleep unsustainably and may result in poor decision-making



Issue	Description
Unsustainable disruption to TL sleep	Calls during the Standby shift significantly disrupt sleep and impact TL's abilities during their regular shift the next day. 10 out of 13 TL's are scheduled to cover Standby shifts, (due to medical exemptions and scheduling limitations) which reduces scheduling options for Standby TL. The accumulated effects of Standby TL shifts amplifies the health/wellness impact on Standby TLs and exhaustion may impact TL's decision-making
Supervision gaps amplified for an increasingly less experienced out of core SW team	Given issues with out of core staffing (hires and backfill for vacancies), less proficient SWs are less confident about safety planning and risk management - resulting in unnecessary TL consults or in decisions that should have benefited from TL consultation
Supervision gaps for important safety planning & decisions	There are no clear guidelines for when graveyard shift SW should seek Standby TL support. Experienced graveyard SWs are aware of the impact to TL's and are hesitant to call the Standby TL advice and so internalize that decision-making stress and/or make decisions that should have benefited from TL consultation

Shift Transition Post Graveyard

The 6am shift transition (TL starts shift) is especially intense as consults & debriefs have accumulated during graveyard - introduces risks to decision-making and/or duplication of effort

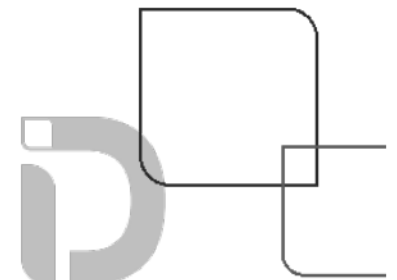
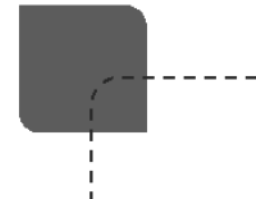


Issue	Description
Post-graveyard shift results in significant intensity for completing consults	Graveyard shift SW batch their memos and are expected to complete their TL consults before the end of their ~9 hr shift (615am, 645am, 715am) ~ 15 consults in this time. Graveyard shift SW are usually exhausted (impacting clarity of thought and communication) by the end of the shift leading to less efficient consults. If TL is responding to other urgent issues (e.g. notifications) then the graveyard shift SW may need to extend their shift or the TL reviews the documented screening decision without the benefit of in-person consultation (e.g. agree with decision or pass to day shift SW for further investigation)

Appendix

A. Roles & Responsibilities

- B. Staff Rotation Matrices, Staffing assumptions, Golden Numbers
- C. Interview Notes from SDA's - Director of Operations and Team Leaders
- D. Interview Notes from Health Clients
- E. Interview Notes from Community Responder Clients
- F. Interview Notes from Education Sector Clients
- G. Interview Notes from DAA Surveys and Focus Group
- H. Survey Results from Contracted Residential Agencies



Out of Core

Core & Out of
Core



Clerical Admin

daily

Screening Calls

Supporting SWs and
TLs and DOOs

Info Collection /
Documentation

PCS Functions
(Finance / HR)

Facilities & Infrastructure
Support

Preparing Taxi
Authorizations
(during WFH)

Ingoing and outgoing
mail / courier
handling

Financial
Reconciliations
(e.g. taxi receipts)

Building access for
staff & visitors
(incl. parking coordination,
photo IDs)

weekly

Maintaining office
supplies

Support for Office
Equipment
(Printers, workstations,
facilities, cell phone
tracking)

monthly

Maintaining
SharePoint
(contact lists, schedules,
onboarding materials, USB
backups)

Training Participation
& New Hire Training

Committees, Working
Groups, Team
Meetings
(e.g. Special Projects OH&S,
Social)

Out of Core

Core & Out of Core



Social Workers Core & Out of Core

daily

Screening
Information Collection

Gather information
from individual
(child helpline, police*, parent,
family, school, hospital, email
submission, cyber tip, out of
province)

Accessing interpreter
assistance

80 / 20 triggered by
DOs
(i.e. hospitals requiring
signoff)

Verify contact list
status of DOs

Research / Info
Collection &
Evaluation

Research on ICM
(e.g. Record Review, prior
contact check)

Evaluation, Consultation
& Screening Decision

Consulting with TL

Debrief & discussion

Personal processing

Screening Decision
Completion & Follow-up

Complete screening
decision
documentation

"ICM Down"
alternate
documentation &
data entry

Follow-up phone
calls
(DOs, collaterals)

Protocol memos &
follow-up with DOs

Shift Transition
Activities

Completing memos
from prior shift
(follow-up, callouts,
documentation)

Coordinating handoff
of memo / response
with colleagues on
next shift

PCS Functions (HR)

Email & Internal
Communications

Data Collection &
reporting
(e.g. floods, fires, COVID)

On the job peer
mentoring /
support (Acting TLs,
in person and via chat)

Practice Coaching
Meetings
(with TL)

Training Participation
& New Hire
Training/Mentoring

Committees, Working
Groups & Team
Meetings
(e.g. Special Projects OH&S
Social)

My Performance
meetings
(quarterly with TL)

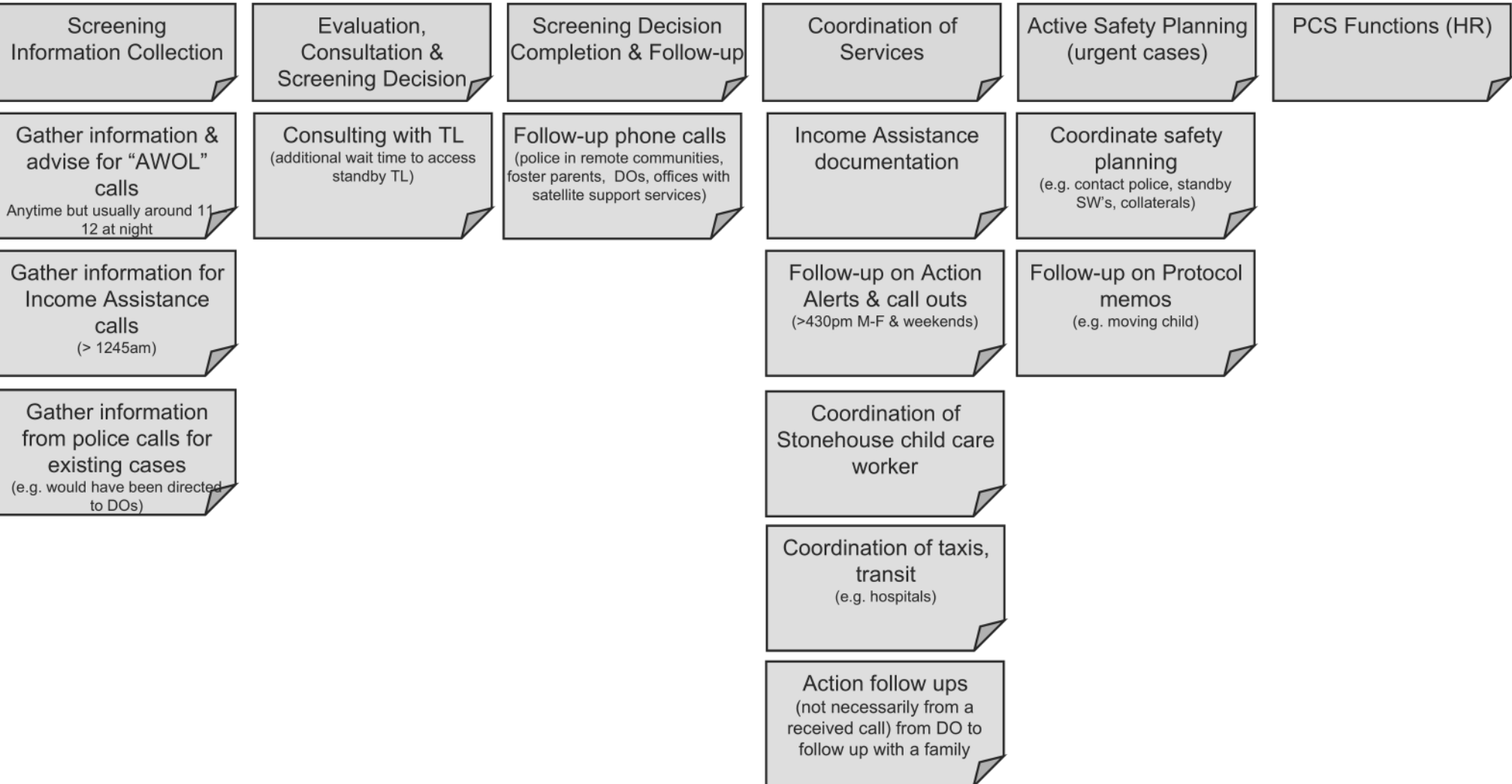
Weekly - monthly

Answering red
phone calls – in
core emergencies from
DOs



Social Workers Additional Out of Core

daily





Team Leaders

daily

Triage work for SWs

Evaluation,
Consultation &
Screening DecisionCoordination of
ResourcesPCS Functions
(Finance / HR)

Team Management

Action alerts &
memos from DOs
(incl. POR checks)
(assign to SWs)Consults w SWs (incl
satellite office SWs)Verify contact list
status of DOs (satellite
office standby status)Coordinating w ISD
and Tech support –
software and hardwareEmail & Internal
CommunicationsReview emails /
cybertips and assign
to SWsAssisting SWs to
complete research
and analysis (i.e. finding
info in ICM / Sharepoint)Maintaining info in
Sharepoint (e.g.
contact lists for PCS,
DOs, and community)SW requests
(sick leave, OT approval,
equipment, vacation,
scheduling changes)ICM safety sweeps
(service requests and
incidents)Follow ups from
sweeps (ensure memo
is completed, discuss w
SWs, etc.)Role Call
(for follow on work after
admin role call)ICE manager –
making sure someone is
ready to take urgent
memos / queues/ etc.TL action
spreadsheet – reviews
for any piece of work
completed after 12:45 /
incomplete workSupport staff w
processing /
wellness supportRequests from
skype (TL chat and larger
group) (assist admin finding a
SW)Documentation
support for field
workers (from
consult)QA / Process
discussions w staffFormal and informal
coaching (support to
SWs, acting TLs, My
Performance)

Out of Core

Core & Out of
Core



Team Leaders

Monthly / Weekly

Triage work for SWs

Evaluation,
Consultation &
Screening Decision

Coordination of
Resources

PCS Functions
(Finance / HR)

Team Management

Operational
Management

Weekend 'Actions'
(accrue from weekend /
stats) – assign to SW to
follow up – accrues from
spreadsheet

Coordination of
Restricted Memos

Alerting DOOs of
Protocol memos

Act as OSH rep for
workplace accidents

New hiring /
onboarding / training
(for SWs)

Continuous
Improvement (e.g.
Business process
development & refinement)

Weekly standby shift
– on call after
12:45am

Scheduling – (filling in
for scheduler during out-
of-core and flex days)

Coaching w TL
supervisors

Committees,
Working Groups &
Team Meetings
(e.g. Special Projects OH&S,
Social)¹

Complaint calls (from
DOs, community
responders, response
teams)

Managing STIIP
leave (developing return
to work plans, checking
in)

Track responses
(gathering evidence in
case of disputes w
response teams)

SW Recruiting
(interviews for SWs,
reference checks, job
postings)

Notifications – for
situations w fatalities or
media – follow up with
stakeholders and inform

Handle HR issues /
liaise w union
(meet w public service
agency and union reps)

My Performance
meetings

Out of Core

Core & Out of Core



Office Managers

daily

Weekly / monthly

Triage work for Admin

Facilities & Infrastructure Support

PCS Functions (Finance / HR)

Team Management

Operational Management

ICE manager – making sure someone is ready to take urgent memos / queues/ etc.

Email & Internal Communications

Managing Ad-Hoc Tasks for Admin (Admin basket).

Contract Admin (tracking & support, processing & paperwork)

Admin requests (sick leave, OT approval, equipment, vacation, scheduling changes)

Facilities & Equipment (property mgr, printer/fax)

Financial management, Payroll & reconciliations

New hiring / onboarding / training (for Admin)

Continuous Improvement (e.g. Business process development & refinement)

Procurement (tech, furniture, supplies, services, Telus)

MCFD Onboarding of New Staff

Managing STIIP leave (developing return to work plans, checking in)

Committees, Working Groups & Team Meetings (e.g. Special Projects OH&S Social)

Coordinating w ISD and Tech support – software and hardware

Act as OSH rep for workplace accidents

Admin Recruiting (interviews for SWs, reference checks, job postings)

Building access mgt (keys, fobs)

Coordinating BCP & testing

Handle HR issues / liaise w union for direct report (meet w public service agency and union reps)

My Performance meetings

Director of Operations

Out of Core

Core & Out of
Core

Clinical Supervision /
Service Delivery

Facilities &
Infrastructure Support

Team Management

Operational
Management

Managing Service
Delivery
Handling complaints and follow
up

Daily team mgmt.
(DOOs, Sagar, and Morgan)
every other day

Daily Technology
meetings
(ICE, managing outages,
making sure right ppl are
notified)

Email & Internal
Communications

Schedule Requests
(sick leave, OT approval,
vacation, scheduling
changes)

New hiring /
onboarding / training

Managing temporary
assignments

Supervision of TLs and
OMs

Conflict Resolution
(managing daily issues within
team, complaints, redirecting
SWs to TLs)

Out of Core

Core & Out of
Core



Director of Operations

Weekly / monthly

Clinical Supervision /
Service Delivery

Facilities &
Infrastructure Support

Team Management

Operational
Management

Weekly Practice
Meetings

(Director of Practice issues
meeting, Child Protection
Service)

Contract & Vendor
management
(CLBC, interpreter,
stonehouse)

My Performance
meetings

Direct & Oversight for
Continuous
Improvement (e.g.
Business process development
& refinement)

Liaising w SDAs
(Monthly reference group,
after-hours SDA meeting
every 3 weeks)

Attend Technology
Project Meetings
(i.e. Teleopti project
participation)

Leadership /
Management Meetings
(PCS leadership and weekly
mgmt, discuss operational
issues, screening, etc.)

Consults
(supporting practice for TLs on
complex cases that do not go to
director of practice)

Involved w ISD / OCIO
(provincial workforce
operations, ICE and
Teleopti)

Weekly meeting w
strategic HR
(hiring, role development)

Committees, Working
Groups & Team
Meetings
(e.g. Special Projects OH&S
Social)¹

Audit / QA
auditing incidents that go to field
(policy perspective on consult) –
actioning on issues that arise

Oversight for SW
Recruiting
(interviews for SWs,
reference checks, job
postings)

Liaising w externals

Biweekly meetings w
TLs and OMs

Handle HR issues /
liaise w union
(meet w public service
agency and union reps)

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B. Staff Rotation Matrices, Staffing assumptions, Golden Numbers

C. Interview Notes from SDA's - Director of Operations and Team Leaders

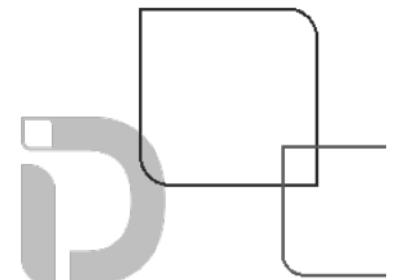
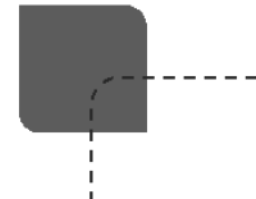
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Admin Rotation Matrix 2020

Matrix Provided by PCS

Rotation Name	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Rotation R1	Off	800	800	800	800	Off	Off
Rotation R2	630	630	Off	Off	Off	630	630
Rotation R3	1200	Off	Off	Off	1200	1200	1200
Rotation R4	Off	Off	1500	1500	1500	1500	Off
Rotation R5	Off	Off	off	2300	2300	2300	2300
Rotation R6	Off	Off	1600	1600	1600	1600	Off
Rotation R7	Off	700	700	700	700	Off	Off
Rotation R8	1600	1600	Off	Off	Off	800	800
Rotation R9	800	900	900	900	Off	Off	Off
Rotation R10	1000	Off	Off	Off	900	900	1000
Rotation R11	Off	1500	1700	1700	1700	Off	Off
Rotation R12	2300	2300	2300	Off	Off	Off	1600
Rotation R13	1700	1700	Off	Off	Off	1700	1700
Rotation R14	Off	Off	630	630	630	700	Off

Schedule Notes:

- Each row in the table represents an individual's start times
- Admin rotate through each rotation every 4 weeks

Schedule Assumptions

- Shift length is 8.75 hours
- Shift lengths are rounded to the nearest hour for the purposes of visual representation in this presentation

TL Rotation Matrix 2020

Matrix Provided by PCS

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00 AM	6:00 AM	Off	Off	Off	6:00 AM	6:00 AM
Off	Off	6:00 AM	6:00 AM	6:00 AM	6:00 AM	Off
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Off	Off	9:00 AM Surrey	9:00 AM Surrey	9:00 AM Surrey	9:00 AM Surrey	Off
8:00	9:00 AM Surrey	Off	Off	Off	8:00	8:00
Off	Off	14:00 Surrey	14:00 Surrey	14:00 Surrey	14:00 Surrey	Off
14:00 SB Surrey	16:00	16:00	Off	Off	Off	14:00 Surrey
Off	10:00	10:00	10:00 SB	10:00	Off	Off
9:00	14:00 SB Surrey	Off	Off	Off	9:00	9:00
Off	8:00	8:00	8:00	8:00	Off	Off
16:00	Off	Off	Off	16:00	16:00	16:00 SB
Off	Off	Off	16:00	16:00	16:00 SB	16:00
Off	Off	10:00	10:00	10:00 SB	14:00	Off
16:00	16:00	16:00 SB	16:00	Off	Off	Off

Schedule Notes:

- The top two rows (w 6:00 am starts) represents two staff on fixed schedules
- The remaining rows represent the TL rotation

Schedule Assumptions:

- Shift length is 8.75 hours
- SB** indicates Standby Shift
- Shift lengths are rounded to the nearest hour for the purposes of visual representation in this presentation

Out of Core Rotation Matrix 2020

Matrix Provided by PCS

Rotation	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A1	800	1600	1600	Off	Off	Off	800
A2	1500	Off	Off	Off	1500	1500	1500
A3	Off	Off	Off	1600	1600	1600	2230
A4	Off	Off	2200	2200	2230	2230	Off
A5	Off	Off	Off	1500	1600	1600	1800
A6	Off	Off	1500	1600	1600	1600	Off
A7	1600	1600	Off	Off	Off	1500	1600
A8	Off	1500	1500	1500	1500	Off	Off
A9	2230	2230	2230	2230	Off	Off	Off
A10	1200	1700	1800	Off	Off	Off	1200
A11	Off	Off	1600	1600	1600	1600	Off
A12	800	1500	1600	Off	Off	Off	800
A13	1700	1700	Off	Off	Off	1700	1700
A14	1800	1800	Off	Off	Off	1500	1600
A15	Off	2000	2000	2000	2200	Off	Off
A16	Off	Off	1700	1700	1700	2300	Off
A17	1800	1800	Off	Off	Off	1600	1800
A18	2000	Off	Off	Off	1800	1800	2000
A19	Off	Off	1600	1600	1600	2200	Off
A20	2200	Off	Off	Off	2000	2000	2200
A21	Off	Off	1700	1700	1700	1700	Off
A22	1000	1600	1600	Off	Off	Off	1000
A23	1000	1600	1600	Off	Off	Off	1000
A24	2300	2300	Off	Off	Off	1800	2300
A25	Off	Off	1600	1600	1600	1600	Off
A26	600	1500	1500	Off	Off	Off	600
A27	600	1500	1500	Off	Off	Off	600
A28	1000	1700	1700	Off	Off	Off	1000
A29	Off	1600	1800	1800	1800	Off	Off
A30	Off	2200	2300	2300	2300	Off	Off
A31	1600	1600	1600	1600	Off	Off	Off

Schedule Notes:

- Each row in the table represents an individual's start times
- Out of Core SWs rotate through each rotation every 4 weeks

Schedule Assumptions:

- Shift length is 8.75 hours
- Shift lengths are rounded to the nearest hour for the purposes of visual representation in this presentation

Additional 'unaccounted' Shifts 2020



Start	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
700	1						1
800	1						1
900							1
1000	1						3
1500	2			1	1		2
1600	2						3
1700	1						1

Schedule Notes:

- The blue numbers in the table represent out of core SW shifts additional to the matrix
- For example, there are two additional out of core SW shifts starting at 3pm (1500) on Sundays
- These shifts are either backfilled by a core or out of core SW, auxiliary staff, or temporary assignment

Schedule Assumptions:

- Shift lengths are 8.75 hours
- Shift lengths are rounded to the nearest hour for the purposes of visual representation in this presentation

Core SW Schedule



Note: this schedule was created as an approximation using information provided by PCS – numbers may not be exact

START	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
600	0	2	2	2	2	2	0
700	0	1	1	1	1	1	0
800	0	0	0	0	0	0	0
900	0	20	25	25	25	20	0
1000	0	18	23	23	23	18	0

Schedule Notes:

- The blue numbers in the table represent In Core SWs
- For example, 2 Core SWs start every M – F at 6:00am (600)

Scheduling Assumptions:

- Core SW FTE: 51
 - FTE on flex schedule: 40
 - FTE on regular schedule: 11
- 40 flex staff were allocated across Mondays and Fridays evenly (i.e. 10 fewer core social workers every Monday and Friday)
- Average Shift length for Core: 7.6 hours
 - Flex shift length: 7.75 hours
 - Non flex shift length: 7 hours
- Shift lengths are rounded to the nearest hour for the purposes of visual representation in this presentation

Golden Number – Social Worker

Provided by PCS

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6 AM	2	*	*	*	*	*	2
7 AM	1						1
8 AM	3						3
10 AM	5						6
12 Noon	1						1
Total Day		32	32	32	32	32	13
2 PM	1	1	1	1	1	1	1
3 PM	2	3	3	3	3	3	3
4 PM	5	6	6	6	6	6	5
5 PM	2	2	2	2	2	2	2
6 PM	2	2	2	2	2	2	2
Total Evening	12	14	14	14	14	14	13
8 PM	1	1	1	1	1	1	1
10 PM	1	1	1	1	1	1	1
10:30 PM	1	1	1	1	1	1	1
11 PM	1	1	1	1	1	1	1
Total Nights	4	4	4	4	4	4	4

Golden Number Notes:

- Each number in the table represents the target minimum number of social workers on for that time period
- For example, on Sundays it is preferable to have at least 2 social workers starting at 6am
- From Monday to Friday (daytime), start times are not indicated as this refers to the Core Social Workers, who largely start between 6am – 10am (depending on the individual)

Appendix

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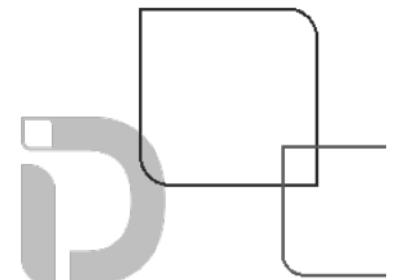
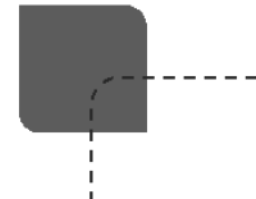
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Interview Notes from SDAs - TLs

Interview Themes:

- **Information hand-off**

- DOs feel that the reports do not always contain clear and sufficient information to help them understand the logic behind PCS' screening decisions
 - Impact: service quality
- Inaccurate / poorly document information results in duplicated work for the DO TL to investigate and correct issues prior to assigning to a SW to take action

- **Consistency**

- DOs see A lack of consistency in the memos coming into district offices in terms of: the screening decision made, the information in both the report and verbal communications, the identification of people involved

- **Education w community**

- DOs feel there is a gap in their community's understanding of when to use PCS – there is an opportunity to engage in more education with community members so that they understand when to use PCS, minimizing the need to refer people to other services

- **Communication w Reporter / Family**

- DOs report that inconsistencies / lack of proper communication between PCS and the initial reporter result in frictions and misaligned expectations (i.e. expectations around incidents vs service requests, information on the cased that they can have access to) – there is an opportunity for PCS to clarify services and expectations with the initial reporter / family to reduce instances of frustration

Interview Notes from SDAs – DOOs (1/2)

Interview Summary:

From an MCFD perspective, what does a successful PCS look like ?

- Consistent response time to phone calls <15 minutes or < 10 minutes (differing views on target)
- Consistent information collection, screening decisions/coding, and documentation (complete, accurate, clear & reconciles with decision)
- Professional and capable staff and response to professional callers – strong retention/continuity, consistent training & effective mentorship/coaching
- Empathetic response to public callers
- Streamlined & timely communication with district office
- Effective quality assurance process that inspires confidence that findings are taken seriously and addressed

What ‘frictions’ in the PCS / SDA coordination?

- Inconsistent practice, documentation & decisions - appears more ‘new’ staff are being hired which could signify recruiting, training or performance mgt gaps e.g.
 - When to transfer as an incident vs. SR, memo
 - Errors in the caller information (mix up the callers info, child’s name, not putting in proper names)
 - Starting a sentence and then not finishing, conversation in call details section just ends mid sentence
- Long wait times for professional callers (e.g. police, health, education) resulting in frustration and impacting relationships with district offices. Some rural district offices are inviting local professional reporters to contact district office instead of PCS as way of fostering stronger relationships
- Long wait times for public callers leading to un-reported safety concerns
- Callers not being called back (i.e. caller leaves a voicemail for PCS) leading to missing information, confused callers reaching out to district offices and impacting confidence from citizens & professionals
- At times, PCS makes ‘promises’ (e.g. “district office will call you back by noon”) to callers that the district office is not able to follow thru leading to confusion, lowers confidence and complaints
- During after hours, PCS will get police to action rather than calling out a SW. Police may not address the issue (e.g. police safety planning may not align to the level of risk they are wanting to accept or vice-versa) in the moment or have a different approach leading to complications for the SW when they get involved later.

Interview Notes from SDAs – DOOs (2/2)

Interview Summary:

What 'frictions' in the PCS / SDA coordination (Cont) ?

- Delayed incidents to district offices, impacting district office's ability to act in a timely manner e.g.
 - Incidents are batched as they are sent to the district office
 - Immediates arrive at 429pm even though the call was received hours earlier
- Frictions with collaborative relationship and communication with PCS (i.e. district offices and PCS should recognize there are mis-steps but that we are one team); however, these should not be recorded on a case file e.g. "... tried to call NAME several times"
- Lack of transparency and follow-up on how gaps/errors are handled e.g.
 - Contacts PCS DOO (sometimes the TL) to report the concern
 - PCS TL Reference group reviews for practice patterns
 - Smaller issues forwarding to their DoP and then bundling, larger issues is TL to TL discussion
- Inappropriate (non-emergency) use of red phone to reach a specific district office social worker
- Inability to quickly reach a specific PCS social worker to answer questions from district offices related to incidents , memos and decisions
- Lack of understanding of PCS workflow by district offices (DOO, TL and SW) leading to misunderstandings, uninformed expectations and friction

What additional supports / services would be valuable to PCS to offer?

- Previous "After Hours" assisted district office workers by documentation e.g. safety plan and making calls for information collection or coordination. Callout worker (especially rural which do not have dedicated response teams) is responsible for these activities with the support of PCS TL consult. PCS staff may benefit from the development opportunity by experiencing the safety planning and response aspects from this additional role
- Notify / alert district office (at some regular frequency e.g. weekly or if more than 1 for the same family) of No Further Action memos. District office would have better local context to identify evolving patterns or links to other cases and be more responsive.
- Provide district office a quick overview of safety report (e.g. provide an audio recording of report call) so that district office could quickly advise PCS on areas to focus and/or confirm significance. Could also create to district office efficiencies in not repeating some questions.
- Provide different contact options (e.g. text, email) especially unique for remote communities. Citizens in smaller communities have limited cell phone plans or poor coverage limiting their ability to wait on hold for several minutes
- Offer a 'professionals' queue / line to reflect they have specific times they can speak to PCS (e.g. between classes, at end of day)
- Providing some follow-up / explanation to professional callers about outcome from screening. Lack of follow-up impacts the relationship. Perhaps PCS needs a liason role/representative
- Manage service requests, close service requests and provide information and support to family
- Contact collaterals e.g. checking in on youth

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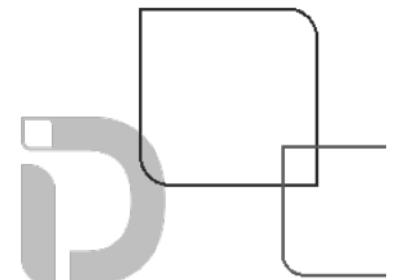
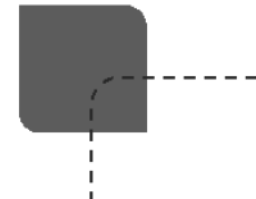
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Interview Notes from Health Clients

7 interviews with 11 participants were conducted with stakeholders in various locations across BC that work in both emergency and clinical settings and utilize Centralized Screening.

Location	Organization	Number of Participants	Emergency (Inpatient)	Clinic (Outpatient)	Interview date
Surrey	s.22			✓	July 24
Vancouver			✓	✓	July 27
Prince George				✓	Aug 31
Nanaimo				✓	Sept 3
Prince George				✓	Sept 17
Nanaimo			✓		Sept 23
Vancouver			✓		Nov 3

Interview Notes from Health Clients

Interview Themes:

One number to call

- Interviewees cited the ease and efficiency of having one number to call (24/7) rather than spending time finding the right office to call

Wait times

- All interviewees have noted that wait times have gone down recently (in 2020)
- Anticipating long wait times can often result in the report being made after the fact (i.e. at the end of the shift) and / or by someone with second hand information (i.e. the physician with firsthand information is too busy to make the call, so they pass info along to a colleague)
 - All interviewees acknowledged the preference to provide information to PCS first-hand
- Voicemail callback option is not frequently used because (1) their phone numbers have extensions, and (2) since they do not know when the call will come, they are worried that they will not be there to receive it

Professional opinion

- All interviewees have reported an improvement in the quality and professionalism of PCS social workers – giving them comfort that the child will be taken care of appropriately
- As health professionals (physicians, social workers, etc.) they believe that by virtue of the call coming from them, the report has already passed an 'initial screening'
 - Sometimes PCS SWs will question their decision to make the report, which they believe slows down urgent work

PCS as a resource for additional info / consultation

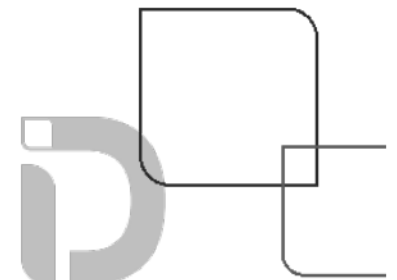
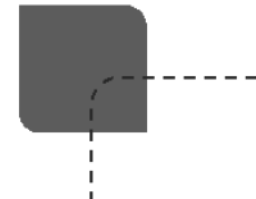
- As professionals, they are often seeking additional information on the child such as: medical history, history of violence, contact info for the assigned SW – within the limits of confidentiality, they look to PCS for information so that they can take appropriate action with the child / family
- When they feel a case is in a 'grey area', they appreciate being able to call PCS to consult with another professional on the case
- They will also utilize PCS to confirm guardianship or find caregivers when they cannot get in touch with the social worker assigned to a case

PCS follow-up

- Professionals in the health industry also rely on PCS to follow up with them on cases, as they are also required to follow up on the case
 - It would be helpful for them to know what to expect in terms of follow up (what info can be provided within confidentiality limits, when to expect follow up)
 - They often need to know which office to contact (particularly for aboriginal cases), which field SWs, or which office a new case is going to – for continuity of their own work

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Interviews w Community Responders

3 interviews with 5 participants were conducted with RCMP stakeholders in various locations across BC.

Location	Organization	Number of Participants	Interview date
s.22	RCMP	s.22	Oct 6
			Oct 8
			Dec 18

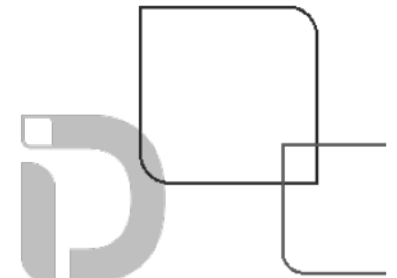
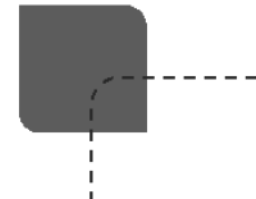
Interview Notes from Community Responders

Interview Themes

- **Access to PCS**
 - RCMP officers appreciate the simplicity of access via a central phone number
 - Many have PCS on speed dial
 - Some cite a need for a more effective triage to address urgent matters more quickly as they noted wait times can be very long at night, noting a lack of prompts for initial triage
 - Many cited inconsistent wait times to speak to a social worker
- **On scene clinical support**
 - RCMP officers expressed that the on-site presence of a social worker is a much needed resource in many circumstances, and find this to be a current resource gap in the system
 - RCMP officers appreciate the 'team' mindset with MCFD when responding to incidences involving children and youth
- **Gaps in access to appropriate resources**
 - RCMP officers noted that field response is not always timely or appropriate (i.e. very junior resource, does not arrive on time or at all)
 - Officers also noted that field response could use more resourcing and travel in teams to enhance their own safety
- **Inconsistency**
 - officers noted inconsistency in the quality and professionalism of on-phone PCS social workers, where in some circumstances social workers seemed unwilling to respond to emergencies (i.e. would not call out field support when the officer felt it was required)
- **Communication**
 - Officers appreciate the communication from PCS when support may be delayed (i.e multiple ongoing crises in one area, trouble contacting standby support)
- **Cultural Awareness / Local Context**
 - Officers noted that a lack of understanding by PCS of certain challenges or nuances specific to the communities they serve
 - Officers in remote locations noted that PCS social workers did not understand logistical challenges of remote areas

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Interviews w Education Sector Clients

4 interviews with 6 participants were conducted with Education Sector stakeholders in across BC.

Location	Organization	Number of Participants	Interview Date
Kelowna	s.22		Oct 7
Kelowna			Oct 30
Surrey			Nov 2
Vanderhoof			Nov 5

Common Feedback Across Health & Education

Certain trends in feedback emerged across both Health and Education clients.

Strengths	Challenges
<ul style="list-style-type: none">• Wait times have improved significantly this year	<ul style="list-style-type: none">• There is still a level of unpredictability / inconsistency and may occasionally experience a very long wait to speak to a PCS SW
<ul style="list-style-type: none">• The majority of PCS SWs are perceived as professional, empathetic, and thorough screeners• The majority of PCS SWs are a professional and trusted source to consult before deciding to make a report	<ul style="list-style-type: none">• Occasionally the SW seems 'green' and is not asking the correct questions – experienced PCS callers will 'guide' them to ensure they ask the right questions• Occasionally the SW can be perceived as impatient, rude or dismissive
<ul style="list-style-type: none">• A centralized 'One number to dial' has been very beneficial in terms of ease of access, and removing the difficulty of navigating the DOs and DAAs	<ul style="list-style-type: none">• Insufficient transparency of the PCS process and follow-up in terms of what to expect next (seen as a black box)• Remote areas stress the lack of understanding of their local context, and may use the local office (if there is an existing relationship) as a back door to make a child protection concern – local context referring to how well they know the child and family, relationships, history, etc.

Opportunities

- All would be very interested in channels to provide ongoing feedback (online survey, liaison, etc.)
- Feel 10 minutes is a reasonable wait time when calling a non-urgent protection report
- Many are interested in support / resources regarding what constitutes a child protection report, what information they'll need to provide, what to expect in terms of follow up, what does PCS do with the information provided. Etc.

Differences across Health and Education

Some differences emerged between Health and Education interviewees, generally based on their context and use of PCS

Education	Health
<ul style="list-style-type: none">• Very Interested in a structured web reporting option for non urgent reports	<ul style="list-style-type: none">• Generally not interested in web reporting as they place a high level of value on talking and consulting with an actual person, and are often reporting in more urgent situations
<ul style="list-style-type: none">• Feels that MCFD staff automatically dismiss school absences as not a child protection concern, when they think the additional context qualifies it as a concern	<ul style="list-style-type: none">• Feel that MCFD staff don't always respond urgently because they feel that the child / youth is safe with the hospital staff• Finds the communication / coordination around the field resource (whether caregiver or DO SW) is inconsistent – sometimes very strong communication, other times they cannot reach the social worker and do not know if/when someone is arriving
<ul style="list-style-type: none">• Often sitting down with child and parents and calling in together, may have been building up to this moment over a while, can be very emotional – difficult when wait times are long – will always encourage the person with first hand info to call in	<ul style="list-style-type: none">• Often on their feet and calling in between work – will sometimes use cellphones and keep with them to make sure they don't miss their turn on hold
<ul style="list-style-type: none">• Calls at the end of their workday (~3 – 4pm) because they don't know how long the process may take – if they had more certainty around the time spent on hold and talking to PCS (i.e. always under 20 min) they might choose to call at another time (before class or on their lunch break)	<ul style="list-style-type: none">• ER social workers that are very experienced in calling PCS will help triage to get a quicker response – telling the admin the situation is highly urgent and they need to speak to a SW – otherwise they find the admin will not ask if it is urgent
<ul style="list-style-type: none">• Is interested in using the VQC if it were compatible with extensions (could also use cellphones to get around this)	<ul style="list-style-type: none">• Mixed interest in VQC – some have tried it and reported success, others feel that they can't wait by the phone

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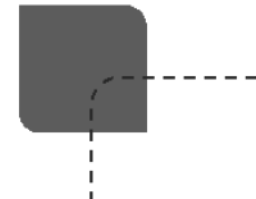
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Feedback from DAAs

10 DAAs were represented in providing feedback on PCS. DAAs were given the option to submit feedback electronically via survey, or participate in a focus group.

DAAs	Focus Group / Survey	Level of Delegation	Rural	Urban
s.22	Focus Group	s.22		✓
	Focus Group			✓
	Focus Group		✓	✓
	Focus Group		✓	✓
	Focus Group		✓	✓
	Focus Group		✓	
	Focus Group		✓	
	Survey			✓
	Survey			✓
	Survey			✓

DAA Feedback Findings

DAA feedback to date shows appreciation for the work done by PCS staff, though they suggest a stronger relationship between PCS and DAAs to enable PCS to better serve and understand their communities.

Each DAA has unique screening expectations

Each DAA has different screening expectations of PCS. Some ^{s.22} delegated DAAs appreciate (expect) PCS coded memos, other DAA's prefer (expect) PCS to provide uncoded memos. PCS has generally been good about responding to these unique requirements.

DAAs note inconsistent memo documentation and screening decisions

Some DAAs reported memos having clear rationale and clinical judgement to support screening decision while others reported inconsistent documentation quality and unclear rationale for screening decision.

DAAs acknowledge essential support by PCS

DAAs acknowledge and appreciate the essential support provided by PCS, including afterhours callouts, TL consultations and memo notifications. DAAs own the relationships with families in their communities and recognize their role in maintaining up to date information in ICM that enables PCS to be effective.

DAAs cite the need for relationship and ongoing feedback w PCS

PCS lacks knowledge about Nations and DAA covered areas resulting in memo routing errors (e.g. memo sent to the wrong DAA). As well, DAAs have a lack of understanding regarding PCS scope, services, and processes. DAAs note that there has been missing relationships with PCS, and a need for direct channels to provide ongoing two way feedback.

Rural DAAs experience challenges in the field & lack of understanding

Some PCS staff do not appreciate (or fail to understand) the access and resourcing challenges of rural DAAs - some PCS staff showing impatience or having unrealistic expectations of DAA staff.

DAAs suggest more MCFD / PCS accountability for aboriginal communities

DAAs would like to have access to data on services around the disproportionate representation of services provided to aboriginal populations. DAAs believe that PCS should be subjected to the same accountability as DAAs *Note: unclear what accountability expectations were referenced.*

Appendix

- A. Roles & Responsibilities
- B. Staff Rotation Matrices, Staffing assumptions, Golden Numbers
- C. Interview Notes from SDA's - Director of Operations and Team Leaders
- D. Interview Notes from Health Clients
- E. Interview Notes from Community Responder Clients
- F. Interview Notes from Education Sector Clients
- G. Interview Notes from DAA Surveys and Focus Group

H. Survey Results from Contracted Residential Agencies

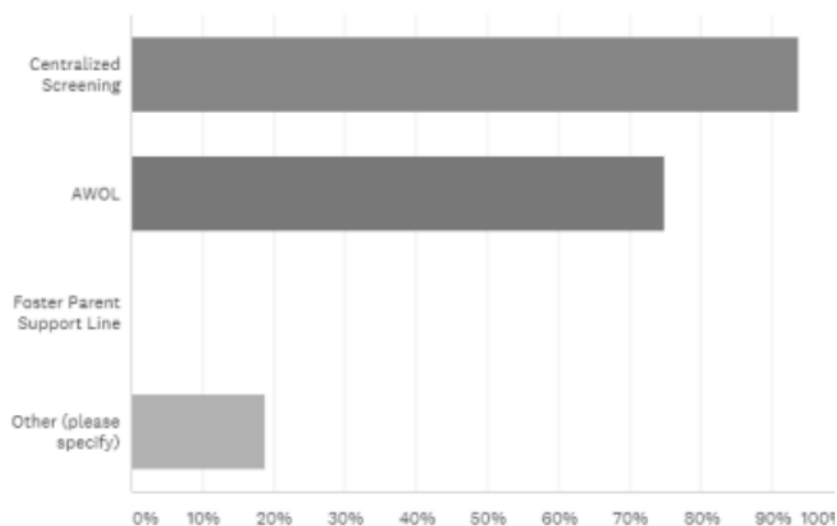
Survey w Contracted Residential Agencies

Contracted Residential Agencies were contacted via the Centralized Hub's bimonthly webinar. They had the option of completing a 10 question survey to provide feedback on PCS. A total of 16 responses were gathered from the survey. Highlights of the survey are presented in the following slides.

Use of services:

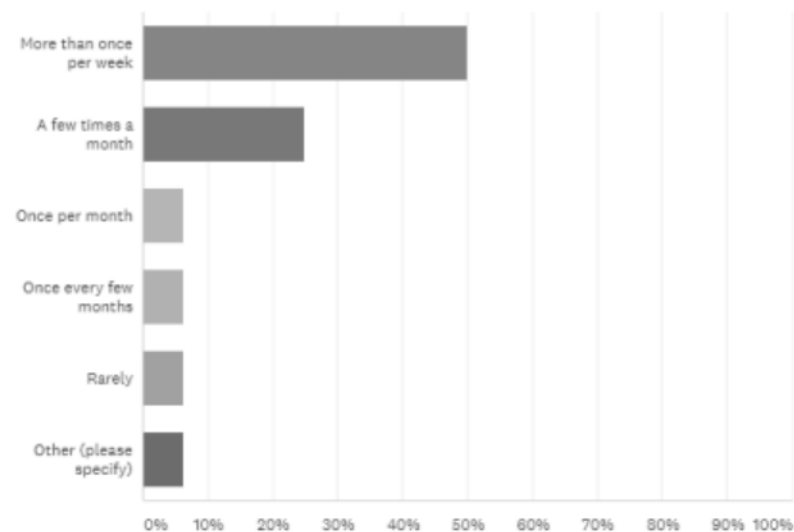
Which services do you or your organization use?

Answered: 16 Skipped: 0



How frequently do you call / use services?

Answered: 16 Skipped: 0



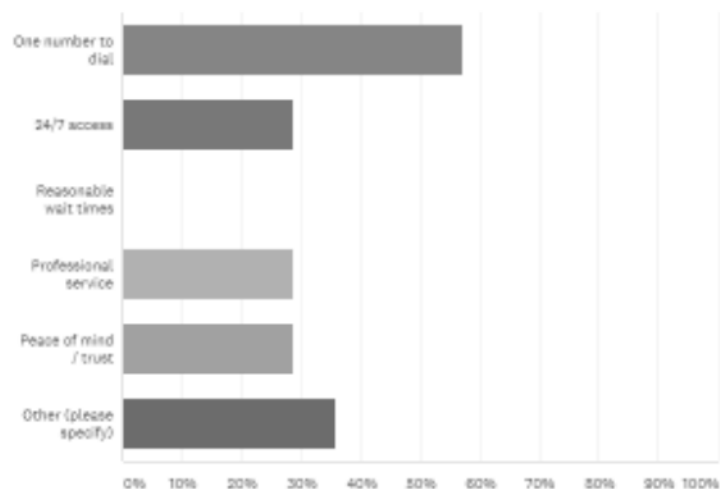
Survey w Contracted Residential Agencies

Continued

Caller experience:

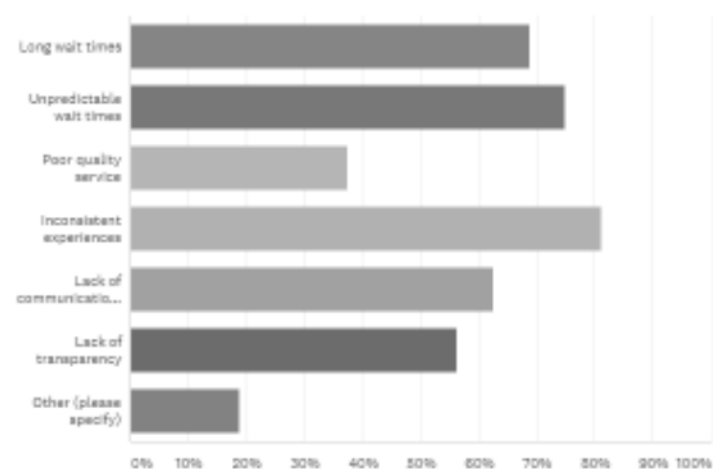
What successes have you experienced with centralized screening? Please select all that apply.

Answered: 14 Skipped: 2



What challenges or frustrations have you faced with Provincial Centralized Screening? Please select all that apply.

Answered: 16 Skipped: 0



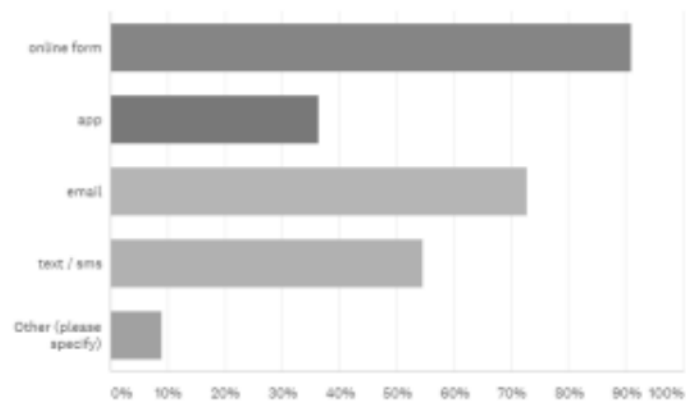
Survey w Contracted Residential Agencies

Continued

Channels:

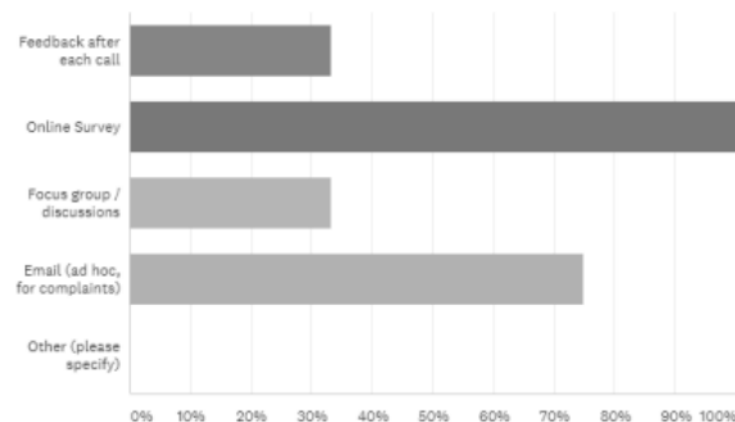
Are there additional methods / channels that you would be interested in using to contact Provincial Centralized Screening? Please select all that apply.

Answered: 11 Skipped: 5



What method / channel you would be interested in providing ongoing feedback to PCS?

Answered: 12 Skipped: 4



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PCS Operational Review

Online Reporting

February 16, 2021

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PCS Operational Review

Admin Strategy

April 2021

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PCS Operational Review

SOLUTIONING WORKSHOP - SCHEDULING

November 6, 2020

Approach

Today we will discuss solutions around scheduling, roles, and responsibilities.

Topic 1: How do we define and evaluate a schedule? *(5 min)*

Topic 2: What alternatives are observed today? I.e. what do hospitals, police, and other 24/7 operations use? *(10 min)*

Topic 3: What are the options for:

- PCS Front line staff (admin, SWs, and TLs that play a role in answering, triaging, and coding reports) *(30 min)*
- PCS Support functions (i.e. tech, HR, scheduling) *(45 min)*

Topic 4: Revisit Admin and TL optimization solutions (fishbone diagram) *(15 min each)*



Schedule Components

To consider options for PCS' scheduling, key 'components' have been identified for discussion. The final recommendations may include a mixing and matching of different options for each 'component'.

The determination of a final recommended schedule for PCS will include:

- **Capacity / Resourcing** (recommendations to be validated with modeling)
- **Coverage by role / function** (24/7, scheduled, on demand/standby)
- **Shift type** (fixed, rotating, causal shift work, etc.)
- **Shift length** (and flexibilities e.g. Flextime)
- **Approach to vacancies / contingency planning**
- **Approach to shift trading**



Schedule Evaluation Criteria

A range of Evaluation Criteria will be used to help determine which option is best for PCS. These are the criteria suggested to date – refinements may be made in discussions with steering committee.

Options may be considered against their ability to meet the following criteria:

- ✓ **Consistent Wait times** - improves consistency of wait times for callers
- ✓ **Resourcing Equity** - Same resourcing level for same demand/work both in terms of Capacity & Functions
- ✓ **Recruitment** - ability to recruit/attract appropriately trained staff
- ✓ **Consistent Supervision / Quality Control** - allows for ongoing & consistent supervision/coaching of staff
- ✓ **Allows for Specialization** – invites opportunities for economies of specialization by role / experience
- ✓ **Flexible / Responsive** – adaptable to changes in availability or demand of resources
- ✓ **Simple** – minimizes complexity in terms of schedule development, management and maintenance
- ✓ **Degree of change management** – minimizes the degree of organizational change / change mgmt. to implement (i.e. hiring new positions, eliminating a position, re-training)

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PCS Current State Schedule

PCS is comprised of both front-line staff and support functions. Alternative schedule options will be evaluated for each group separately.

Current State Scheduling:

Schedule Component	PCS Frontline Staff	PCS Support Functions
Service	Child & youth protection intake, after hours safety stabilization, AWOL reporting, CLBC documentation, Income Assistance	Tech Support, Scheduling, Onboarding, Training, Recruiting and Hiring, Labour Relations, Supervision and Performance Management, Work and Service management, Quality Assurance
Positions / Roles	Admin, Social Worker (core and out of core), Team Leader	Scheduler, Program Eval. Analyst, DOO, OM, TL, Admin, Shared Services (ISD)
Coverage	24 / 7	Primarily core hours
Shift Pattern	4 on 3 off ~9 hours 5 on 2 off ~7 hours (w flex option)	4 on 3 off ~9 hours 5 on 2 off ~7 hours (w flex option)
Shift Type	Rotating and Fixed	Fixed
Approach to unplanned vacancies	Overtime, auxiliary staff, ATLS, contingency planned (for core)	Contingency planned (i.e. sickness not covered)

Front Line Scheduling

Considering the various components of a schedule, what are options for front-line scheduling?

Schedule Component		Admin	Social Worker	Team Leader
Coverage	Core hours, 24/7, Weekends, on-demand?			
Shift Pattern	7x5, 9x4, 12x3, flex			
Shift Type	Fixed, rotating, teams			
Approach to unplanned vacancies	Contingency planned, OT, casual workers / shifts, 'risk managed'			

Support Function Scheduling

One of the opportunities identified is to examine support functions – both in terms of organization and availability.

The support functions identified at PCS include:

Tech Support, Scheduling, Onboarding, Training, Recruiting and Hiring, Labour Relations, Supervision and Performance Management, Work and Service management, Quality Assurance, Information Management

For each function at PCS, consider:

- a) **Responsibility** – who should be responsible / accountable for this function. Is this an existing role or a new position?
- b) **Recommended role/qualifications** – what qualifications / seniority would someone need to effectively deliver this service within PCS?
- c) **Is it Rotational or Specialized/Dedicated** – could an existing position (i.e. Team Leaders) rotate through this responsibility? Or does it benefit from a dedicated and / or specialized resource?
- d) **Coverage** - Is 24/7 coverage required? Core hours? Weekends? On demand?
- e) **Capacity estimate e.g. x hr/week** – what would be the intensity / weekly hours required to effectively deliver this service?

Support Function Scheduling



How can support functions be delivered more effectively at PCS?

Schedule Component	Responsibility	Role / Qualifications	Rotational / Specialized / Dedicated	Coverage	Capacity Estimate / hrs per week
Tech Support					
Scheduling					
Onboarding					
Training					
Recruiting & Hiring					
Labour Relations					
Supervision and Performance Management					
Service management					
Quality Assurance					
Information Management					

Confidential

PCS Operating Vision

FOR DISCUSSION

February 3, 2021



This document represents a working version of PCS' Vision. This vision is aspirational and future-oriented (2+ years) – further scoping and implementation will surface new information, the vision may evolve.

The purpose of today's meeting is to raise awareness of this evolving vision and gain feedback from this group on keys to success and potential risks (not already discussed).

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PCS Operational Review

Steering Committee Discussion

April 2021

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The Deetken Group

MCFD Child Protection Services Provincial Centralized Screening

*Market Scan Initial Findings
April 27, 2020*

The purpose of this document is to present market scan findings focused on performance indicators and benchmarks and innovative practices for initial screening practices for Child Protective Services (CPS)

Background

MCFD provides 24/7 intake services for children at risk in British Columbia through the Provincial Centralized Screening (PCS) program.

MCFD is looking to evaluate PCS for areas of improvement across :

- Efficiency
- Effectiveness
- Service Quality

Methodology

This market scan explores the following two questions:

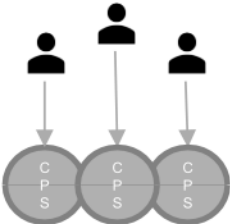
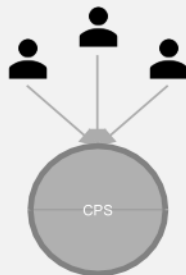
- What operational models are commonly adopted by US and Canada jurisdictions for CPS initial/intake screening?
- What are commonly reported performance benchmarks and targets for CPS initial/intake screening ?

The market scan relied solely on publicly available sources including journal articles, government reports and jurisdiction websites.

Publicly available data on Canadian jurisdictions was very limited. The initial scan focused on US publicly available information and statistics.

CPS Initial Screening Operating Models

Centralized initial screening has been widely adopted in the US while in Canada there is more diversity in operating models across provinces

	<div> <div>Localized Screening</div>  </div>	<div> <div>Centralized Screening</div>  </div>
Description	Screening conducted at the municipality / county level with some use of centralized screening (e.g. after hours)	Screening conducted at the Province, State or Major Region level
Examples	<p>Ten (10) US states (e.g. Colorado) are classified as state supervised, county administered</p> <p>Ontario has ~48⁵, Manitoba ~13³, Quebec has ~20, Yukon ~9, Nova Scotia ~17, Newfoundland / Labrador⁴ >20 local offices handling initial report calls</p>	<p>Fourty (40) US states (including the District of Columbia, Puerto Rico) are state administered</p> <p>BC, NB, SK¹, AB², PEI each have adopted centralized screening</p>
Adopted SDM Tool ⁶	<div> <div>Manitoba</div> <div>Nunavut</div> <div>Newfoundland/Labrador</div> </div>	<div> <div>BC, NB, SK, PEI</div> <div>Michigan</div> <div>Tennessee</div> <div>Florida</div> <div>Washington</div> <div>New Jersey</div> <div>Texas</div> <div>Missouri</div> <div>Kentucky</div> <div>Delaware</div> <div>Kansas</div> <div>Vermont</div> <div>Indiana</div> </div>

¹ Saskatchewan has three major regionalized intake centres – Regina, Saskatoon & Prince Albert

² Alberta has two major regionalized intake centres that provide after hours supports – Northern and Southern Alberta Child Intervention Services

³ Manitoba has thirteen regional designated intake areas

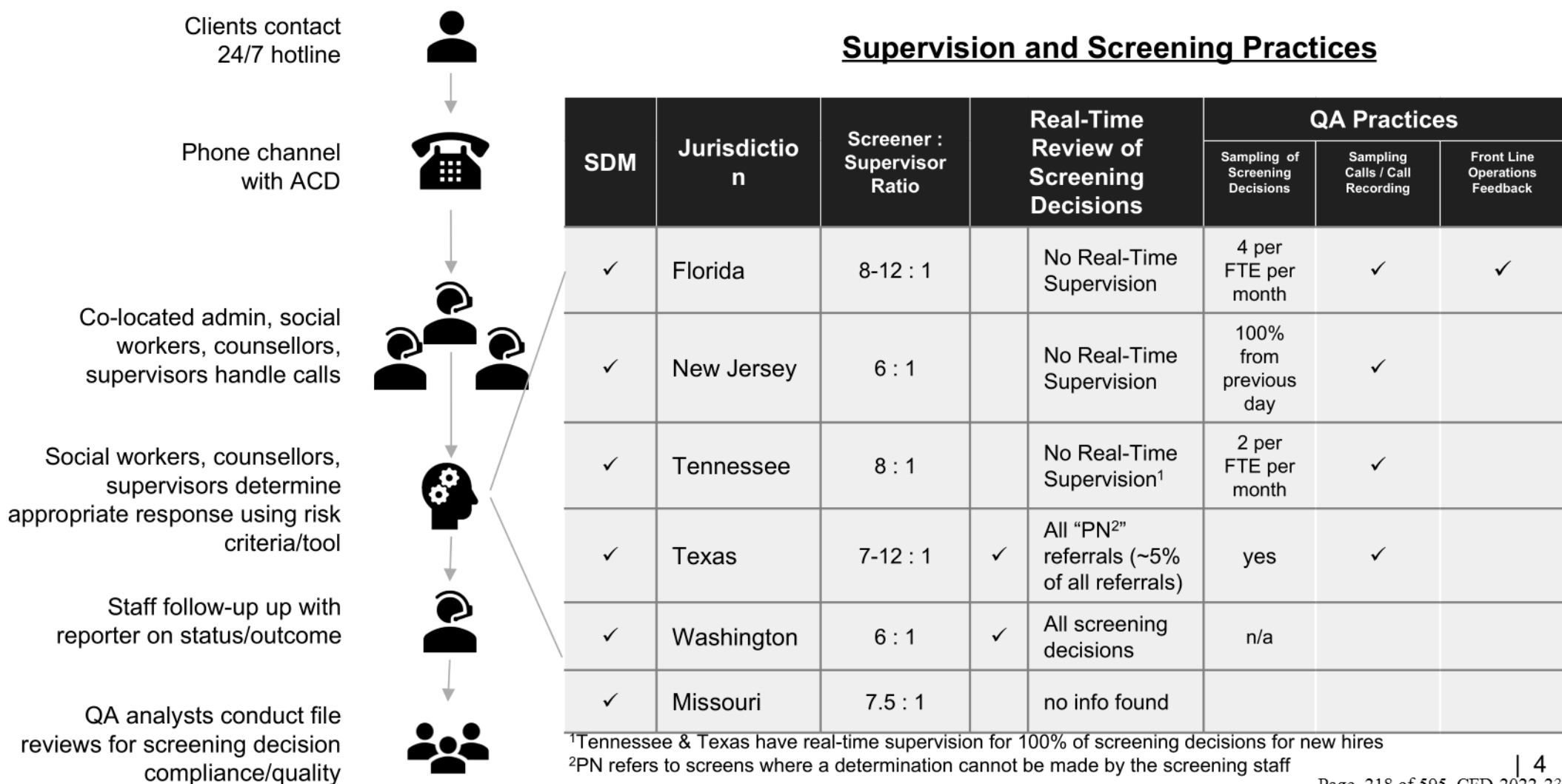
⁴ Newfoundland/Labrador have some centralized after hours support

⁵ Ontario uses child protection agencies governed under the act to deliver services

⁶ Based on report provided by NCCD for Feb 18, 2020 - does not indicate which SDM tools have been implemented.

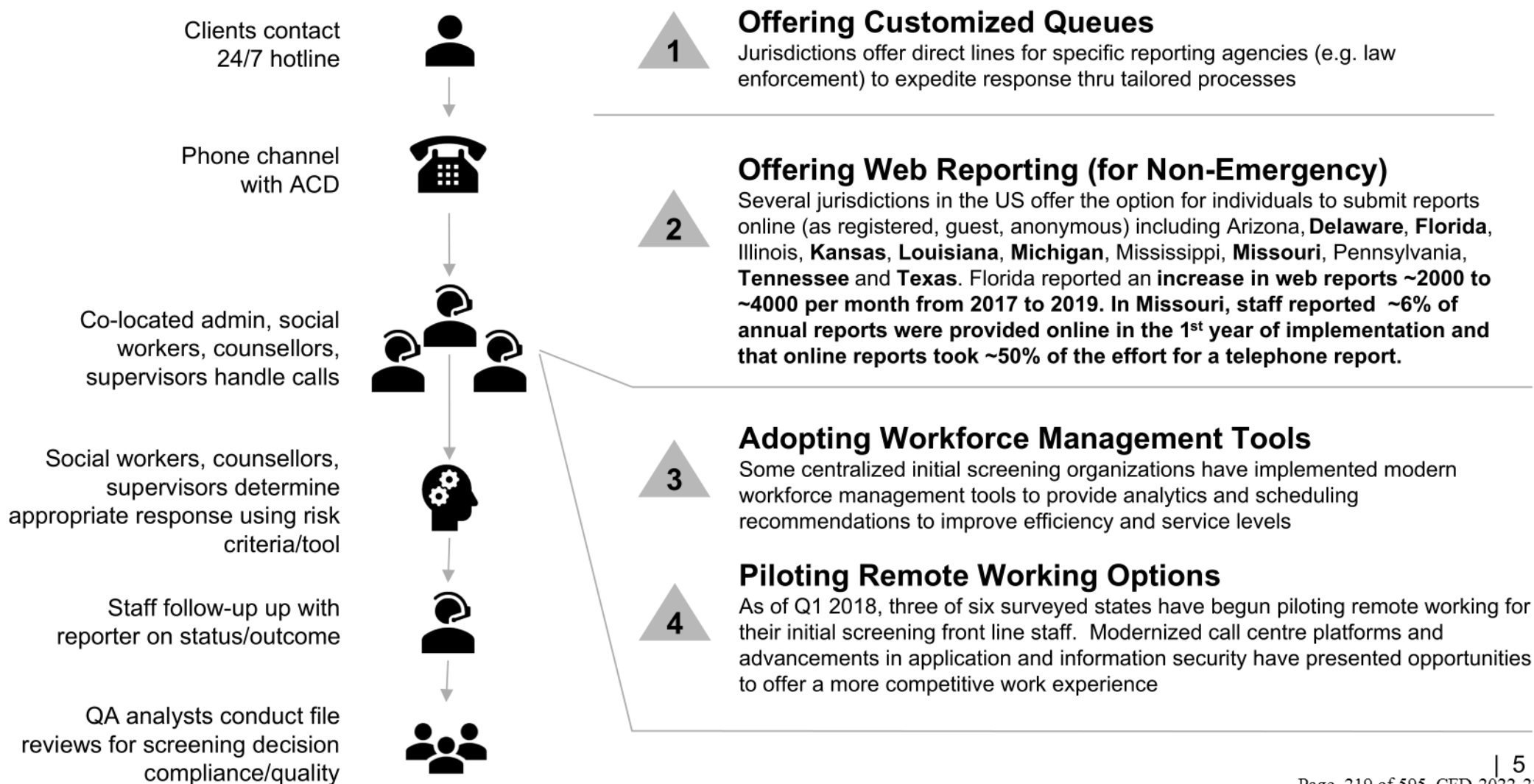
CPS Initial Screening Operating Models – Supervision Model

Some jurisdictions do not appear to require real-time review of screening decisions and rely on other practices e.g. QA sampling/audit for assuring screening decisions



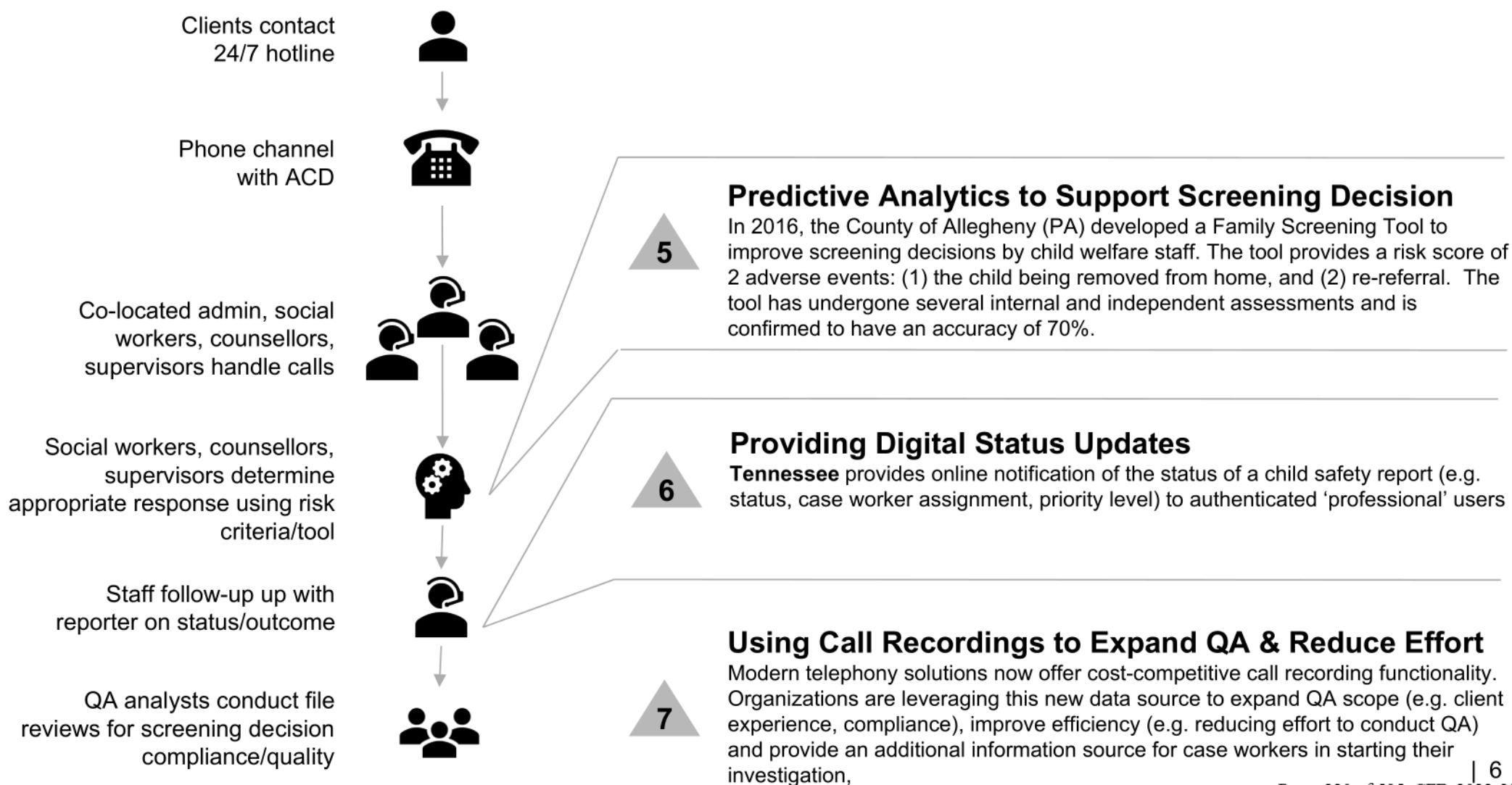
CPS Initial Screening Operating Models – Customized Practices

CPS initial screening is typically 24x7 contact centres staffed by co-located social workers/counsellors. Adapting channels (e.g. online) and remote working may be innovation opportunities for MCFD



CPS Initial Screening Operating Models – Customized Practices

Online channels for authenticated client groups and leveraging predictive analytics for QA and improving screening decisions represent more unique practices (based on the market scan)



CPS Initial Screening Operating Models – Customized Practices

A sampling of US jurisdictions provides some useful metrics and samples of customized practices adapted to initial screening – online reporting & communications, workforce management tools and remote working

Jurisdiction (all current SDM Jurisdictions)	Operating Model	Reporting Channels			Customized Practices			
		Phone 2	Fax / mail	Web	Work Force Management 3	Remote Work 4	Online Communications 1 6	Call Recording 7
Florida	centralized	✓	✓	✓	✓	✓		✓
New Jersey	centralized	✓						✓
Tennessee	centralized	✓	✓	✓			✓	✓
Texas	centralized	✓	✓	✓	✓	✓		✓
Washington	Regional + Central 24/7	✓			✓	✓		
Missouri	centralized	✓		✓	✓			

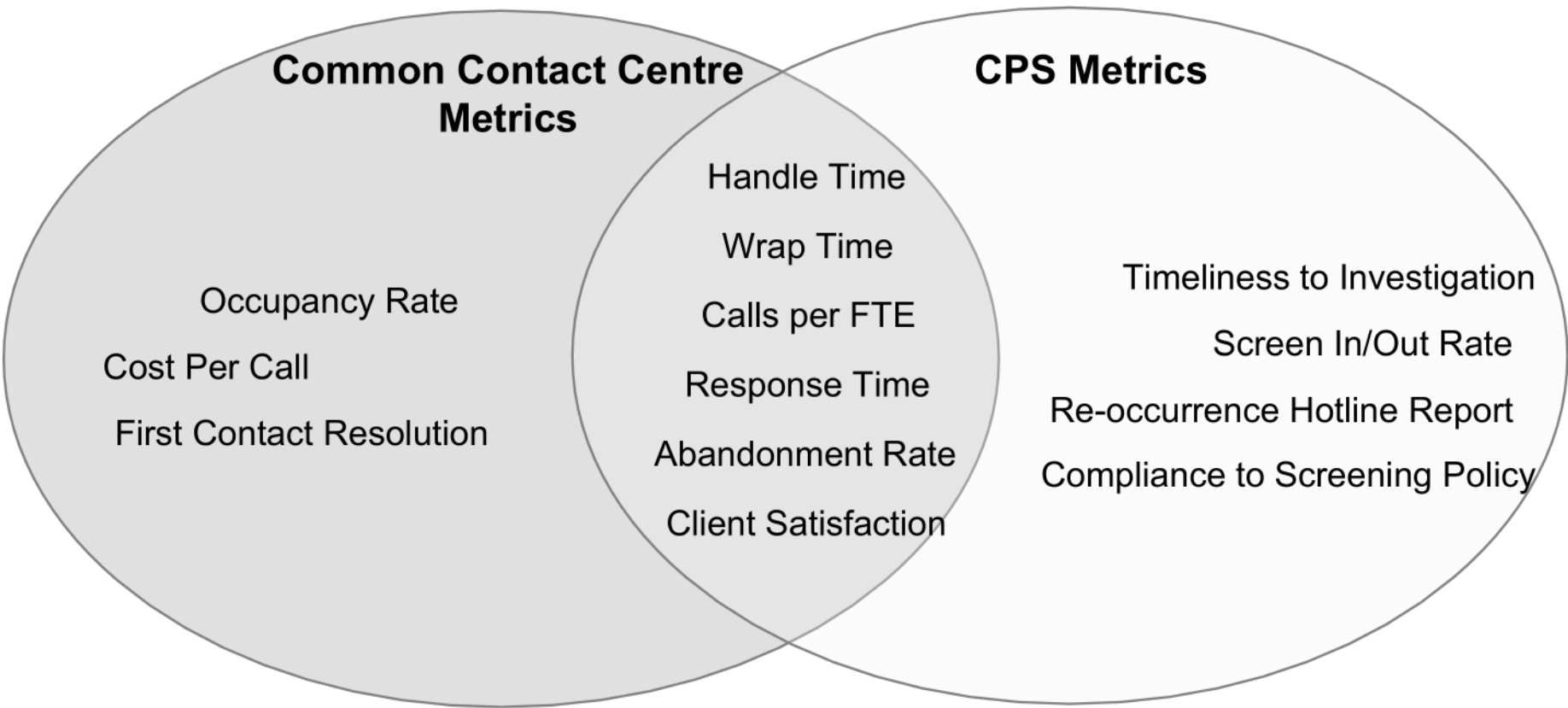
¹ Provides ability for individuals to submit reports online (registered, guest, anonymous) and get notification of activity/decisions on the report (e.g. screening decision, case assignment, social worker contact details)

Source: Casey.org, "How do some states hire, train, and retain their hotline intake screeners", 2018

Bold font indicates jurisdiction is using SDM Tools as of Feb 2020

CPS Initial Screening Performance Measures

CPS organizations adopt many commonly used contact centre metrics with some metrics specific to initial/intake screening for effectiveness. Note: all of the following targets and benchmarks are based on US state level results



CPS Initial Screening Performance Measures - Efficiency

There is significant variability in reported measures, which is likely a function of variability in operating models, screening tools and definitions

Efficiency Metrics	Definition	Reported Targets	Reported Benchmarks	Observations
Call Handle Time	Average Time spent on a call (minutes)	n/a	11.9 min average (9 – 13.8 min range)	4 (all SDM jurisdictions)
Wrap Time	Average Time spent after a call (minutes)	n/a	20 min	Florida
Total Handle Time	Average Time spent to complete screening report (minutes)	<34-37	32 min	Florida
Calls per FTE	Average number of calls handled per worker per month	n/a	221 (180 – 257 range)	5 (all SDM Jurisdictions)
Referrals per FTE	Average number of referrals handled per FTE per month	n/a	69 (65 – 82 range)	18 (all SDM Jurisdictions)

CPS Initial Screening Performance Measures - Effectiveness

Timeliness of Investigation and Recurrence Reporting appear to be a standard measures of effectiveness across US jurisdictions with federally defined targets

Effectiveness Metrics	Definition	Reported Targets	Reported Benchmarks	Observations
Timeliness of Investigation	% of Investigation Starting within Required Timeline ¹	>90% within timeline > 95% within timeline	85 % (72 – 92 % range)	4 (all SDM Jurisdictions)
Timeliness of Investigation	Average Time from Referral to Investigation Starting	n/a	79 hrs (18 – 145 hrs range)	20 (all SDM Jurisdictions)
Recurrence Hotline Report	% of Reports Related to the Same Child within 12 months of Initial Report	< 10 %	18% (10 – 22 % range)	4
Screen-In rate¹	% of Referrals Requiring an Investigation	n/a	42 % ² (17 – 78 % range)	45
Compliance with Screening Policy	% Screen Decisions Comply with Policy	n/a	92% 89%	North Carolina Kentucky

¹ Significant variability in screen in rates can be explained by jurisdictional differences in mandate/scope, policy, processes and screening tools
Bold font indicates jurisdiction is using SDM Tools as of Feb 2020

CPS Initial Screening Performance Measures – Service Quality

Significant variability was found across jurisdictions. Staffing levels and queue design (e.g. admin queue vs. general queue) likely influence service quality benchmarks

Service Quality Metrics	Definition	Reported Targets	Reported Benchmarks	Observations
Speed of Answer	Average speed of answer	98% within 10 minutes	67 %	Florida
		n/a	567 sec	Florida
		n/a	268 sec	Missouri
		n/a	49 sec	Arizona
		n/a	14 sec for Law Enforcement 19 sec for Other	Indiana
Abandonment Rate	% of Calls that are Abandoned by Caller	n/a	22%	Florida
		n/a	3.4%	Arizona
Satisfaction with relevance of information collected	Strongly agreed in % of all responses	n/a	96% of mandated reporters strongly agreed or agreed that “the information collected was reasonable, necessary and relevant	Vermont
Satisfaction with time spent on the call	Strongly agreed in % of all responses	n/a	90.8% of all respondents report that the amount of time they spend on the call is “about right”; 87% of respondents also agreed that the amount of time it takes for a call to be answered is reasonable	Vermont



PCS Operational Review

Visioning Session – Virtual services

November 19, 2020

Introduction

Today's workshop aims to define the vision for MCFD's virtual services.

	~ October		Post-October		
	Presentation	Workshop 1	Workshop 2	Workshop 3	Workshop 4
Topic	Background and Orientation	Virtual Services Framework	MCFD Virtual Services Vision	PCS Visioning Exercises	PCS Vision Recommendation
Length	1 hour	1 hour	1 hour	2 hours	2 hours
Objective	Common understanding of PCS' current state	Defining virtual services framework	Defining MCFDs vision for virtual services	Developing PCS vision content & options	Recommending a vision (and statement) for PCS
Contents	Baseline Report and Market Scan	Exercises to define MCFD virtual services	Exercises to define MCFD virtual services vision	Exercises to facilitate components of a vision (what, who, how, why)	Several options for a final vision statement
	Completed Oct 2	Completed Oct 28	Today	January 2021	



Recap: What is a Virtual Service ?



Refined Working
definition

Centralized Virtual Service

A service that is primarily delivered remotely by a person, centralized – facilitated by technology (phone, video, chat, web portal, email, fax, etc.)

Complimentary Virtual Service

Complimentary to in-person service delivered remotely by a person, de-centralized – facilitated by technology (phone, video, chat, web portal, email, fax, etc.)

vs

A service that is delivered in-person – face to face, in-office, in-community

In-Person

A service that is delivered remotely through automation

Self-Service

Recap: Current MCFD Virtual Services



Centralized Virtual Service

A service that is primarily delivered remotely by a person, centralized – facilitated by technology (phone, video, chat, web portal, email, fax, etc.)

Provincial Centralized Screening	ISD	Centralized Services Hub
<ul style="list-style-type: none">• Child protection screening• Afterhours Safety planning and coordination• Afterhours TL consult/Clinical Supervision for DO SWs• Afterhours CLBC report handling• Afterhours SDPR income assistance authorizations• Protection Order Registry checks for all DOs• Afterhours & Off-hours Path-finding service for DOs	<ul style="list-style-type: none">• Level 1 technical support for MCFD staff• Level 2 technical support for MCFD staff	<ul style="list-style-type: none">• Screening services:<ul style="list-style-type: none">• Prospective caregiver• Prospective contracted residential agency (in ministry) employee• Adoption applicant• new adults in 'Child of the Home of the Relative' and 'Child out of the Parental Home' agreements• Interprovincial requests• Family Law Act assessments• Tuition waivers

Recap: Characteristics of a Virtual Service



What characteristics determine the potential for a Centralized Virtual Service ?

Service Characteristic

What is the preference of the client (i.e. virtual, anonymous, face-to-face)

What is the importance of having a physical presence?

What is the importance of having a deep understanding of the local context?

Is the client internal to MCFD, external to MCFD or the public?

Are there economies of specialization?

Are there economies of scale?

What is the importance of standardization/consistency?

How important is collaboration (with client and/or with colleagues) to provide a good service ?

What training / qualifications are needed for the service (i.e. clinical, administrative, management)?

What is the availability of the service (i.e. 24/7, scheduled, on-demand)?

What is the importance of relationship / continuity?

What is allowed by the capacity of the technology?

Topic 1: Virtual Services Imperative

The Ministry's approach is to deliver inclusive, culturally respectful, responsive and accessible services that support the well-being of children, youth and families in B.C.

From MCFD service plan report

How strategic is Centralized Virtual Services to MCFD ? Complimentary Virtual Services ?

Tactical / As-needed

Used as the opportunity / need arises i.e. Covid, severe weather events, etc.

Central / Imperative

Imperative from a sustainability / mission perspective to invest and expand virtual services

What are implications for ...

- Strategic planning
- Service delivery & design
- Technology
- Policy



Topic 2: Potential Vision for Centralized Virtual Services

What should our Centralized Virtual services look like to our key stakeholders ?

- For our youth/child/families
- For our Ministry
- For our community partners (e.g. DAA, Education, Health, Community Responders)
- For our staff



Topic 3: Potential Vision for Centralized Virtual Services

If you could only pick two of these statements, which would you prioritize ?

- For our youth/child/families
- For our Ministry
- For our community partners (e.g. DAA, Education, Health, Community Responders)
- For our staff



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PCS Operational Review

Launch Planning Discussion

April 2021

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Organizational Model Evaluation

February 16, 2021

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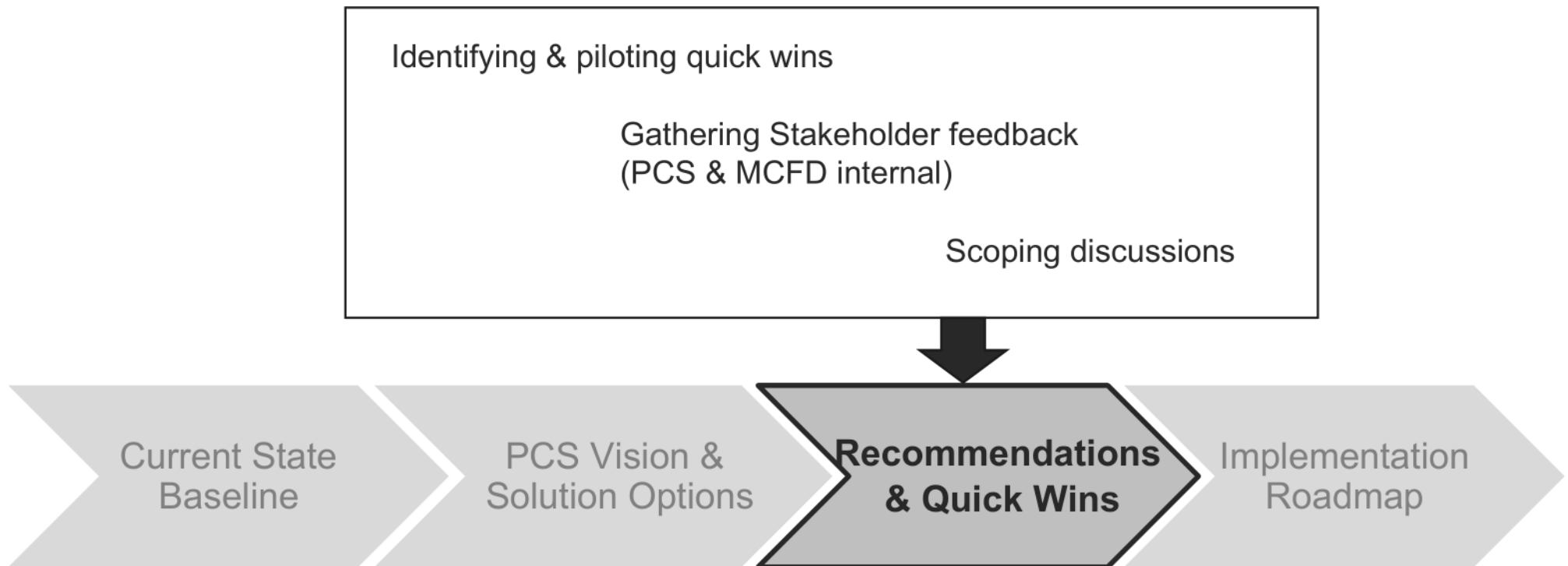
PCS Operational Review

TL Op Meeting Update

January 2021

Project Update

We are currently in process of evaluating solutions to make recommendations for PCS' operating model





Objectives

The purpose of today is to discuss several solutions and collect feedback and implementation ideas from the TL Group.

Topics for discussion:

1. TL Model (Roles & Responsibilities)
2. Discretionary TL Consult / SW Classification
3. Overnight Standby Consultation
4. Triaging TL Consult for Field SW
5. Overnight Work Deferral

TL Model (Roles & Responsibilities)

- Background:**
- **Practiced by US Peers:** US states interviewed had varying models of specific roles for supervisory staff (e.g. QA lead, queue manager, trainer, dedicated / rotational) that were focused on non-consult work
 - **High Level of Context Switching:** PCS TLs have a variety of competing urgent tasks, which disrupts continuity of work and resulting inefficiencies
 - **Fragmented Roles & Responsibilities:** responsibilities are fragmented across the TL group, leading to handoffs, additional coordination effort (or suffers from lack of coordination) and difficulties with taking ownership

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Discretionary TL Consults / SW Classification

- Background:**
- **Practiced by US peers:** 3 out of 4 US states interviewed have established a 'professional screener' designation. This role is more independent and allows for discretionary consults.
 - **Current State TLs over-capacity:** TLs have limited capacity to focus on more strategic duties (e.g. QA, coaching, performance management, relationship building)
 - **Current State Inefficiency:** Current mandatory consult creates bottlenecks and leads to higher wait times for callers

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Overnight Standby Consultation

- Background:**
- **Negative Impacts to TLs:** Standby shifts have negative impacts to TL health & sleep and can contribute to challenges in recruitment & retention
 - **Gaps in Consultation:** some SWs may be less likely to call on standby TLs out of concern for disrupting the TL's sleep
 - **Clinical decision-making:** when called upon, TLs may not be in an optimal state of mind to provide appropriate clinical supervision

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Triaging TL Consult for Field SWs

- Background:**
- **Limited Visibility in TL Workloads:** there is currently no way to understand the demands from field social worker consults
 - **Work management:** calls from field SWs are sent directly to PCS TLs, making it difficult to manage competing tasks
 - **Historically inconsistent channels:** field social workers use multiple methods for reaching a TL (e.g. personal cell phone, main line with Admin triage)

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Overnight Work Deferral

- Background:**
- **Graveyard Resourcing:** Graveyard shifts experience increased vacancies (and resulting difficulties in filling shifts)
 - **Graveyard Work Intensity:** Graveyard shifts are also associated with additional safety stabilization of urgent cases that can be time intensive for PCS staff
 - **Consult deferral:** TL consults (from midnight to 6am) are generally deferred to the 6am TL the following day

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PCS Operational Review

DRAFT Roadmap Outline

February 24, 2021



Roadmap Objectives

Members of the Steering Committee were engaged in a workshop last week to identify high-level priorities, timing, and sequencing of the streams of work in the Roadmap. The next steps are to confirm the high-level structure and then provide additional detail for each stream of work.

Focus for Today:

1. Confirm roadmap events & sequencing

- *Are there any streams of work that are missing?*
- *Is the sequencing logical?*
- *Is the length of time reasonable?*

2. Confirm next steps on providing detail for each stream

- *We will develop a one-pager for each stream with the objective of providing sufficient detail to support those responsible for actioning each stream of work*

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PCS Operational Review

SUMMARY AND DISCUSSION

September 20th, 2022

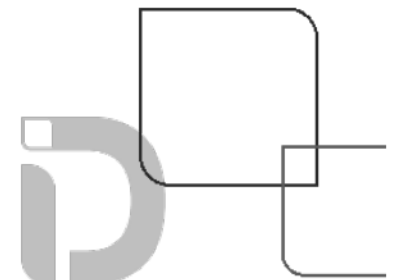
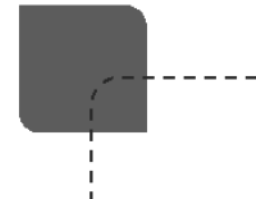
1. Operational Review Exec Summary

2. PCS Vision

3. Schedule Review Project

4. Progress on Other Initiatives

5. Current Metrics



Context

Provincial Centralized Screening (PCS) provides a 24/7 hotline to receive and screen child & youth safety concerns for the entire province.

PCS is facing challenges to maintain a high quality public service. MCFD and PCS leadership have sponsored this project.

The purpose of the Operational Review was to recommend ways to improve how PCS services are delivered – service quality, effectiveness, efficiency and sustainability – within a cost neutral environment.

- Workshops with PCS working group and PCS steering committee
- Data analyses
- Interviews with PCS Reference Group, external stakeholders
- Research Other Jurisdictions and Interviews with US states – Tennessee, Washington, New Jersey, Missouri
- Steering Committee of MCFD Leadership

This document provides a summary of findings, recommendations and additional information on implementations

Executive Summary

PCS is seen to provide a valuable single point of contact for professional and unbiased resource to consult on and/or report child welfare concerns to MCFD. Timely access and more transparency are two areas for improvement

PCS Objectives		Strengths	Weaknesses
Service Quality	Professional, Respectful & Unbiased Experience	<ul style="list-style-type: none"> PCS provides a professional and unbiased resource for community health professionals to consult on and/or report child welfare concerns. 	
	Timely & Simple Access	<ul style="list-style-type: none"> Professionals value the convenience and efficiency from having a single access point for making reports to MCFD. 	<ul style="list-style-type: none"> Wait times are unpredictable and long during critical periods of the day (e.g. end of the business day wait times > 8 min).
	Transparent Process & Decisions		<ul style="list-style-type: none"> PCS is unable to provide transparency into decision-making at a level that satisfies client needs, sometimes creating mis-trust.
	Consistent Experience	<ul style="list-style-type: none"> Professionals appreciate the consistent process experience provided by PCS. 	

Executive Summary



Inefficient channels for clients and a transactional relationship with SDAs leads to inefficiencies and potentially differing views of PCS scope, expectations and success. Lack of process standards and role expectations contributes to process variability and inefficiencies within PCS

PCS Objectives		Strengths	Weaknesses
Efficiency	Efficient for SDAs	<p>PCS absorbs inefficiencies with SDAs from in-efficient channels e.g. out of date contact lists, delayed/non-response and by completing administrative tasks e.g. taking messages, documenting in ICM.</p>	<p>Transactional relationship between SDA & PCS creates macro-inefficiencies for MCFD e.g. channels for coordination, & information sharing and business processes.</p>
	Efficient for Stakeholders & PCS	<p>Efficient for Professionals & Community Responders</p>	<p>Existing channels for safety reporting, information collection and safety coordination create multiple handoffs, long-wait times and inefficiencies for clients.</p>
	Efficient Service Delivery		<p>Inconsistent or missing role expectations (e.g. calls per shift) and business process standards (e.g. screening vs. calls) leads to operational variability and inefficiencies.</p>



Executive Summary

PCS has demonstrated strong consistency in decision making and policy compliance. Improving documentation and timeliness consistency are areas for improvement

PCS Objectives		Strengths	Weaknesses
Effectiveness	Timely Screening Decisions	<ul style="list-style-type: none">● PCS has demonstrated timely assessment and decision making – based on audit findings of 2016-2018 case reviews.	
	Timely and Effective Decisions	<ul style="list-style-type: none">● PCS has demonstrated strong consistency in decision making and policy compliance – based on audit findings of 2016-2018 case reviews.	
	Documentation that is clear, consistent with decision, complete, accurate and bias-free		<ul style="list-style-type: none">● SDAs report documentation that is unclear, does not reconcile with screening decision and missing/inaccurate contact details.

Executive Summary

PCS has been responsive to MCFD priorities and adapted to gaps in support/resourcing. However, these have come at the expense of sustainable resourcing and operations practices. In addition, PCS does not have a line of sight to its key external clients – making it difficult to confidently define value

PCS Objectives		Strengths	Weaknesses
Sustainability	Adaptable & Responsive Service Delivery	<p>● PCS has adapted to deliver new services (e.g. CLBC, SDPR) and been responsive to MCFD priorities (e.g. Protection Order, Emergency Backup for disasters) requiring process agility and rapid mobilization.</p>	<p>● No line of sight to key external clients – e.g. Community Responders, Health & Education Professionals – making it difficult to define success, collaborate to improve services and ultimately achieve consensus on results.</p>
	Effective use of Resources and Staffing		<p>● PCS lacks the level of resourcing agility necessary for a 24/7 safety service leading to chronic resourcing gaps, staff morale issues, and significant overtime expense. In addition, operational responsibilities are fragmented leading to a lack of clear ownership.</p>
	Robust Quality Assurance & Continuous Improvement Processes		<p>● Quality assurance (QA) and Continuous Improvement (CI) practices are mostly ad-hoc and have not matured in line with the size and scale of PCS. QA, CI and Supervision responsibilities are fragmented.</p>
	Reliable & Scalable Technology Infrastructure		<p>● Technical support and system maintenance for core technologies (e.g. ICE, ICM) is designed for a district office operation - creating inefficiencies and service continuity risks that are amplified for out of core operations</p>

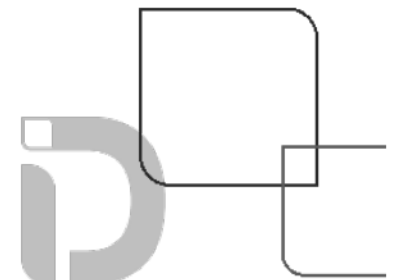
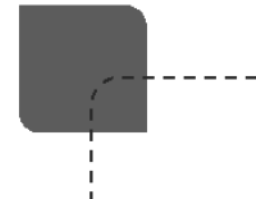
1. Operational Review Exec Summary

2. PCS Vision

3. Schedule Review Project

4. Progress on Other Initiatives

5. Current Metrics



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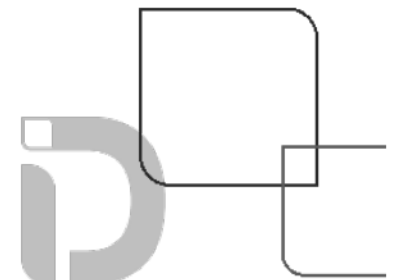
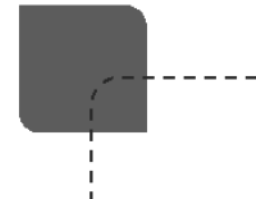
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Current Schedule

The current schedule¹ consists of two teams of Social Workers, In Core and Out-of-Core, each with different days of work, hours of work and shift patterns.

Team Leaders

16 FTEs

- Workdays: *Sunday to Saturday*
- Work Hours: *No shifts on 1am to 6am*
- Shift Pattern: *13 rotations, 3 floats*

Social Workers: In Core

30 FTEs

- Workdays: *Monday to Friday*
- Work Hours: *Work hours within 6am to 6pm time window*
- Shift Pattern: *All In Core Social workers are on Flex schedule (i.e., can choose to work 4 days every other week, taking Monday or Friday off)*

Social Workers: Out-Of-Core

38 FTEs

- Workdays: *Sunday to Saturday*
- Work Hours: *No shifts on Monday to Friday from 8am to 4pm*
- Shift Pattern: *31 rotations, (4 weeks each)*

68 FTEs²

1. As of April 2022.

2. PCS is currently funded for 90 Social Worker FTEs but is operating with only 68 Full Time Equivalents (FTEs) due to recruitment challenges.

Current Issues

Service Quality

- Chronic **long wait times** e.g., end of the business day (4-6pm weekdays), graveyard (midnight to 4am), AWOL reporting (10pm to midnight)
- In-Core **flex schedule** leads to consistently lower service levels on Mondays and Fridays (~6% below the weekday average in 2021)¹
- Graveyard Team Leader standby shift results in **supervision gaps** (amplified by trends in having less equipped staff)
- **Post-graveyard shift transitions** are intense as Social Workers try to complete the consults batched overnight with Team Leaders starting in the morning

Staff Health & Wellness

- Shift rotations for evening, graveyard and weekends have **abrupt transitions** leading to additional stress and impact staff wellness (10am to 11pm in next shift rotation)
- Graveyard **Team Leader standby shift** results in chronic sleep disruption
- Shift rotations are complex, **further complicating scheduling** and responding to changes

Team Cohesion / Continuity

- Current schedule does not maintain a **overlap between Social Workers and their assigned Team Leaders**

Current Issues



Equity

- Two distinct teams, In-Core and Out-of-Core, impact schedule fairness and perception of fairness, creating **division amongst staff** (e.g., flex option, access to overtime shifts, relative staffing level, rotational vs. fixed shifts)

Operational Agility / Flexibility

- Schedule is **committed for the year** despite seasonality in call volume and scheduling of non-call work such as meetings
- ~ 25% of scheduled shifts need to be **backfilled** due to leaves, 70% of which will have lead time to backfill

Cost Sustainability

- PCS is unable to **recruit & retain staff** for Out of Core - evenings, nights & weekends - to meet the scheduled staffing level and backfill for leaves – leading to unsustainable use of overtime & auxiliary and in some cases shifts unfilled

Schedule Principles

A set of principles were established and used to direct the schedule design.

Principles:

- **Service Quality**
- **Staff Health & Wellness**
- **Team Cohesion / Continuity**
- **Equity**
- **Operational Agility / Flexibility**
- **Cost Sustainability**

Schedule Design

The primary objective in designing the schedule is to maximize alignment to demand (to maximize service quality); however, the design needs to accommodate other priorities e.g. Principles as well as constraints.

Several levers are used to construct a schedule design...

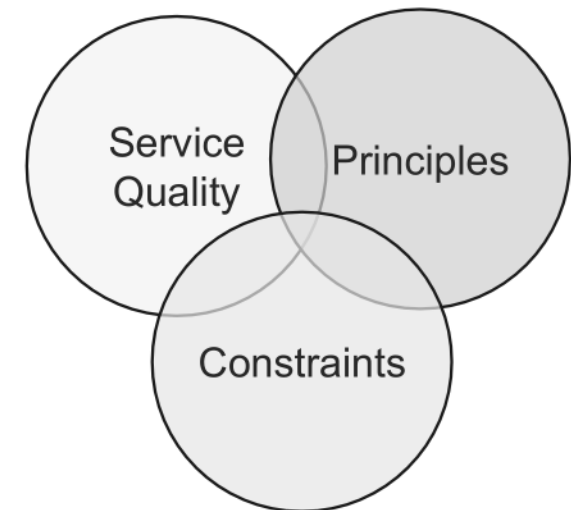
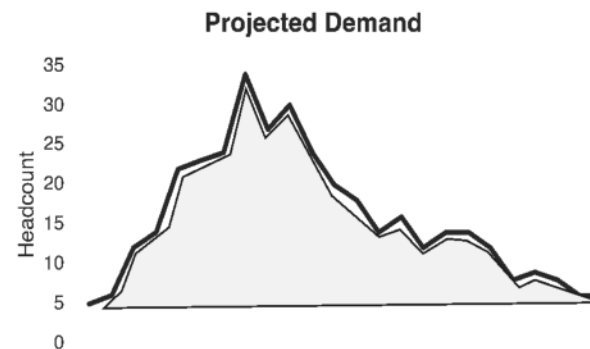
- Cost/Funding
- Shift Length & Consecutive Days
- # of rotations
- Shift Start variability
- Schedule change frequency



... with the primary objective is to closely match required resourcing demands.



... However, the design needs to also reflect other objectives (i.e., Principles) and constraints (e.g., contractual)



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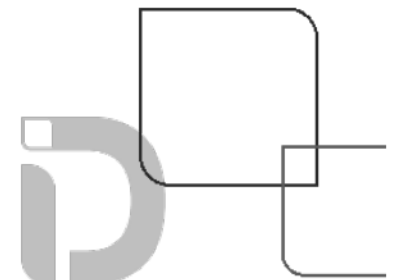
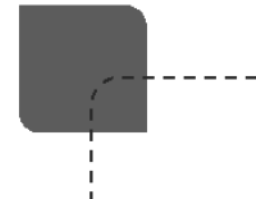
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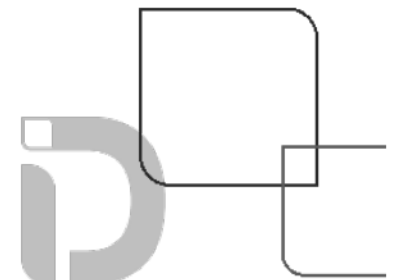
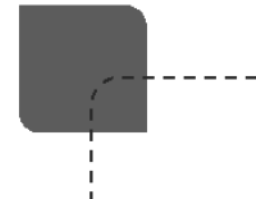
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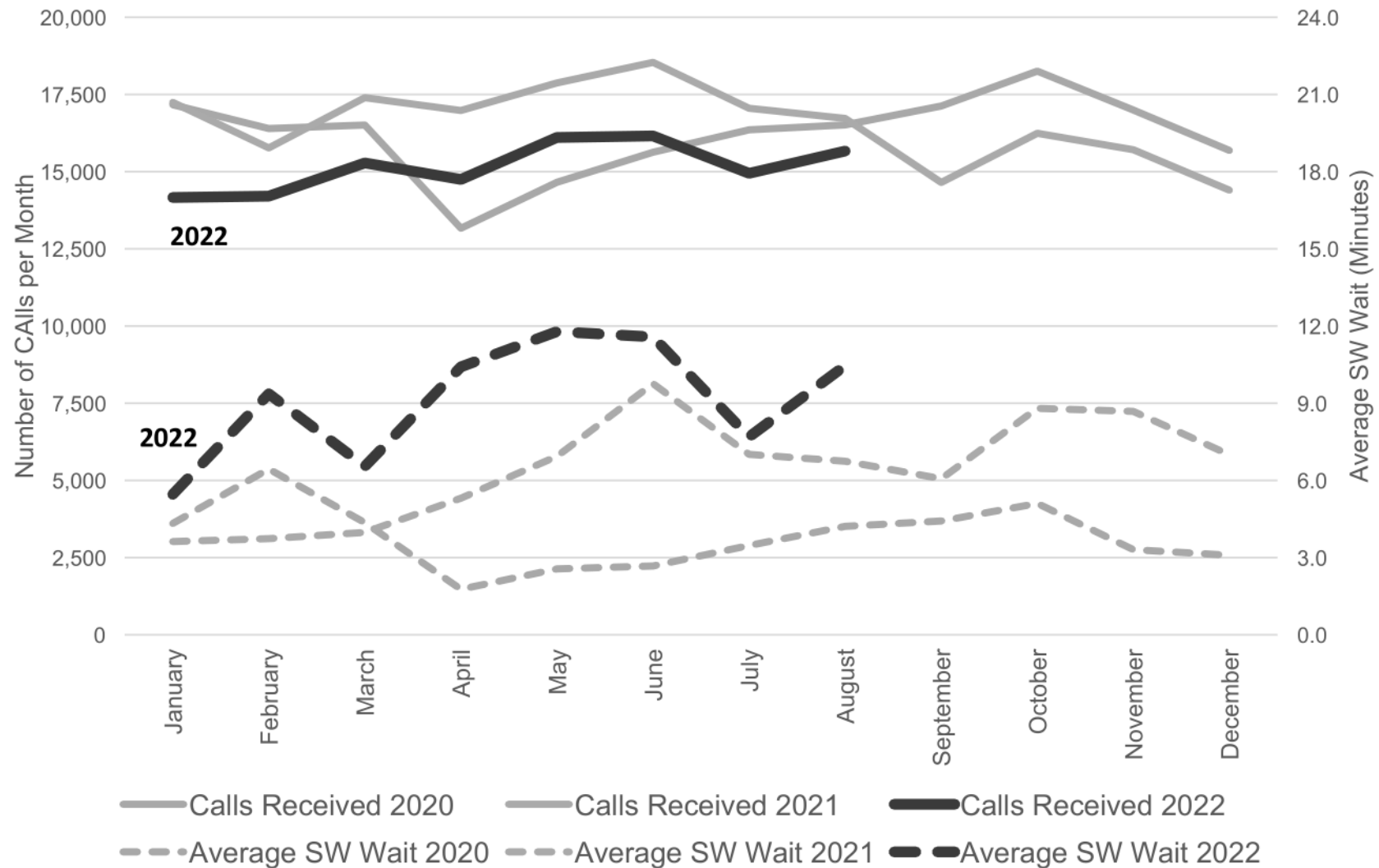
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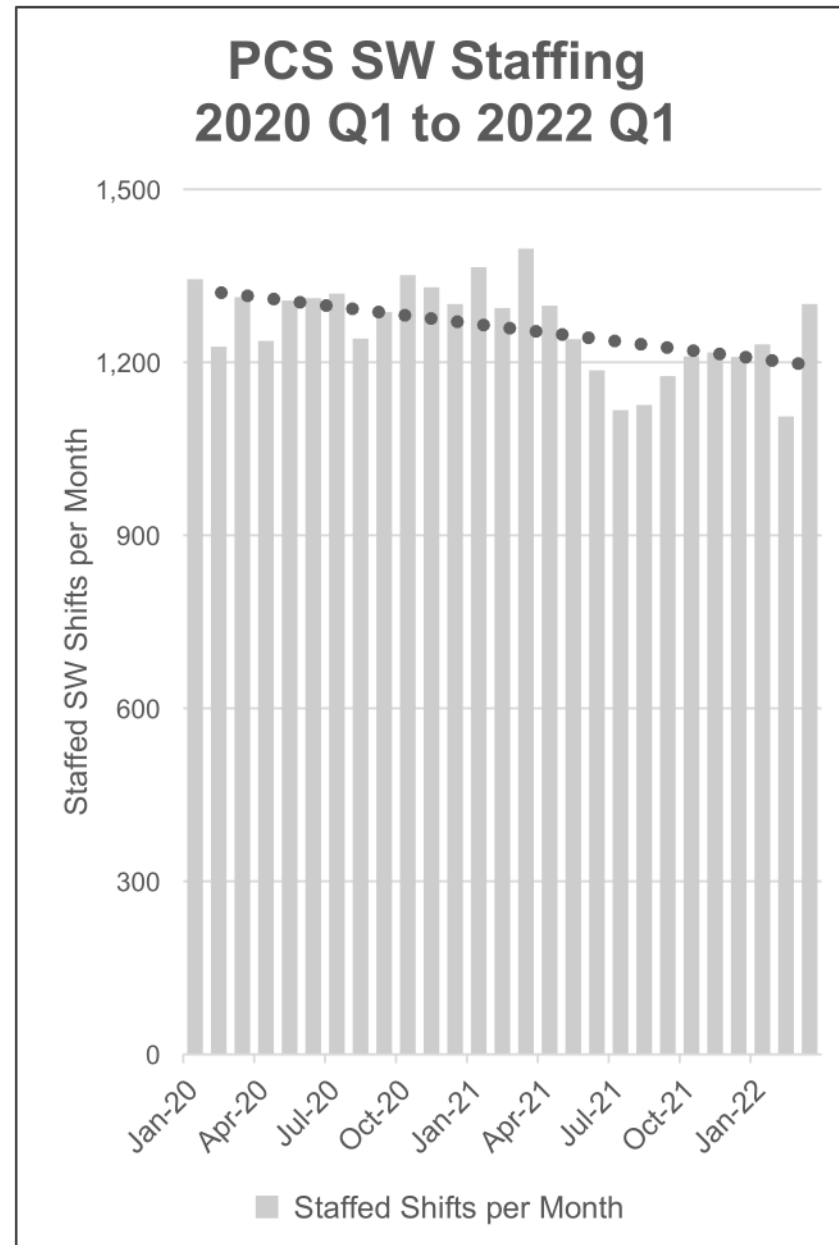
5. Current Metrics





PCS Calls and SW Wait Times 2020 January to 2022 August







Provincial Centralized Screening Situation Report

July 2022



Social Worker

27%

Calls Answered
within 1 minute
in **Children's Helpline**
Queue

46%

Calls Answered
within 10 minutes
in **Centralized Screening**
Queue

53%

Calls Answered
within 10 minutes
in **Community**
Professionals Queue

51%

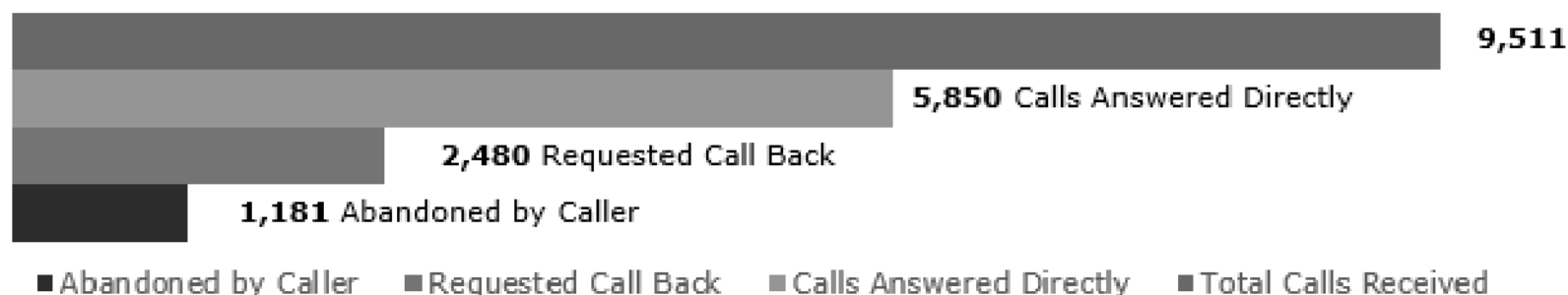
Calls Answered
within 15 minutes
in **Centralized Screening**
Queue



Average Speed of Answer

	June 2022	July 2022
Social Worker	11:35	7:42
Admin	0:11	0:12
Call Back	52:11	39:28
AWOL	32:09	1:59:00

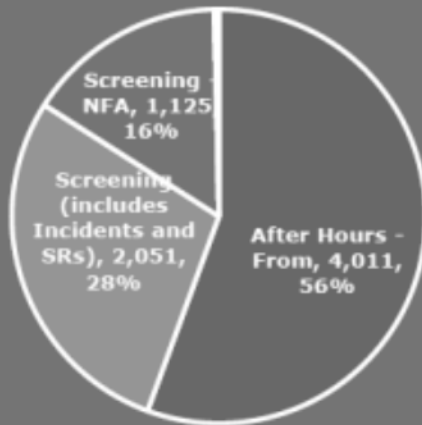
Calls Received in Social Worker Queues



PCS Situation Report



Memos



TL Consults

Average Answer Time 1:23



Average Talk Time 7:03



Average Handle Time 10:43



Staffing

Average Staffing per Day

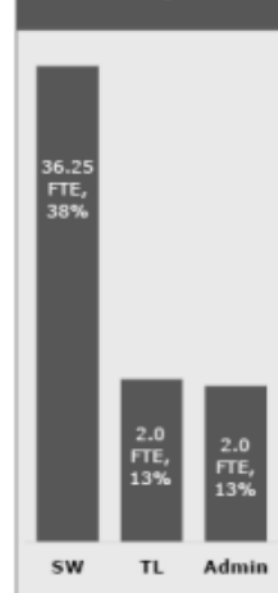
Team	Weekday			Weekend/Holiday		
	Staffed	Pre-Approved Absences	Unexpected Absences	Staffed	Pre-Approved Absences	Unexpected Absences
SW – In Core	17.4	5.6	0.6	-	-	-
SW – Out of Core	20.1	3.0	2.0	21.5	4.9	0.6
TL	7.4	2.6	0.6	4.1	2.5	1.3
Admin	7.4	1.1	0.4	5.9	1.3	0.4

Hours Staffed

Team	Total Hours Staffed	% Straight Time	% Overtime	% Auxiliary*
SW	9,117	80%	9%	11%
TL	1,994	85%	15%	-
Admin	1,945	73%	5%	22%

*% Auxiliary includes both straight and overtime hours performed by Auxiliary staff.

Vacancy Rate





PCS Operational Review

Operating Model Evaluation

January 2021

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1. Approach & Objectives
2. Frontline Solution Evaluation
3. Appendix A – Detailed Scoring Results
4. Appendix B – Capacity Estimates

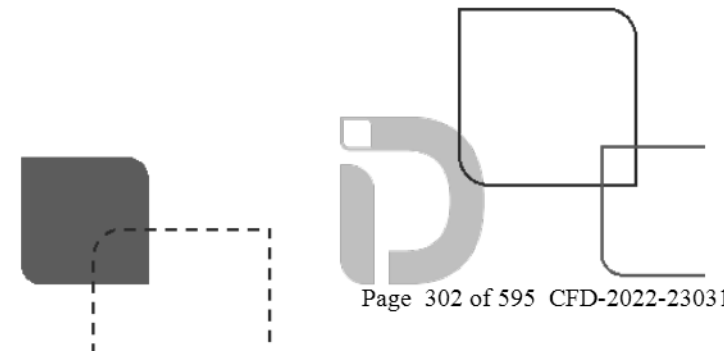


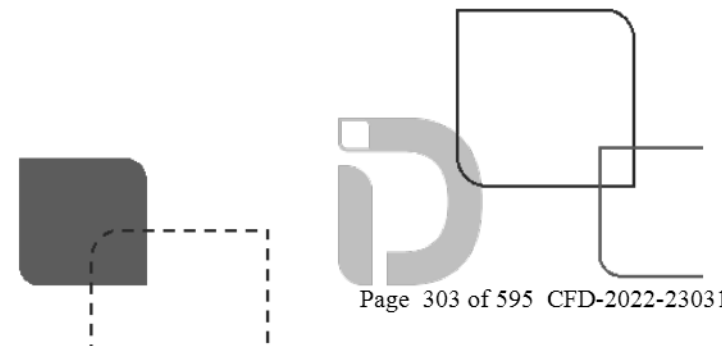
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Focus for Today

Our goal is to gain consensus & conditionally commit to a solution option (or at least a strong preference). These decisions will allow us to shape a cohesive future state model for PCS.

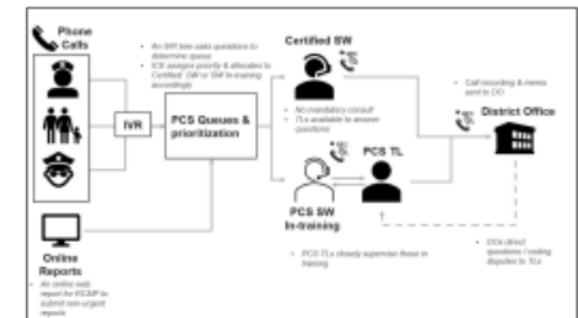
Based on the extensive work to date, we have framed and evaluated a series of solution options

Today, we would like to gain consensus on the preferred option (TARGET STATE) and if appropriate an INTERIM STATE where an incremental approach is appropriate

Based on these preferences a comprehensive TARGET FUTURE STATE will be assembled for validation / refinement

OPTION A	OPTION B	OPTION C
+2	+4	-1
TBD	TBD	TBD
<ul style="list-style-type: none"> Improves process efficiency Subject to business process 	<ul style="list-style-type: none"> Improves Resourcing Agility Robust to business process change High Change Management High Cost 	<ul style="list-style-type: none"> Minimal Change mgmt. Low Impact
XX FTE	XX FTE	XX FTE
NO	YES	NO

OPTION A	OPTION B	OPTION C
+2	+4	-1
interim	target	pass
XX FTE	XX FTE	XX FTE
NO	YES	NO



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Reader's Guide

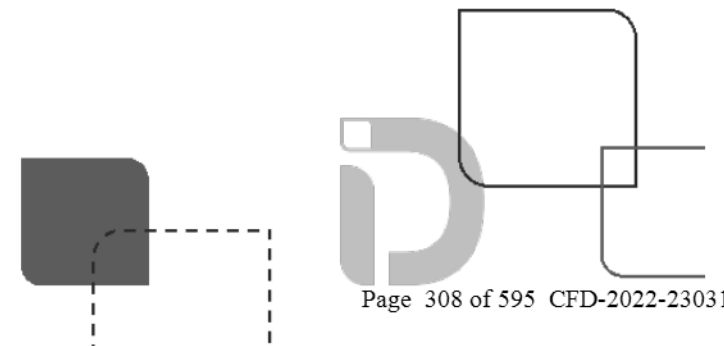
Options are developed to address a specific issue. Each 'issue' will have a dedicated page in the format below that summarizes the initial assessment.

- 1 PCS Current State Overview
- 2 Alternative Option High Level Descriptions
- 3 Preliminary Evaluation Score
 - Note all scores are relative to the current state (the current state has an implied score of zero)
 - A positive score suggests an improvement from the current state
 - A negative score suggests a decline
 - Scoring details can be found in the Appendix
- 4 Evaluation Summary Key Points
- 5 Capacity Estimates & Technology Investment

ISSUE			
1	Current State	<div>Diagram</div> <ul style="list-style-type: none"> • Calls are triaged based on the caller type – community responder, everyone else (foster parents/agencies have a separate phone line and queue) • Within a queue, calls are generally FIFO • Certain calls as determined by Admin triage are escalated direct to an available social worker (e.g. police on scene) 	
	Options	2	
		Diagram	Diagram
		OPTION A	OPTION B
	3	Scoring	+2
		Result	TBD
	4	Benefits	<ul style="list-style-type: none"> • Improves process efficiency • Improves Resourcing Agility • Robust to business process change
		Risks	<ul style="list-style-type: none"> • Subject to business process • High Change Management • High Cost
5	Capacity	XX FTE	XX FTE
	Technology Investment	NO	YES

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- 1. Approach & Objectives
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Frontline Opportunities

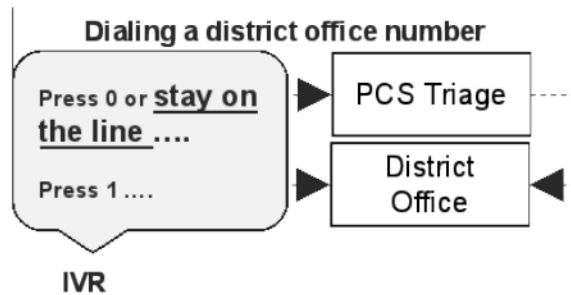
There are a host of improvement opportunities that are binary in nature (i.e. do not need to review options). The ability to pursue these opportunities will depend on the resourcing freed up under the future state operating model.

Improvement Opportunities – Not Exhaustive

- ✓ Standardized business process and guidelines (e.g. consult, memo, call templates / scripts, IRR guidelines, checklists) – e.g. design, document, train & monitor/refine e.g. calls, research, memos,
- ✓ Modernize training materials & program
- ✓ Improve recruiting, hiring and onboarding processes
- ✓ Curate & maintain key knowledge repositories – callout/standby, routing rules, training materials, business process documentation
- ✓ Define KPIs and start baselining

District Office IVR Message

Current State

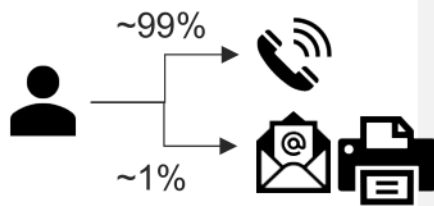


- Callers using a DO phone number are directed to PCS because of confusing IVR instructions
- These calls create unnecessary workload for PCS Admin to re-direct and frustration for callers
- 'Timeouts' from the DO IVR line account for ~20% of PCS admin call volumes

s.13; s.17

Web Reporting for Professionals

Current State

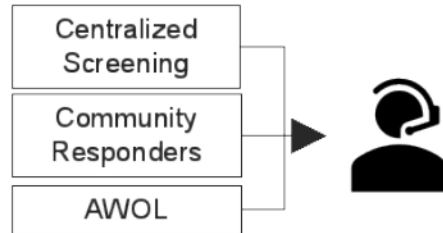


- A small number of reports are submitted via email & fax (<1%)
- Email or fax reports can take some time and effort to be triaged to the appropriate person, as this is not an intentional or dedicated intake channel for PCS
- Email / fax reports tend to have longer processing times due to the unstructured format of the information presented

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Call Queuing & Prioritization

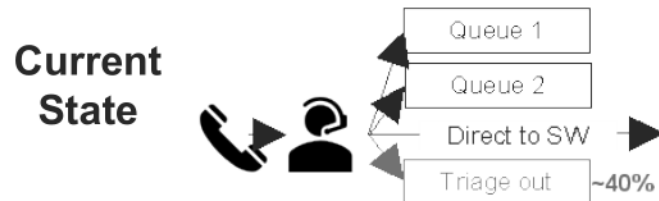
Current State



- Calls are triaged based on the caller type – community responder, everyone else (foster parents/agencies have a separate phone line and queue)
- Within a queue, calls are generally FIFO
- Certain calls as determined by Admin triage are escalated direct to an available social worker (e.g. police on scene)

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Initial Triage

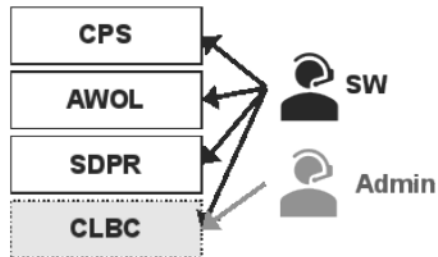


- Admin are the first line to answer the phone and pass people on to SWs
- With increased turnover, newer Admin are not performing the triage effectively (i.e. passing all calls straight through to SWs) due to lack of training and supervision (i.e. not using scripts)
- Admin are not equipped to triage based on urgency due to capabilities / training

s.13; s.17

CLBC / SDPR / AWOL Calls

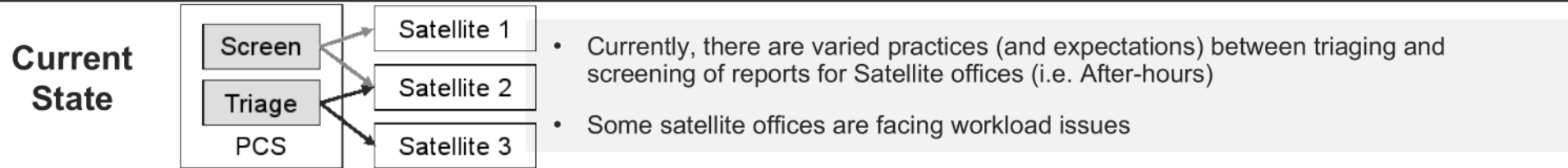
Current State



- The afterhours team currently provides coverage for CLBC (documentation) and SDPR (documentation and coordination), and AWOL (documentation & occasional coordination)
- Admin handle a portion CLBC calls; depending on the nature of the call, they do not always have the training to support the distressed care home worker
- SWs handle SDPR & AWOL calls which are often transactional (i.e. taxi authorizations), and distracts from clinical and urgent child protection work

s.13; s.17

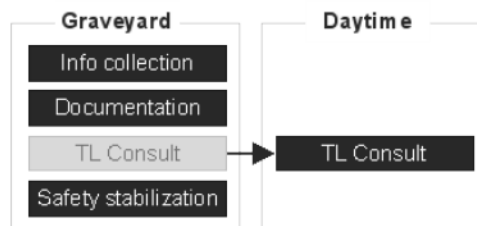
AH Screening & Triageing for Satellite Offices



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Non-urgent work deferral

Current State

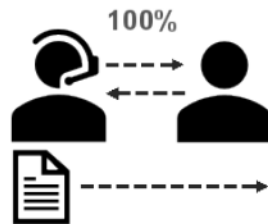


- Afterhours & graveyard shifts are more difficult to recruit for & have higher turnover and vacancy rates
- Afterhours shifts have demanding additional work for urgent cases that can be time consuming for SWs
- Currently the TL consult is deferred to ~6am the following day, though this generally still requires the presence of the graveyard SW

s.13; s.17

TL Consult

Current State



- Currently, there is a mandatory live consult for the screening decision for all memos created at PCS (NFAs, SRs, and Incidents)
- This consult causes a bottleneck in the process as the SW queues for the TL, and ties up two resources simultaneously
- The consult does not include a review of the written documentation, leaving a gap in assessing the quality of writing, information collection, and rationale for the screening decision

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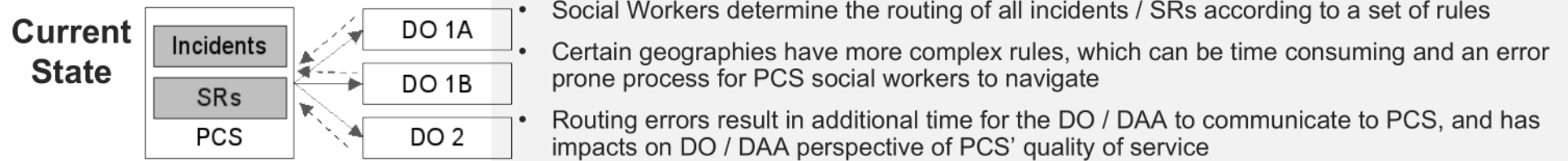
Graveyard Clinical Supervision



- A standby TL is scheduled to be on call for any needed supervision during graveyard shift
- Standby shift negatively impacts health of team leaders by disrupting sleep, and TL is not always in a clear state of mind when called for graveyard consultation
- Graveyard social workers may avoid calling the standby TL even when needed, as they do not want to disrupt their colleague's sleep

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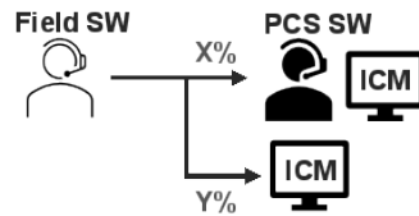
DO / DAA Routing



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Field SW Support

Current State

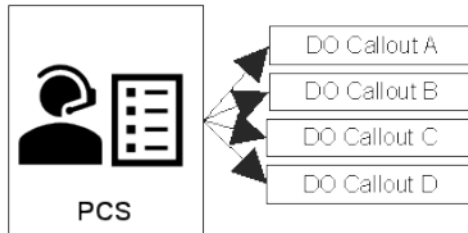


- The PCS afterhours team provides support to MCFD field SWs in the form of ICM documentation & coordination of support resources (i.e. taxi, hotel, etc.)
- Field SWs are limited in their ability to access information (ICM) and supports as they are not in the office
- There is confusion & debate PCS & MCFD staff over whether this work falls within the scope of PCS SWs

s.13; s.17

AH Field Callouts

Current State

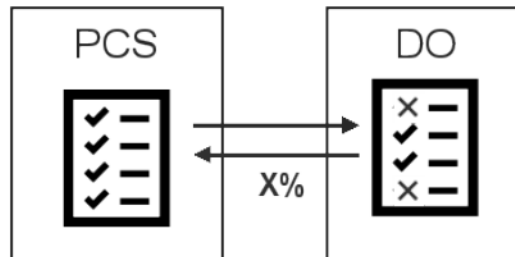


- Regularly, PCS is required to access a field SW to respond to AH concern.
- Satellite Office/Response Team or a Standby SW, PCS can generally access the field support efficiently and timely.
- On-call SW - process to access field support is quite variable and often takes significant PCS effort resulting in response delays

s.13; s.17

DO / DAA Confidence in Screening Decision

Current State

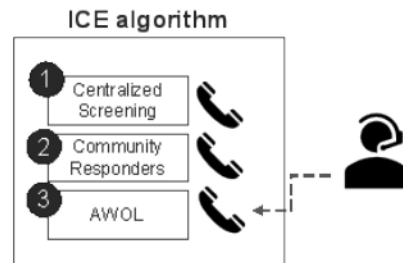


- DOs & DAAs have expressed concern over the accuracy of screening decisions made by PCS
- The process to contact PCS to investigate & potentially adjust the screening decision can be lengthy, occupying resources & delaying child protection responses

s.13; s.17

Queue Management

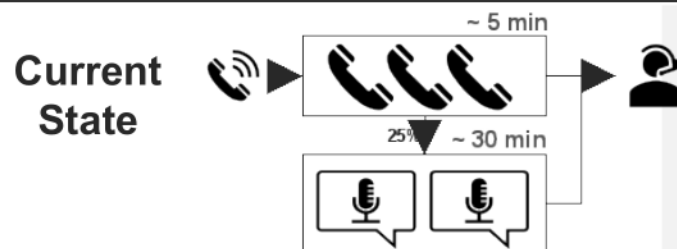
Current State



- ICE algorithms determine queue priority for SWs
- SWs have ability to apply discretion and 'pick' from the queue
- This allows SWs the freedom to select for AWOLs near the end of their shift
- This inadvertently results in certain SWs applying their own queue management (i.e., select from community responders' queue)

s.13; s.17

Voicemail Callback

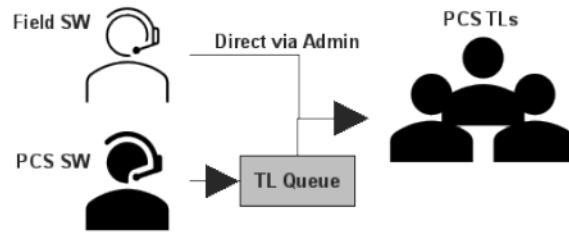


- Callers are presented with an option to leave a voicemail and wait for a callback after waiting for a certain period (~2 min)
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s.13; s.17

TL Consult Queue for Field SWs

Current State



- AH TLs provide consults & clinical supervision to MCFD field SWs across the Province
- Currently, field SWs are escalated direct to PCS TLs for a consult or contact the TLs directly via other means (direct line)

s.13; s.17

Frontline Scheduling

Current State

Out of core SWs, Admin, TLs



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POS currently has a core vs. out of core distinction across its frontline roles

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- The core vs. out of core distinction has concentrated impacts on out of core including morale, recruitment and retention, and chronic vacancies

s.13; s.17

Remote Work Model

Current State

Vancouver



Surrey

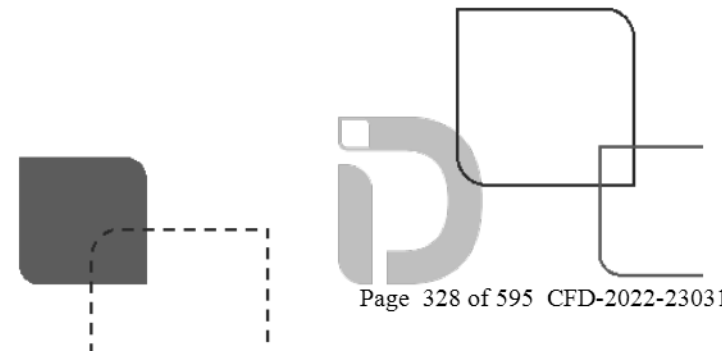


- Prior to Covid-19, all PCS employees worked out of one of two physical offices: Vancouver or Surrey, where TLs and Admin were expected to rotate across locations, resulting in commuting challenges
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- All employees are still physically located in the GVA (near either Surrey or Vancouver offices), limiting opportunities for recruitment

s.13; s.17

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- 3. Appendix A – Detailed Scoring Results**
4. Appendix B – Capacity Estimates



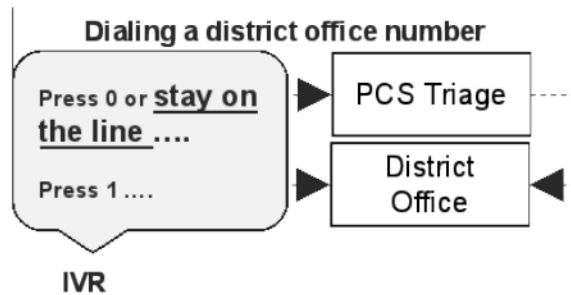
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District Office IVR Message

Current State

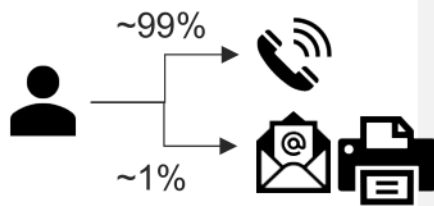


- Callers using a DO phone number are directed to PCS because of confusing IVR instructions
- These calls create unnecessary workload for PCS Admin to re-direct and frustration for callers
- 'Timeouts' from the DO IVR line account for ~20% of PCS admin call volumes

s.13; s.17

Web Reporting for Professionals

Current State

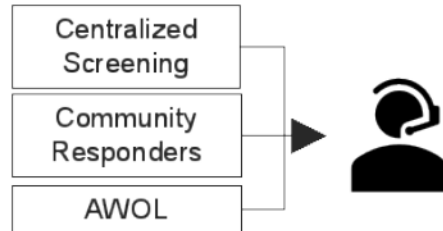


- A small number of reports are submitted via email & fax (<1%)
- Email or fax reports can take some time and effort to be triaged to the appropriate person, as this is not an intentional or dedicated intake channel for PCS
- Email / fax reports tend to have longer processing times due to the unstructured format of the information presented

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Call Queuing & Prioritization

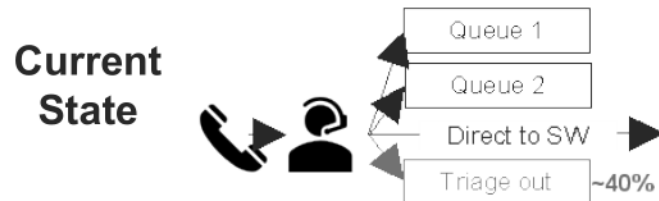
Current State



- Calls are queued and prioritized based on the caller type – community responder vs. everyone else
- Within a queue, calls are FIFO
- Certain calls as determined by Admin triage are escalated direct to an available social worker (i.e. police on scene, Children Helpline)

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Initial Triage

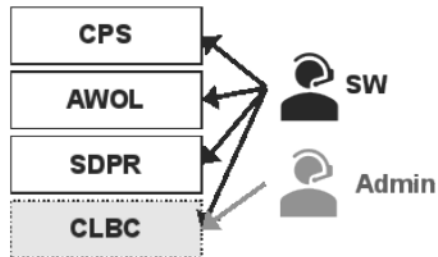


- Admin are the first line to answer the phone and pass people on to SWs
- With increased turnover, newer Admin are not performing the triage effectively (i.e. passing all calls straight through to SWs) due to lack of training and supervision (i.e. not using scripts)
- Admin are not equipped to triage based on urgency due to missing capabilities / training

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CLBC / SDPR Calls

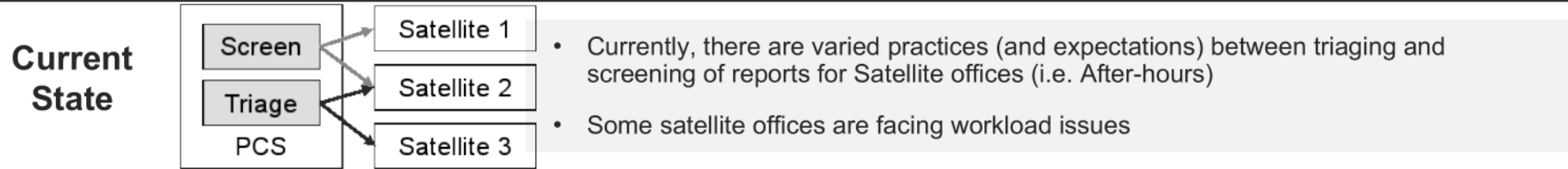
Current State



- The afterhours team currently provides coverage for CLBC (documentation) and SDPR (documentation and coordination), and AWOL (documentation & occasional coordination)
- Admin handle a portion CLBC calls; depending on the nature of the call, they do not always have the training to support the distressed care home worker
- SWs handle SDPR & AWOL calls which are often transactional (i.e. taxi authorizations), and distracts from clinical and urgent child protection work

s.13; s.17

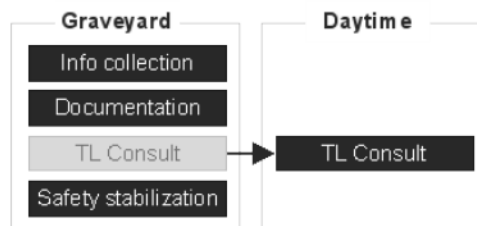
AH Screening & Triageing for Satellite Offices



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Non-urgent work deferral

Current State

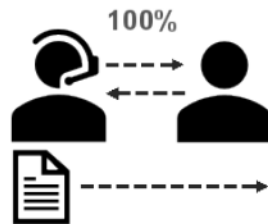


- Afterhours & graveyard shifts are more difficult to recruit for & have higher turnover and vacancy rates
- Afterhours shifts have demanding additional work for urgent cases that can be time consuming for SWs
- Currently the TL consult is deferred to ~6am the following day, though this generally still requires the presence of the graveyard SW

s.13; s.17

TL Consult

Current State



- Currently, there is a mandatory live consult for the screening decision for all memos created at PCS (NFAs, SRs, and Incidents)
- This consult causes a bottleneck in the process as the SW queues for the TL, and ties up two resources simultaneously
- The consult does not include a review of the written documentation, leaving a gap in assessing the quality of writing, information collection, and rationale for the screening decision

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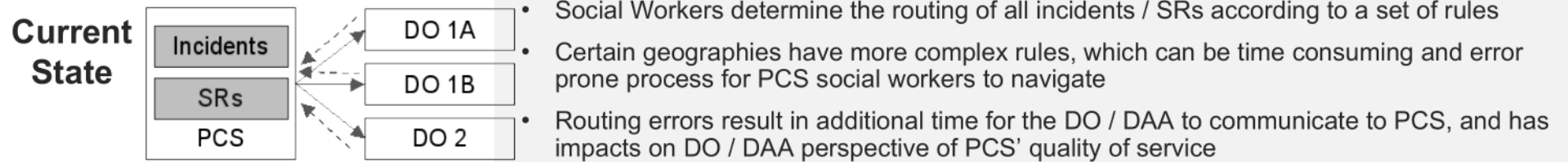
Graveyard Clinical Supervision



- A standby TL is scheduled to be on call for any needed supervision during graveyard shift
- Standby shift negatively impacts health of team leaders by disrupting sleep, and TL is not always in a clear state of mind when called for graveyard consultation
- Graveyard social workers may avoid calling the standby TL even when needed, as they do not want to disrupt their colleague's sleep

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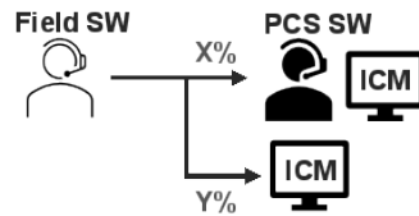
DO / DAA Routing



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Field SW Support

Current State

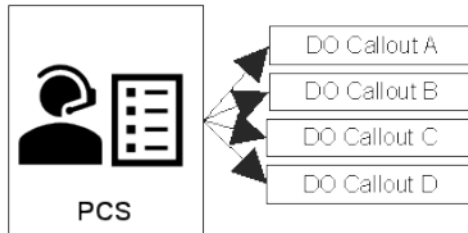


- The PCS afterhours team provides support to MCFD field SWs in the form of ICM documentation & coordination of support resources (i.e. taxi, hotel, etc.)
- There is confusion & debate PCS & MCFD staff over whether this work falls within the scope of PCS SWs

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AH Field Callouts

Current State

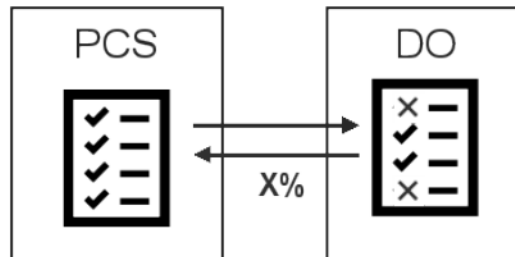


- Regularly, PCS is required to access a field SW to respond to AH concern.
- Satellite Office/Response Team or a Standby SW, PCS can generally access the field support efficiently and timely.
- On-call SW - process to access field support is quite variable and often takes significant PCS effort resulting in response delays

s.13; s.17

DO / DAA Confidence in Screening Decision

**Current
State**

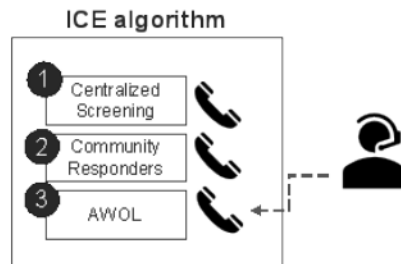


- DOs & DAAs have expressed concern over the accuracy of screening decisions made by PCS
- The process to contact PCS to investigate & potentially adjust the screening decision can be lengthy, occupying resources & delaying child protection responses

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Queue Management

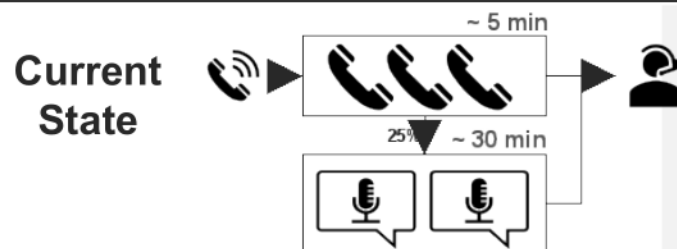
Current State



- ICE algorithms determine queue priority for SWs
- SWs have ability to apply discretion and 'pick' from the queue
- This allows SWs the freedom to select for AWOLs near the end of their shift
- This inadvertently results in certain SWs applying their own queue management (i.e., select from community professionals' queue)

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Voicemail Callback

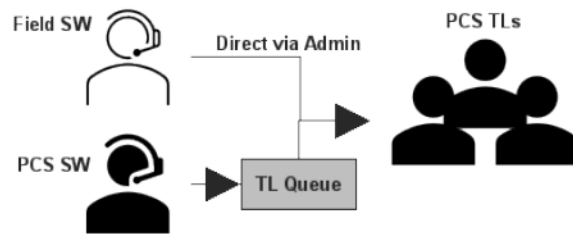


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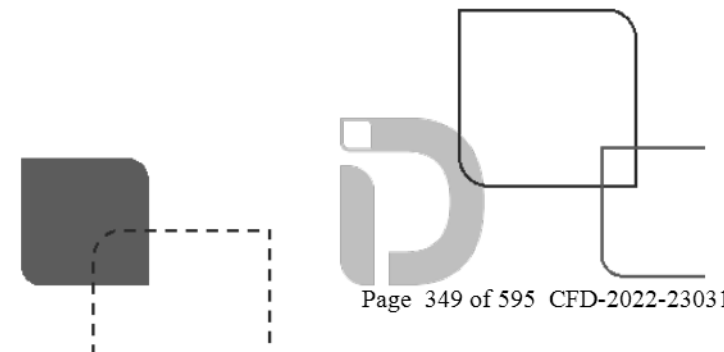


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PCS Operational Review

Governance Committee Project Update

January 2021



Meeting Objectives

Why are you here – for feedback on PCS' vision for its future state

Core Hours Future State Business Process

During Core hours, this is how we will handle calls

Out of Core Hours Future State Business Process

Out of core...

Summary of Changes

Client Journey (RCMP)

Current State

s.13; s.17

- Only option is to submit report by phone
- Phone answered within ~10 seconds by a person who passes me along to a queue
- 5 – 10 minute average wait time to speak to a SW / high variability
- No outreach

Summary of Changes

PCS Internal (SW)

Current State

s.13; s.17

- ...

- ...

- ...



Draft and Work in Progress

PCS Operational Review

SPOA Strategy

April 2021

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The Deetken Group

PCS Operational Review

Presentation to Team Leaders

June 4th, 2020

Context

PCS was inspired by a vision of improving consistency (decisions and client experience) and efficiency

Since inception, PCS has been delivering critical services to stakeholders – Children & Families, Regional Offices and Partners.

As PCS has grown critical challenges have surfaced:

- *Maintaining a high quality public service through peaks and valleys in call volumes*
- *Ensuring the right people are in the right positions to achieve the ultimate goal of helping families, children and youth*

MCFD & PCS leadership is sponsoring this project in order to examine the operation and recommend ways to improve how services are delivered

Breakout Session 1

WHAT IS YOUR PERSPECTIVE?

In breakout groups, discuss the following questions:

1. **What does PCS currently do really well? What makes you most proud of the work you do?**
 - Which stakeholder group does this impact?

2. **What specifically have you observed about PCS' that is not working?**
 - How does this specific issue impact each of the stakeholder groups (families, ministry, ROs, PCS staff)? One more than others?
 - What do you think is the underlying cause of this issue?

Project Objectives

The objective of this project is to define the future state operating model that improves services and operations.

PROJECT SCOPE:

How can the service and operations of PCS be improved in terms of:

- efficiency,
- effectiveness,
- sustainability, and
- quality of service

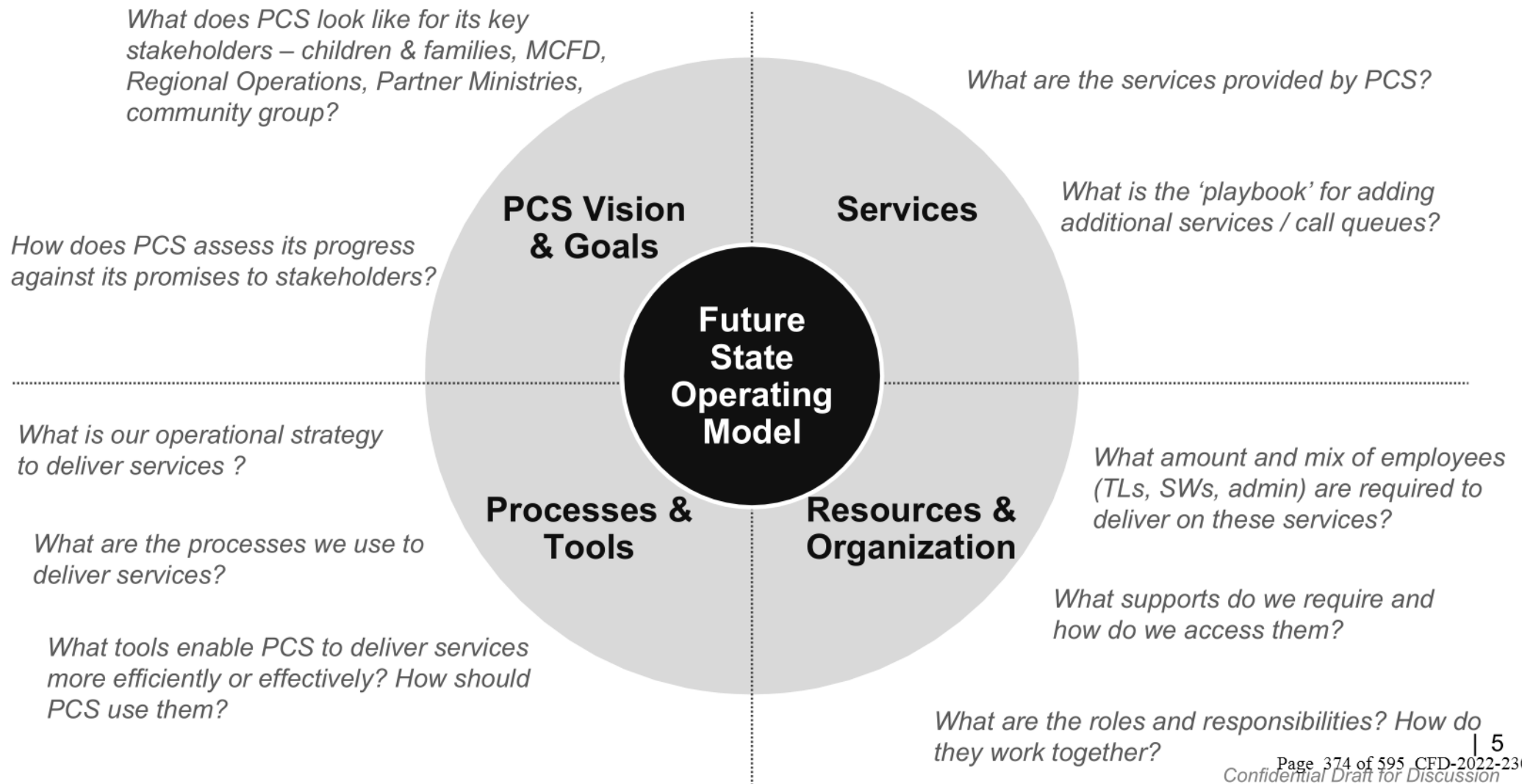
...within a cost neutral environment

OUT OF SCOPE:

The concept of a centralized screening model is not up for negotiation or review

Project Objectives

An operating model defines how an organization delivers value to its stakeholders. This project aims to examine and provide recommendations for the outer components, which together define PCS' future state operating model.



Key Project Participants

MCFD & PCS Leadership is highly engaged and are committing to a high level of stakeholder participation throughout this project.



GOVERNANCE COMMITTEE

TO BE FINALIZED



STEERING COMMITTEE

- Executive Director of PCS
- 2x Director of Operations
- PCS Program Evaluation Analyst
- 1x rep. from HR
- 1x rep. from change management
- Director of practice

7 PARTICIPANTS



WORKING GROUP

- 1x Director of Operations
- 3x Team Leaders
- 4-6x Social Workers
- 1x Office Managers
- 1-2x Admin

10 - 13 PARTICIPANTS

Approach

The project work is broken up into four phases, beginning with a baseline analysis and ending with an implementation roadmap for PCS' recommended changes. A high level of stakeholder engagement will drive deliverables for all phases.



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1. ESTABLISH BASELINE

INPUTS	<ul style="list-style-type: none">▪ Data from ICE, Teleopti, and ICM▪ Interviews w community responders and education sector▪ Market Scan▪ Interviews with other jurisdictions▪ Interviews w other government bodies providing virtual services▪ Working group consultations
OUTPUTS	<ul style="list-style-type: none">▪ Current State Diagnostic

Approach

The project work is broken up into four phases, beginning with a baseline analysis and ending with an implementation roadmap for PCS’ recommended changes. A high level of stakeholder engagement will drive deliverables for all phases.

2. PCS VISION	
INPUTS	<ul style="list-style-type: none">▪ Surface options & opportunities▪ Develop PCS vision session▪ Consultations with Working Group▪ Workshop with Steering & Governance Groups
OUTPUTS	<ul style="list-style-type: none">▪ Vision for PCS

Approach

The project work is broken up into four phases, beginning with a baseline analysis and ending with an implementation roadmap for PCS’ recommended changes. A high level of stakeholder engagement will drive deliverables for all phases.

3. FUTURE STATE OPERATING MODEL & QUICK WINS

INPUTS	<ul style="list-style-type: none">▪ Phase 2 opportunities & vision▪ Options analysis of future state operating models – (evaluation criteria including benefits / costs / risks)▪ Consultations with working group, steering committee and governance committee
OUTPUTS	<ul style="list-style-type: none">▪ Recommendations for PCS operating model

Approach

The project work is broken up into four phases, beginning with a baseline analysis and ending with an implementation roadmap for PCS’ recommended changes. A high level of stakeholder engagement will drive deliverables for all phases.

4. SOLUTION ROADMAP

INPUTS	<ul style="list-style-type: none">▪ Phase 3 recommendations▪ Tactical strategies and timing, to implement recommended solution▪ Resourcing & interdependencies of solution components▪ Consultations with working group, steering committee and governance committee
OUTPUTS	<ul style="list-style-type: none">▪ Finalized Solution Roadmap

High-Level Timeline

June	July	August	September
------	------	--------	-----------

1. ESTABLISH BASELINE

While some preliminary work has already started, the baseline analysis will start at the beginning of June

2. PCS VISION



3. FUTURE STATE OPERATING MODEL & QUICK WINS



4. SOLUTION ROADMAP



The objective is to have a draft solution roadmap ready by ~ end of September

PCS Participation

Working Group participants will be expected to be available for working group sessions, one-on-one interviews, and presentations at various points from now until ~October

HOW WILL THE WORKING GROUP BE SELECTED?

- **Volunteer** – interested TLs can reach out to Naila or Lesley to volunteer to be a part of the working group
- **Spread the word** – we ask that TLs pass this message along and encourage social workers and support staff to volunteer to participate in the working group as well
- **Selection Process** – if more than the required amount of participants volunteer, the final participants will be determined to ensure a balance of roles within PCS

HOW CAN YOU INFLUENCE THIS PROJECT?

If you are interested in being a part of the working group, we ask that you...

- ✓ **Are Available** to attend 1 – 4 hours per week working group sessions during baseline analysis (June – mid July), and then ~2 - 4 hours per month thereafter until project completion
- ✓ **Are willing** to attend sessions consistently (virtually or in person)
- ✓ **Have Capacity** to come to engagement sessions prepared as required (i.e. reading materials in advance)
- ✓ **Don't have significant time off** planned during June & July

Breakout Session 2

WHAT CHALLENGES DO YOU FORESEE?

In breakout groups, discuss the following questions:

1. **What key challenges do you foresee in undertaking this project?**
 - Challenges can be more tactical (i.e. coordinating schedules of working group participants) or broader (i.e. limitations due to policy)
2. **What possible solutions would you suggest in the face of these challenges?**

30 MINUTES FOR Q & A



Draft and Work in Progress

PCS Operational Review

‘Read-only’ NFA Consult Process

March 25, 2021

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Draft and Work in Progress

PCS Operational Review

GOVERNANCE COMMITTEE UPDATE

February 26, 2021



Topic 1: PCS Vision Cont.

Further details / refinements to PCS Vision.

Topic 2: Roadmap

PCS has developed a roadmap to guide the significant improvements that are anticipated in the next 1 – 3 years.

The purpose of today's meeting is to raise awareness of this evolving vision and roadmap to gain feedback on keys to success and potential risks (not already discussed).



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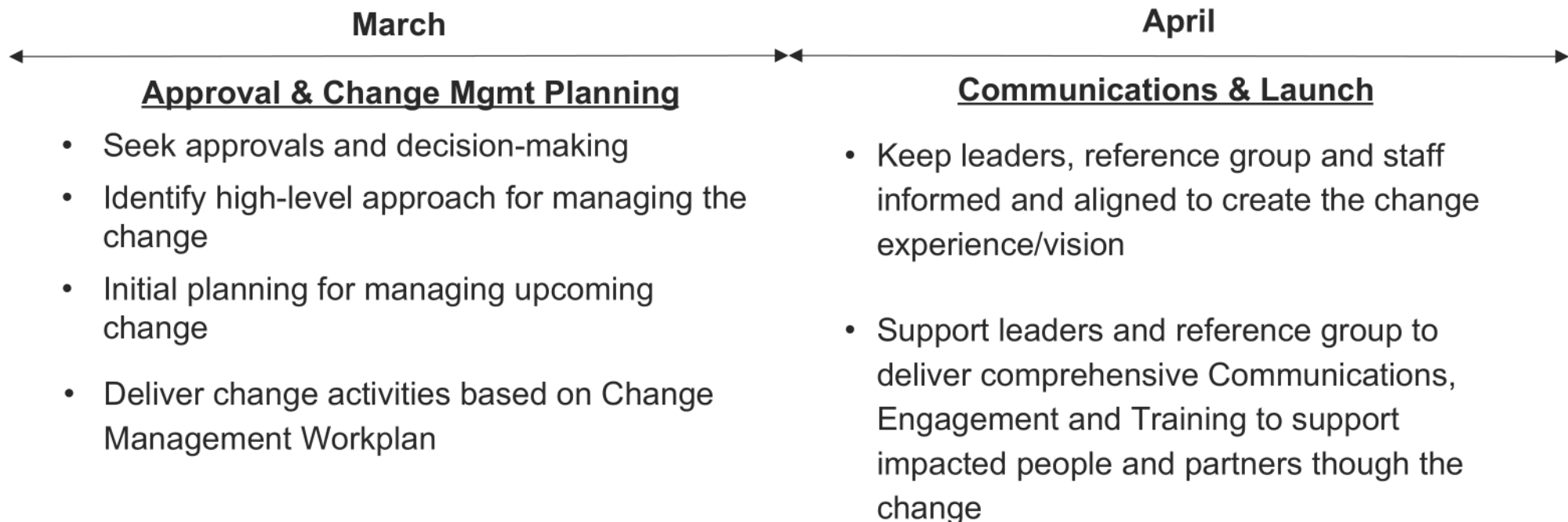
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Near Term Next Steps

Prior to launching the roadmap, PCS will use March and the first two weeks of April to engage in key communication and change management initiatives.



Overall Change Management Plan



Project
Activities

Change Planning & Activities

Achieving Strategic Direction	Assessment, Analysis and Decisions	Model Design	Detailed Design/Modelling	Implementation/ Reinforcement
Identify the strategic direction and overarching vision/ objectives for PCS	Conduct internal planning and activities to move the initiative forward	Co-design the model based on the identified objectives	The Ministry models the new program and conducts detailed design	Implementation & Reinforcement
<ul style="list-style-type: none">Establish leadership awareness and desire for creating a new vision and model for PCSEngagement to inform initiative/project objectives/visionIdentify high-level approach for managing the change	<ul style="list-style-type: none">Keep leaders, reference group & staff informed and aligned to support decision makingEngagement as required to inform analysis, decision makingCommunications to keep impacted staff & partners informed	<ul style="list-style-type: none">Keep leaders, reference group and staff informed and aligned to support design objectives and decision makingComprehensive Engagement with reference group to inform the designCommunications to keep impacted people & partners informedDetailed planning for managing upcoming change	<ul style="list-style-type: none">Keep leaders, reference group and staff informed and aligned to create the change experience/visionComprehensive Engagement with reference group to inform detailed designCommunications to keep impacted people & partners informedDelivery of Change activities based on a detailed Change Management Workplan focused on those impacted by the modelling	<ul style="list-style-type: none">Keep leaders, reference group and staff informed and aligned to create the change experience/visionSupport leaders and reference group to deliver comprehensive Communications, Engagement and Training to support impacted people and partners though the changeSustainment and reinforcement activities to maintain momentum

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Confidential

PCS Operating Vision

FOR DISCUSSION

March 2021



This document represents a working version of PCS' Vision. This vision is aspirational and future-oriented (2+ years) – further scoping and implementation will surface new information; the vision may evolve.

The purpose of today's meeting is to raise awareness of this evolving vision and gain feedback from this group on keys to success and potential risks (not already discussed).

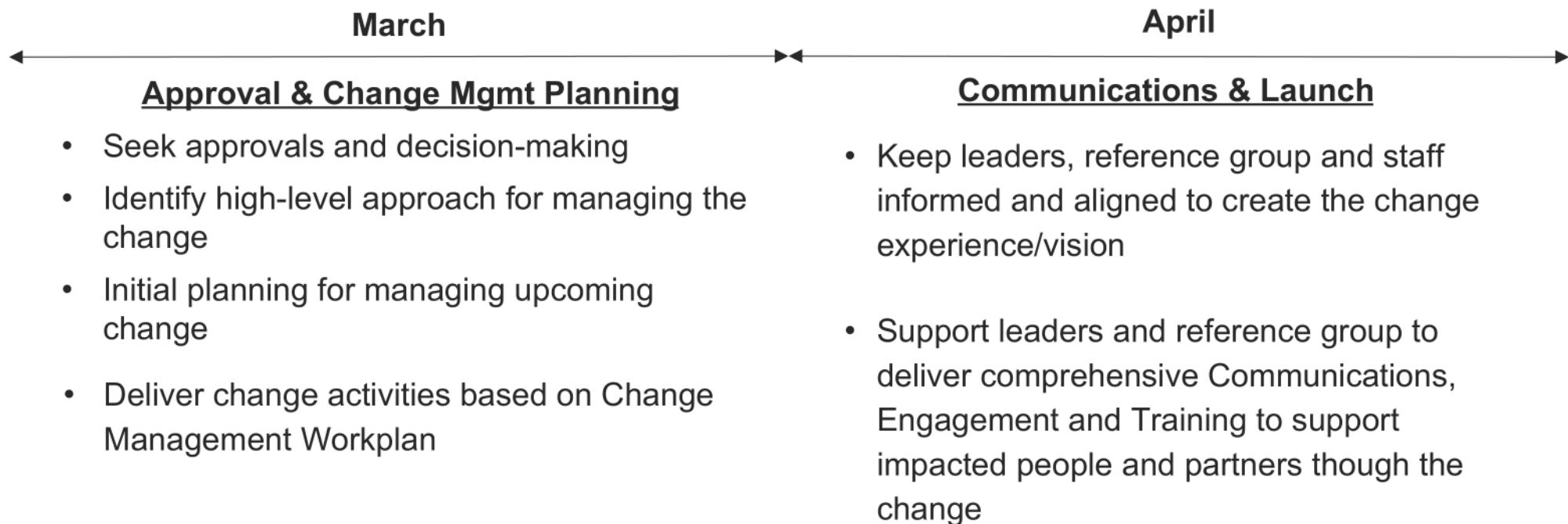
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Near Term Next Steps

Prior to launching the roadmap, PCS will use March and the first two weeks of April to engage in key communication and change management initiatives.



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The Deetken Group

MCFD Child Protection Services Provincial Centralized Screening

Baseline Analysis – Call volumes

May 7, 2020

This document presents analysis on historical call data

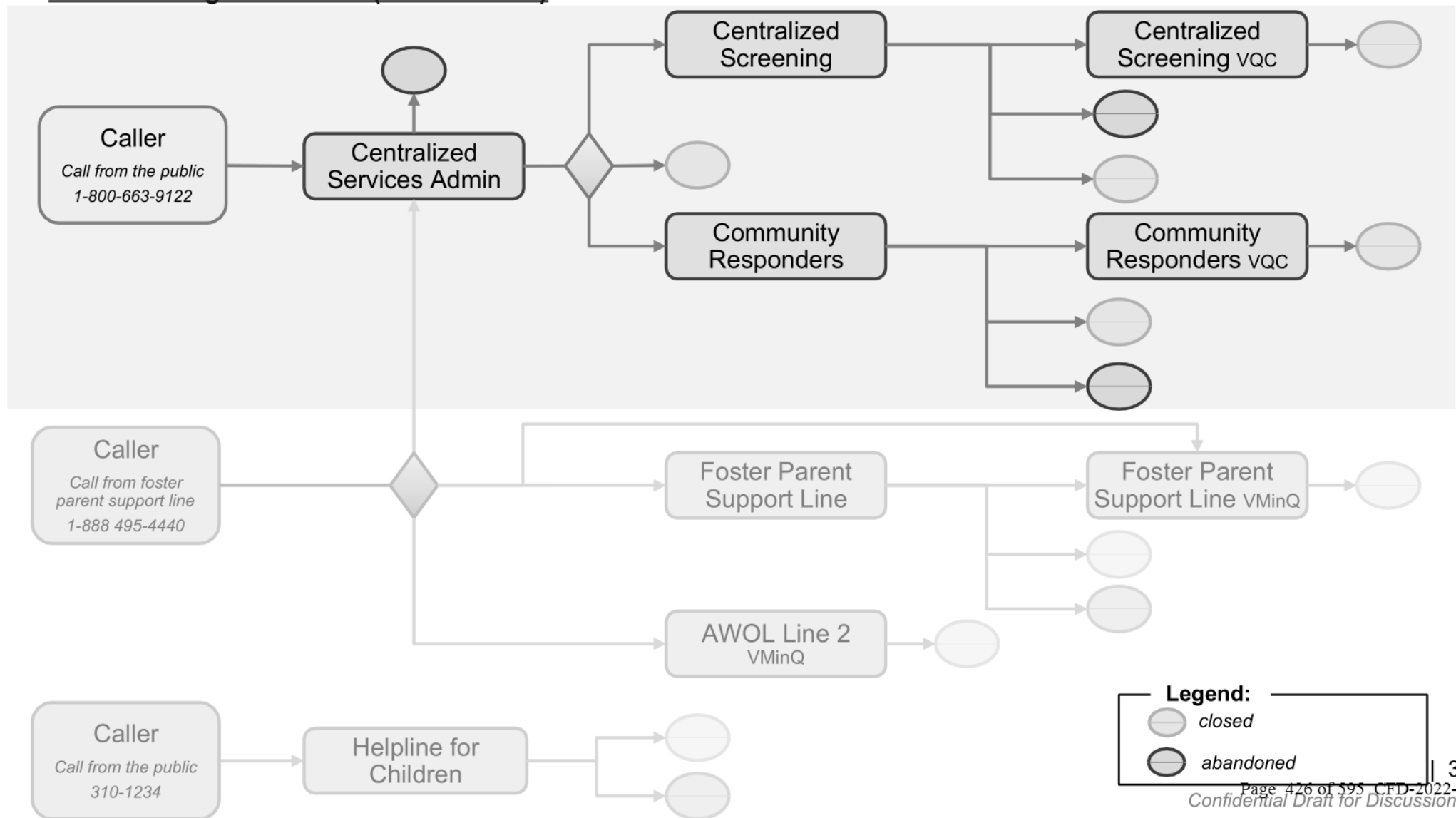
The purpose of this document is to confirm the analysis and identify trends or opportunities for further investigation, with the objective of refining materials for future stakeholder engagement sessions.

- MCFD provides 24/7 intake services for children at risk in British Columbia through the Provincial Centralized Screening (PCS) program.
- The PCS Operational Review project aims to improve services and operation across :
 - Efficiency
 - Effectiveness
 - Service Quality

Analysis Framework – Call Flow

The data analysis examined key call metrics based on the current state call flow. This document focuses on the Centralized Services line.

Call Flow Diagram for PCS (Current State)



Analysis Framework - Baseline Metrics

Based on market scan findings, several common performance measures have been identified for initial screening for child protection. This document explores several of these measures. Other measures may need to rely on previous reports (i.e. Effectiveness) or require other data sources.

Queue	Demand		Efficiency			Quality		Effectiveness		
	Offered Calls	Call Outcome	Talk Time	After Call Work	Occupancy (%)	Speed of Answer	Abandon Rate	Timeliness to Investigation	Reoccurrence	Compliance w Policy
Centralized Services Admin	✓	Answered Abandoned Escalated	✓	✓	tbd	✓	✓	tbd	tbd	tbd
Centralized Screening	✓	Answered Abandoned Incident	✓	✓	tbd	✓	✓			
Centralized Screening VQC	✓	Discussion Message Incident	✓	✓		✓	n/a			
Community Responders	✓	Answered Abandoned Incident	✓	✓		✓	✓			
Community Responders VQC	✓	Discussion Message Incident	✓	✓		✓	n/a			
Helpline for Children	✓	Answered Abandoned Incident	✓	✓		✓	✓			
Foster Parent Support Line	✓	Answered Abandoned	✓	✓		✓	✓			
Foster Parent Support VQC	✓	Discussion Message	✓	✓		✓	n/a			
AWOL VMinQ	✓	Discussion Message	✓	✓	tbd	✓	n/a			

Analysis Methodology

Call log data from Jan 1 2017 to Dec 31 2019 was extracted from Teleopti at 15 minute intervals. This data was aggregated into 60-minute intervals for further analysis.

METHODOLOGY



Teleopti data from Jan 1 2017 – Dec 31 2019 was provided for each 15 minute interval (the most granular level available)



This data was then aggregated to 1-hour intervals for the purpose of this analysis



2017 to 2019 data was analyzed for year-over-year and seasonal trends in baseline metrics



2019 data was analyzed at the 1-hour level to assess daily trends and movements in baseline metrics across

Summary Results – Call Queues and Metrics

The analysis was reconciled with previous operational reports and confirms the integrity of the data and analysis approach. 2019 averages are shown below.

Queue	Demand		Efficiency		Quality	
	Offered Calls (average calls per day)	Call Outcome (answered calls per day)	Talk Time (average time from call answer to outcome)	After Call Work (average wrap time)	Speed of Answer (average time to answer the call)	Abandon Rate ² (offered calls less answered calls less VQC calls, divided by offered calls)
Centralized Services Admin	562	543	0:00:53	0:00:03	0:00:10	3%
Centralized Screening	263	179	0:09:52	0:19:34	0:04:53	13%
Centralized Screening VQC	49	49	0:07:25	0:15:08	0:35:43	-
Community Responders	67	53	0:09:45	0:20:51	0:04:45	7%
Community Responders VQC	9	9	0:08:39	0:17:55	0:22:18	-
Helpline for Children ¹	tbd	tbd	tbd	tbd	tbd	tbd
Foster Parent Support Line	5	2	0:02:20	0:00:53	0:04:03	21%
Foster Parent Support VMinQ	1	1	0:00:47	0:02:37	1:06:56	-
AWOL Line 2 VMQ	47	47	0:01:29	0:23:22	0:18:40	-

1. Children Helpline Analysis TBD with 2020 data

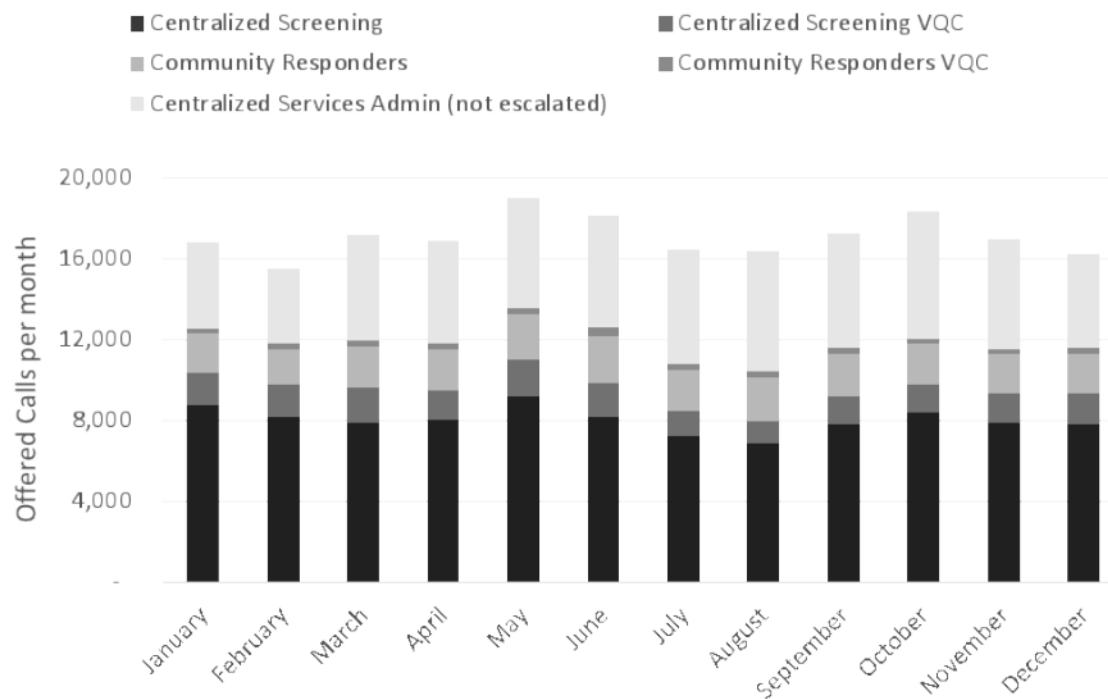
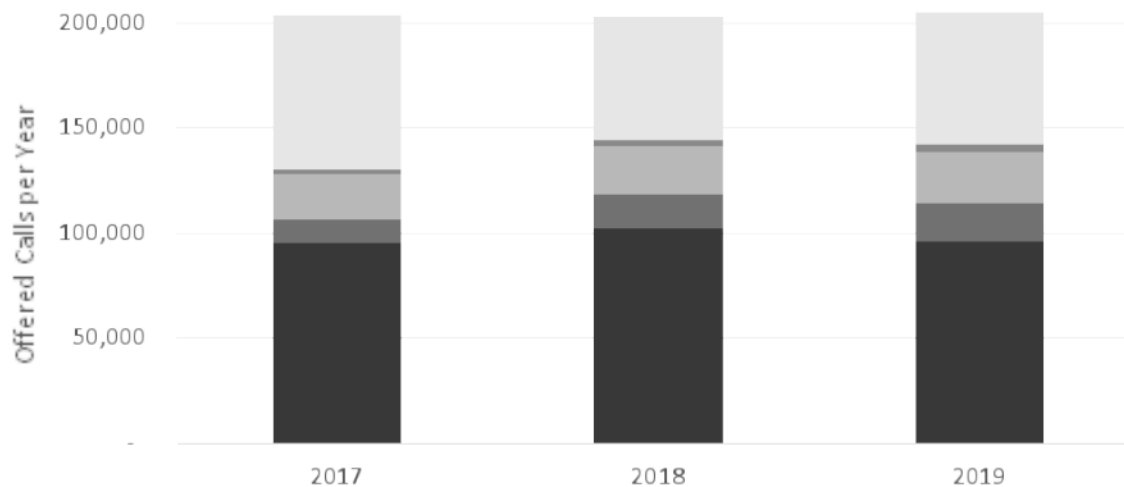
2. Abandoned calls are not captured accurately in Teleopti, and abandon rate is therefore approximated by considering calls escalated to the complementary voicemail callback queues

Appendix A - Demand



Demand – Annual and Seasonal Trends

TRENDS IN OFFERED CALLS (SW QUEUES)



OBSERVATIONS

Annual Trends

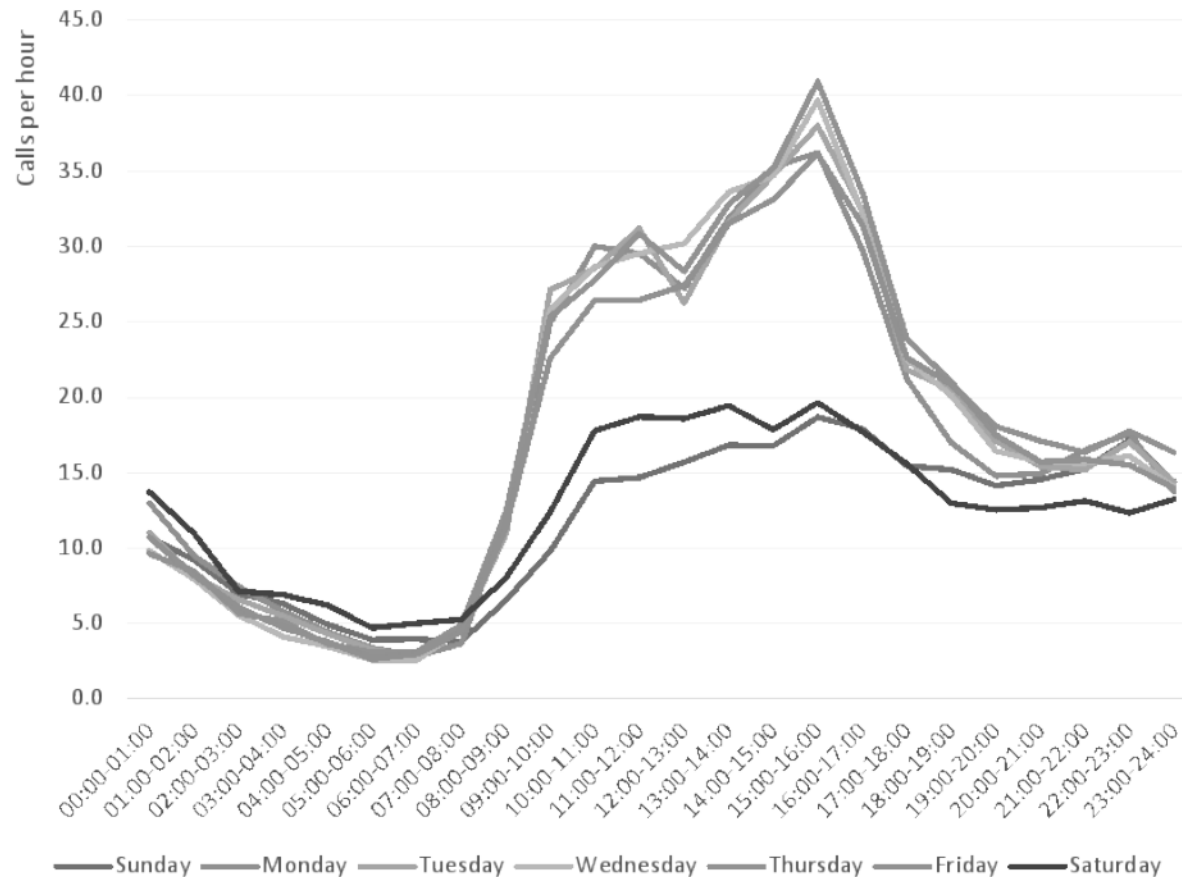
- Incoming calls to the Admin queue were stable year over year (~200,000 calls per year)
- Calls escalated to social workers increased by 8% (~10,000 calls per year) from 2017 to 2019

Seasonal Trends (2019):

- ~12,000 calls per month are offered to social workers
- Monthly peaks appear in May (~13,500 calls/month) with lows in August (~10,400 call/month)
- Peak to valley represents ~100 call/day difference

Demand – Daily Trends

SW OFFERED CALLS BY TIME OF DAY

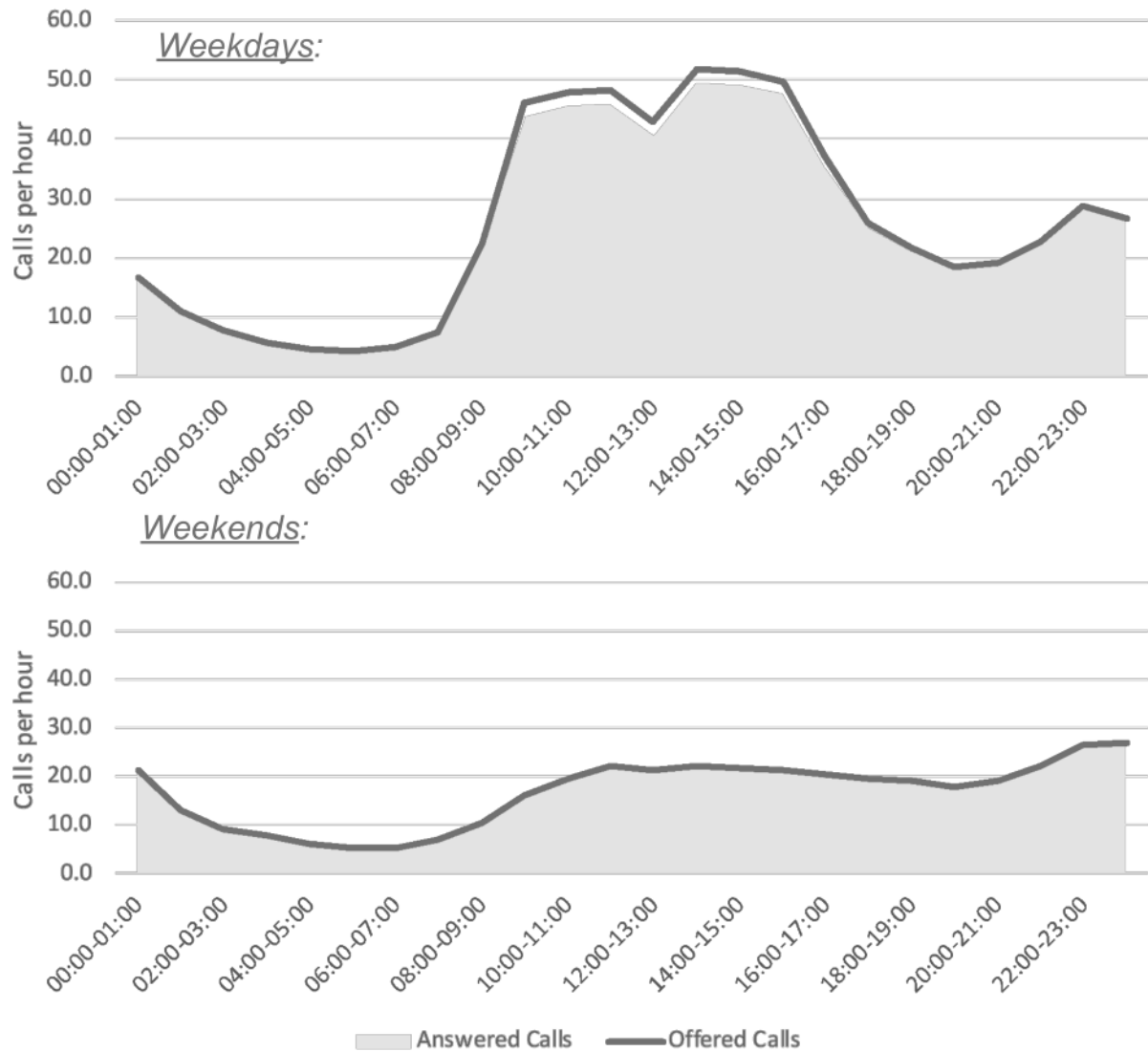


OBSERVATIONS

- Call profiles are consistent within weekdays and within weekends
- Overall demand for PCS services is highest from 9 – 5pm on weekdays
- Weekends share a similar profile to weekdays with ~ half the number of calls compared to the weekday peak
- Note – the chart only reflects offered calls to SW queues (Centralized Screening & VQC, Community Responders & VQC)

Demand

CENTRALIZED SERVICES ADMIN



OBSERVATIONS

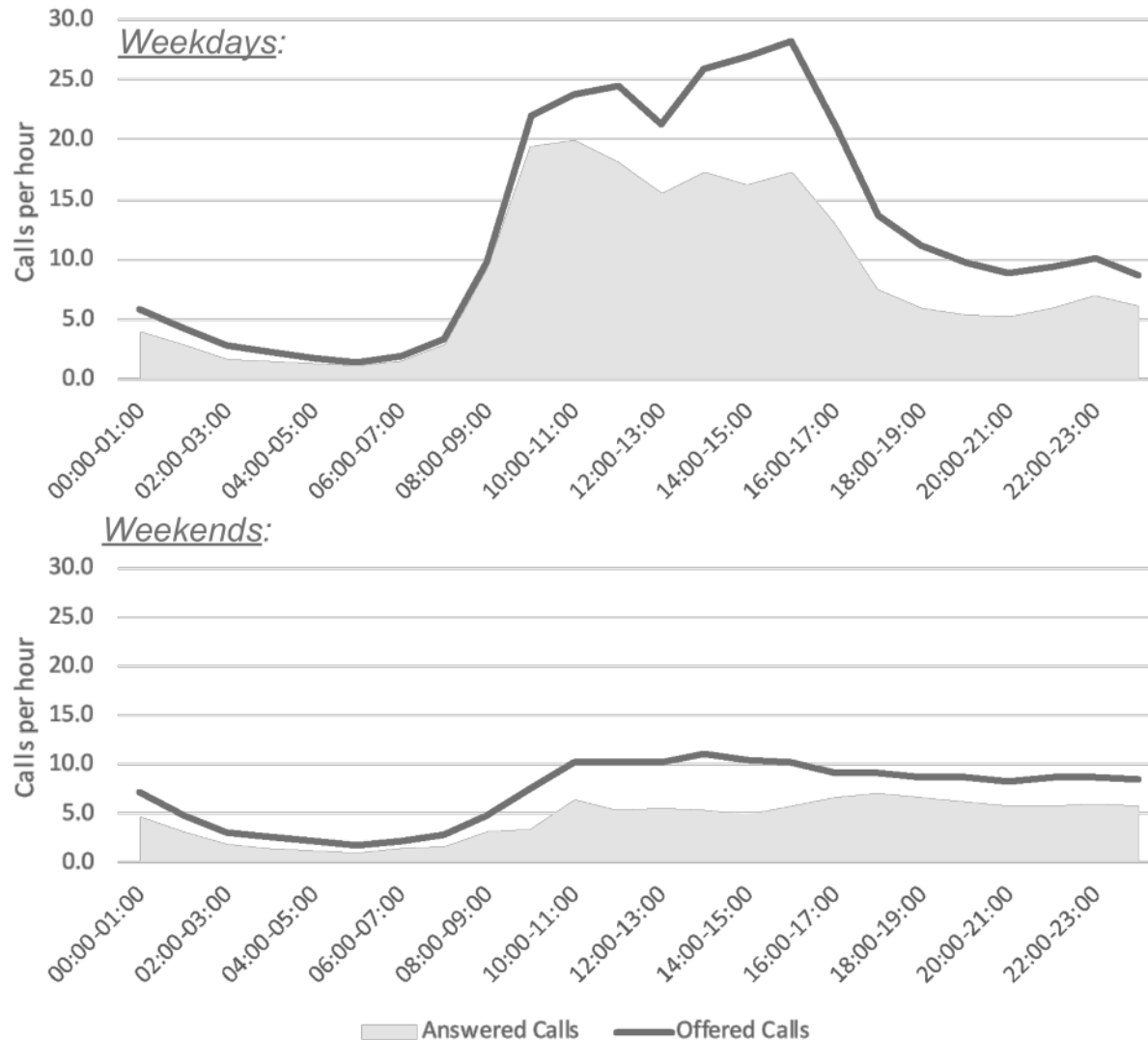
- The Admin queue is busiest during core hours, receiving ~50 calls per hour. ~70% of calls are escalated to a social worker (~14% are Community Responders) and ~30% are resolved by Admin.
- For every 10 calls, 3 are closed, 7 are escalated, and 1 of those 7 select the call back option

Outcome		Weekday	Weekend
Escalated	Centralized Services	48%	43%
	Centralized Services VQC	9%	10%
	Community Responders	10%	18%
	Community Responders VQC	1%	3%
	Total escalated	68%	73%
Closed		28%	25%
Abandoned		4%	2%

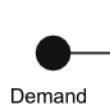
Demand

CENTRALIZED SCREENING

OBSERVATIONS

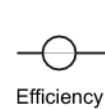


- Centralized Screening experiences highest demand on weekdays during core hours. At peak times, the Centralized Screening queue will receive >25 calls per hour and answer ~17 calls per hour



Centralized Services Admin
Centralized Screening
Centralized Screening VQC
Community Responders
Community Responders VQC

Foster Parent Support
Foster Parent Support VQC
Children Helpline
AWOL



Efficiency

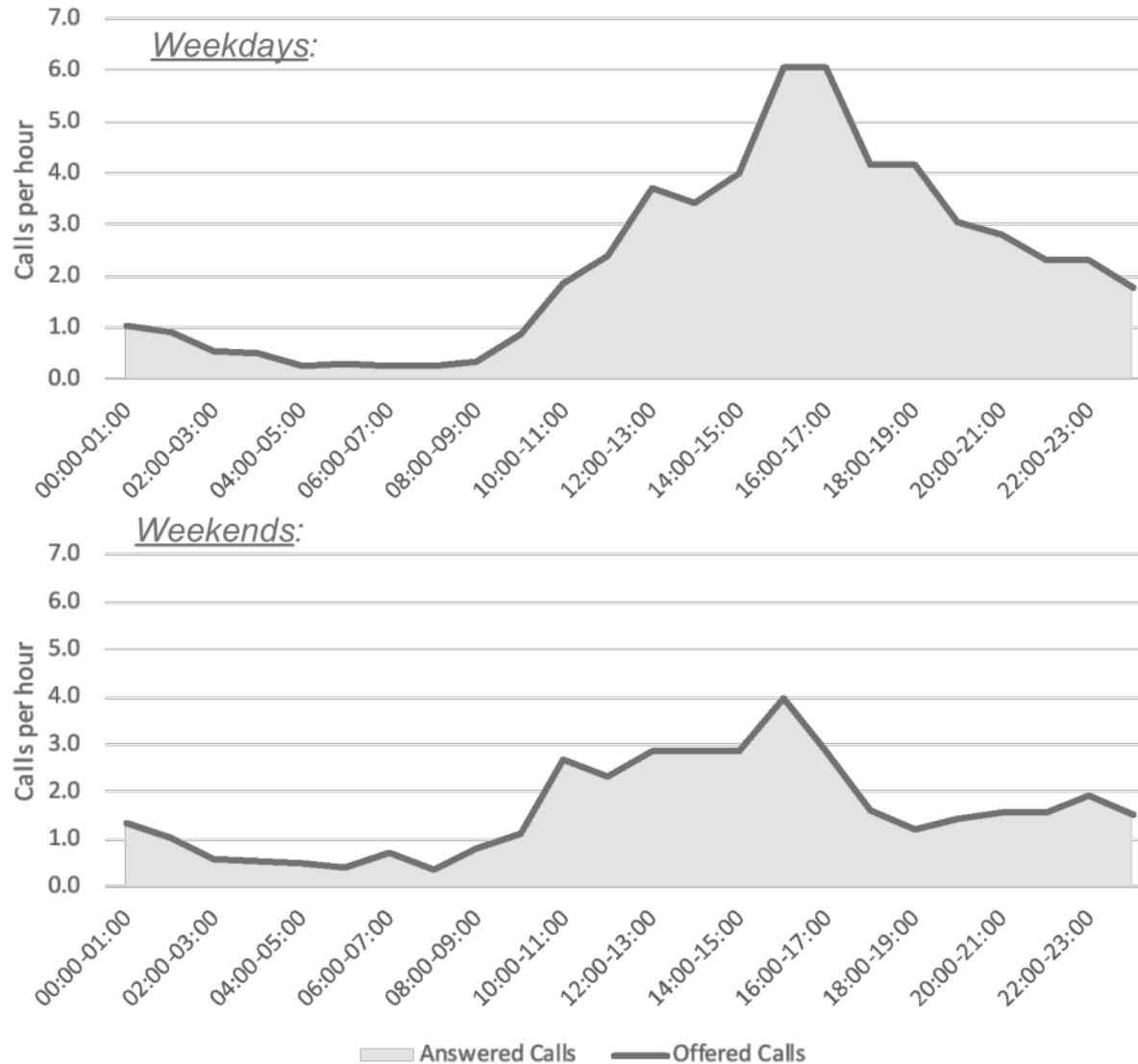


Service Quality

Demand

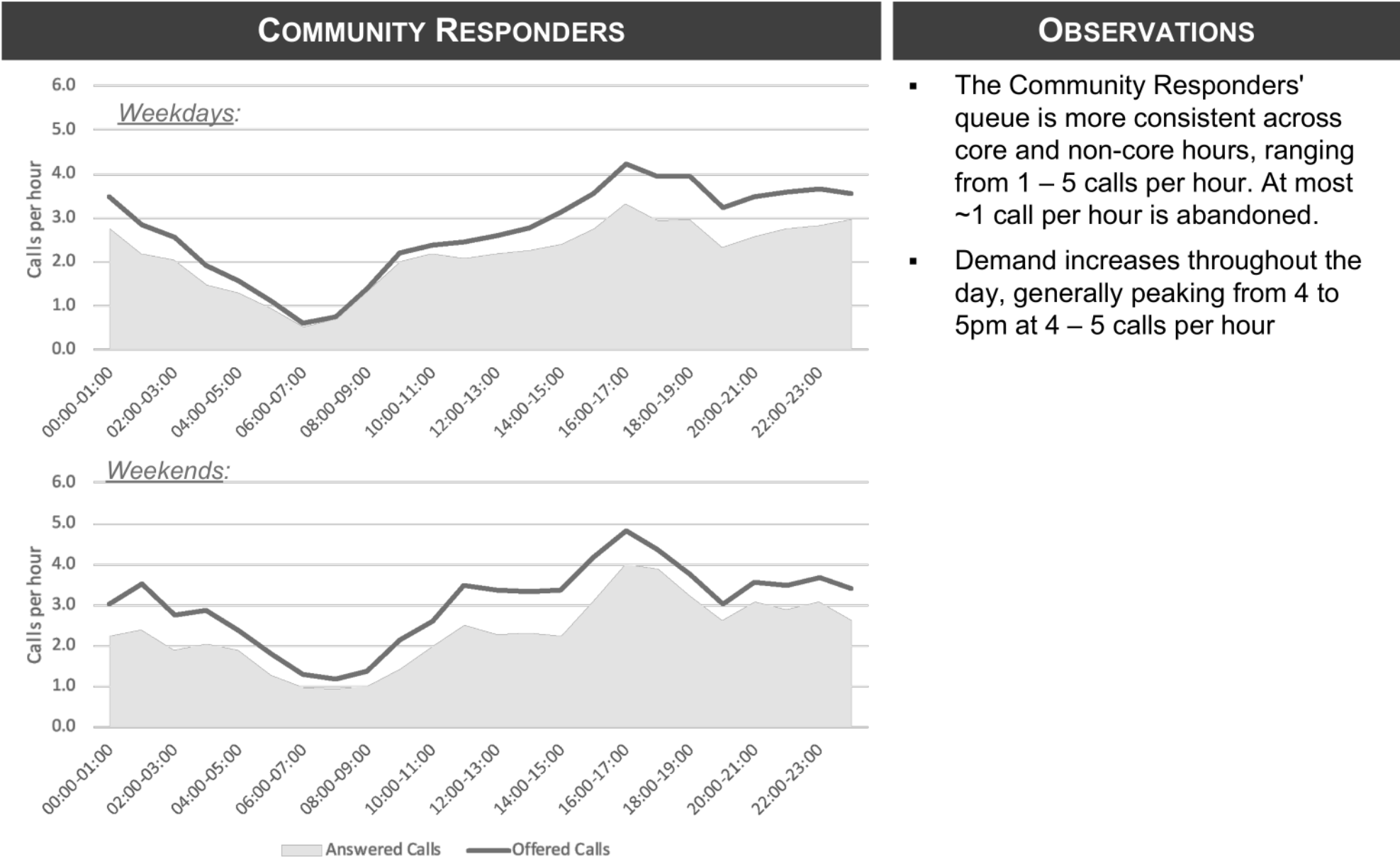
CENTRALIZED SCREENING VQC

OBSERVATIONS

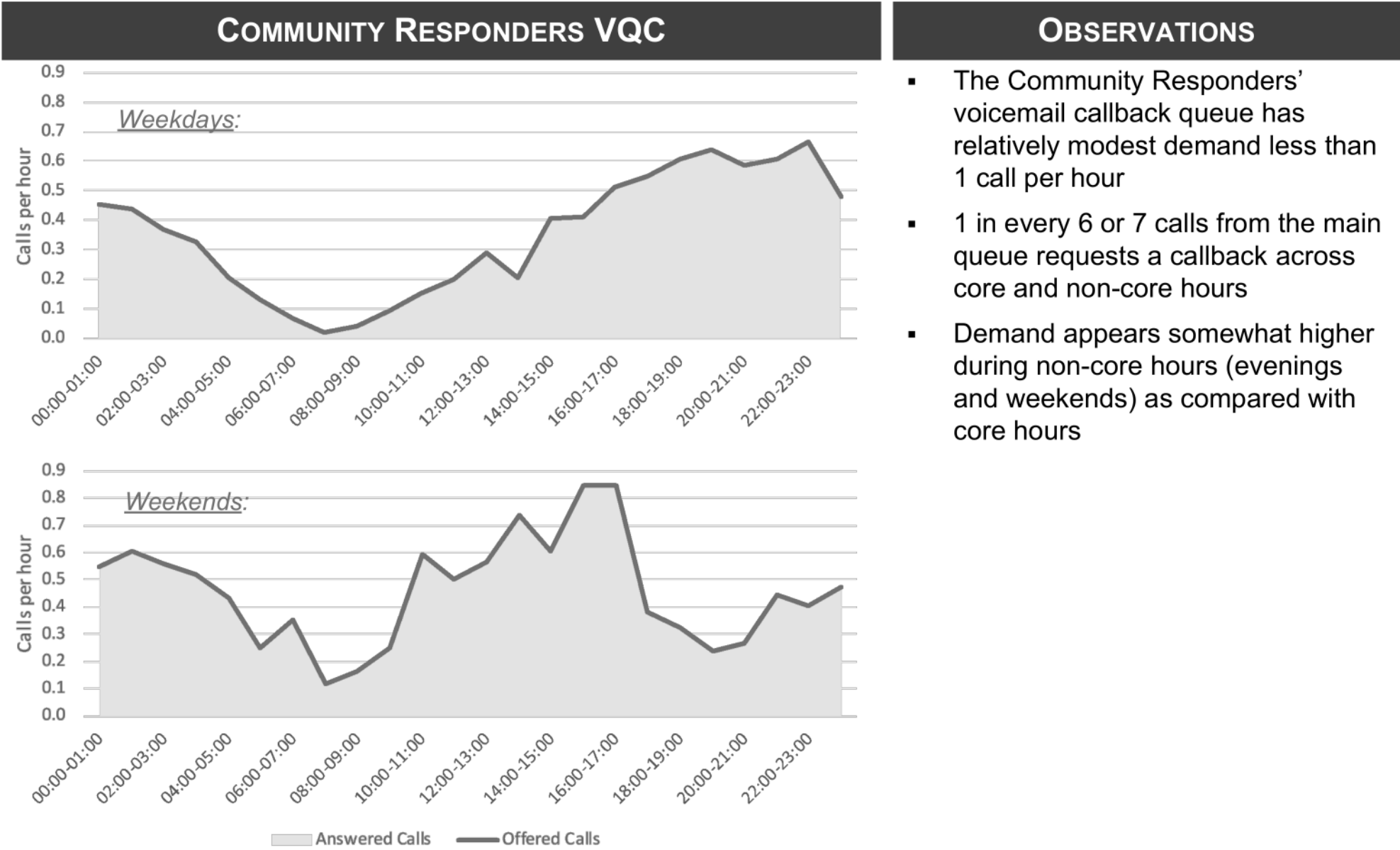


- The callback option appears to be more frequently selected towards the end of the core hours (i.e. 3-5pm)
- ~1 in every 4 - 5 calls from the Centralized Screening queue requests a callback


Demand



Demand

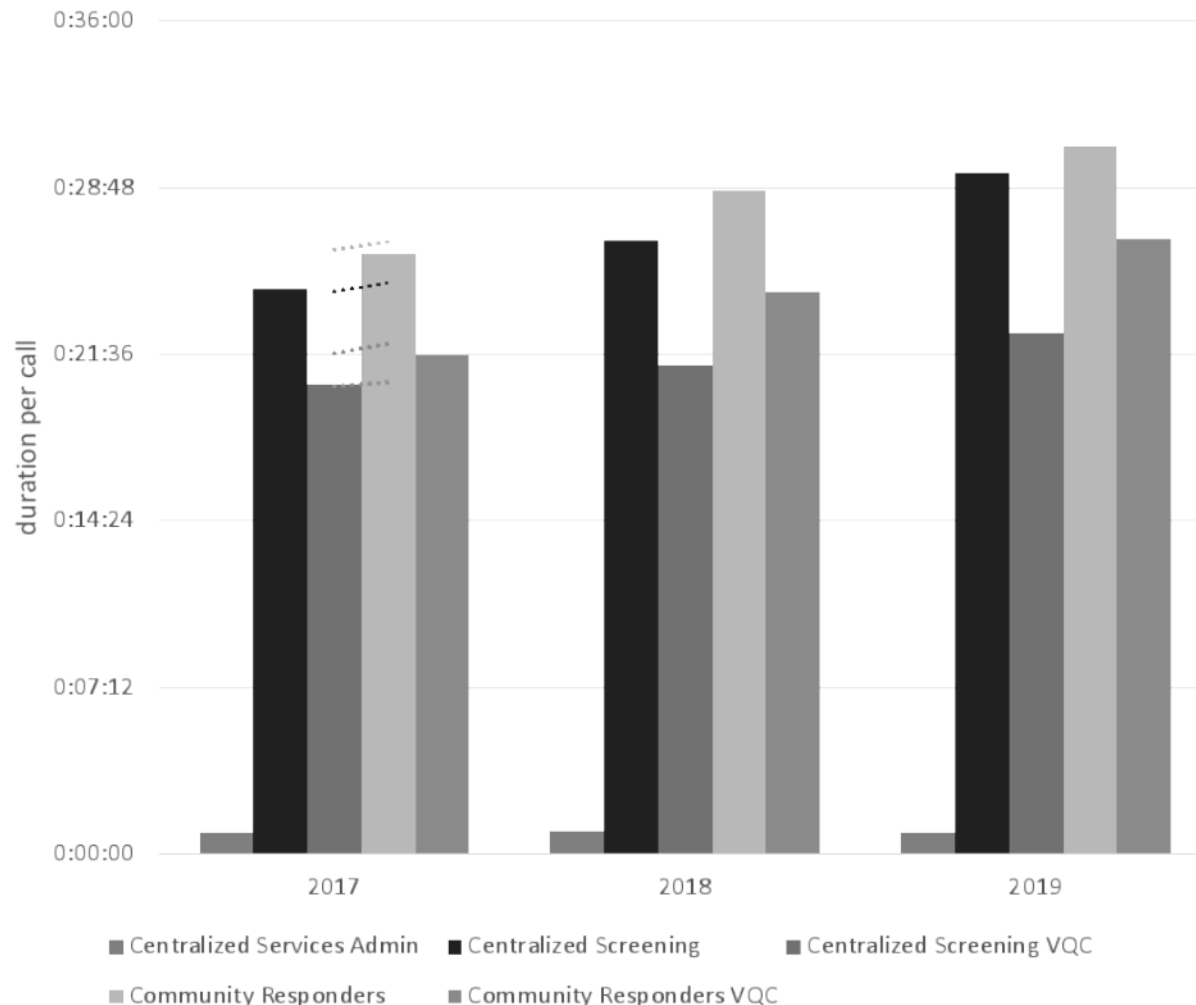


Appendix B - Efficiency



Efficiency – Annual Trends

AVERAGE HANDLE TIME

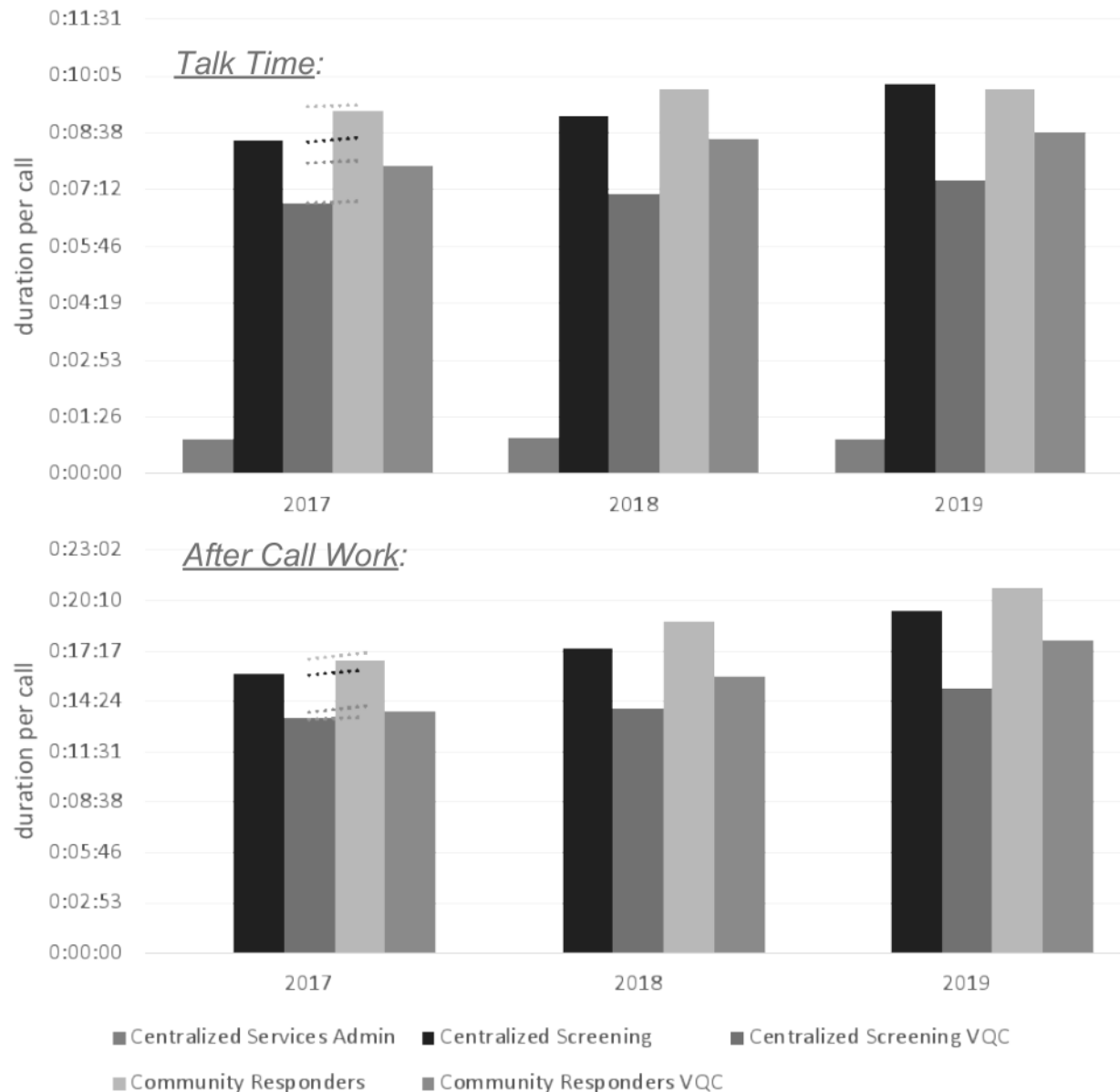


OBSERVATIONS

- Average Handle Times for social worker queues have increased in 2019 as compared to 2017
- Centralized Screening and Community Responder **AHTs increased by ~5 minutes per call** over the period
- The voicemail callback queues, Centralized Services VQC and Community Responders VQC increased AHTs over the period by **~2 minutes and 5 minutes per call**, respectively
- Admin queue AHT has been stable during this period **~ 1 minute per call**

Efficiency – Annual Trends

TALK TIME AND AFTER CALL WORK



OBSERVATIONS

Average Handle Time increased by ~5 minutes per call over the period, a 20% increase from 2017 AHT

- This is a result of increases in both Talk Time and After Call Work on a per call basis

Talk Time:

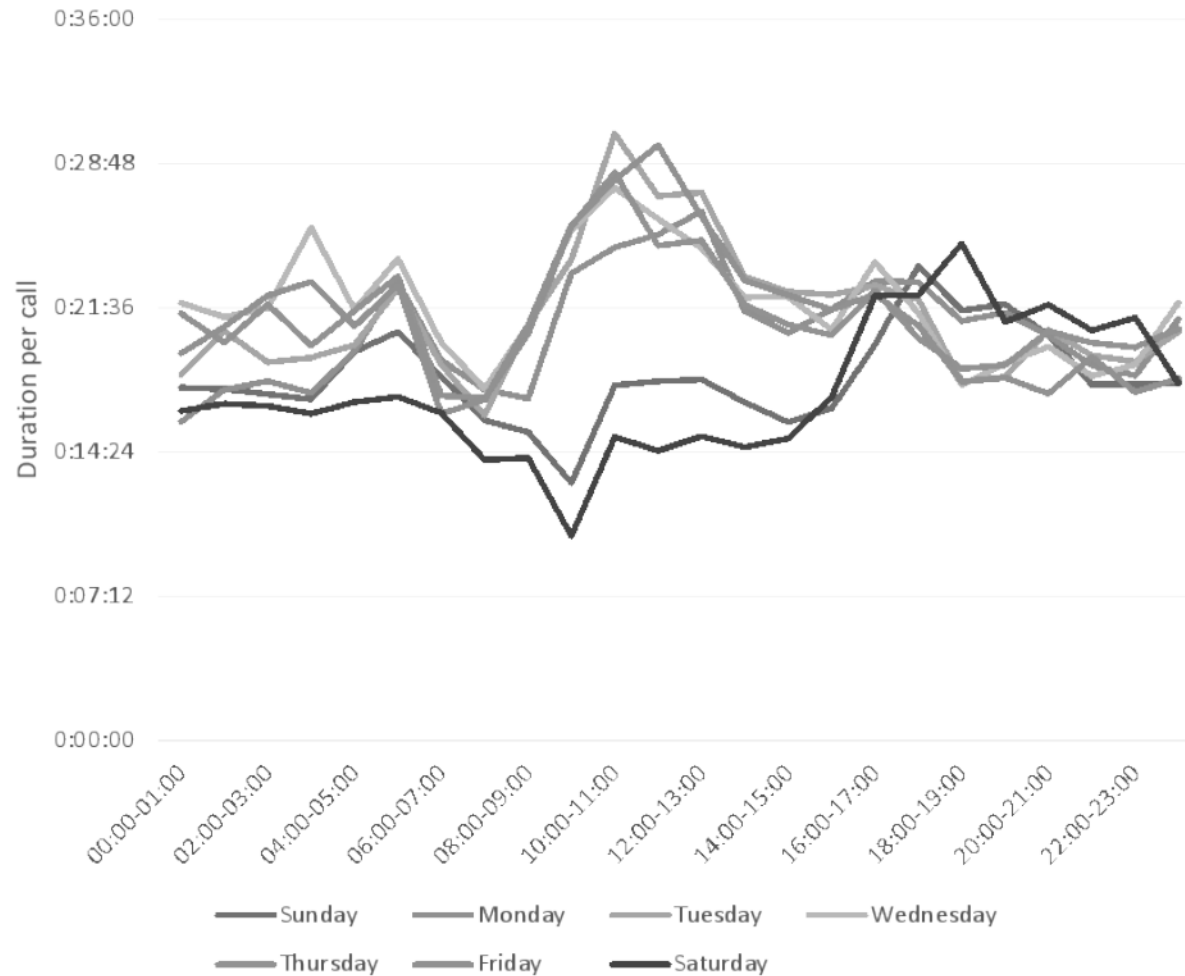
- Increased by 1.5 minutes per call for Centralized Screening and 30 seconds per call for Community Responders

After Call Work

- Increased by 3.5 minutes per call for Centralized Screening and 4 minutes per call for Community Responders
- This is a 25 – 30% increase from 2017 after call work

Efficiency – Daily Trends

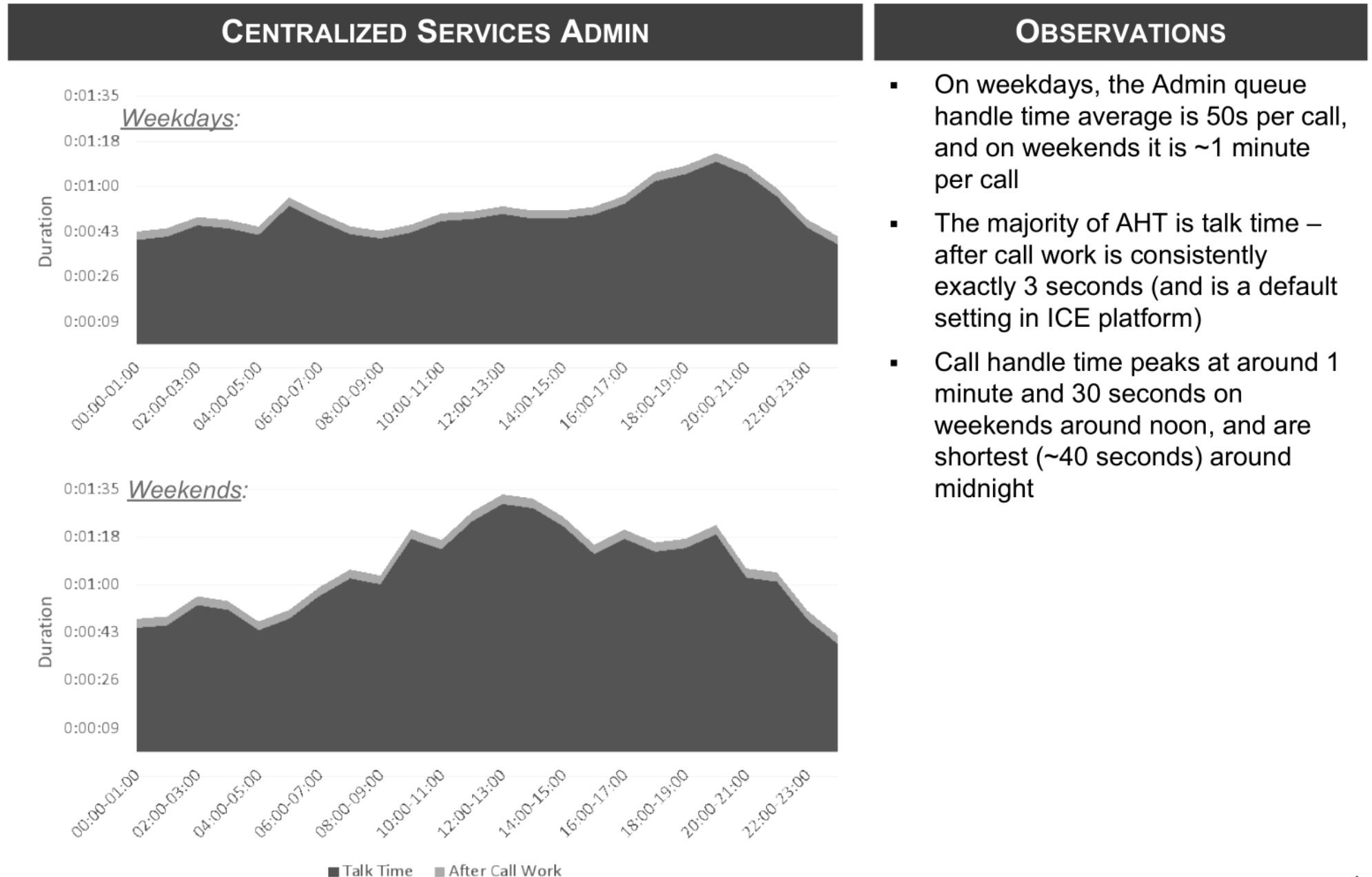
CALL HANDLE TIME BY TIME OF DAY (SW QUEUES)



OBSERVATIONS

- Handle times tend to overall follow the similar trends, though peaks during core hours on weekdays as compared with non-core hours / weekends
- Call handle times (including both talk time and after-call work) on average were ~20 minutes per call
- During core hours the average is ~24 minutes per call, while non-core is ~18 minutes per call

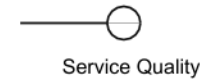
Efficiency





Centralized Services Admin
Centralized Screening
 Centralized Screening VQC
 Community Responders
 Community Responders VQC

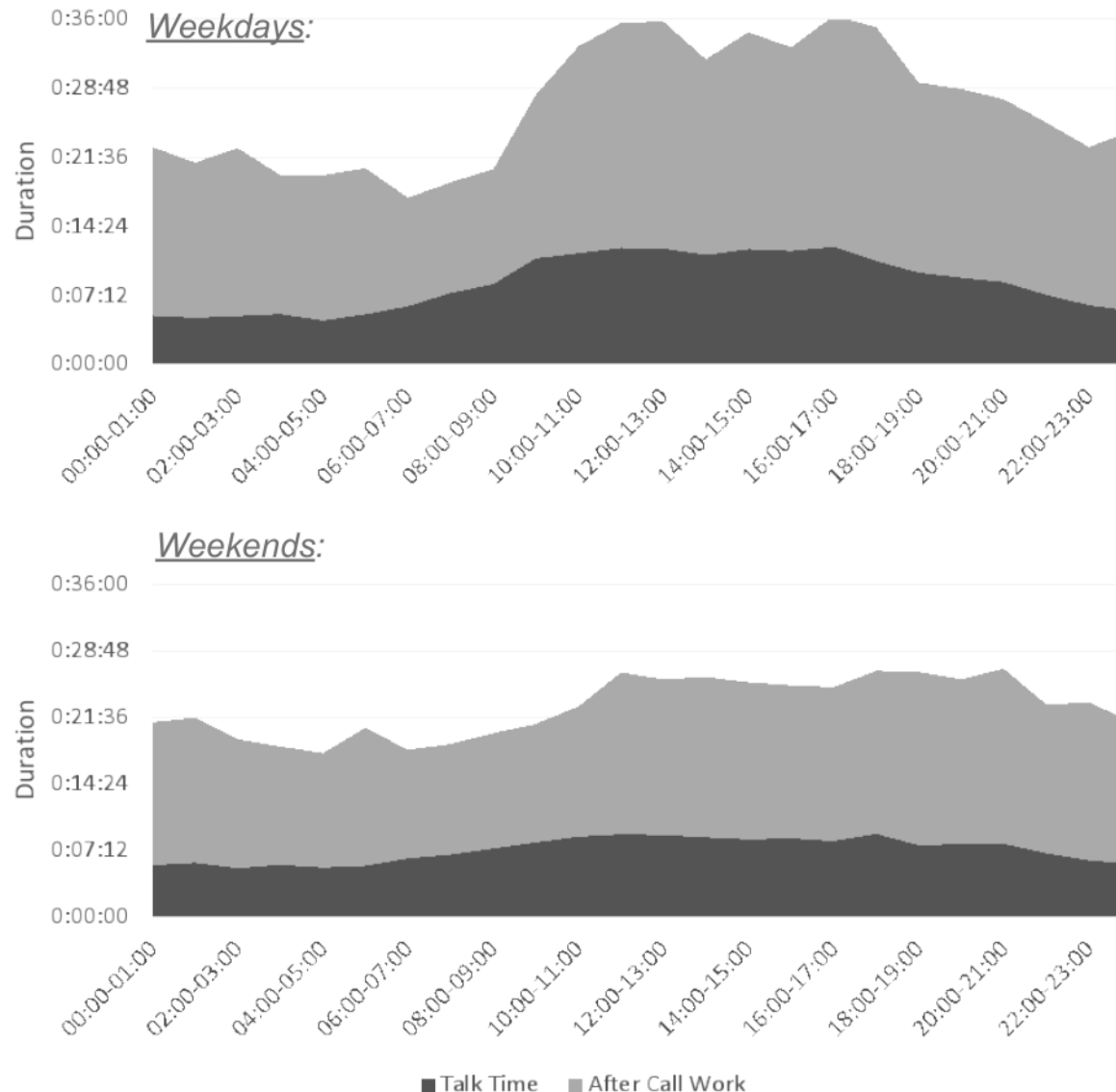
Foster Parent Support
 Foster Parent Support VQC
 Children Helpline
 AWOL



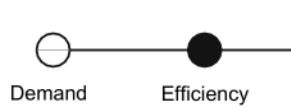
Efficiency

CENTRALIZED SCREENING

OBSERVATIONS

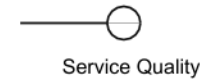


- Handle times range from ~20 to 36 minutes, and peak during core hours – this peak is generated mostly by an increase in both talk time and after call work
- Talk time ranges from 5 to 12 minutes, and after call work ranges from 14 to 24 minutes on average



Centralized Services Admin
Centralized Screening
Centralized Screening VQC
Community Responders
Community Responders VQC

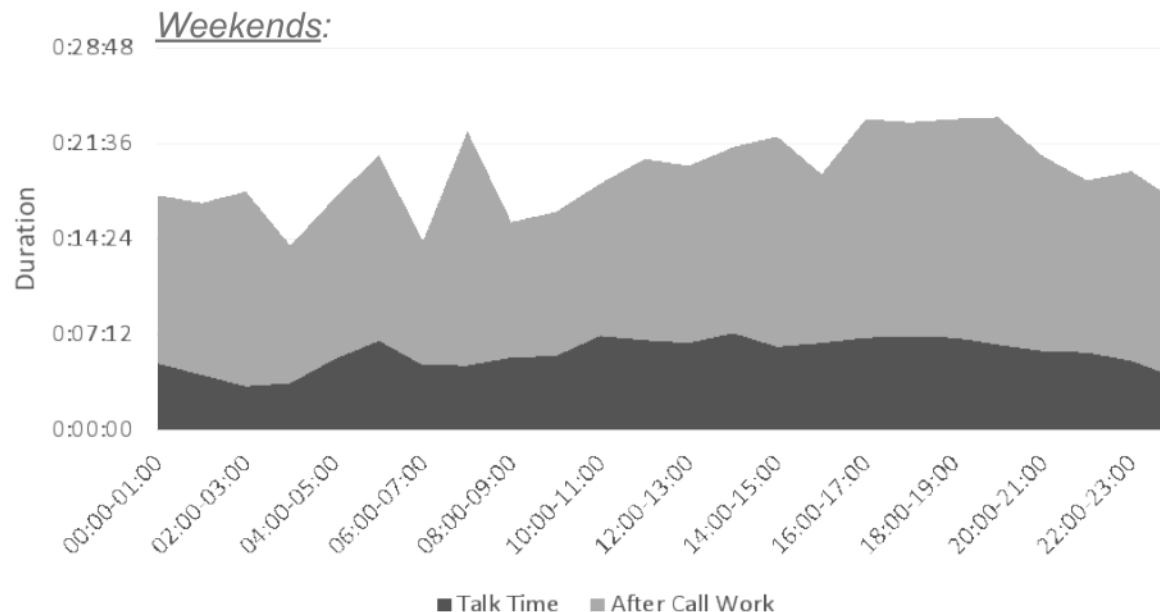
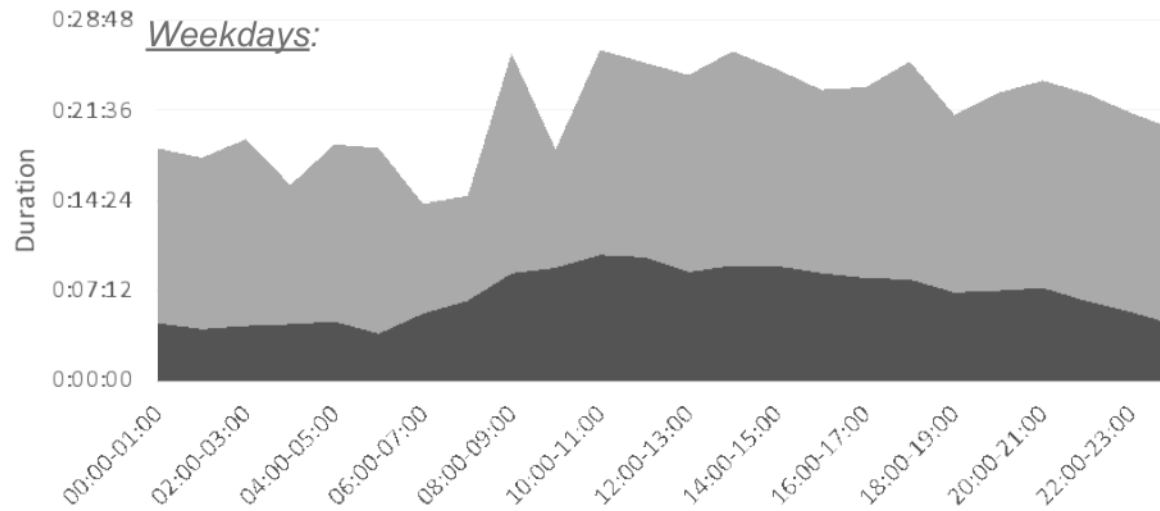
Foster Parent Support
Foster Parent Support VQC
Children Helpline
AWOL



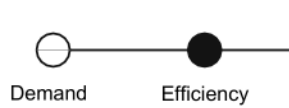
Efficiency

CENTRALIZED SCREENING VQC

OBSERVATIONS

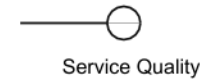


- Call handle time for the Centralized Services callback queue is shorter compared to the Centralized Services queue, on average not exceeding 25 minutes per call. Approx. 9 minutes for talk time and ~16 minutes for after call work
- Call handle time is consistent across core vs non-core hours and across weekday and weekend – on average both talk time and after call work are ~1 minute shorter on weekends than weekdays



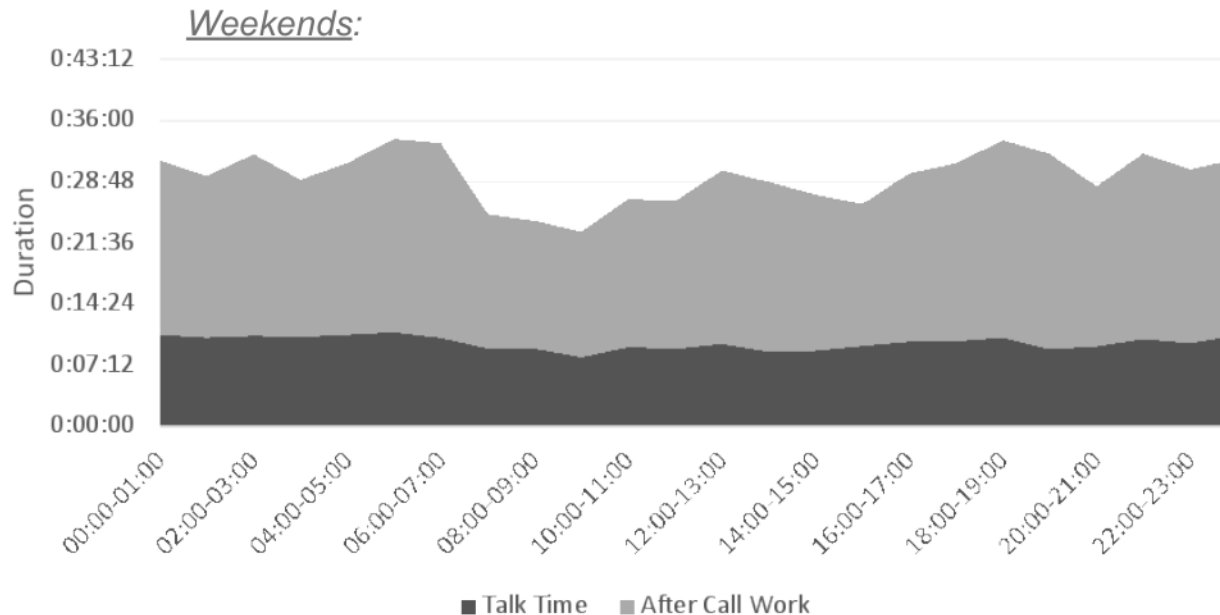
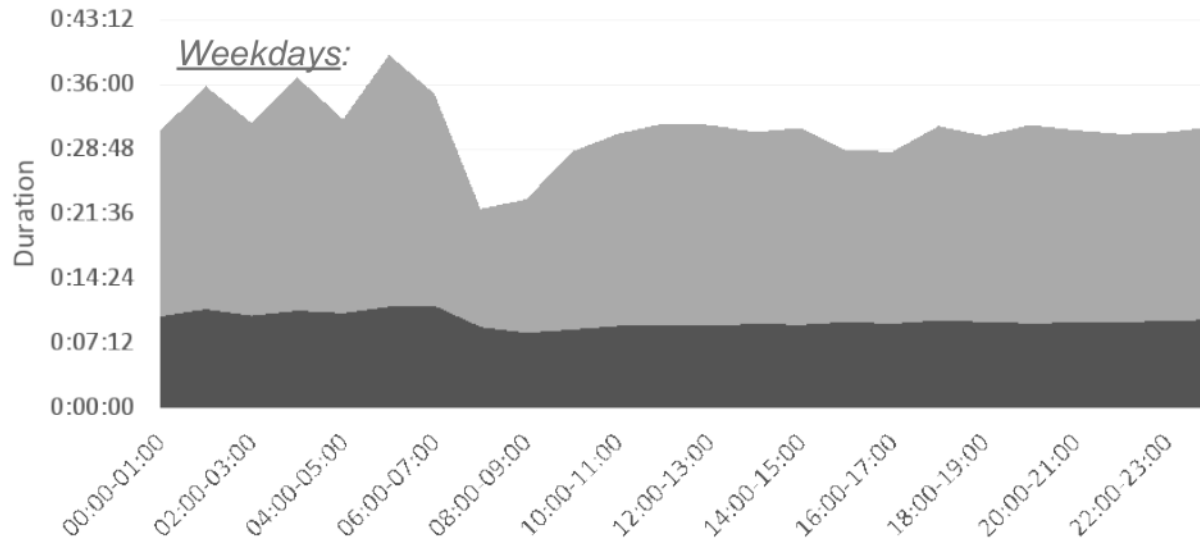
Centralized Services Admin
Centralized Screening
Centralized Screening VQC
Community Responders
Community Responders VQC

Foster Parent Support
Foster Parent Support VQC
Children Helpline
AWOL



Efficiency

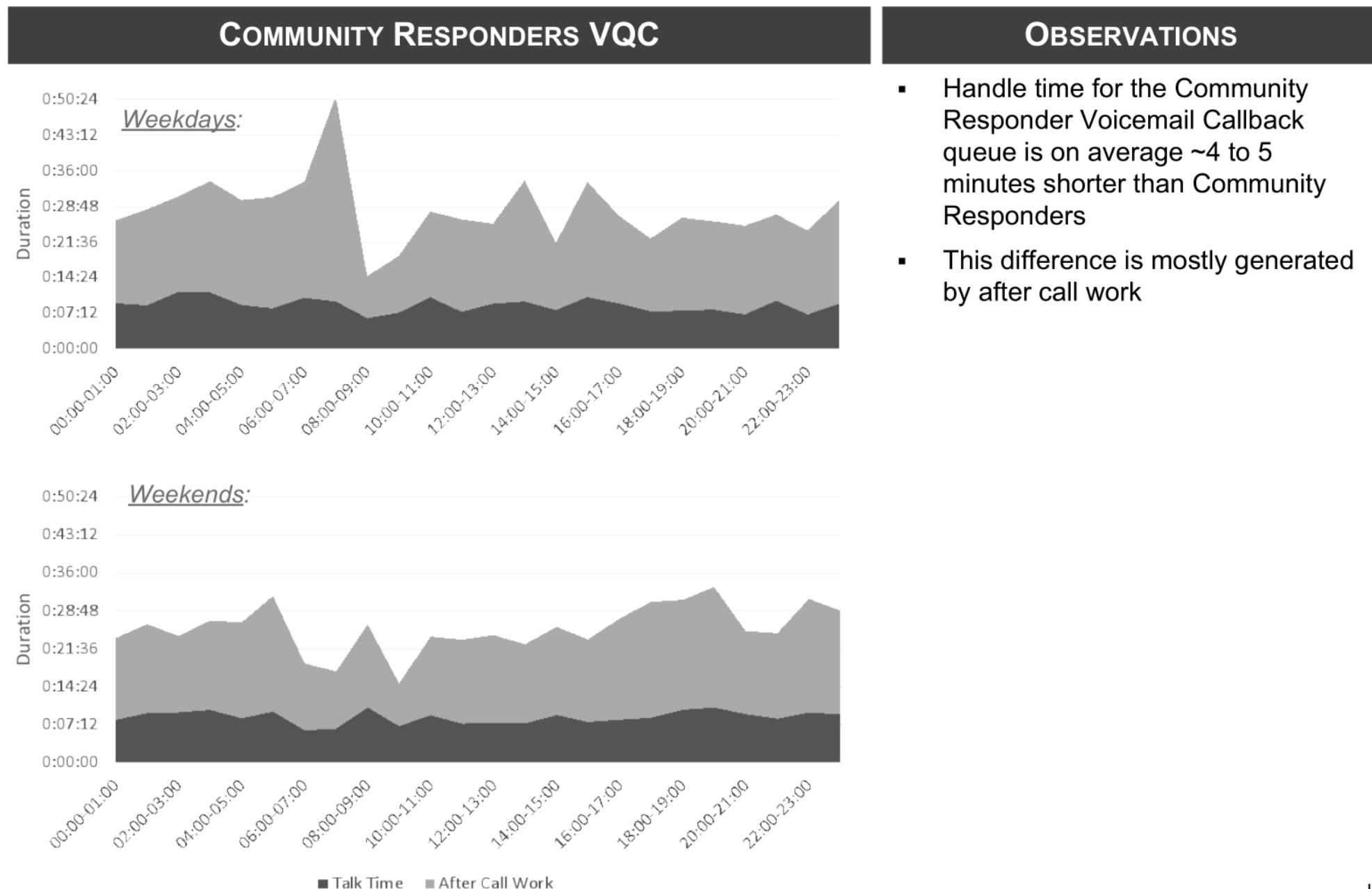
COMMUNITY RESPONDERS



OBSERVATIONS

- Handle times for the Community Responder queue is generally within 30 minutes - talk time accounts for around 10 minutes
- Talk time is fairly consistent across the day and between weekday and weekends
- After call work is longer on weekdays before core-hours

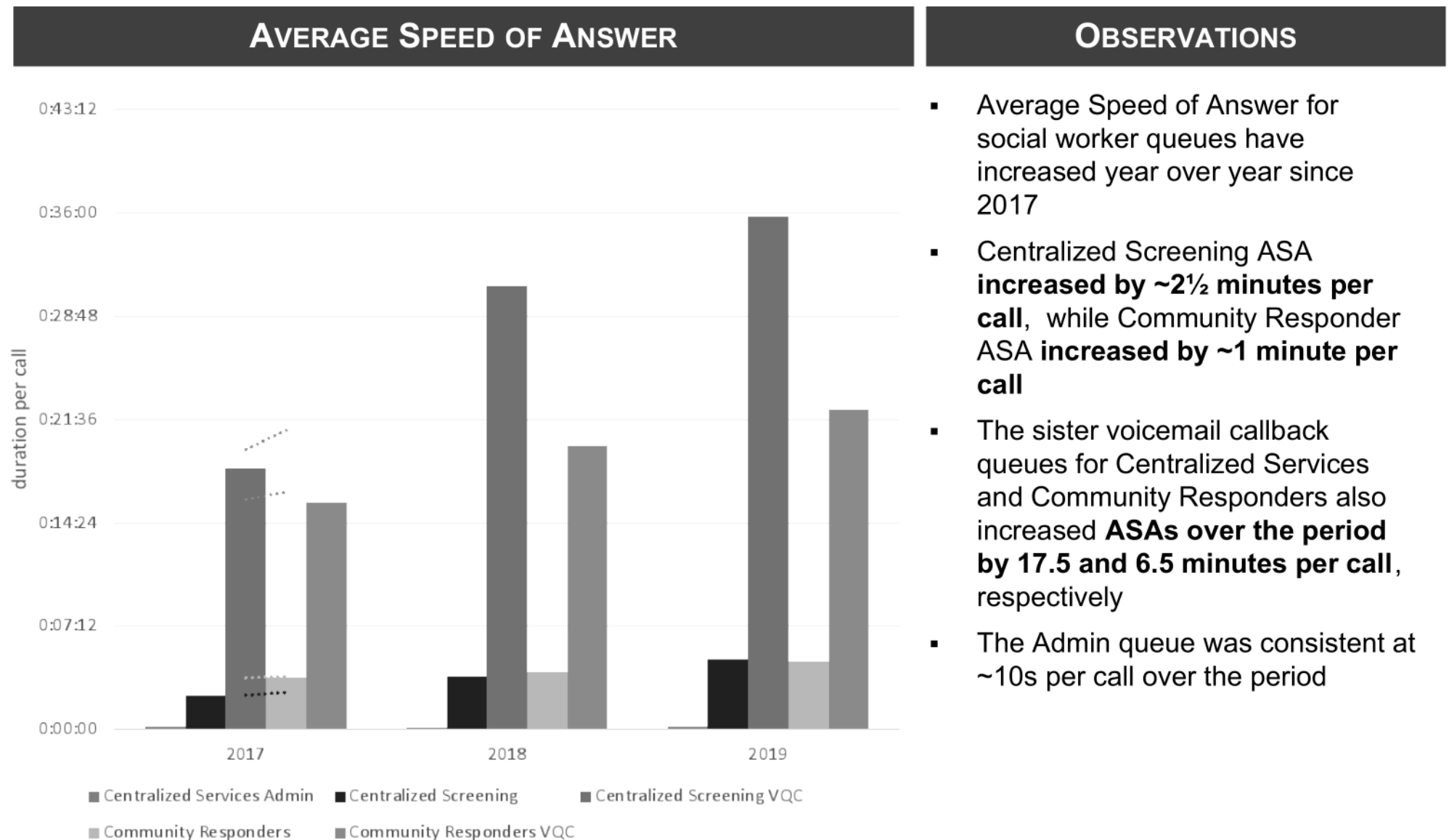
Efficiency



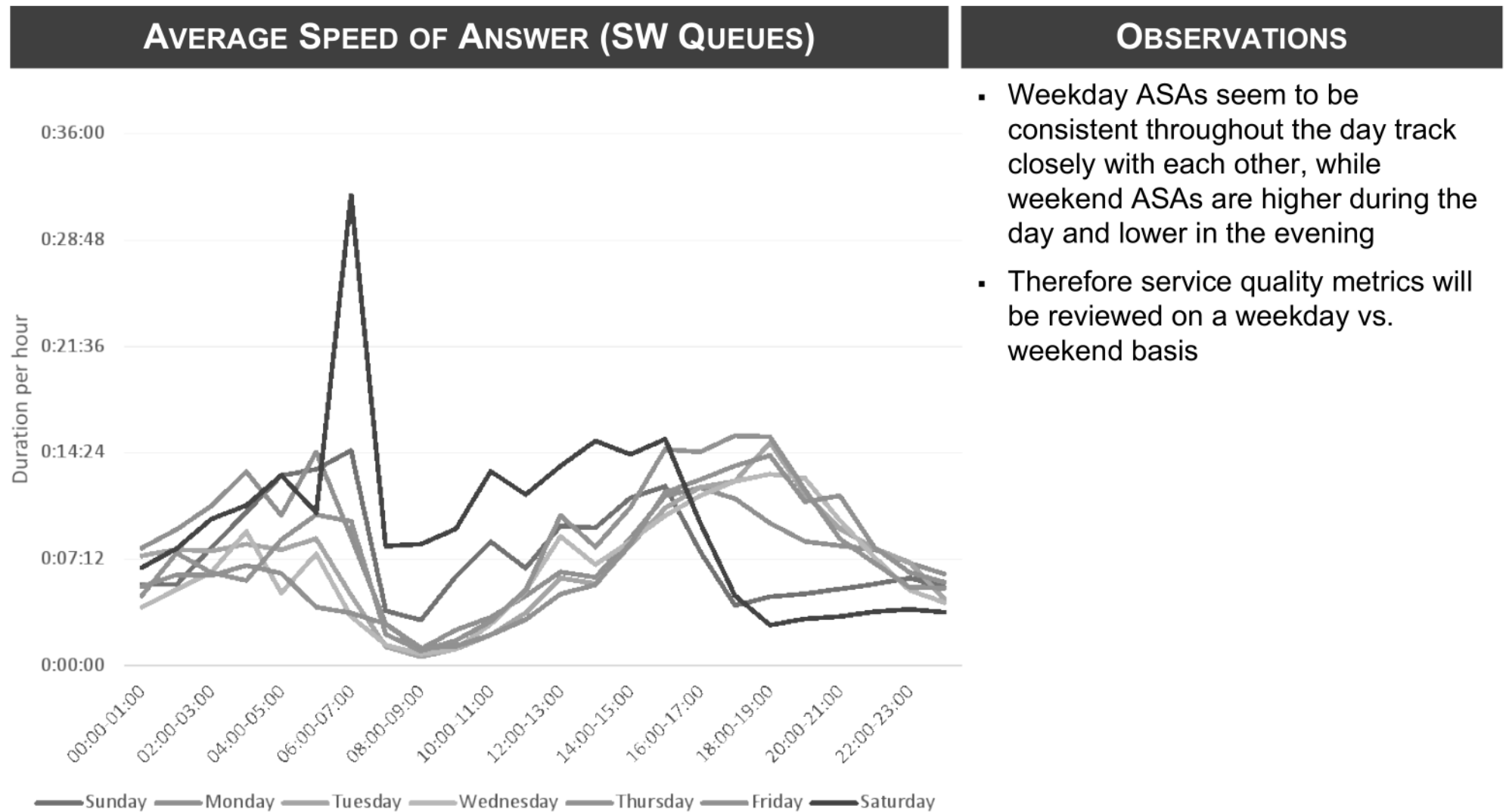
Appendix C – Service Quality

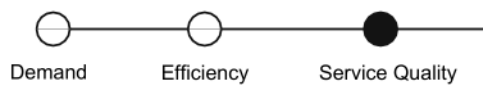


Service Quality – Annual Trends



Service Quality – Daily Trends



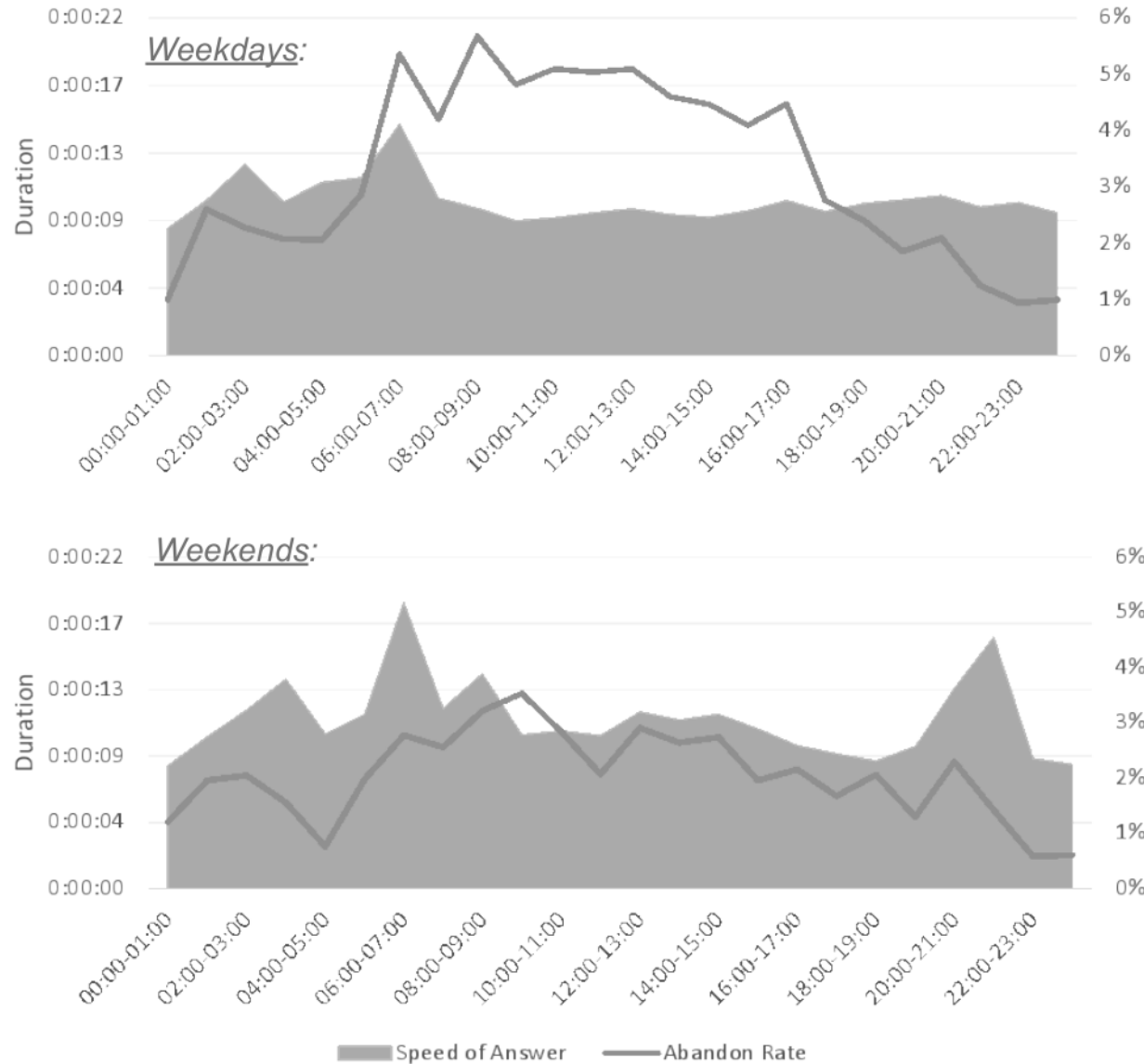


Centralized Services Admin
 Centralized Screening
 Centralized Screening VQC
 Community Responders
 Community Responders VQC

Foster Parent Support
 Foster Parent Support VQC
 Children Helpline
 AWOL

Service Quality

CENTRALIZED SERVICES ADMIN

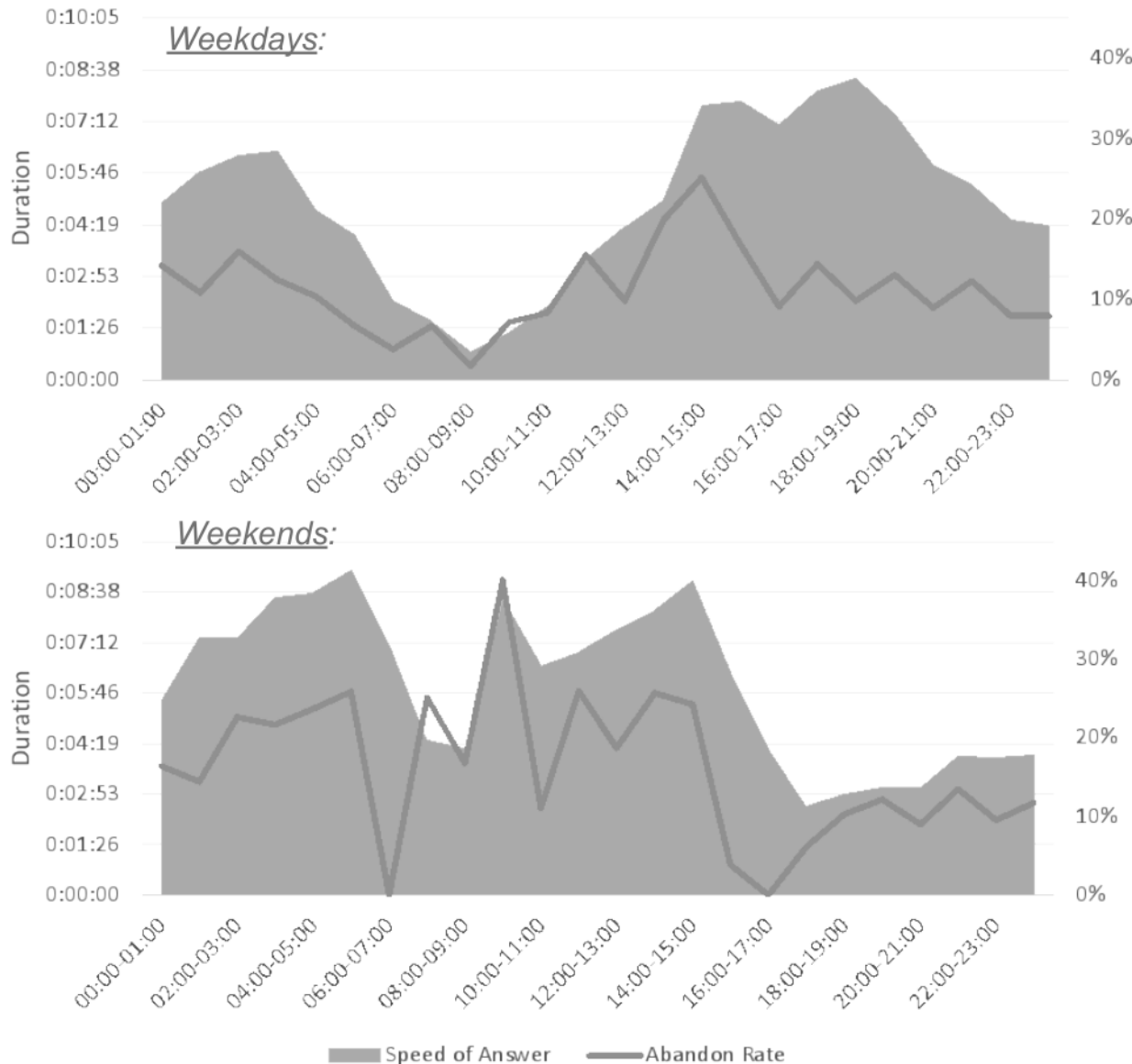


OBSERVATIONS

- The average speed of answer in the Admin queue is around 10 seconds per call and consistent throughout the day and across all days
- Abandon rates peak during weekday core hours reaching ~ 5%
- Abandon rates outside of core hours and on weekends are consistent at ~ 2 %

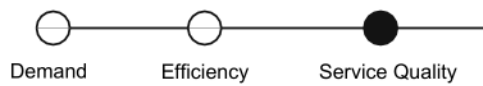
Service Quality

CENTRALIZED SCREENING



OBSERVATIONS

- Abandon rates are on average 11% and 16% on weekdays and weekends respectively, while ASA is generally 5 and 6 minutes respectively



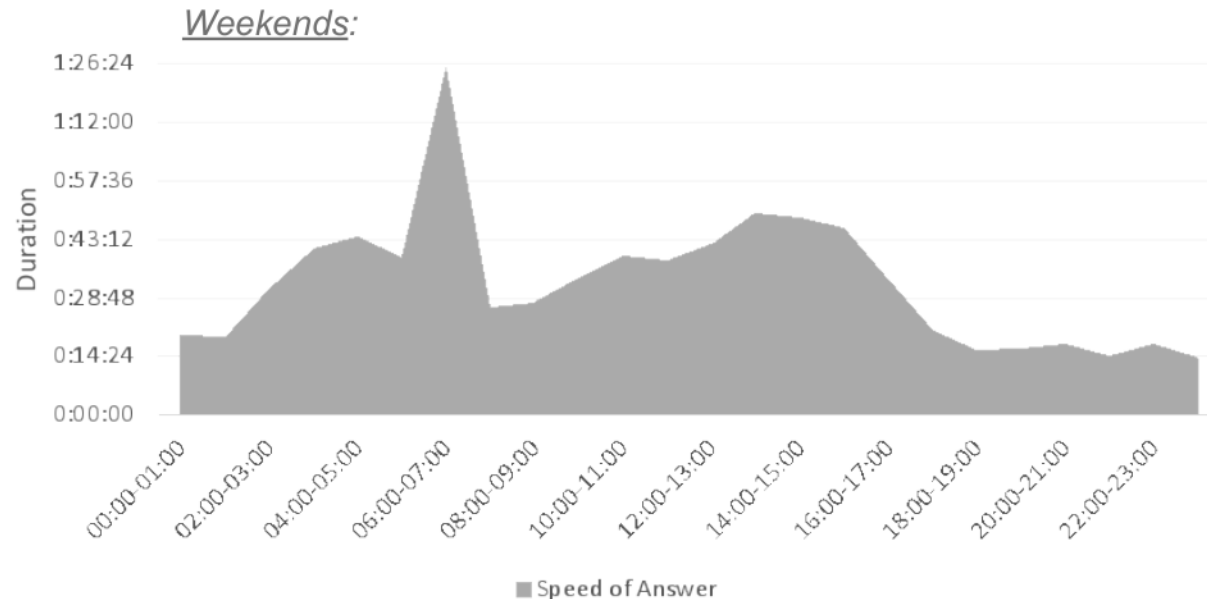
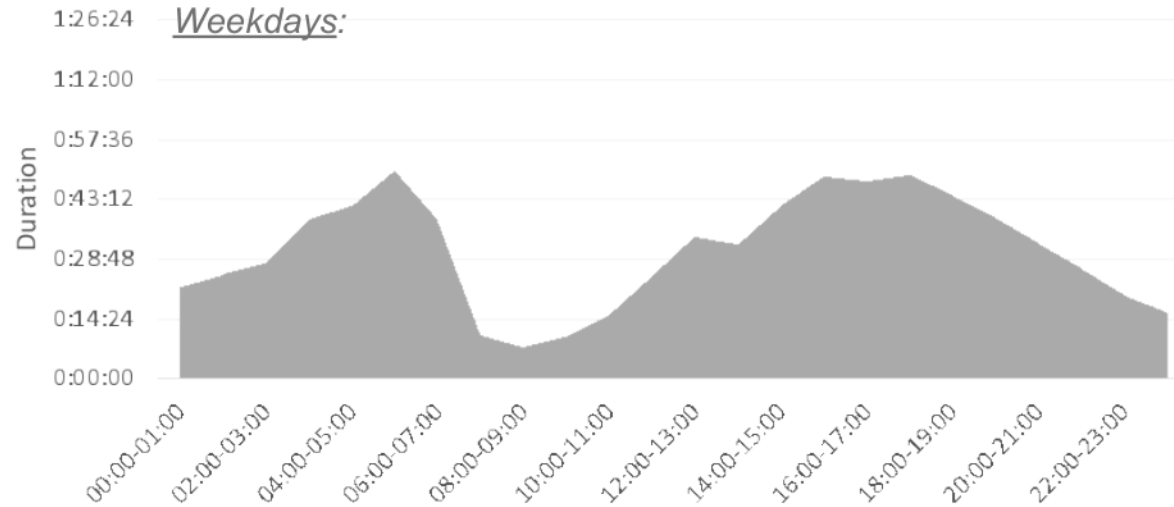
Centralized Services Admin
 Centralized Screening
Centralized Screening VQC
 Community Responders
 Community Responders VQC

Foster Parent Support
 Foster Parent Support VQC
 Children Helpline
 AWOL

Service Quality

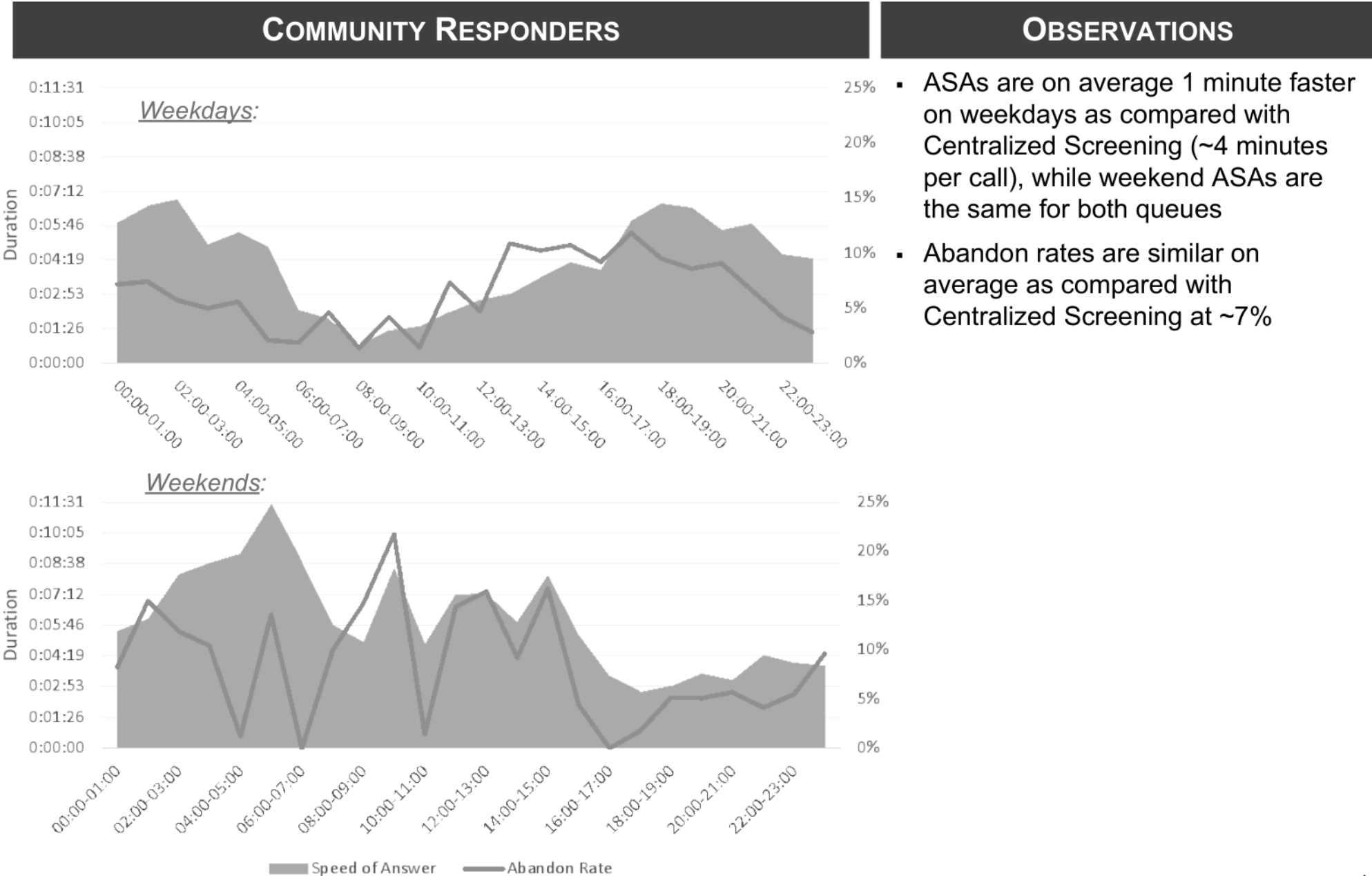
CENTRALIZED SCREENING VQC

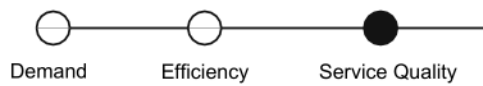
OBSERVATIONS



- For the Centralized Services callback queue, callbacks take ~30 minutes on average for weekdays and weekends, with peaks early in the morning and later in the afternoon
- Generally the trends follow ASAs of the primary queue (higher early morning before 9 am, peak again around 2 – 3pm), though wait times are significantly longer

Service Quality



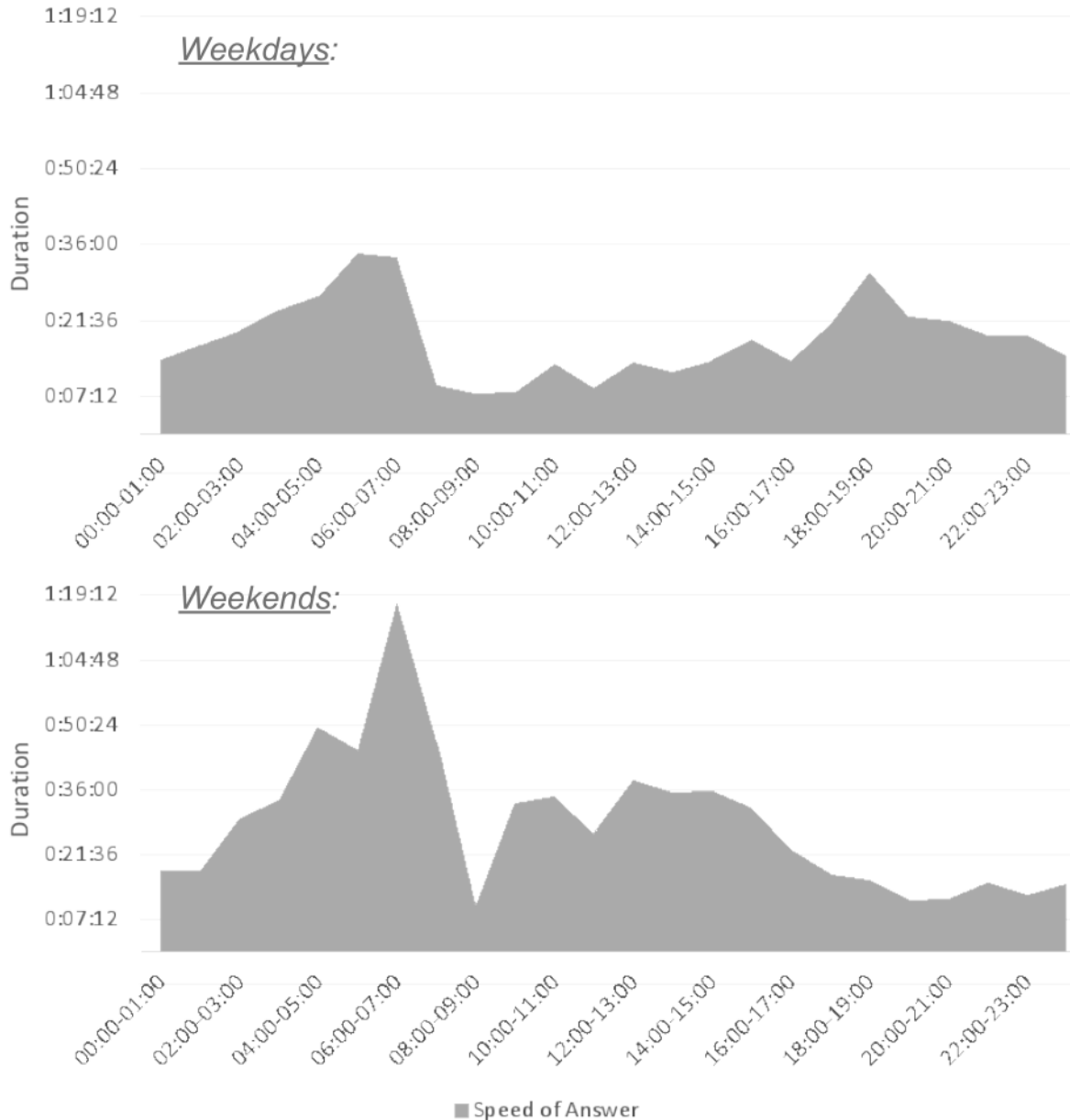


Centralized Services Admin
 Centralized Screening
 Centralized Screening VQC
 Community Responders
Community Responders VQC

Foster Parent Support
 Foster Parent Support VQC
 Children Helpline
 AWOL

Service Quality

COMMUNITY RESPONDERS VQC



OBSERVATIONS

- Trends in callback wait times in this queue resemble ASAs of the primary queue, though wait times are overall longer – it generally takes 15 – 30 minutes for community responders to receive a callback
- On weekends there is a peak callback time of 1 hour and 17 minutes, meaning that a callback requested at 6am may come after 7am

The Deetken Group

MCFD Child Protection Services Provincial Centralized Screening

Baseline Analysis – Call volumes

May 14, 2020

This document presents analysis on historical call data

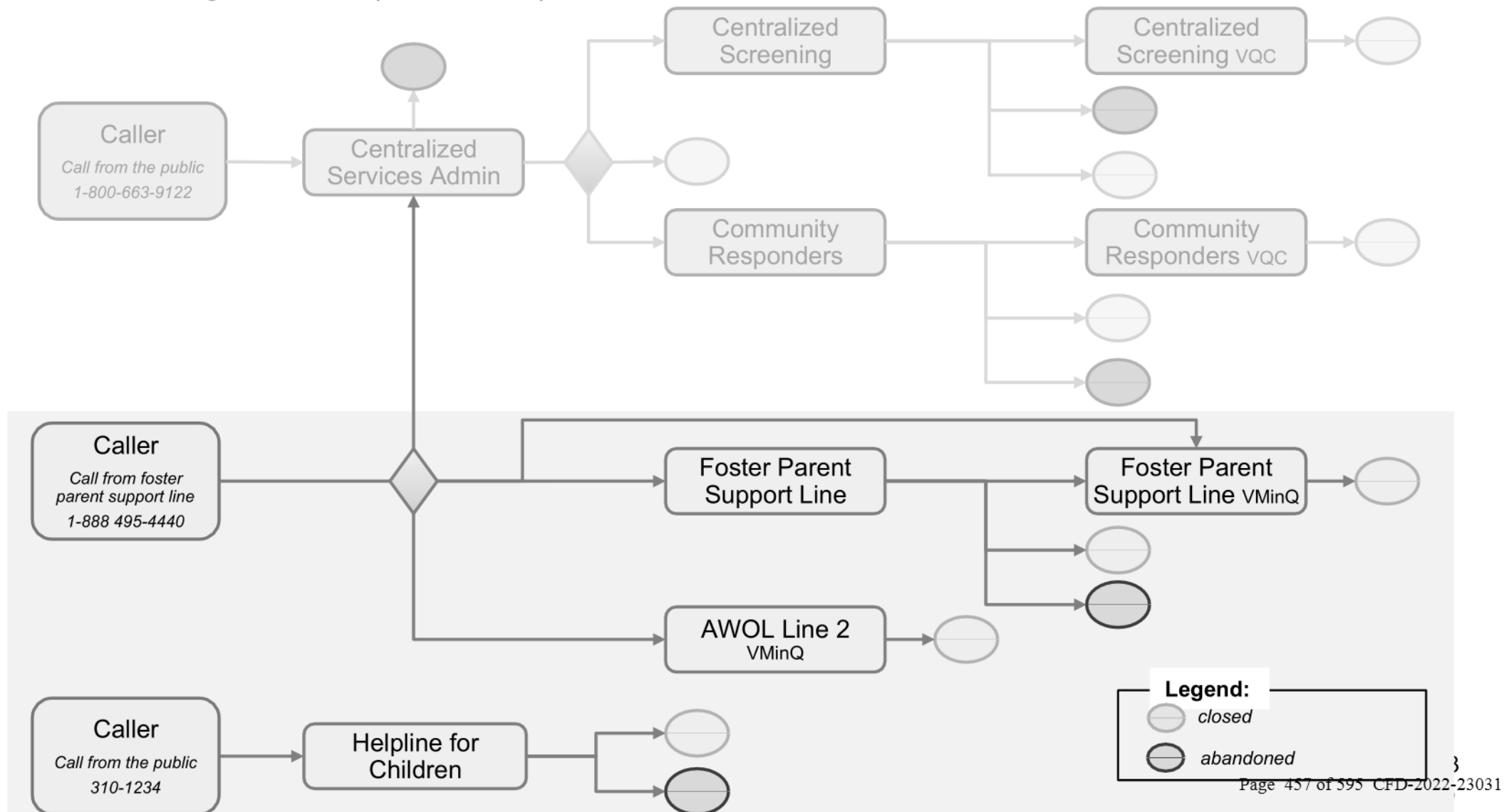
The purpose of this document is to confirm the analysis and identify trends or opportunities for further investigation, with the objective of refining materials for future stakeholder engagement sessions.

- MCFD provides 24/7 intake services for children at risk in British Columbia through the Provincial Centralized Screening (PCS) program.
- The PCS Operational Review project aims to improve services and operation across :
 - Efficiency
 - Effectiveness
 - Service Quality

Analysis Framework – Call Flow

The data analysis examined key call metrics based on the current state call flow. This document focuses on the Foster Parent Support Line and Helpline for Children.

Call Flow Diagram for PCS (Current State)



Analysis Framework - Baseline Metrics

Based on market scan findings, several common performance measures have been identified for initial screening for child protection. This document explores several of these measures. Other measures may need to rely on previous reports (i.e. Effectiveness) or require other data sources.

Queue	Demand		Efficiency			Quality		Effectiveness		
	Offered Calls	Call Outcome	Talk Time	After Call Work	Occupancy (%)	Speed of Answer	Abandon Rate	Timeliness to Investigation	Reoccurrence	Compliance w Policy
Centralized Services Admin	✓	Answered Abandoned Escalated	✓	✓	tbd	✓	✓	tbd	tbd	tbd
Centralized Screening	✓	Answered Abandoned Incident	✓	✓	tbd	✓	✓			
Centralized Screening VQC	✓	Discussion Message Incident	✓	✓		✓	n/a			
Community Responders	✓	Answered Abandoned Incident	✓	✓		✓	✓			
Community Responders VQC	✓	Discussion Message Incident	✓	✓		✓	n/a			
Helpline for Children	✓	Answered Abandoned Incident	✓	✓		✓	✓			
Foster Parent Support Line	✓	Answered Abandoned	✓	✓		✓	✓			
Foster Parent Support VQC	✓	Discussion Message	✓	✓		✓	n/a			
AWOL VMinQ	✓	Discussion Message	✓	✓	tbd	✓	n/a			

Analysis Methodology

Call log data from Jan 1 2017 to Dec 31 2019 was extracted from Teleopti at 15 minute intervals. This data was aggregated into 60-minute intervals for further analysis.

METHODOLOGY



Teleopti data from Jan 1 2017 – Dec 31 2019 was provided for each 15 minute interval (the most granular level available)



This data was then aggregated to 1-hour intervals for the purpose of this analysis



2017 to 2019 data was analyzed for year-over-year and seasonal trends in baseline metrics



2019 data was analyzed at the 1-hour level to assess daily trends and movements in baseline metrics across

Summary Results – Call Queues and Metrics

The analysis was reconciled with previous operational reports and confirms the integrity of the data and analysis approach. 2019 averages are shown below.

Queue	Demand		Efficiency		Quality	
	Offered Calls (average calls per day)	Call Outcome (answered calls per day)	Talk Time (average time from call answer to outcome)	After Call Work (average wrap time)	Speed of Answer (average time to answer the call)	Abandon Rate ² (offered calls less answered calls less VQC calls, divided by offered calls)
Centralized Services Admin	562	543	0:00:53	0:00:03	0:00:10	3%
Centralized Screening	263	179	0:09:52	0:19:34	0:04:53	13%
Centralized Screening VQC	49	49	0:07:25	0:15:08	0:35:43	-
Community Responders	67	53	0:09:45	0:20:51	0:04:45	7%
Community Responders VQC	9	9	0:08:39	0:17:55	0:22:18	-
Helpline for Children¹	15	11	0:09:41	0:16:00	0:01:42	22%
Foster Parent Support Line	5	2	0:02:20	0:00:53	0:04:03	21%
Foster Parent Support VMinQ	1	1	0:00:47	0:02:37	1:06:56	-
AWOL Line 2 VMQ	47	47	0:01:29	0:23:22	0:18:40	-

1. Children Helpline Analysis using 2020 data

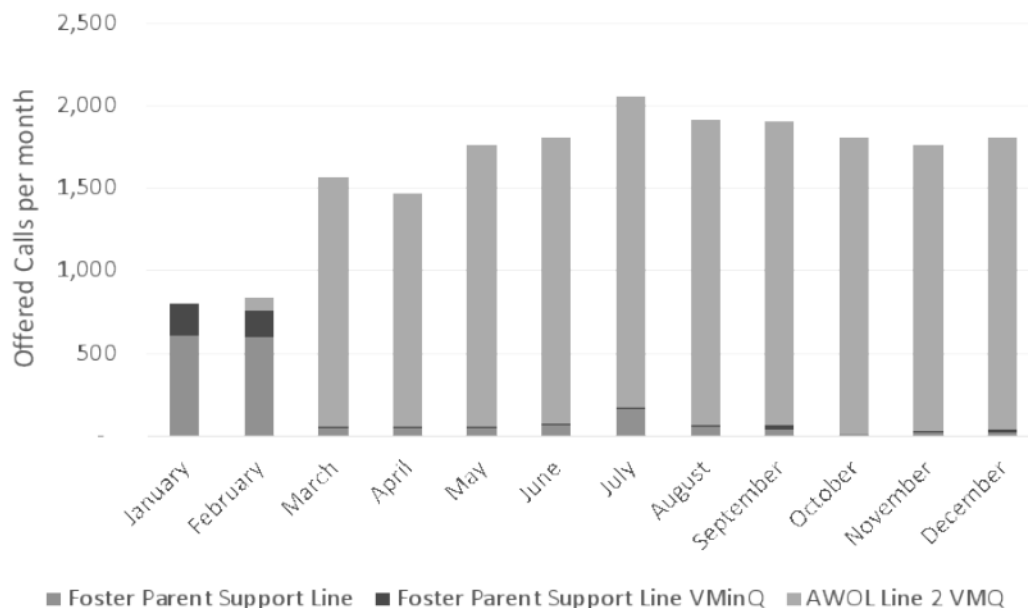
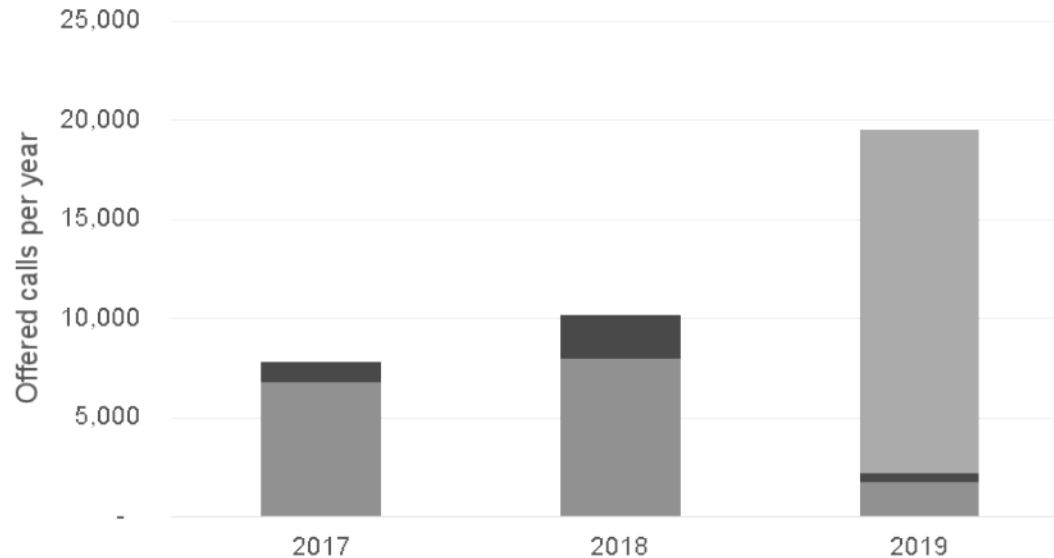
2. Abandoned calls are not captured accurately in Teleopti, and abandon rate is therefore approximated by considering calls escalated to the complementary voicemail callback queues

Appendix A - Demand



Demand – Annual and Seasonal Trends

TRENDS IN OFFERED CALLS (SW QUEUES)



OBSERVATIONS

Annual Trends

- Incoming calls to the AWOL and Foster Parent Support queues increased from 8000 to 19,500 from 2017 – 2019, much of which was driven by the introduction of the AWOL queue

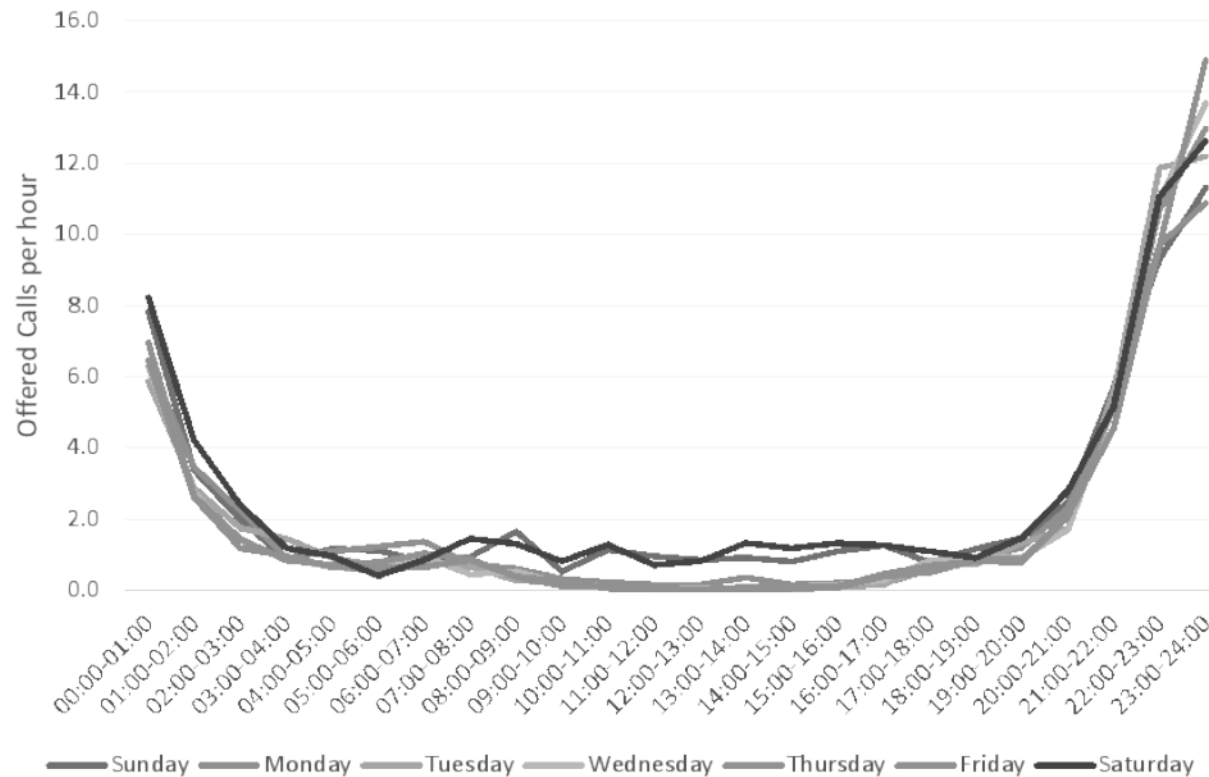
Seasonal Trends (2019):

- ~1,700 calls per month are offered to the Foster and AWOL queues
- Peak month was July (~2000 calls / month) and low was April (~1,500 calls / month)¹
- Peak to valley represents ~16 calls / day difference

1. Peak to valley does not include Jan and Feb, as AWOL queue had just been launched

Demand – Daily Trends

FOSTER AND AWOL OFFERED CALLS BY TIME OF DAY



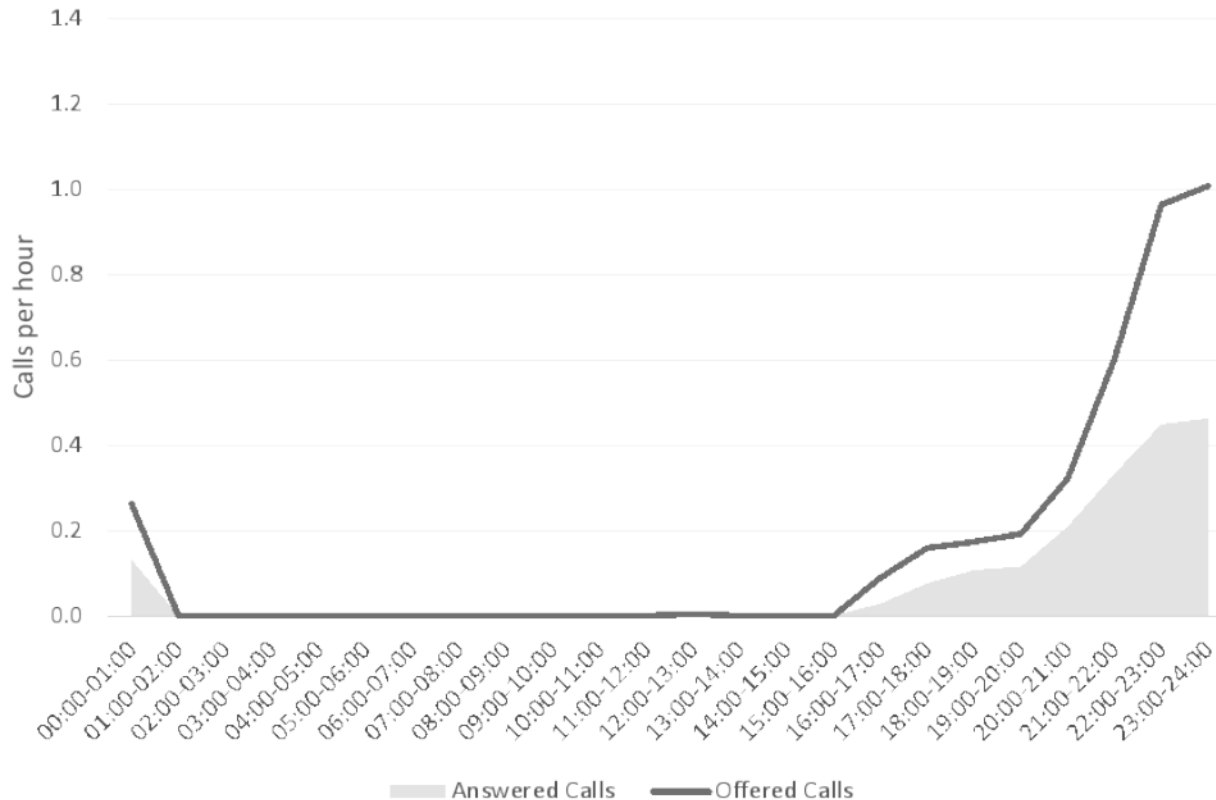
OBSERVATIONS

- Call profiles are consistent within weekdays and within weekends
- Overall demand for AWOL and Foster Parent queues are highest around midnight (9pm – 2am)
- Note – the chart only reflects offered calls to Foster and AWOL queues (Foster Parent Support Line & VMinQ, AWOL VMinQ Line 2)

Demand

FOSTER PARENT SUPPORT LINE

OBSERVATIONS



- The Foster Parent Support Line only receives calls after 4pm on both evenings and weekends, peaking around midnight at 1.2 – 1.4 calls per hour, while only ~.5 calls per hour are answered.
- The Foster Parent Support Line is operated by one staff member who works from 4pm – 12:45am

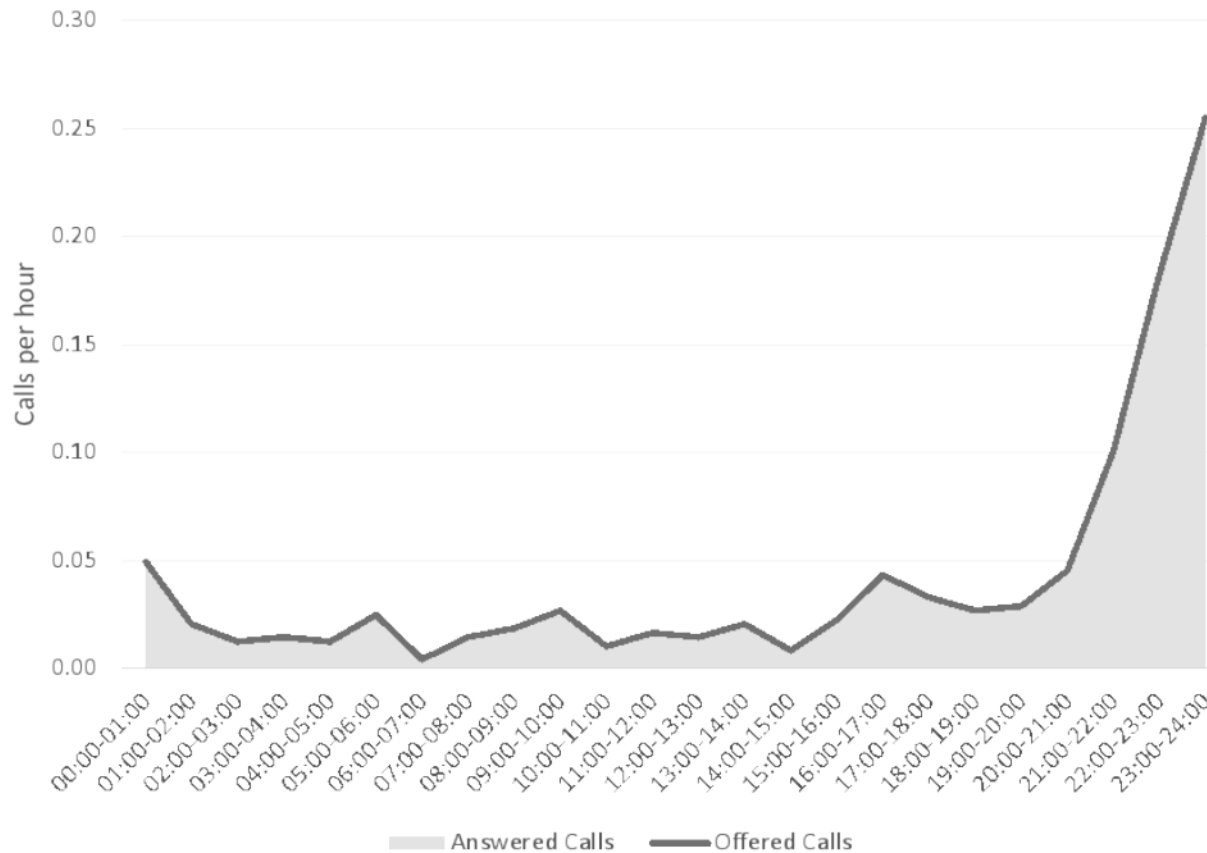
Demand

● Demand
 Centralized Services Admin
 Centralized Screening
 Centralized Screening VQC
 Community Responders
 Community Responders VQC

Foster Parent Support
Foster Parent Support VQC
 Children Helpline
 AWOL

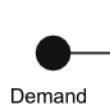
○ Efficiency
 ○ Service Quality

FOSTER PARENT SUPPORT LINE VMINQ



OBSERVATIONS

- The Voicemail callback queue for Foster Parents is quieter during the day, but jumps up to <1 call every 2 hours around midnight.



Demand

Centralized Services Admin
Centralized Screening
Centralized Screening VQC
Community Responders
Community Responders VQC

Foster Parent Support
Foster Parent Support VQC
Children Helpline
AWOL



Efficiency

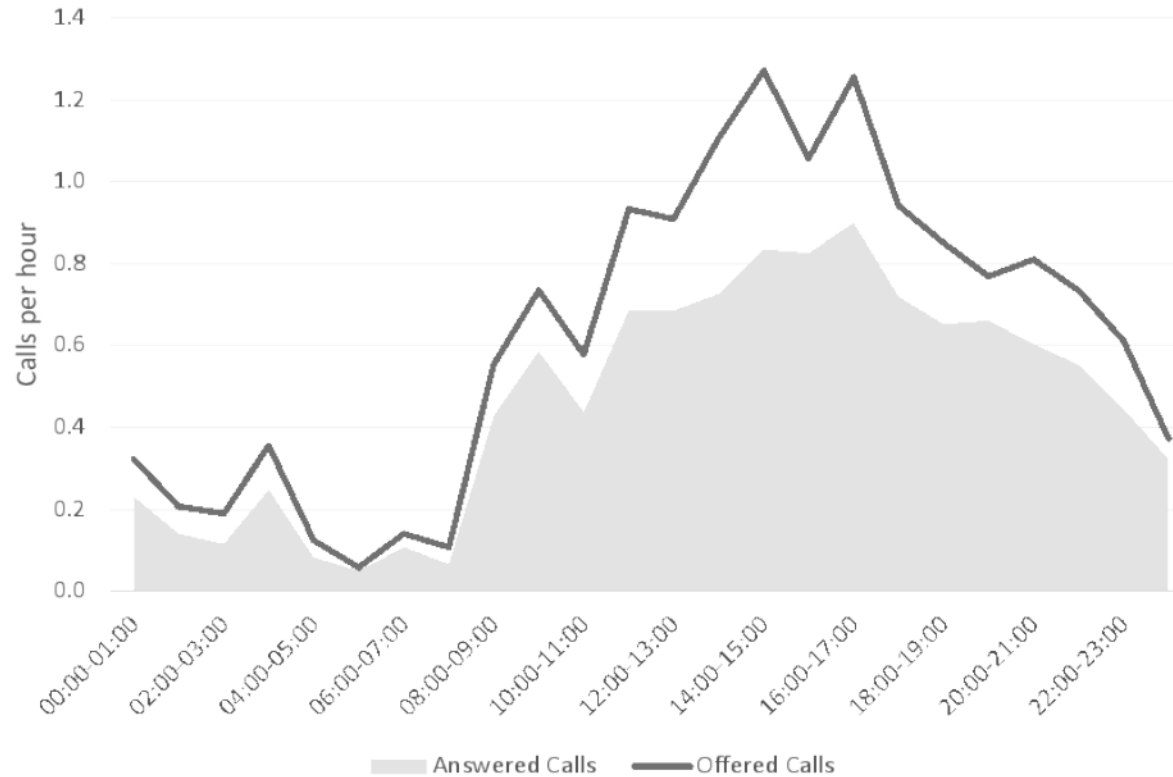


Service Quality

Demand

HELPLINE FOR CHILDREN¹

OBSERVATIONS



- The children helpline queue was launched in ICE at the end of 2019, so data is relatively limited as compared with other queues, and data presented is for the first 4 months of 2020
- This queue tends to peak in the afternoon at ~1 call per hour.
- During core hours ~80% of calls are answered

1. Sample is from Jan 1 2020 – April 31 2020, as this queue was previously directed to a landline

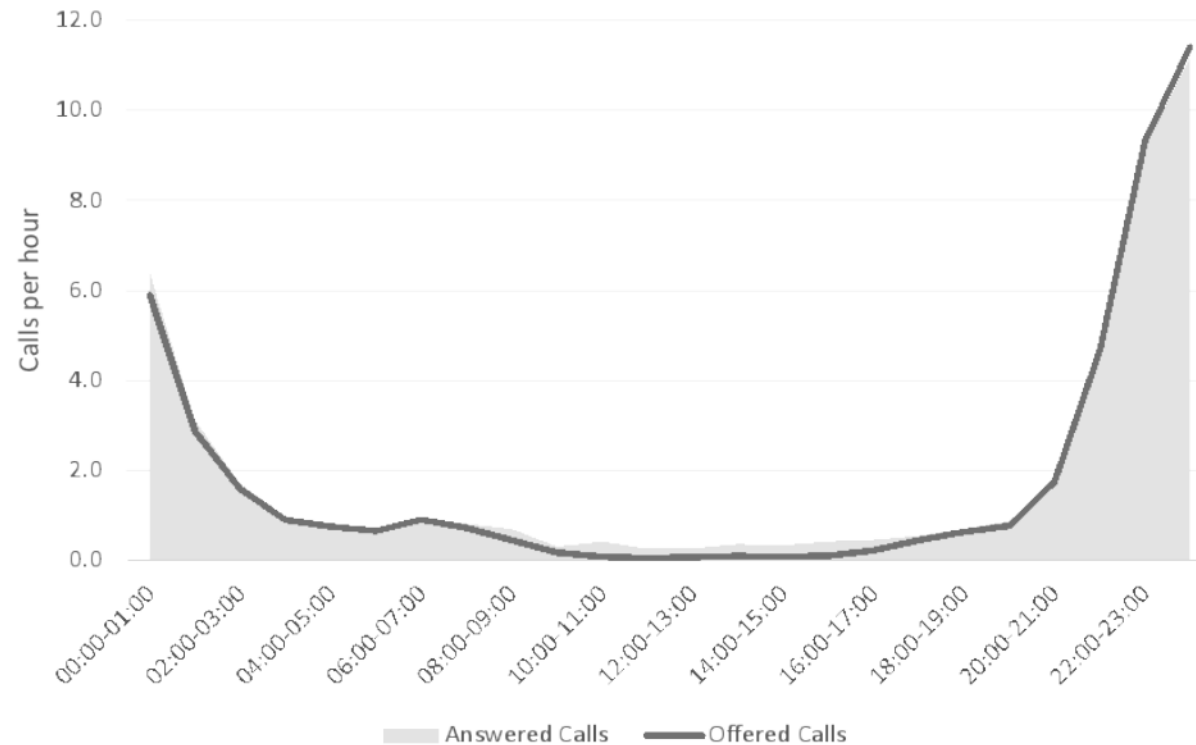
Demand

● Demand
 Centralized Services Admin
 Centralized Screening
 Centralized Screening VQC
 Community Responders
 Community Responders VQC

Foster Parent Support
 Foster Parent Support VQC
 Children Helpline
AWOL

○ Efficiency
 ○ Service Quality


AWOL LINE 2 VMQ



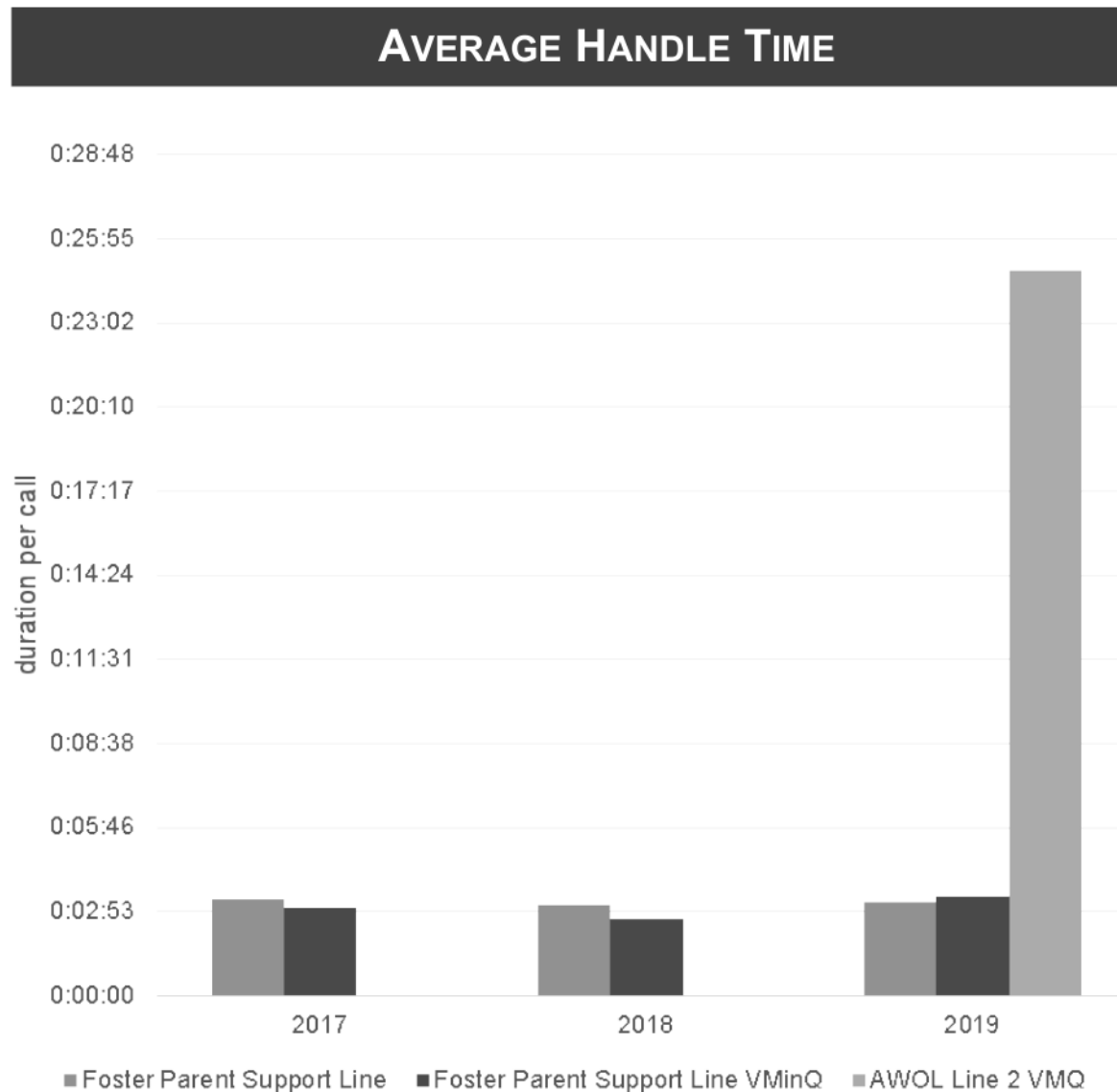
OBSERVATIONS

- The AWOL queue peaks close to 12 calls per hour around midnight and drops off soon after that.

Appendix B - Efficiency



Efficiency – Annual Trends

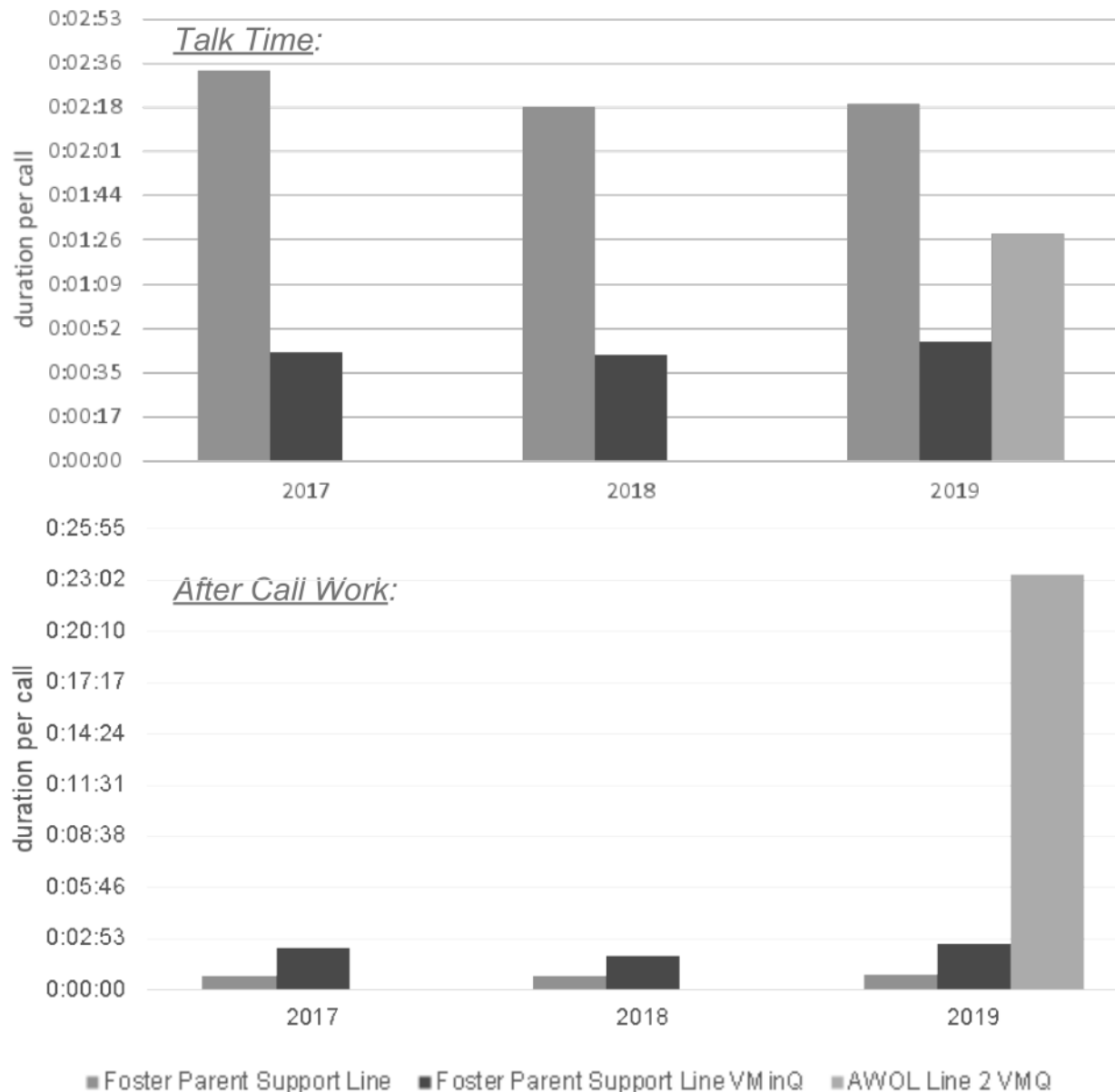


OBSERVATIONS

- Average Handle Times for the Foster Parent Queue has remained stable at ~3 minutes per call
- The AWOL queue was introduced early in 2019, and average handle times are 24 minutes

Efficiency – Annual Trends

TALK TIME AND AFTER CALL WORK



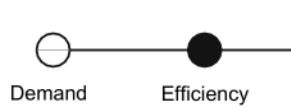
OBSERVATIONS

Talk Time:

- The Foster Support line talk time decreased by 10 seconds per call over the period, while the callback queue remained stable
- The AWOL queue talk time is 1 minute and 30 seconds

After Call Work

- The Foster Support and callback queues were stable for ACW at 50 seconds and 2.5 minutes, respectively
- AWOL ACW was ~23 minutes per call?



Centralized Services Admin
Centralized Screening
Centralized Screening VQC
Community Responders
Community Responders VQC

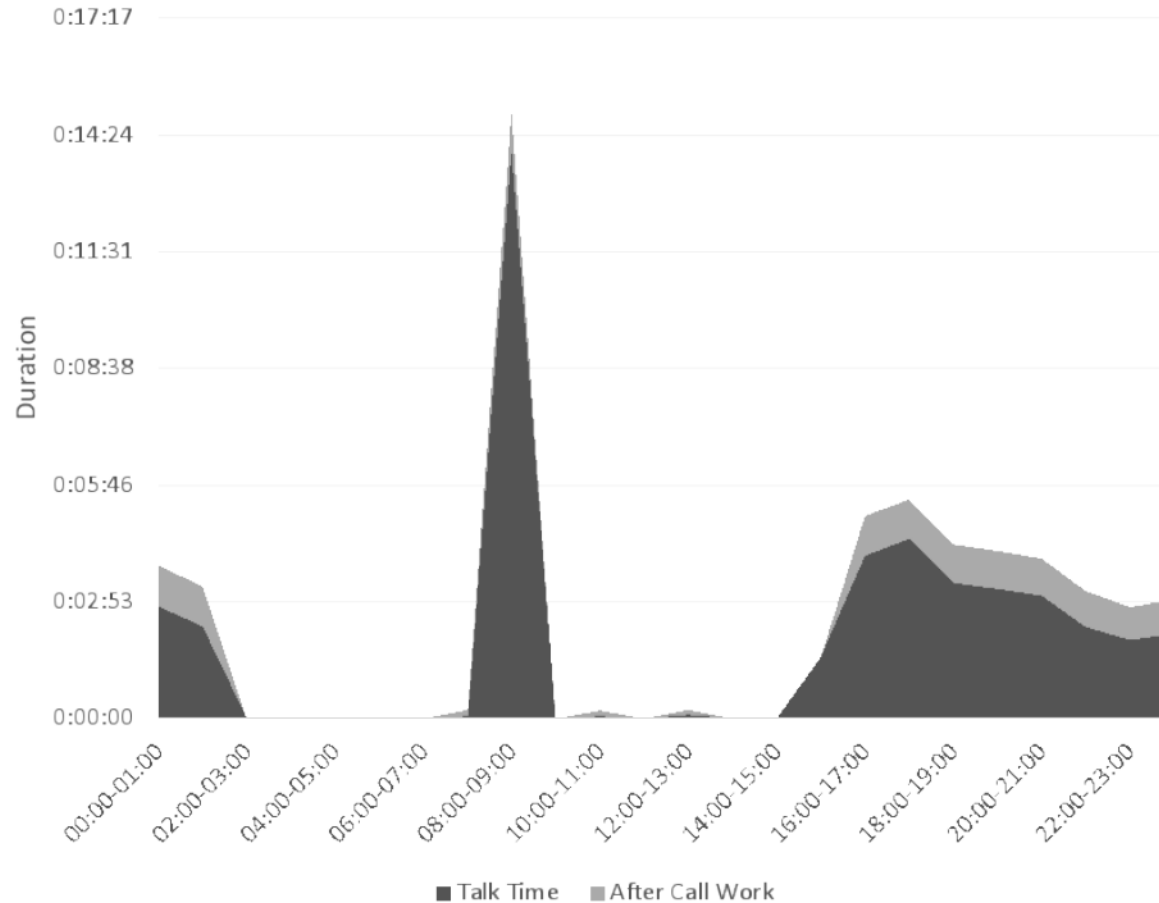
Foster Parent Support
Foster Parent Support VQC
Children Helpline
AWOL



Efficiency

FOSTER PARENT SUPPORT LINE

OBSERVATIONS

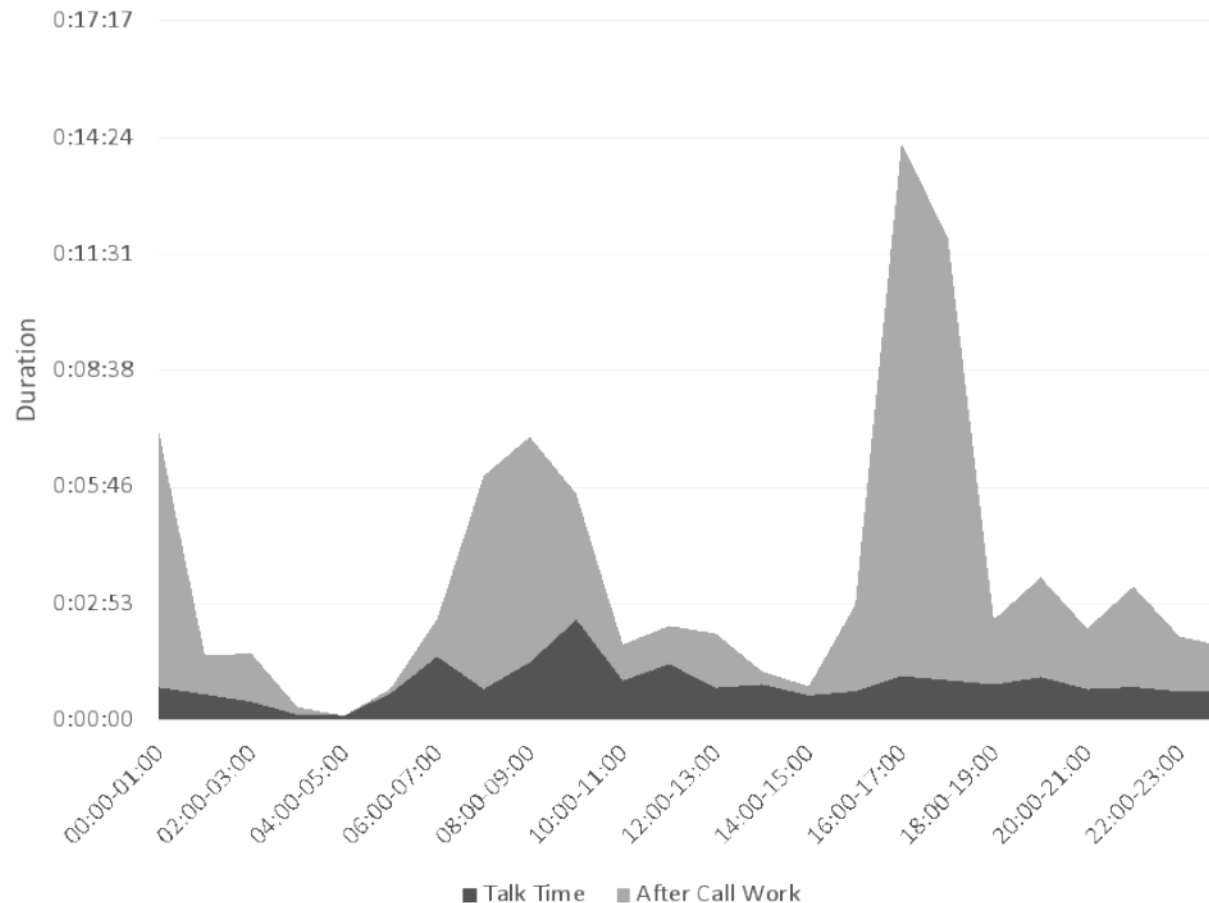


- Call handle times for the Foster Parent support queue are around 3 – 5 minutes on average. This is largely made up of talk time, with after call work <1 minute per call

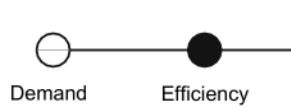
Efficiency

FOSTER PARENT SUPPORT LINE VMINQ

OBSERVATIONS



- Handle times for the foster parent callback queue are less predictable but tend not to exceed 5 minutes on average. Aftercall work seems to make up a larger portion of this time as compared with its sister queue.
- Not including the 'spikes' in the data where the sample size is small, handle time generally ranges from 2 – 4 minutes, with about 1 minute of talk time



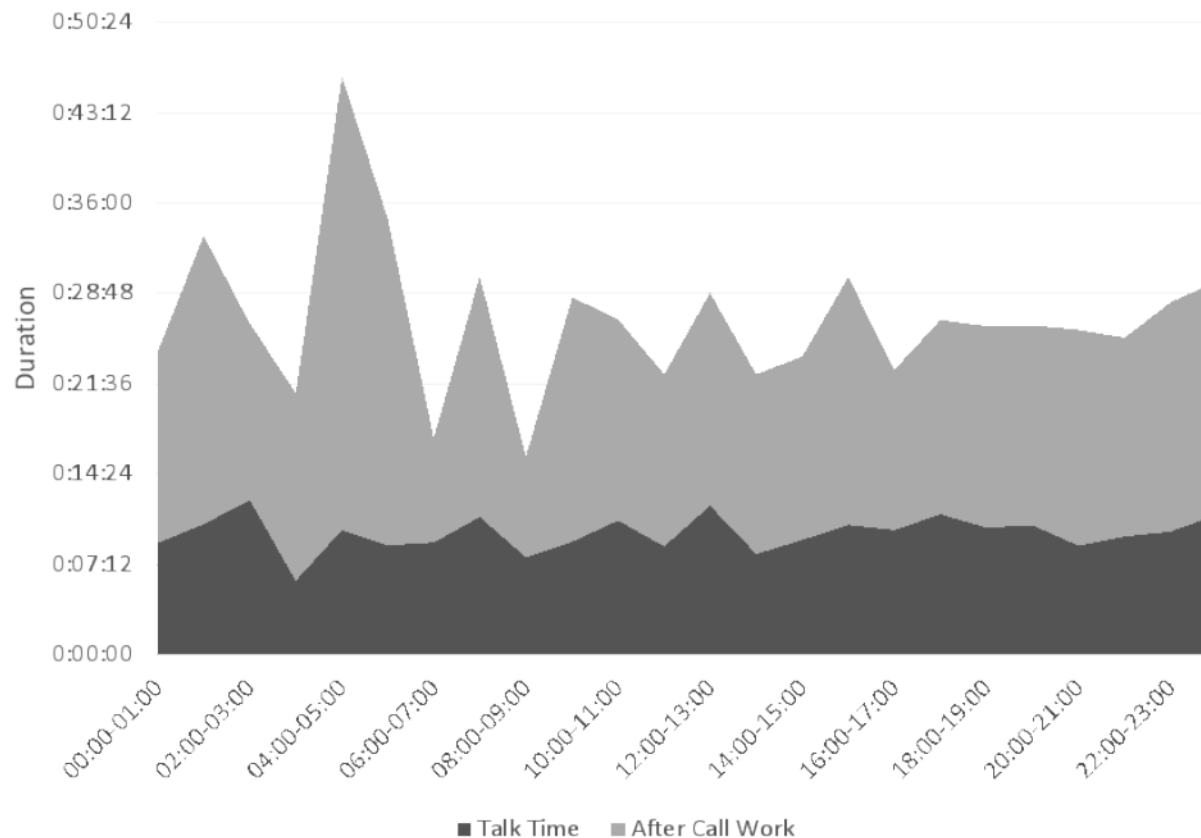
Centralized Services Admin
Centralized Screening
Centralized Screening VQC
Community Responders
Community Responders VQC

Foster Parent Support
Foster Parent Support VQC
Children Helpline
AWOL



Efficiency

HELPLINE FOR CHILDREN¹



OBSERVATIONS

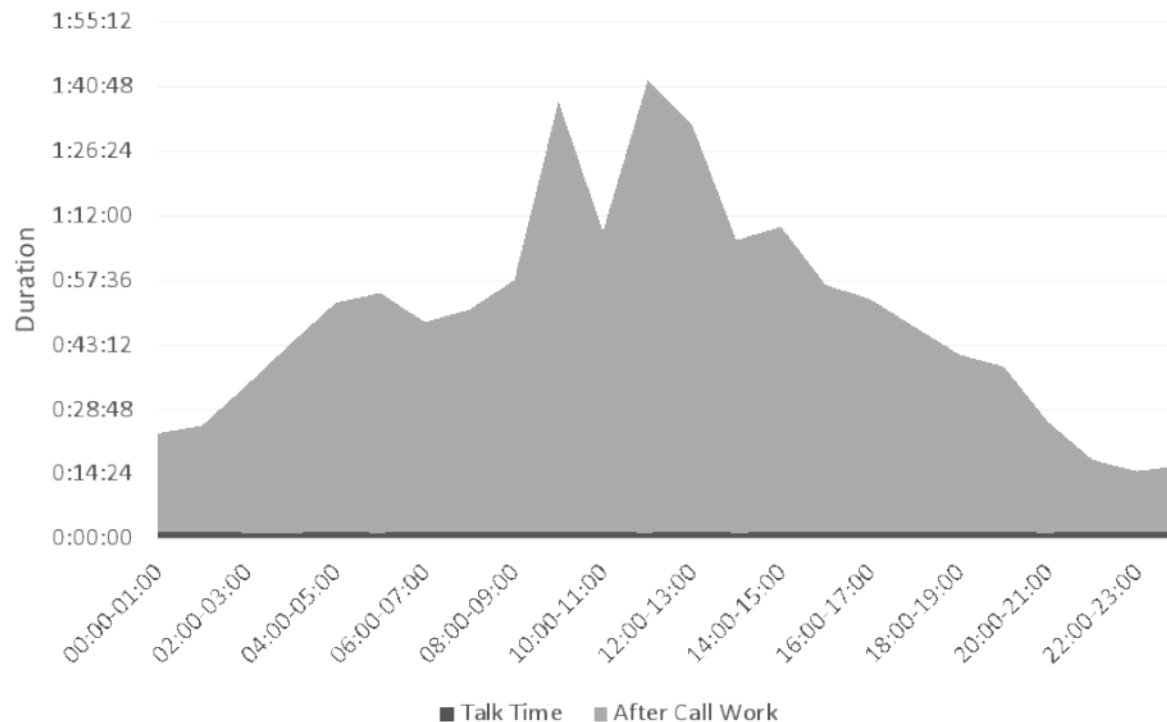
- Average talk times is around 10 minutes per call, and average after call work is ~17 minutes
- While talk time is somewhat steady, after call work sees some more variation

1. Sample is from Jan 1 2020 – April 31 2020, as this queue was previously directed to a landline

Efficiency

AWOL LINE 2 VMQ

OBSERVATIONS

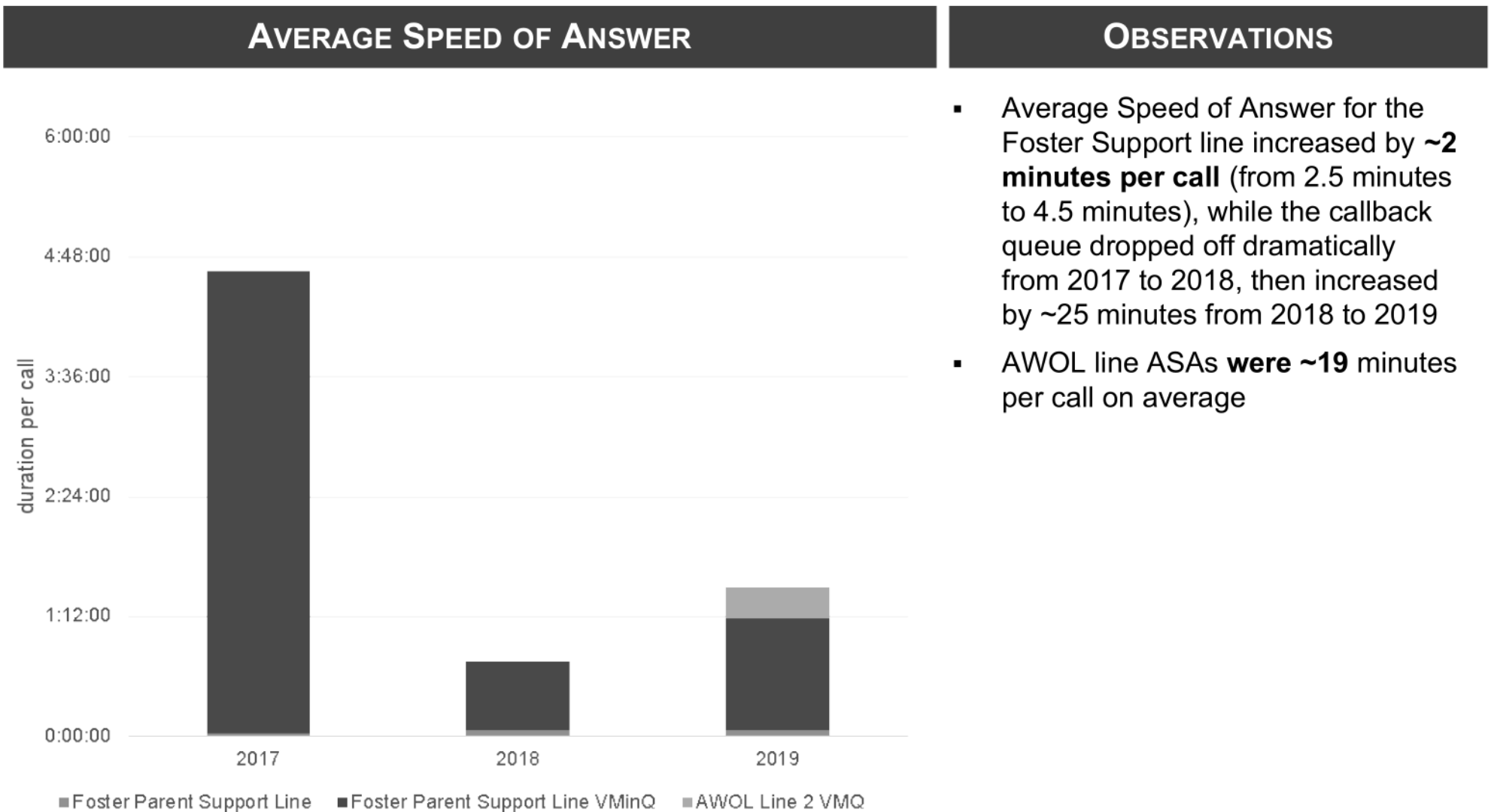


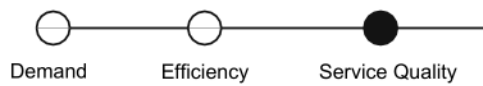
- Handle times for the AWOL queue are made up entirely of after call work, which can run as high as 1.5 hours per call, though are generally closer to 20 minutes per call.
- During peak times (just before and after midnight) when call volumes are higher, average handle times are 15 – 30 minutes
- Talk time is consistently ~1.5 minutes at all times of day

Appendix C – Service Quality



Service Quality – Annual Trends





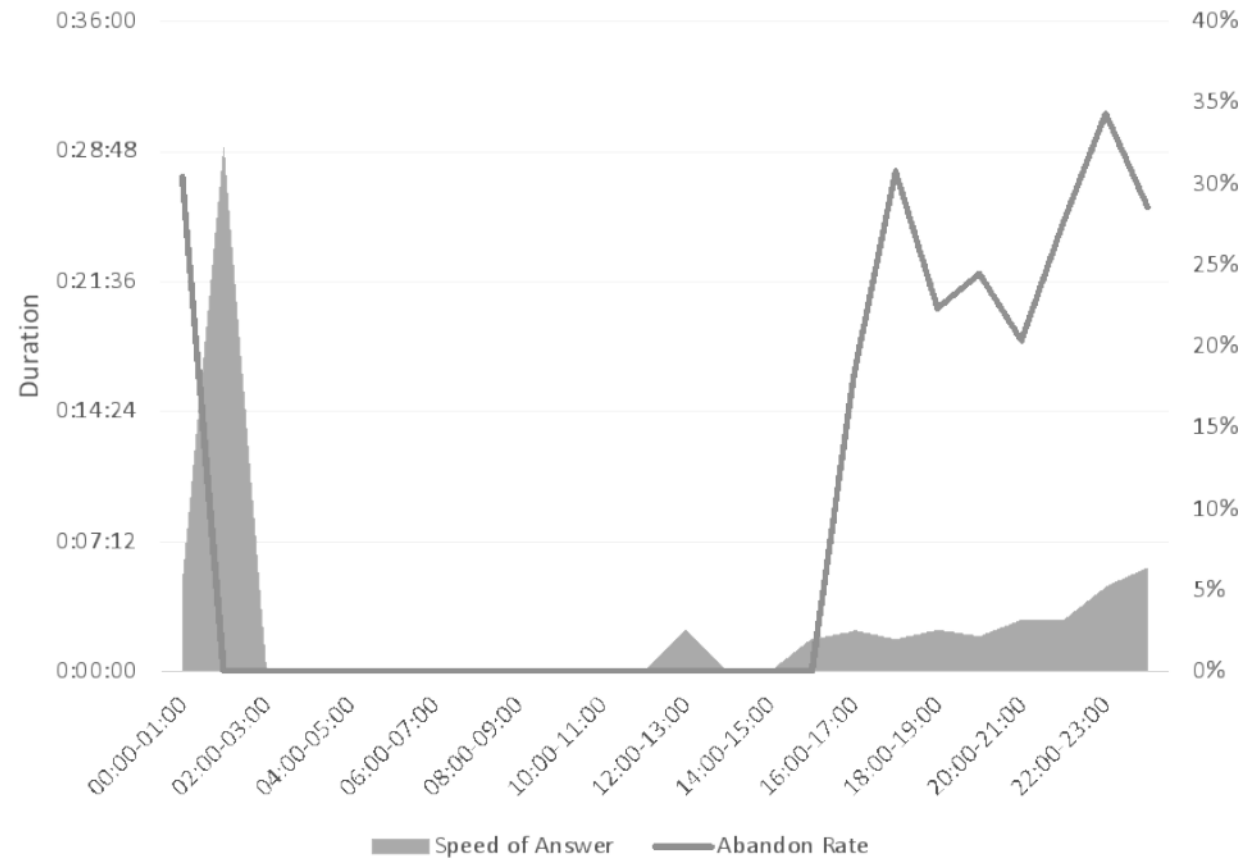
Centralized Services Admin
Centralized Screening
Centralized Screening VQC
Community Responders
Community Responders VQC

Foster Parent Support
Foster Parent Support VQC
Children Helpline
AWOL

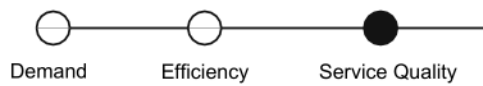
Service Quality

FOSTER PARENT SUPPORT LINE

OBSERVATIONS



- Wait times for the Foster Parent support line are around 5 minutes per call in the late evenings after 11pm and into the early morning after 12am
- Abandon rates peak around 35% in the evenings when call volumes increase

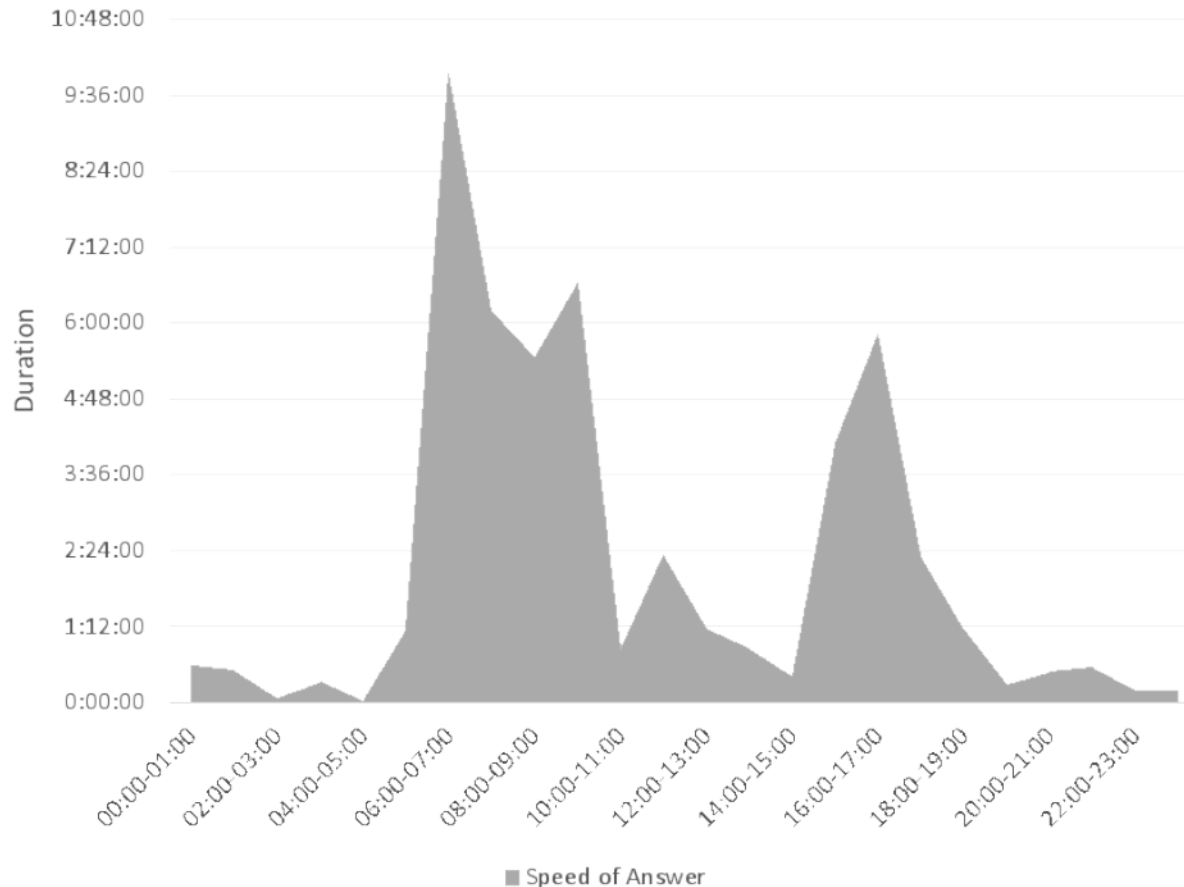


Centralized Services Admin
Centralized Screening
Centralized Screening VQC
Community Responders
Community Responders VQC

Foster Parent Support
Foster Parent Support VQC
Children Helpline
AWOL

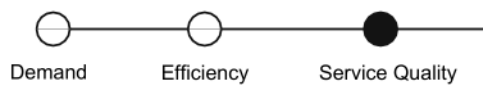
Service Quality

FOSTER PARENT SUPPORT LINE VMINQ



OBSERVATIONS

- Trends in wait times are hard to decipher, as extreme outliers in the middle of the day where sample size is small drives 'spikes' in the data. However, ASAs are generally around 5 – 45 minutes after 9pm when this queue has more activity.
- Midday spikes in this queue occur during the daytime where there typically are virtually no calls – this noise is a result of small sample size and high variance

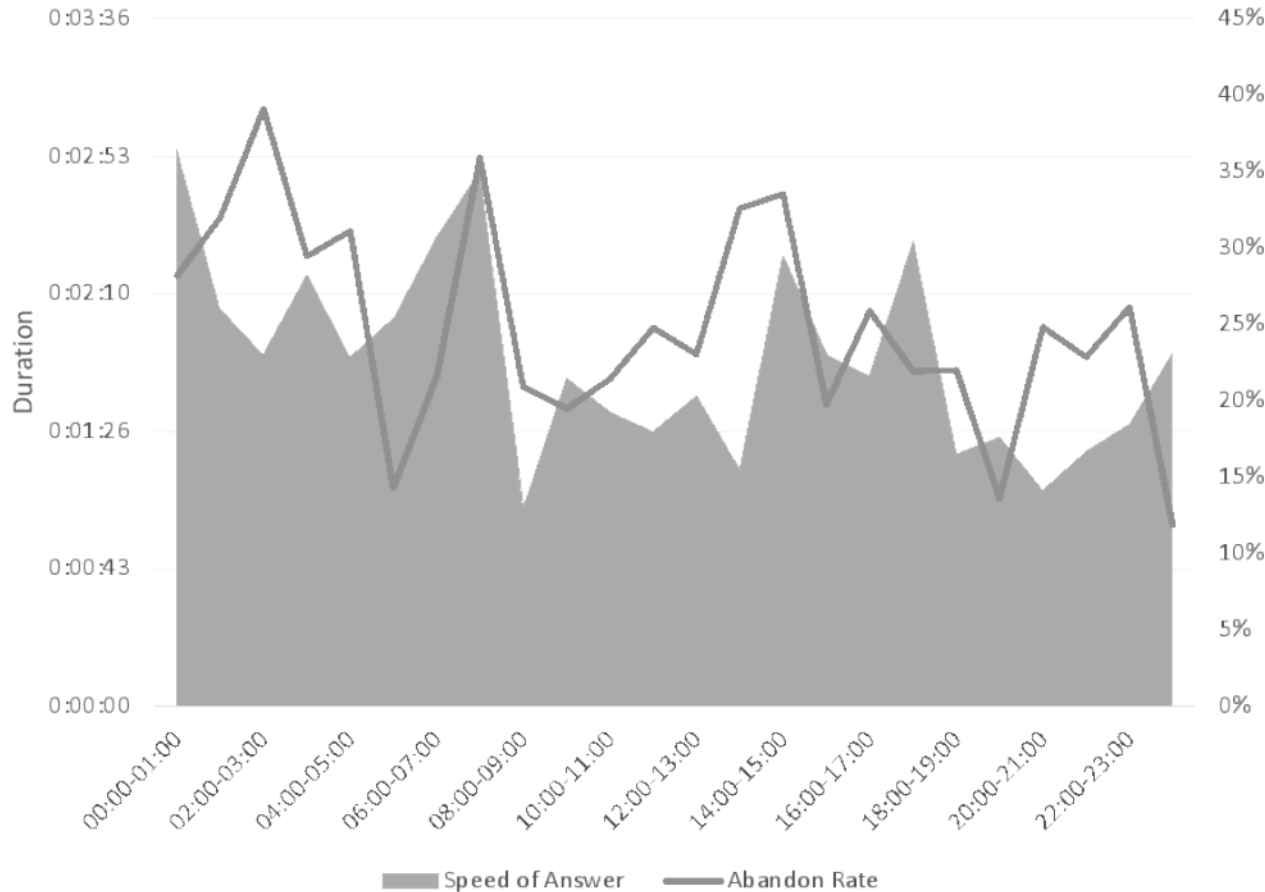


Centralized Services Admin
Centralized Screening
Centralized Screening VQC
Community Responders
Community Responders VQC

Foster Parent Support
Foster Parent Support VQC
Children Helpline
AWOL

Service Quality

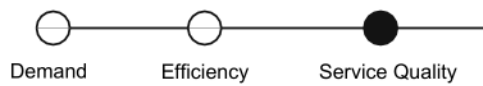
HELPLINE FOR CHILDREN¹



OBSERVATIONS

- Children Helpline calls are answered between 2.5 – 3.5 minutes on average
- Abandon rates are around 30% on average

1. Sample is from Jan 1 2020 – April 31 2020, as this queue was previously directed to a landline

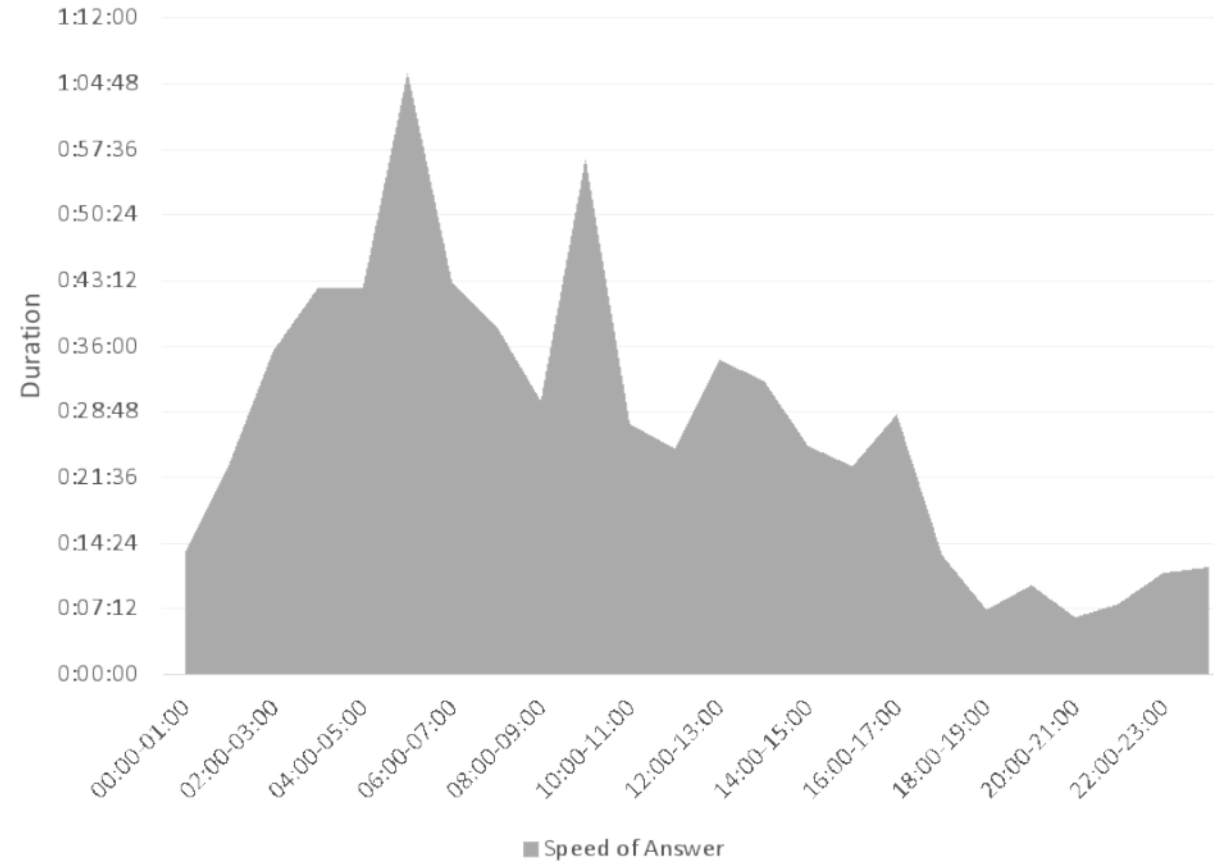


Centralized Services Admin
Centralized Screening
Centralized Screening VQC
Community Responders
Community Responders VQC

Foster Parent Support
Foster Parent Support VQC
Children Helpline
AWOL

Service Quality

AWOL LINE 2 VMQ



OBSERVATIONS

- Average speed of answer for the AWOL queue ranges between 7 – 20 minutes in the hours around midnight when call volumes are the largest
- Spikes in the middle of the day reach ~1 hour per call at a maximum

The Deetken Group

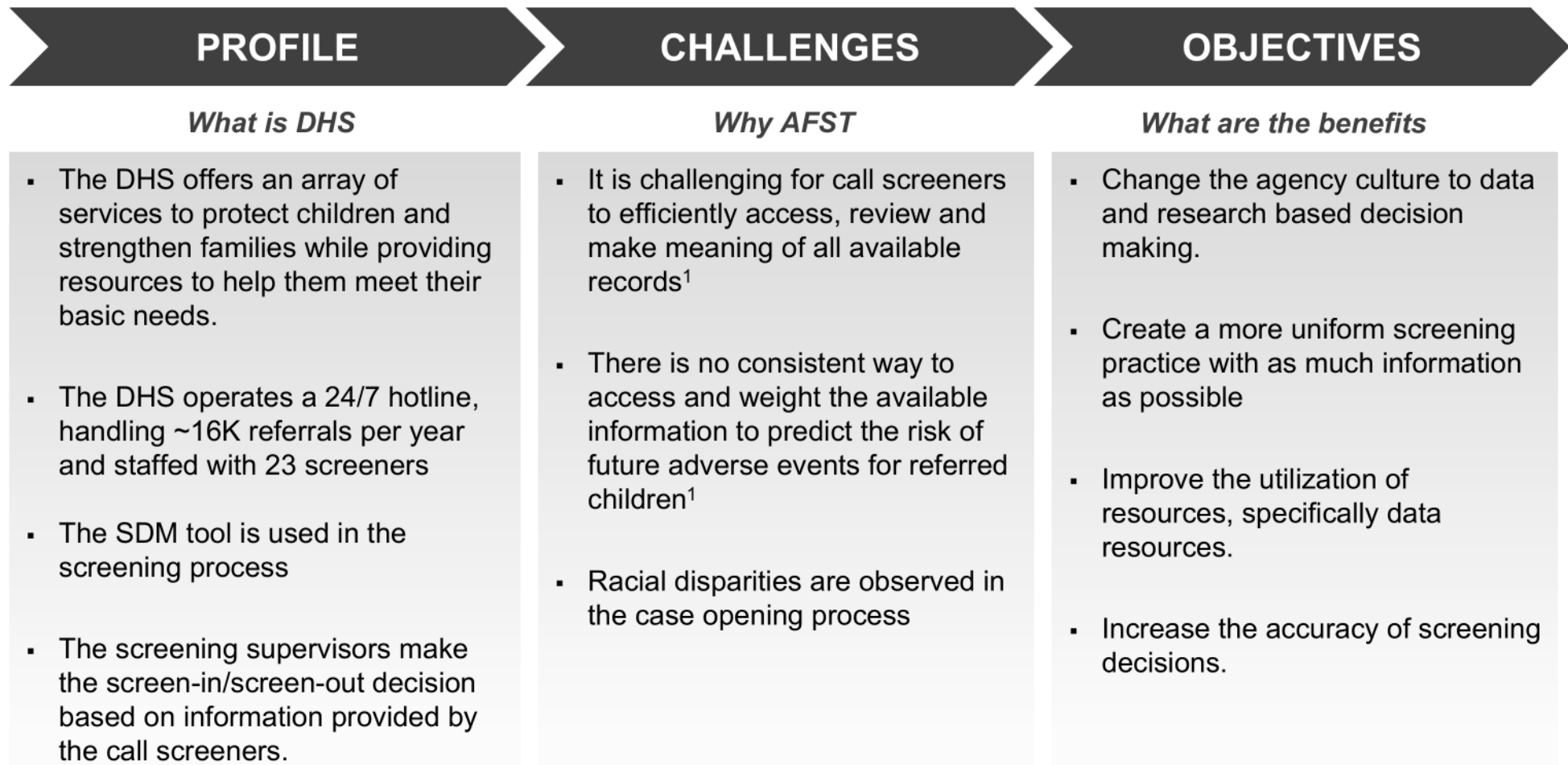


MCFD Child Protection Services Provincial Centralized Screening

Allegany Family Screening Tool
May 28, 2020

Overview

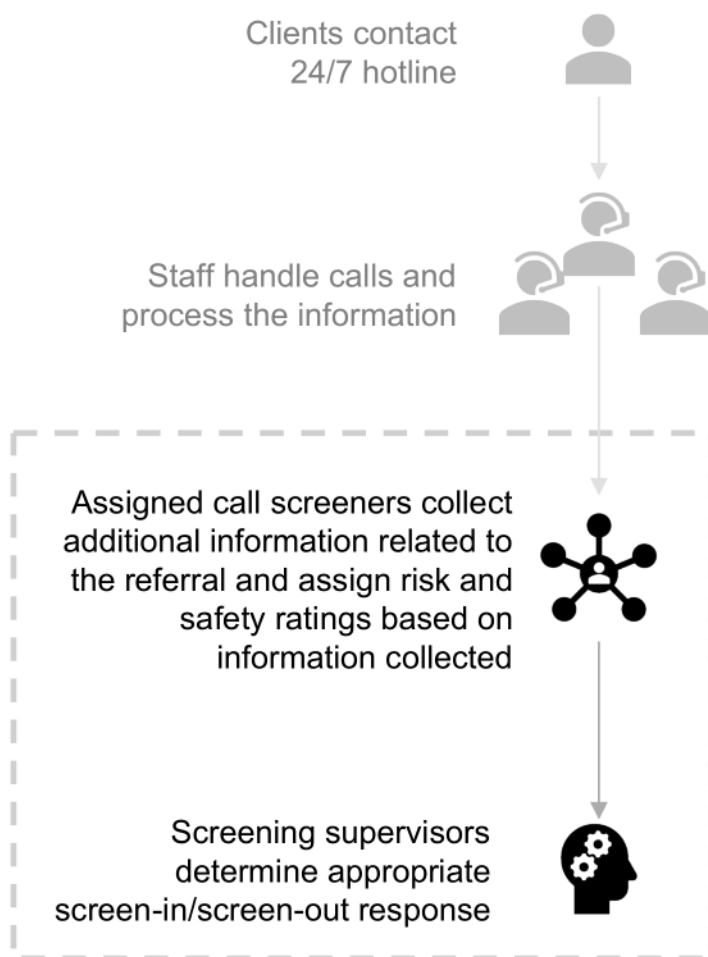
In 2016, the Allegheny County Department of Human Services (DHS) implemented the Allegheny Family Screening Tool (AFST), a predictive risk modeling tool designed to improve child welfare call screening decisions.



1) Referenced from AFTS Summary Package.pdf

What is AFST

The Allegheny Family Screening Tool (AFST) was developed to support one key decision in the child welfare process: whether or not to screen-in a referral for investigation.



***AFST scores are not provided to social workers or investigators*

Predictive Analytics to Support Screening Decision

The AFST provides a risk score (ranging from 1 to 20) of 2 events:

- (1) The probability that a child will be re-referred conditional on being screened out, and
- (2) The probability that a child will be placed in foster care conditional on being screened in.



AFST IS ...

- **NOT a replacement for human decision making.** It can be overridden by human decision. It is developed to inform, train and improve the decisions made by the child welfare staff.
- **NOT mandatory for all referrals.** It will only be used to screen for risk when data that goes beyond demography are held for one or more person associated with the allegation¹.
- **A Nudge which defaulted the highest-risk cases to be screened in** and required supervisors to explicitly override the decision with written justification if they felt it should not be investigated¹.

What data does it use

The AFST uses information from DHS's integrated data system that links administrative data from 21 sources - information already accessible to DHS.

Data Source Group ¹	Key Variables ¹
Historical Child Protective Service and General Protective Service referrals	E.g. referrals demographics, birth records, child protection history, family history, maltreatment referral source information, characteristics of all alleged perpetrators named in the referral
County Jail	Dates of past bookings in the Allegheny County Jail
Juvenile Probation	Dates of past involvement with the Allegheny County Juvenile Probation Office
Public Welfare²	Dates of public welfare receipt and program type (i.e., temporary aid to needy families (TANF), general assistance (GA), supplemental security income (SSI), food stamps (FS), other medical).
Behavioral Health Programs	Dates when behavioral health services were received and diagnoses made (stratified into diagnostic categories)
Census Neighborhood Poverty Indicators	ZIP code data with Census information on the poverty status of each ZIP code area

AFST does not use race as a predictor in the model³

1) Referenced from AFTS Summary Package.pdf

2) Only used in AFST version 1

3) Race was approved to be allowed IF it was shown to be a predictive factor. Analysis showed race was not a statistically significant factor and therefore race is not used in the model; however, other variables might be correlated with race due to institutionalized racial bias (e.g. criminal justice)

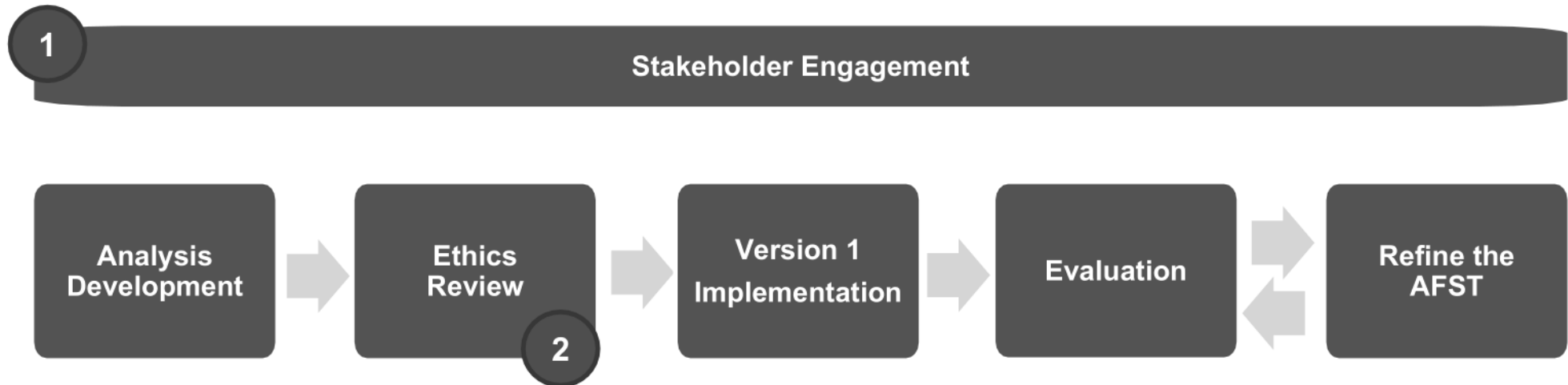
How well does it work

The AFST has been evaluated from multiple perspectives: processes, impacts, and hospital health incidents.

Project Objectives	Evaluation Findings
Change the agency culture to data and research based decision making.	+ 72% adoption rate among screeners to inform the recommendation
Improve the utilization of resources, specifically data resources.	
Create a more uniform screening practice with as much information as possible	+ 7% reduction in case opening disparities between black and white children
	+ No change in screen-in rates
	- No improvement in screening consistency across screeners
Increase the accuracy of screening decisions.	+ 4% accuracy improvement in identification of children in need of further child welfare intervention
	+ Outperformed SDM Tool on predicting risk of removal from home
	+ External validation showed model predictions have positive correlation with hospital/ER events across injury types
	+ Ethical review found "... significant ethical issues in NOT implementing AFST"
	- No reduction in re-referral rates for children screened-out

How was it developed

Stakeholder engagement has been a priority for the County throughout the project. In addition, a 3rd party ethical review was conducted.



The County engaged the stakeholders through various meetings.

- At early stage of the project, 6 Meetings were held to collect feedback from key external stakeholders and funders.
- Over 30 stakeholder groups (including the Courts and The ACLU) were invited to discuss the work to date, implementation timeline and results.
- The project updates were shared with existing stakeholder networks including the Children's Cabinet and the Children, Youth and Families Advisory Board, and through the DHS Speaker Series.

The implementation of AFST has passed Ethics review which included the following aspects:

- Obtain consent from those whose information is used
- Build protocols around non-primary members' information
- Consider risk of false positive/false negative
- Recognize the burden of stigmatization
- Avoid racial disparity
- Ensure professional competence/training
- Provide ongoing monitoring and etc.

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s.13 ; s.17

Draft

PCS Scheduling Design

SURVEY FINDINGS

September 15, 2021

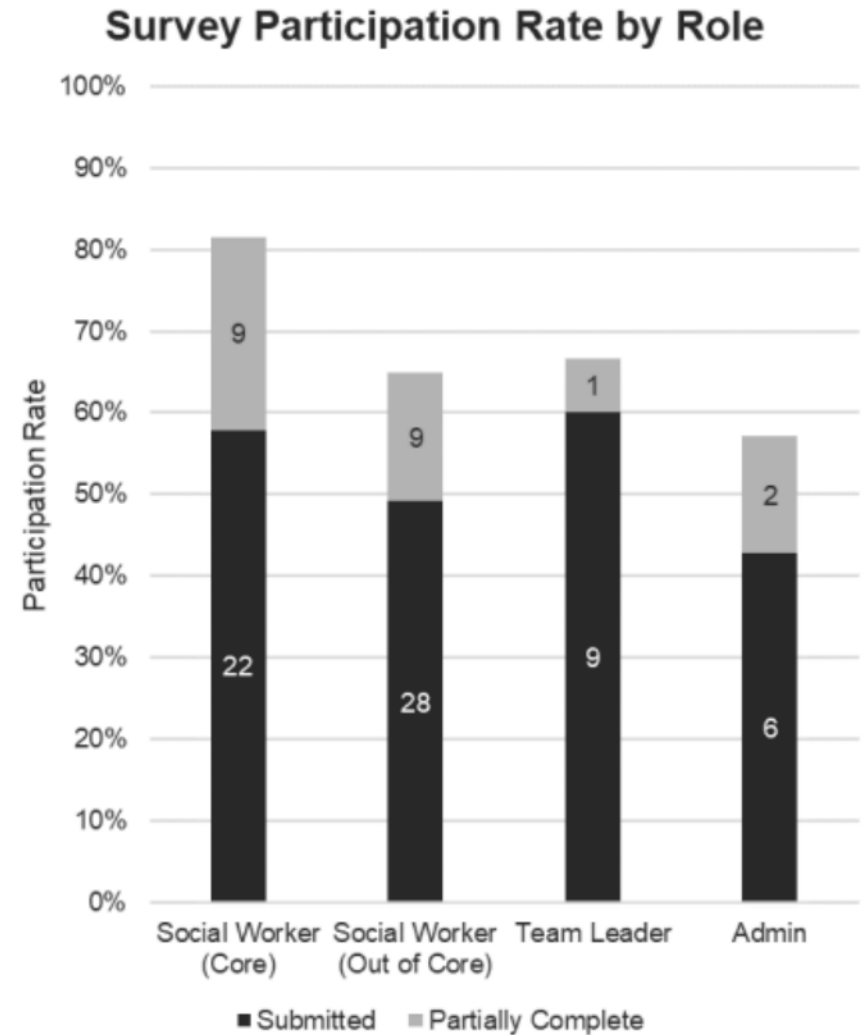
Context

A survey was conducted in Aug/Sept 2021 to gauge staff's current satisfaction and preferences with the schedule

Participants in the survey included Admin, Social Workers (Core), Social Workers (Out of Core) and Team Leaders.

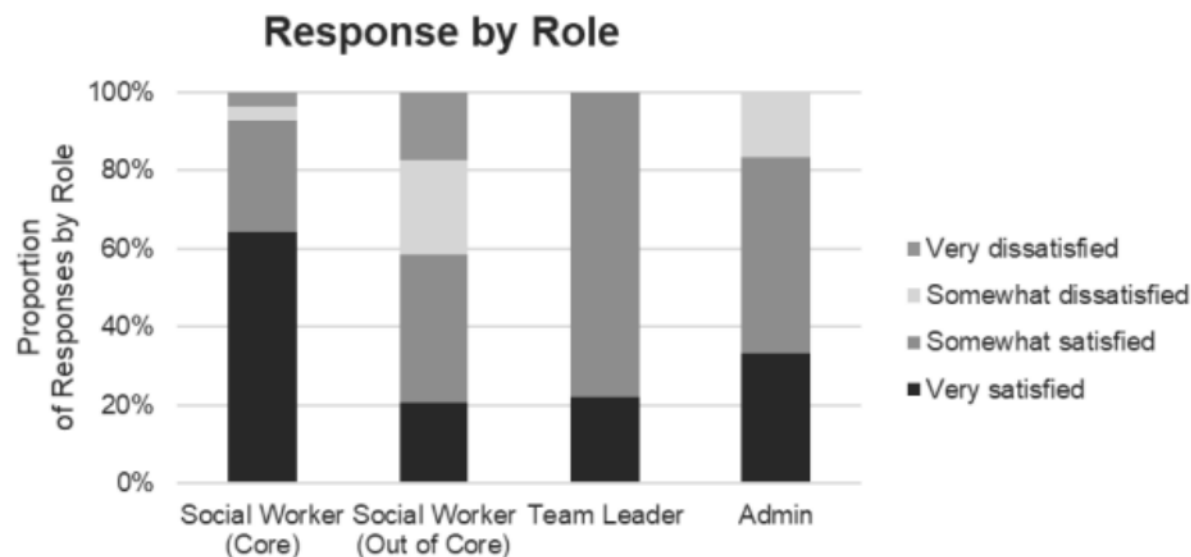
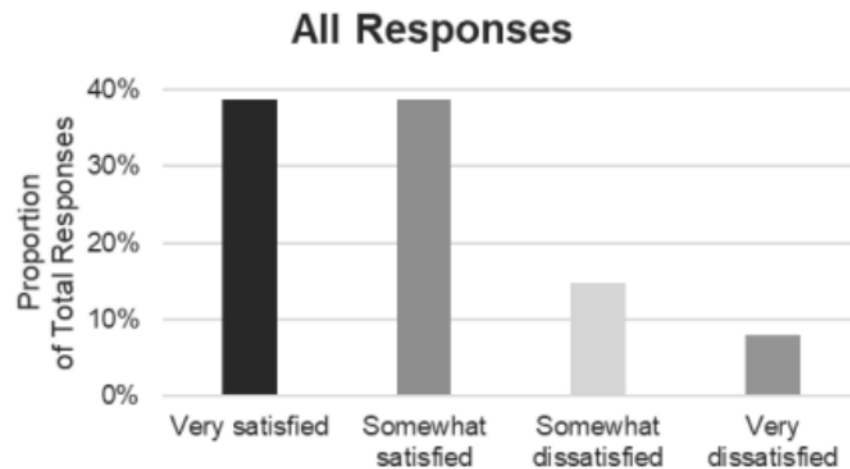
Out of the 86 staff who started the survey, 65 completed the entire survey. The total participation rate out of an estimated 124 staff was 69%.

This document presents a summary of the survey responses and key themes



Personal Schedule Satisfaction

Question: Overall, how satisfied are you with your current schedule?

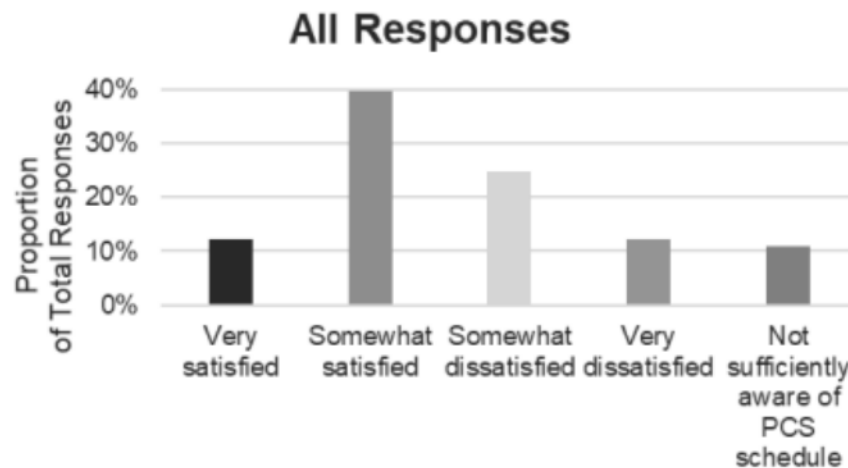


Themes:

- Core Social Workers, Admin and Team Leaders are largely satisfied with their current schedule (>80% were somewhat or very satisfied), with a few noting earlier start times as a preference
- A significant portion (~40%) of Out of Core Social workers reported dissatisfaction with their current schedule, with concerns with Shift Flexibility and the rotation structure (e.g., start times, weekend schedules)

Organization's Schedule Satisfaction

Question: Overall, how satisfied are you with the PCS organization's current schedule?



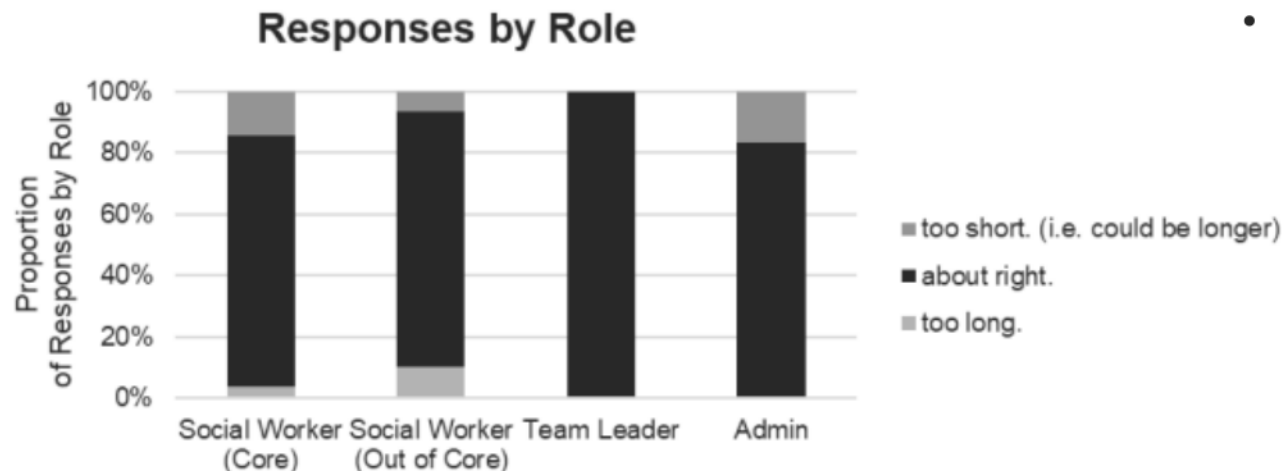
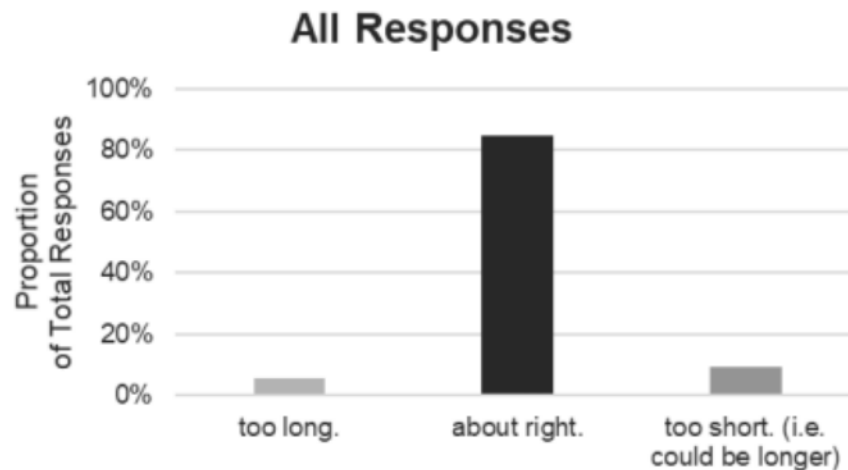
Themes:

- Social Workers & Team Leaders reported much lower satisfaction with PCS organization's schedule compared to their satisfaction with their own schedule
- Core Social Workers' main concern was Shift Flexibility
- Out of Core Social Workers' main concerns were understaffed night shifts and Shift Stability (i.e., issues with the rotation structure)

Shift Length

Shift Length is defined as the duration of your primary shift. i.e. ~9 hr, ~7 hr

My current Shift Length is...



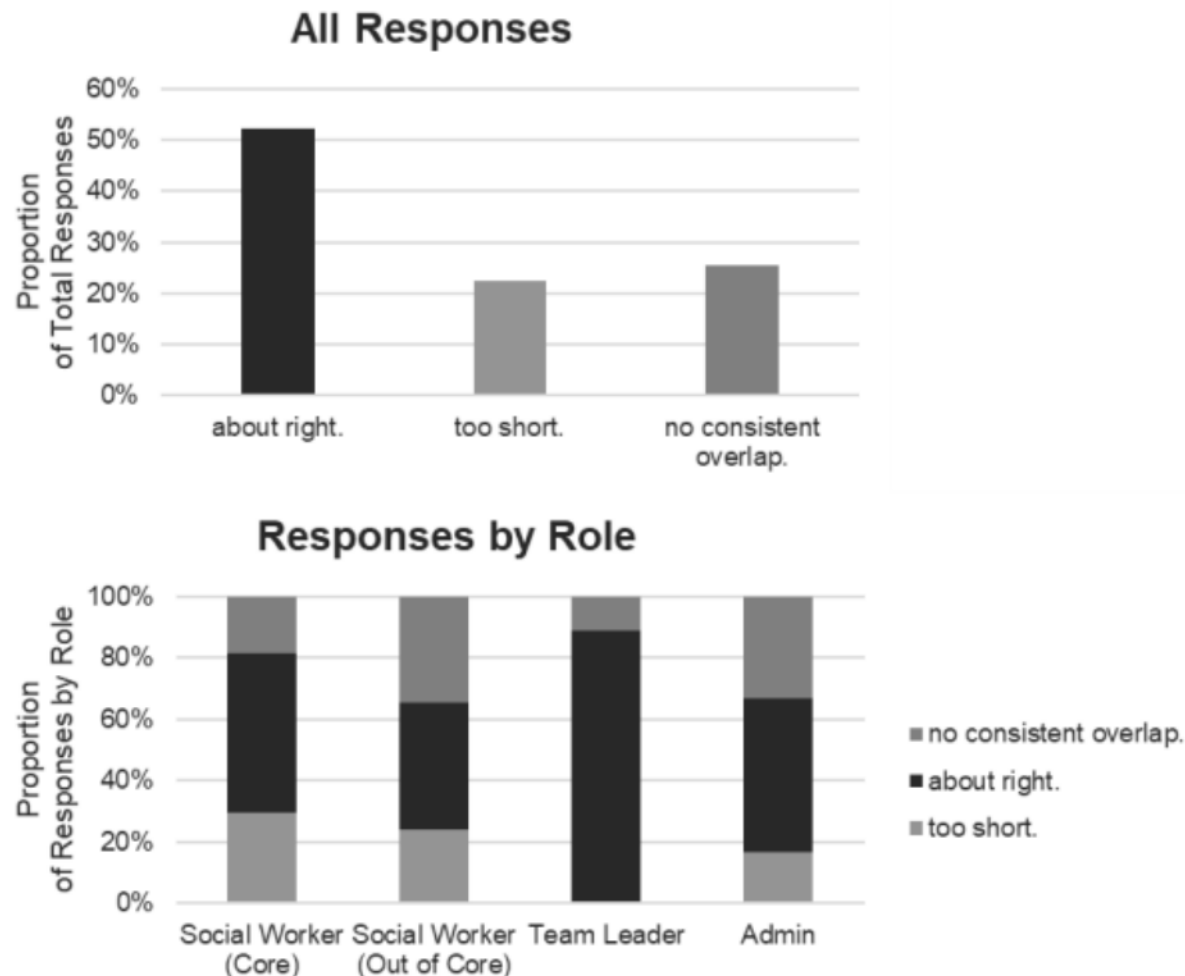
Themes:

- Most participants (84%) were satisfied with their Shift Length
- Several respondents said that shifts are too long and noted a longer break would help to cope with long shifts
- Other respondents wanted longer shifts in order to have more days off

Shift Overlap

Shift Overlap is defined as the overlap between shifts to provide for continuity / information exchange.

The Shift Overlap in my current schedule is...



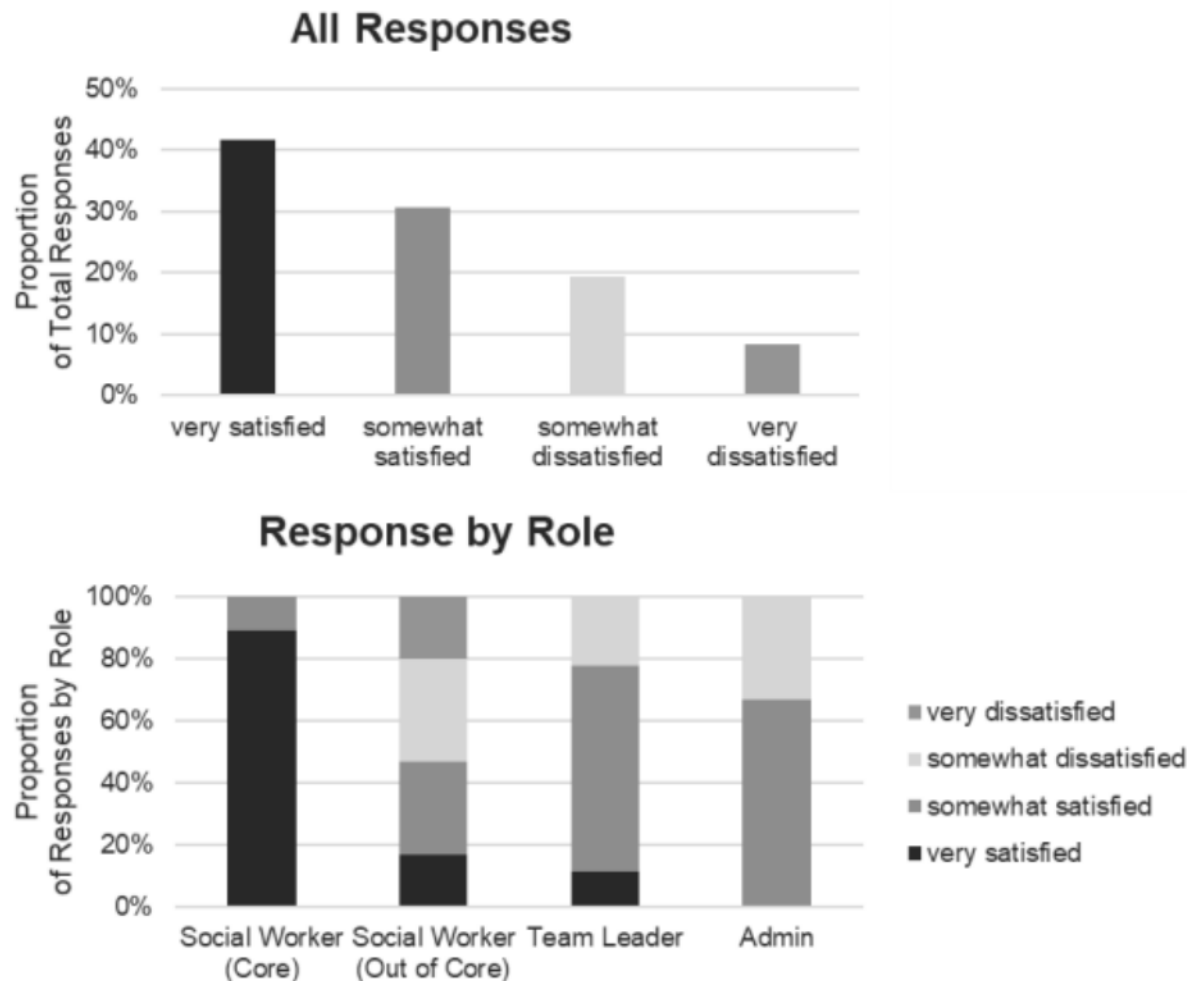
Themes:

- About half of respondents felt Shift Overlap is about right
- No participants rated Shift Overlap as too long
- A large proportion of participants, regardless of position, noted inconsistency in Shift Overlap as a concern

Shift Stability

Shift Stability is defined as the degree to which your shift start time is stable day to day, week to week, etc.

How satisfied are you with your current level of Shift Stability at PCS?



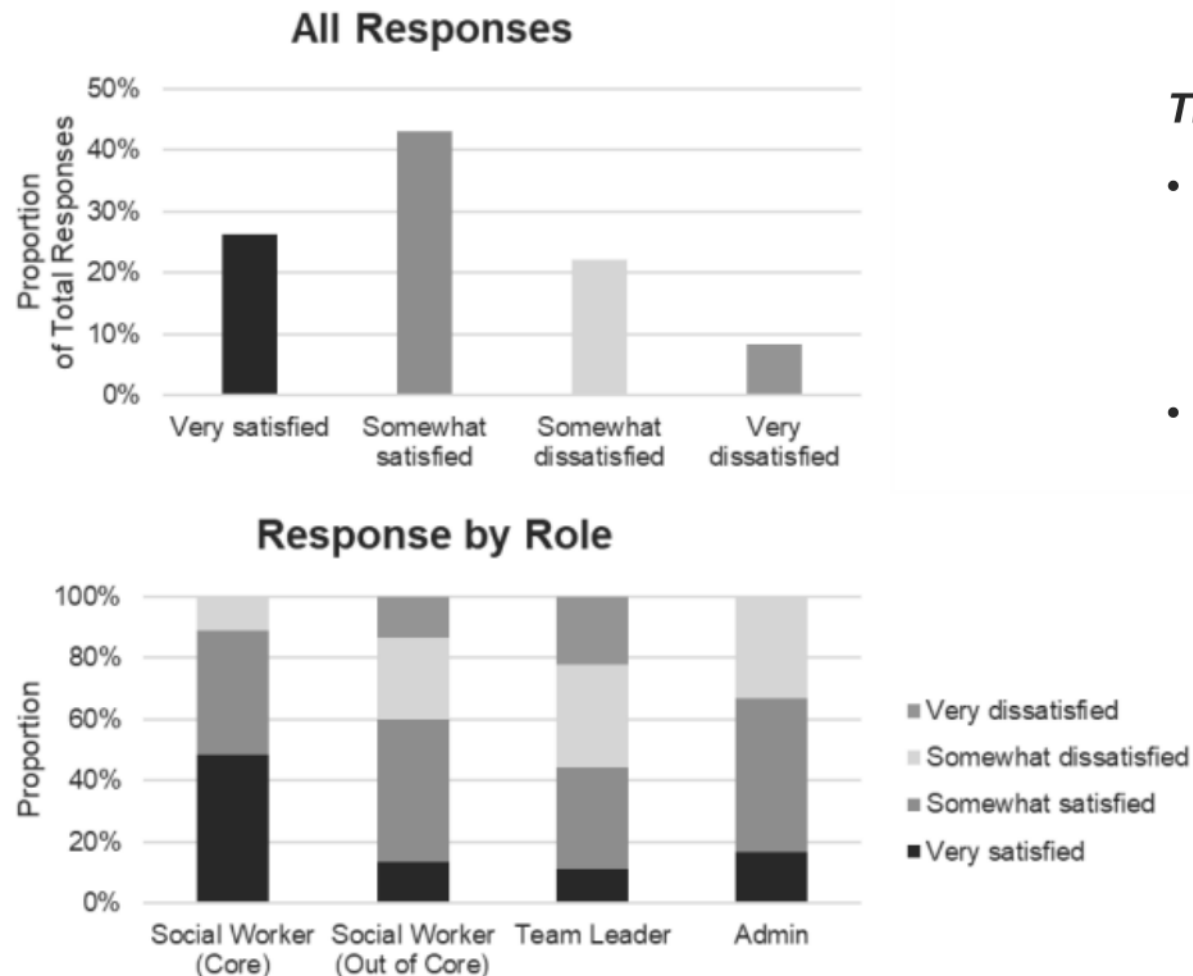
Themes:

- Amongst participants, Out of Core Social Workers and Admin were the most likely to report dissatisfaction with their level of Shift Stability
- Some Team Leaders (~20%) reported dissatisfaction with their level of Shift Stability
- Drastic shift start-time changes (both within and between rotations) were reported as a concern for Out of Core Social Workers, Team Leaders, and Admin

Team Continuity

Team Continuity is defined as the degree to which your team (colleagues and supervisor) is consistent across shifts and / or rotations.

How satisfied are you with the current level of Team Continuity at PCS?



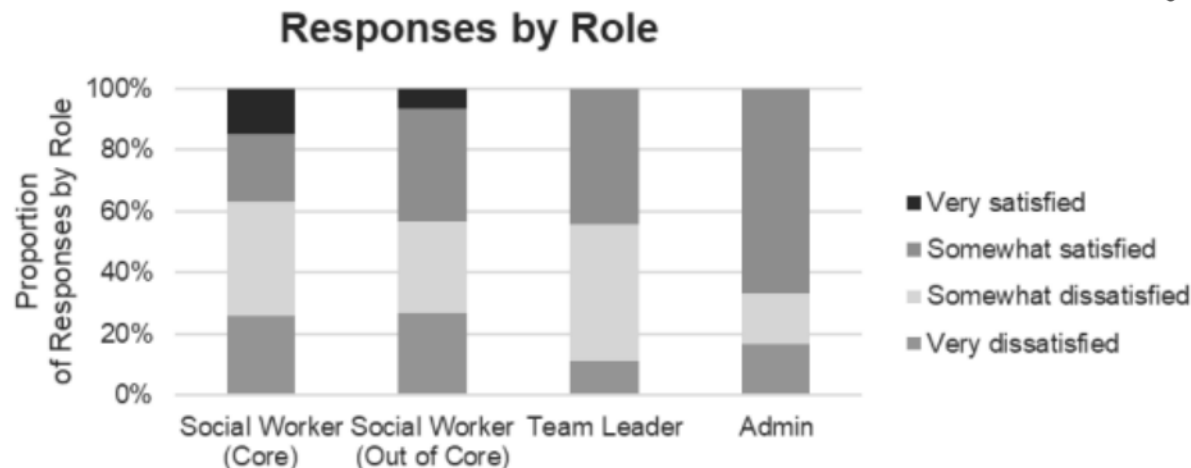
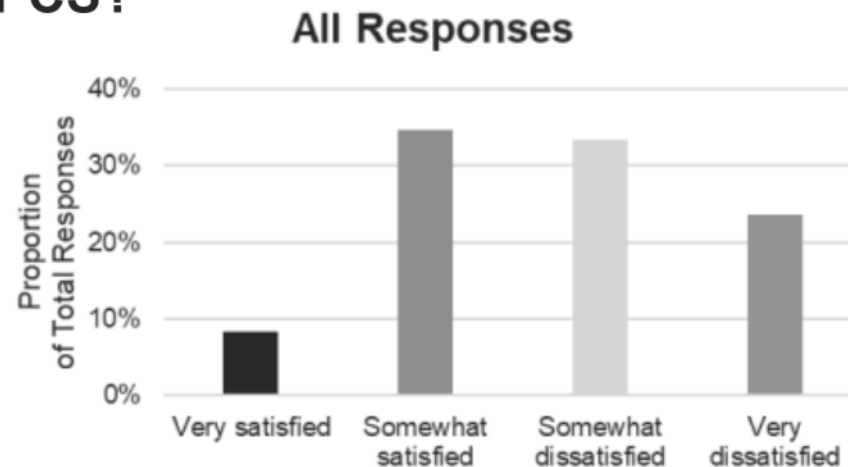
Themes:

- Out of Core Social Workers, Admin and Team Leaders were the most likely to report Team Continuity dissatisfaction
- Responses indicated relatively low Team Continuity, and satisfaction rates appear to depend on how much individuals value working with familiar faces day-to-day

Shift Flexibility

Shift Flexibility is defined as the extent to which you can book time off and / or change your shift.

How satisfied are you with the Shift Flexibility of your current schedule at PCS?



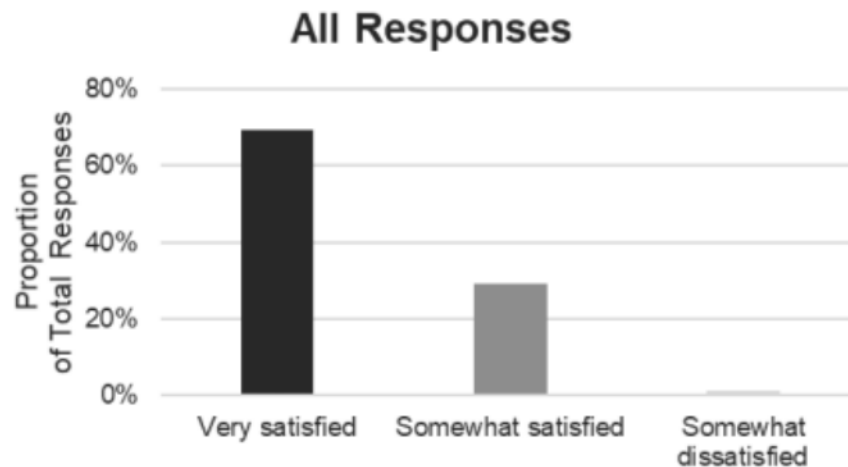
Themes:

- More than half of respondents were dissatisfied with the level of Shift Flexibility in their current schedule
- Respondents consistently noted concerns about their ability to book time off
- Social Workers noted difficulty trading shifts

Shift Predictability

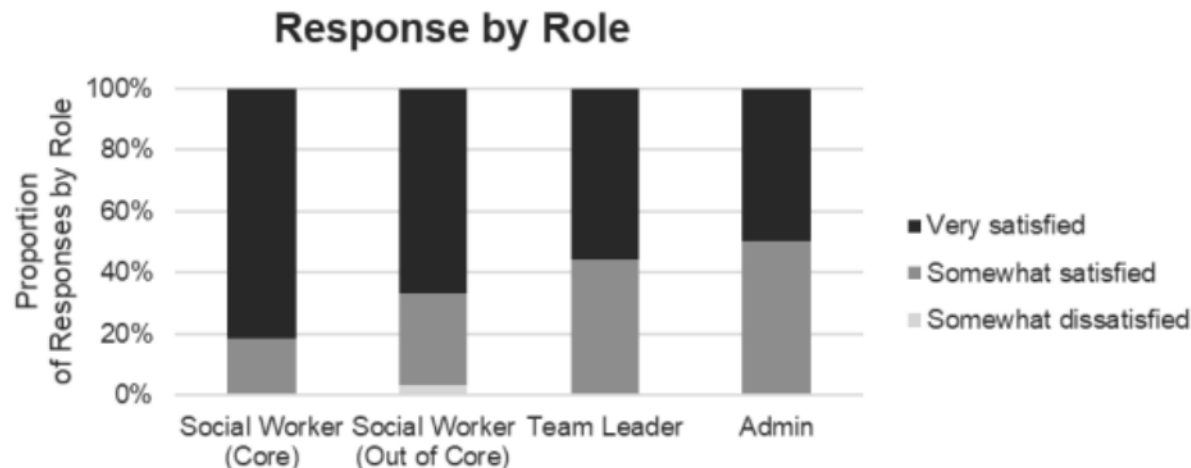
Schedule Predictability is defined as the extent to which you know your schedule in advance.

How satisfied are you with your Schedule Predictability at PCS?



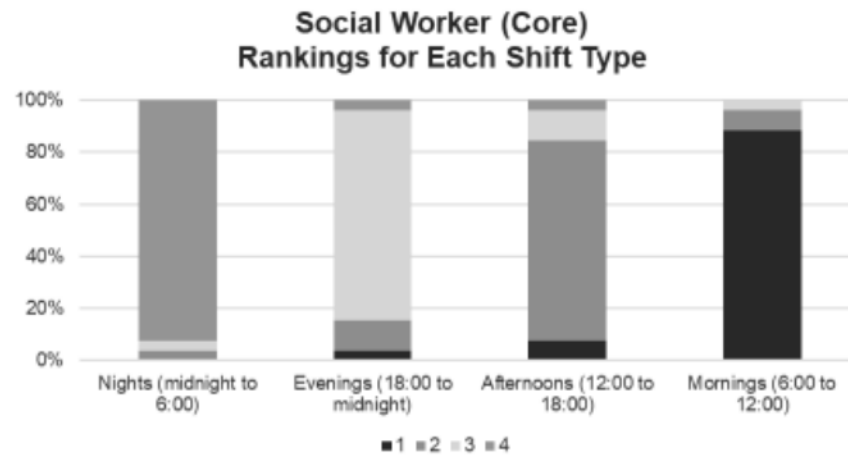
Themes:

- Participants were largely satisfied with their Schedule Predictability



Shift Preferences

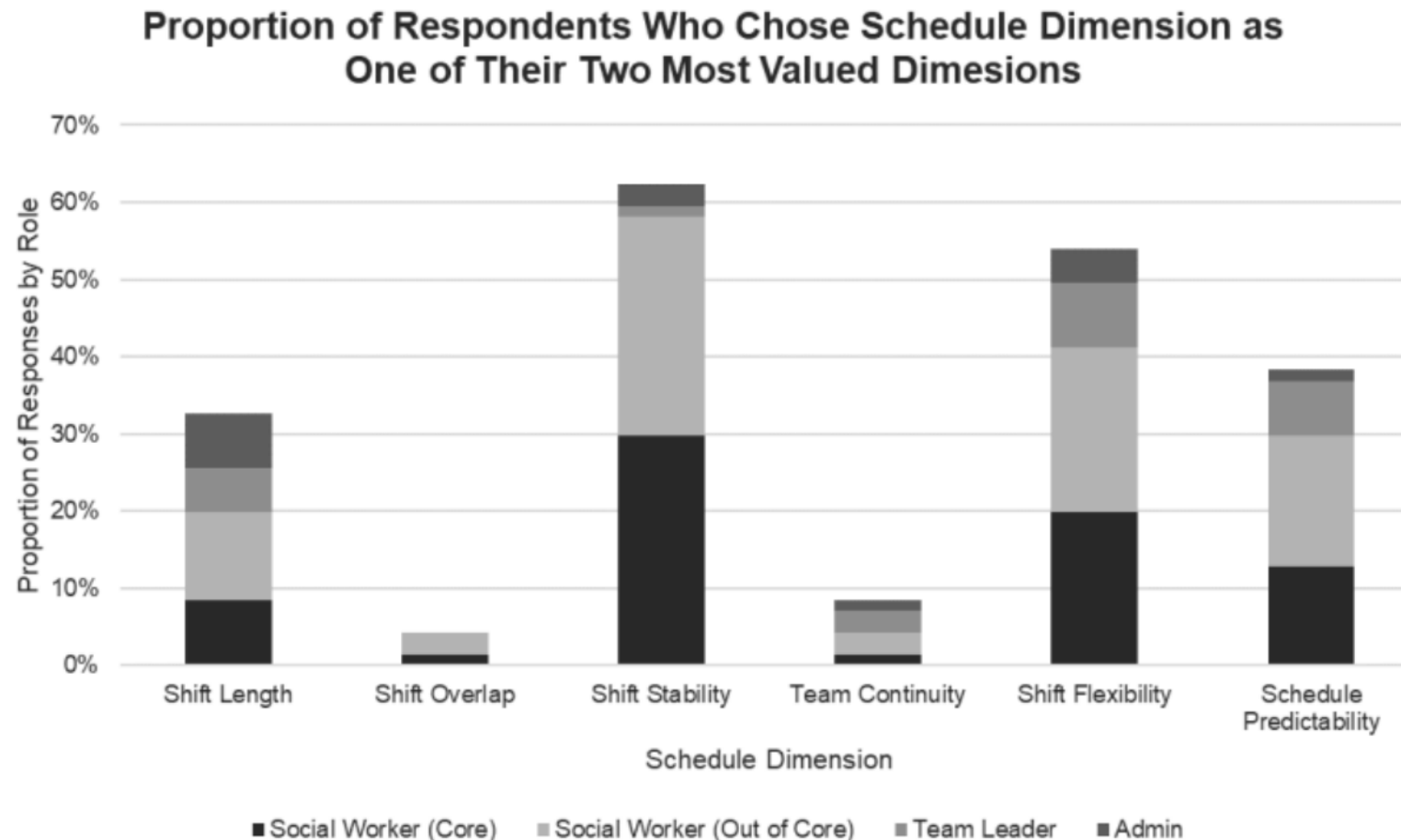
Participants were asked to rank shift types by preference. While most respondents prefer morning shifts, there are many individuals who prefer evenings to all other types of shifts. There are a few individuals who prefer nights to all other types of shifts.





Measure of Importance

Participants were asked to choose the two dimensions of the schedule that are most important to them. 62% of respondents rated Shift Stability as one of their top two most valued dimensions. According to the previous survey questions, amongst the four most highly rated dimensions, respondents were most dissatisfied with Shift Flexibility and Shift Stability.





PCS Scheduling Design

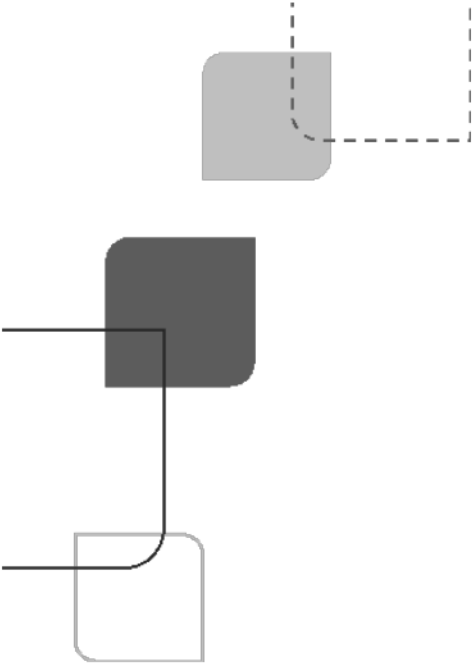
MODELLING STAFFING LEVELS - DISCUSSION

October 8, 2021

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s.13 ; s.17



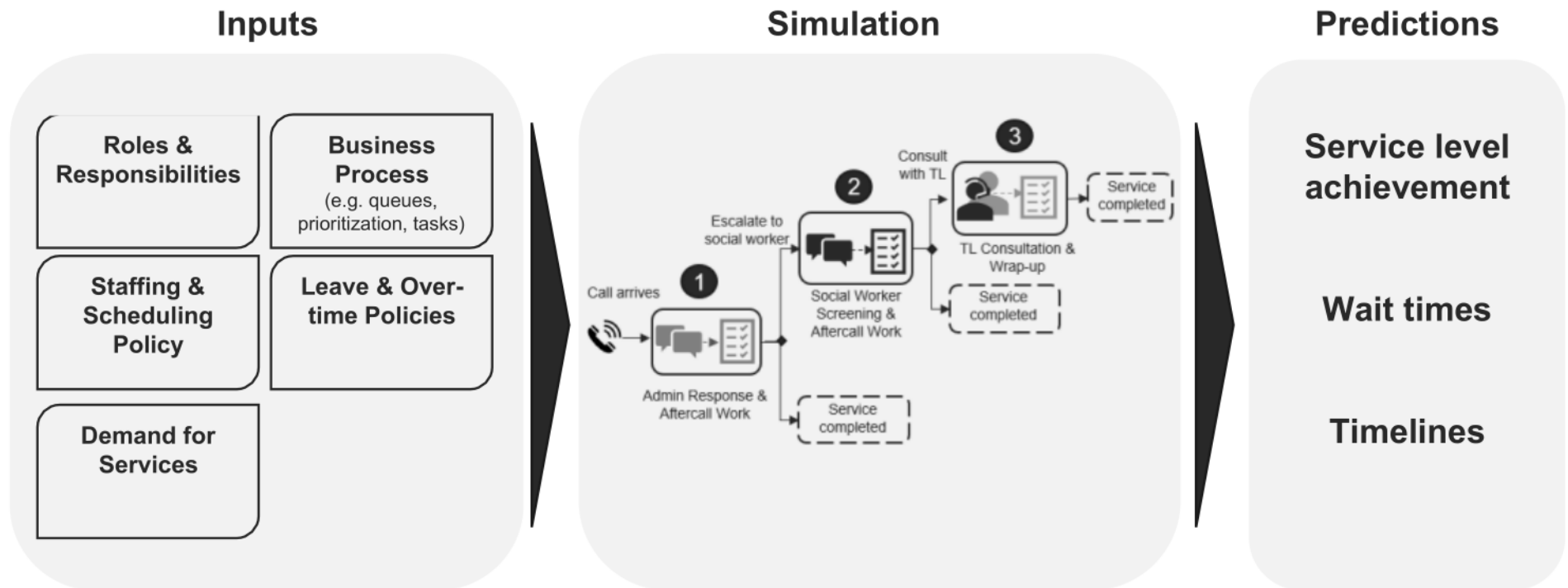
Provincial Centralized Screening (PCS) Simulation Review

VERSION ZERO MODEL

September 16th, 2020

Simulation Objective

We have developed a simulation of PCS to shed light on the current state, and also provide a tool to evaluate potential solutions during the next phase of the project.



The purpose of this document is to introduce the Version Zero Model for feedback and refinements

Analysis Questions

Building a simulation will allow us to answer key questions about the implications of staffing allocations.



Key Questions:

- At current expected call volumes, what is the achievable service level given...
 - The current schedule, vacancies, and required non-call work
 - The current schedule, **no vacancies**, and required non-call work
 - The current schedule, vacancies, and **no required non-call work**
- How sensitive are service levels to staff allocations and efficiency rates (i.e. social workers waiting in queue to consult)?
- How many staff would we need to add (or take away) from the existing schedule to achieve PCS' desired service levels (TBD)?
- Can resources be scheduled more efficiently achieve service levels?



Roles & Responsibilities

The simulation handles **Client Facing responsibilities discretely** (i.e. volumes, handle times) and **Back Office responsibilities in aggregate**.

Role	Admin	Social Worker (In Core and Out of Core)	Social Worker (Out of Core Only)	Team Leader
Client Facing 	<ul style="list-style-type: none"> Admin Queue (includes CLBC calls) 	<ul style="list-style-type: none"> Screening Safety Concern Calls (Responder, Central Screening & Helpline queues) Supplementary Fact Gathering Screening Decision TL Consult Follow-on Work & Documentation 	<ul style="list-style-type: none"> AWOL Calls Coordinate Safety Planning & Care (New & Action Memos) Coordinate SDPR supports (Taxi, PDOC) 	<ul style="list-style-type: none"> Consults for PCS Consults for district offices (after hours) Standby TL Support
Back Office 	<ul style="list-style-type: none"> Preparing Taxi Authorizations Support for DOO/TL - (e.g. sweeps, tracking) Finance / Facilities Activities Scheduling (out of core) ICM Outage Documentation 	<ul style="list-style-type: none"> ICM Outage Documentation Shift transition 		<ul style="list-style-type: none"> Triaging work for SW Reviewing/follow-up with district offices (e.g. coordinating restricted/protocol memos) Supervision NFA Reviews Scheduling (out of core)
		<ul style="list-style-type: none"> HR - admin, training, receiving feedback, mentoring Meetings & Internal Communications- team, working group, special projects, emails 		

Legend

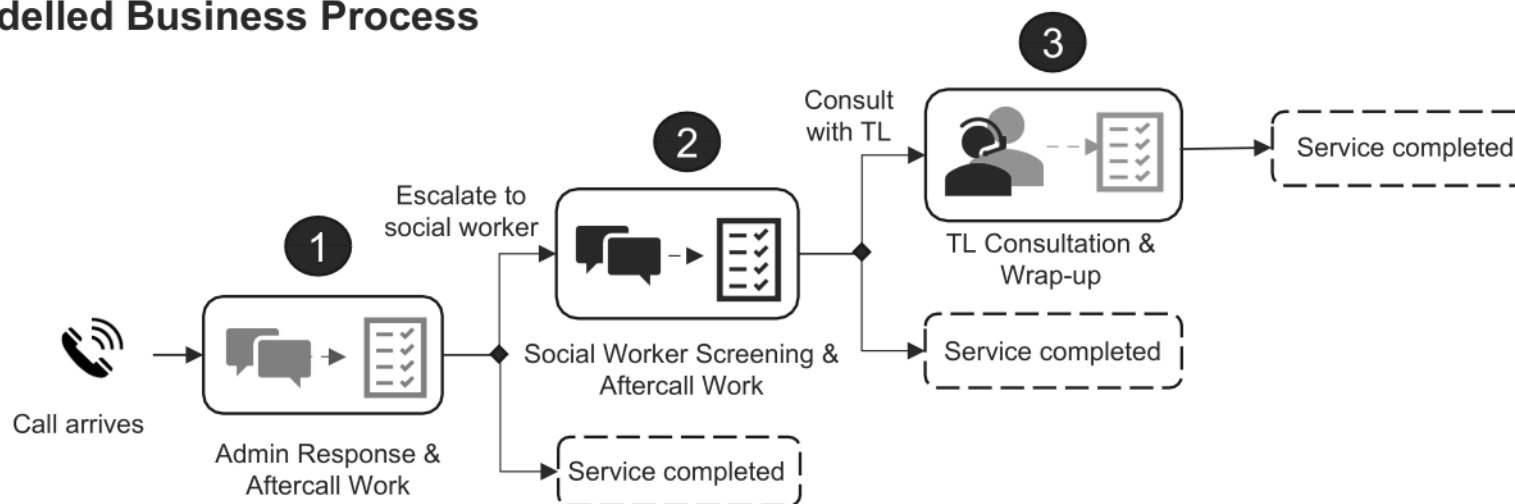
Modelled discretely
Modelled in-aggregate
Not currently modelled

Business Process

Business Process
(e.g. queues, prioritization, tasks)

The simulation accounts for the current business process. Captured by workflow/queue, tasks, task prioritization and handle time data

Modelled Business Process



Workflow / Queue

The following table describes the workflow modelled. The current queue structure of Admin, Community Responder, Centralized Screening (non-community responders), AWOL and Helpline for Children was modelled.

Call Type	Business Process
Community Responder	1 2 3
Centralized Screening (non-community responders)	1 2 3
AWOL	1 2
Non-escalated Calls	1
Helpline for Children	Not currently modelled

Task Prioritization

Each call is assigned to a resource 'first-in first-out' (i.e. no call is higher prioritized than another). Task prioritization can be incorporated.

Handle Time - Effort

Average talk times and wrap times (from 2019 data) are used to estimate the effort needed to handle a call.

Refer to Appendix for specific metrics

Simulation Approach

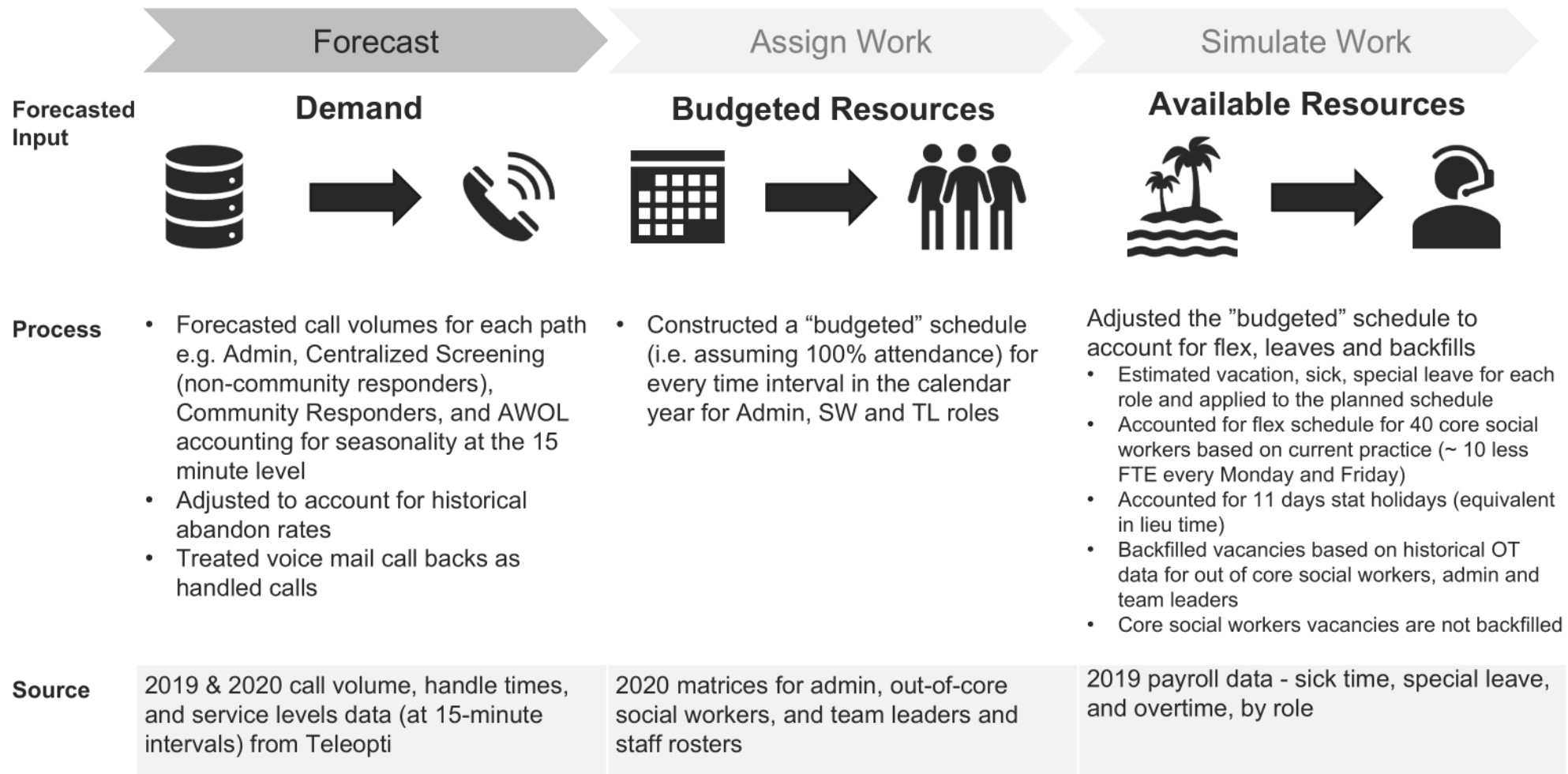
Staffing & Scheduling Policy

Leave & Over-time Policies

Demand for Services



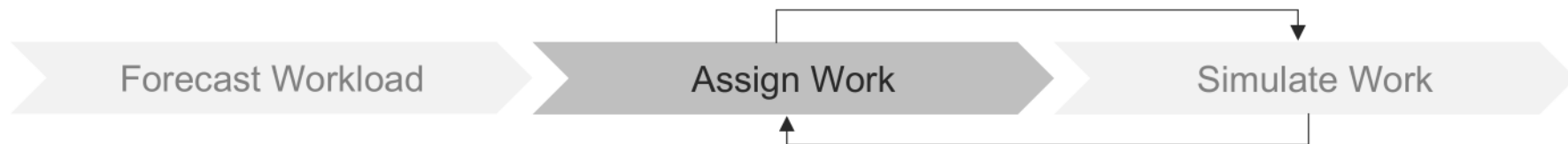
The simulation forecasts the workload based on the historical call volume and the staff availability per current schedules, historical vacancies and overtime hours.



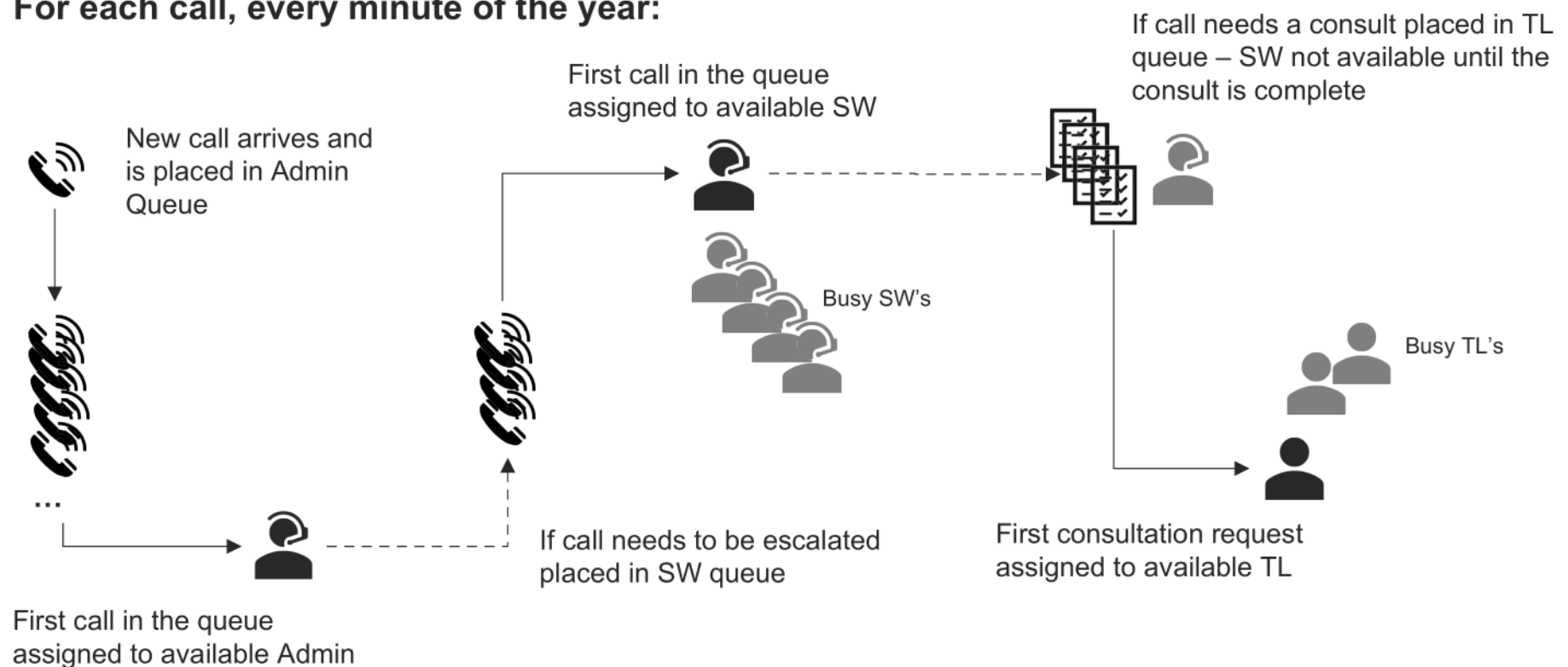
Refer to Appendix for specific metrics

Simulation Approach

For each time interval in the year, the simulation assigns calls to the next available resource (or waits until the resource is available).



For each call, every minute of the year:



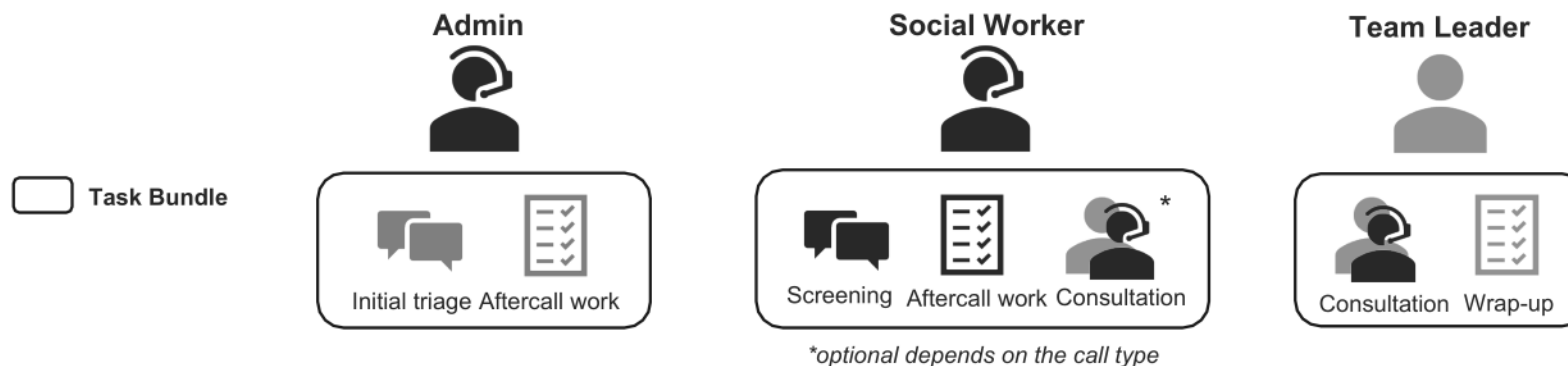
All call assignments / consultations are prioritized equally on a first in first out basis for admin, social workers, and team leaders.

PCS Simulation Approach

A call or consult triggers a bundle of tasks to be completed by the resource. The simulation waits until the work is done before making the resource is available.



In the simulation, workers will be assigned to the next call/consultation request until the task bundle associated with the assigned call/ consultation request is completed. The effort to complete the task bundles varies for different type of calls and with different type of workers (e.g. out of core and core social workers).



Workflow Assumptions

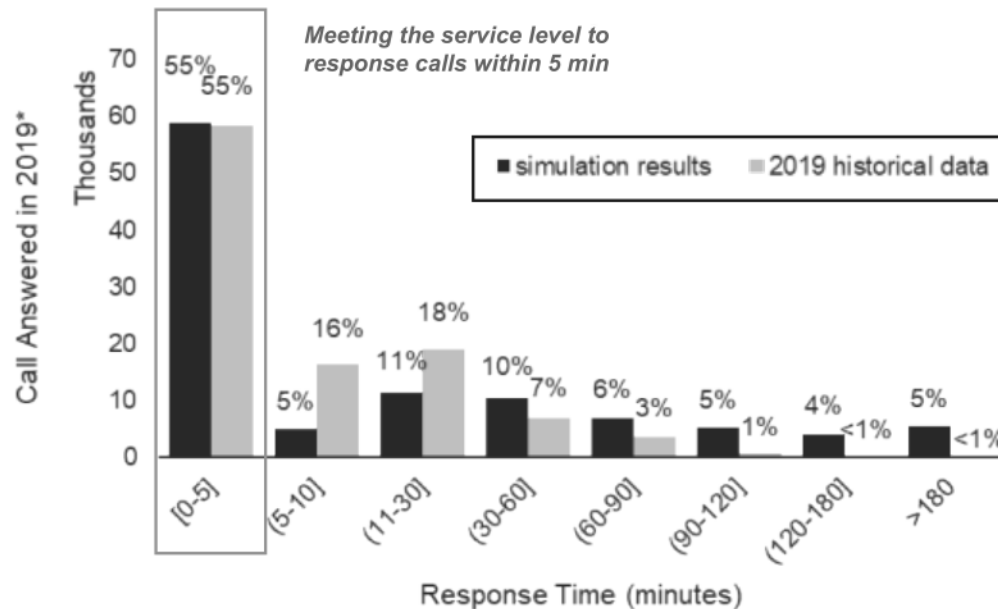
1. Workers complete their task at hand (including consult) at the end of their shift – there are no 'handoffs'.
2. Workers of the same role have the same working efficiency.

Simulation Results – Baseline

The model reconciles with historical achievements – some refinements are still in progress to improve ‘fit’. Initial results estimate Back Office responsibilities are significantly higher for out of core social workers (~1-hr gap with core social workers).

Preliminary results

Wait Time for Social Worker Queues



The portion of calls with longer wait times (simulation results) is due to the randomness of the sick/vacation/stats assignment in the model. This is an area for further refinements

Metrics	Historical	Simulation - Baseline
Social worker service level –calls answered within 5min	55%	55%
Core Social worker availability*	not available	82% (1.4 hr/shift on non-call work)
Out of core Social worker availability*		71% (2.4 hr/shift on non-call work)

*Availability is a measure of a resource’s productive time (net of break time) available to spend on Client Facing responsibilities

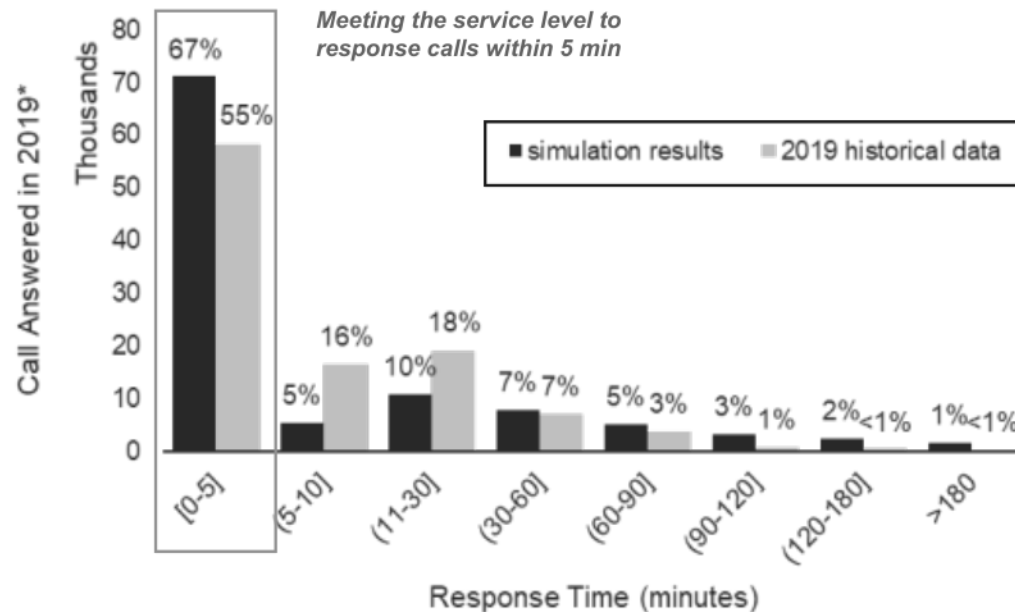
* For comparison purpose data is presented from March 2019 to December 2019 to account for the AWOL queue

Simulation Results – No Vacancy

With budgeted staffing (e.g. 100% OT refill rate for admin, non-core social worker and team leader) social worker service level achievement can be improved from 55% to 67% .

Preliminary results

Wait Time for Social Worker Queues



Metrics	Historical	Simulation – No vacancy
Social worker service level –calls answered within 5min	55%	67%
Core Social worker availability*	not available	82% (1.4 hr/shift on non-call work)
Out of core Social worker availability*		71% (2.4 hr/shift on non-call work)

*Availability is a measure of a resource's productive time (net of break time) available to spend on Client Facing responsibilities

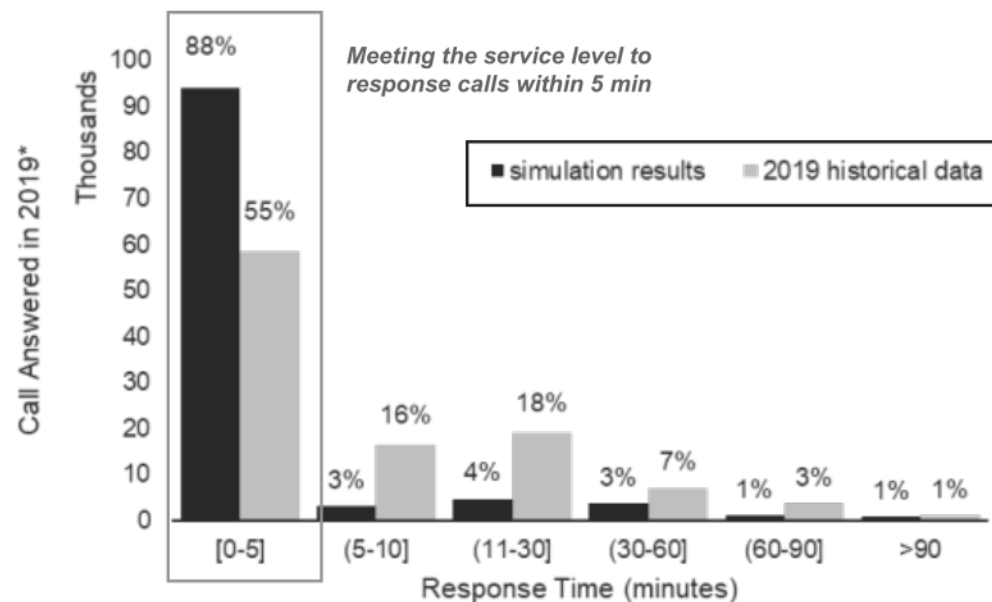
* For comparison purpose data is presented from March 2019 to December 2019 to account for the AWOL queue

Simulation Results – 100% Availability

With current state staffing and social workers de-burdened of all non-call related work, social workers can achieve a better service level at 88% (increased by 33%).

Preliminary results

Wait Time for Social Worker Queues



Metrics	Historical	Simulation – 100% availability
Social worker service level –calls answered within 5min	55%	88%
Core Social worker availability*	not available	100% (no non-call work)
Out of core Social worker availability*		100% (no non-call work)

*Availability is a measure of a resource's productive time (net of break time) available to spend on Client Facing responsibilities

* For comparison purpose data is presented from March 2019 to December 2019 to account for the AWOL queue

Next Steps

Before modelling alternative staffing scenarios, the model will continue to be fine-tuned to accurately reflect the current state.

1. Continue to refine the simulation's output to more closely match the current state by adjusting:
 - The assignment of sick days / vacation days
 - Validating vacation / sick day assumptions
 - Validating core and non-core social workers' non-call work
 - Identifying the team leaders' non-call work range
 - Account for portion of calls that do not need a TL consult
 - Account for auxiliary SW backfills
2. Incorporate call volumes from the Helpline for Children
3. Others?

Assumptions

The following assumptions are incorporated into the model.

	Admin	SW (Core hours)	SW (Out of Core hours)	TL	Source
Call Processing					
Talk time (mm:ss)	00:50	09:20 (Police)	10:00 (Police)	06:30	2019 historical averages per Teleopti data at the 15-minute interval
		11:40 (Non Police)	08:20 (Non Police)		
		01:30 (AWOL)		N / A	
After call work (mm:ss)	00:10	19:50 (Police)	19:20 (Police)	01:30	
		15:00 (Non Police)	11:20 (Non Police)		
		03:00 (AWOL)		N / A	
Staff Availability					
Sick time (days)	7	14	14	14	Approximated using 2019 payroll
Vacation time (days)	20	20	20	20	Assumption - placeholder
Stat holidays / In lieu time (days)	11	11	11	11	Assumption
Break time per day (hour)	0.5	1	0.5	0.5	Validated w PCS staff
OT refill rate (portion of vacant shifts filled by OT)	33%	0	76%	50%	Approximated using 2019 payroll data



PCS Scheduling Design

MODELLING STAFFING LEVELS FOR TL CONSULTS - DISCUSSION

February 9, 2022

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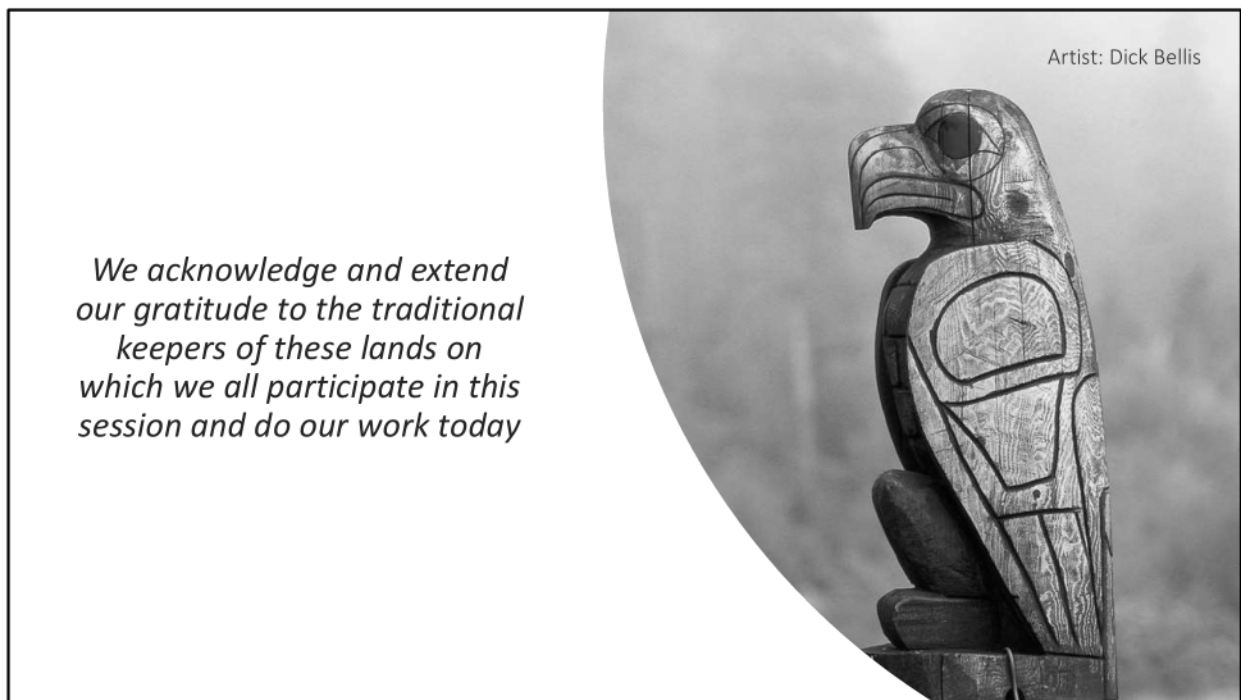
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PCS Teleopti Reference Group

....





Artist: Dick Bellis

*We acknowledge and extend
our gratitude to the traditional
keepers of these lands on
which we all participate in this
session and do our work today*

Esther:

I want to take a moment to acknowledge all of the territories that each of us is on today where we are honored to live and work. I also want to recognize the Métis and Inuit people who live and work on the various territories across this beautiful province that we call home.



AGENDA

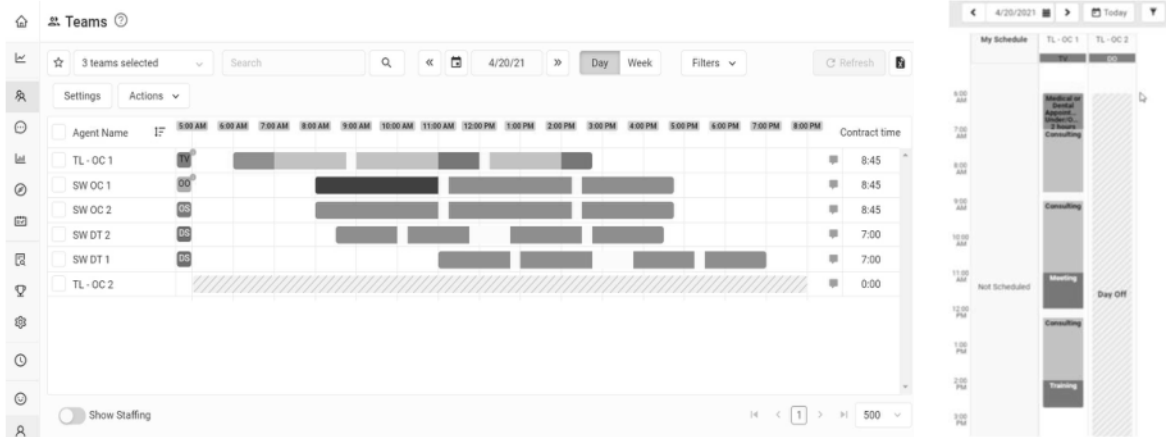
1. Quick Check-in
2. Introduction of Adherence
3. Feedback?



What is your personal
weather status today?



What is Adherence?



To kickstart the presentation about adherence, we want to point out adherence for the whole PCS in general (Admin, SW, TL, OM) is referring to the time scheduled vs not scheduled.

Any activities not consistent with the assigned schedule in Teleopti will be out of adherence.

Adherence at PCS

1

Ensuring balanced, healthy and sustainable approach for our staff

2

Accountability for receiving child protection reports.



3

Setting clear expectations allowing us to focus our attention in to the right support

4

Maintain and enhance our culture of exceptional client service and as our work is making a difference for Service Delivery



Focus on Output

- The adherence metric will help us understand the effectiveness of our workflow
- Allows us to focus on completion of reports.
- Evaluate accomplishment and improve our team efficiency.



Outstanding Client (reporter/caller) Service

Expectation of Callers:

- the same level of service regardless of who answers the call.
- each interaction is supportive, informative, accurate and helpful.
- Helped quickly, without long hold or wait times.

Adherence can help us **meet** these expectations with accurate staffing level.



When clients contact us, they want the same level of service regardless of who answers the call. Their expectation for each interaction is that the information they receive is accurate and helpful. They also expect to be helped quickly, without long hold or wait times. Adherence can help us meet these expectations with accurate staffing level.

The Challenges with our Current Operation

- 1** Queues are not regularly managed
- 2** Inaccurate level of staff coverage
- 3** Current data doesn't support determining future coverage
- 4** Staff not logged on (on leave or vacation)
- 5** Tracking other work related activities (e.g. break, lunch, side projects, training etc.)
- 6** Scheduled Work Hours vs Flex Time

Best Practices leading to Success

While we are trying to offer flexibility to the schedules, we also expect our staff to collaborate and adhere to the assigned schedules with their best practices.



We want to make sure our staff are happy, healthy and supported

- Staff have different needs and scheduling is not just about placing people into a timeslot.
- Shifts that fit with real needs is very important.
- By aligning the daily workload and activities with the proposed schedules can help us develop shift patterns that match our call volumes.

Challenges of Assigning Breaks at PCS



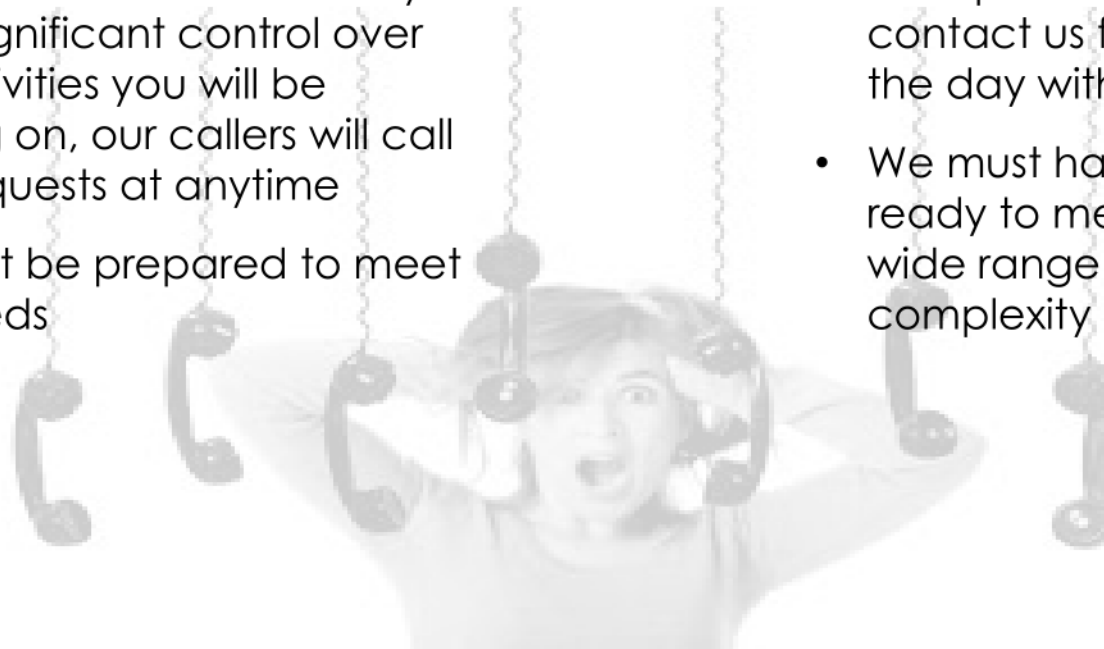
Fluctuation of Workload

- Unlike district offices where you have significant control over the activities you will be working on, our callers will call with requests at anytime
- we must be prepared to meet the needs



24/7 Demands

- We open 24/7 and our callers may contact us for help at any time of the day without an actual “time off”
- We must have the right people ready to meet clients’ needs on a wide range of subject and complexity



Staggered Break Time

Isn't there always a queue when you want to take a break? And it seems like we need more staff during certain heavy work periods?

We are unable to “see” what other team members are working on so it is impossible to guess the right time for a break.

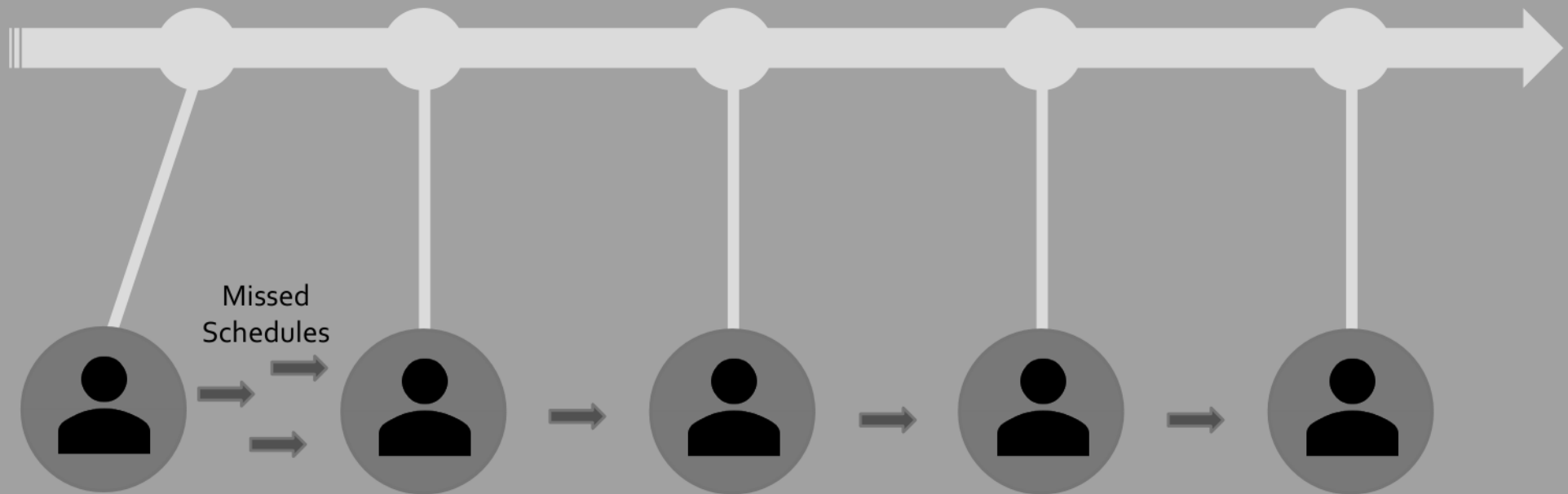
Staggering break
is essential



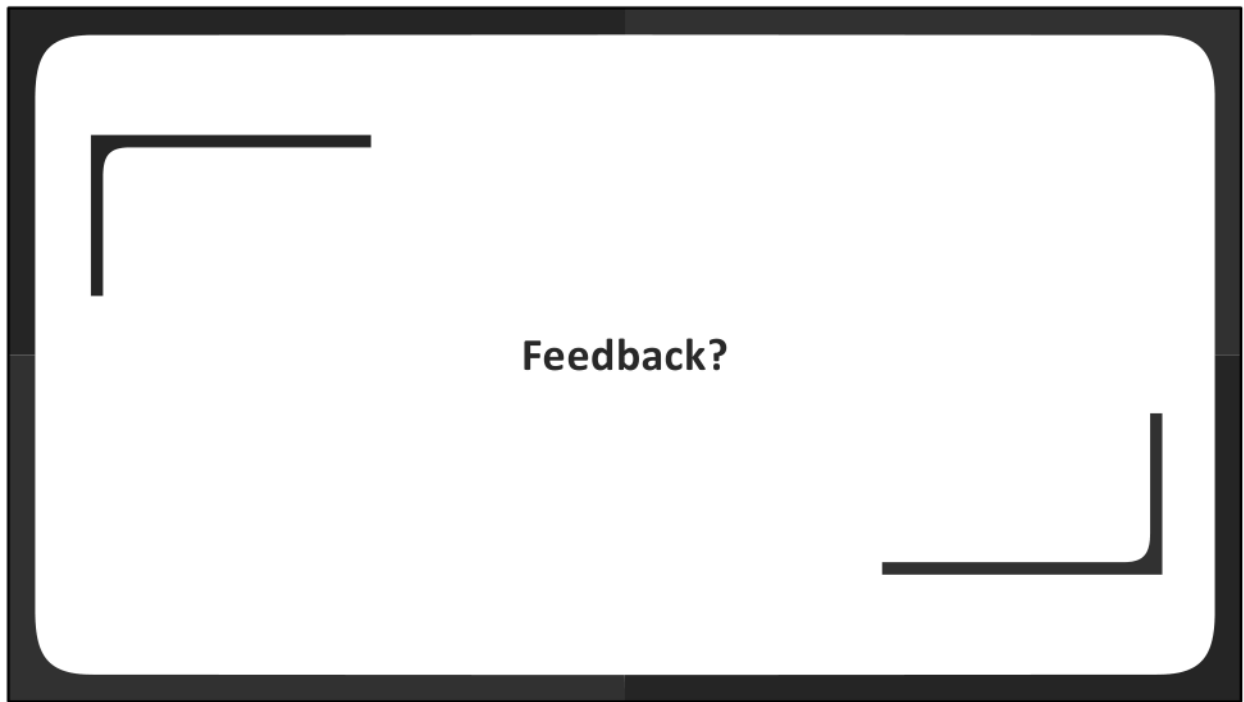
We need to build in the breaks as a part of our planning process to better manage our work flow as a team.

We don't want to guess the optimal timeframes for off-phone activities to minimize any potential negative impact on client service level.

WHAT IF NO ADHERENCE ?



Change of one employee's schedule (e.g. extended break) will affect the workload of other team members



Sagar: facilitated discussion

An illustration of a long, dark wooden conference table with 11 people seated around it. The people are represented by stylized, semi-transparent figures with circular heads. Each person has a white rectangular object, possibly a tablet or a stack of papers, in front of them on the table. The background is a light gray with a subtle, repeating pattern of small, dark, teardrop-like shapes. The text "Next Meeting May 5th, 2021" is centered on the table in a black, sans-serif font.

Next Meeting May 5th, 2021

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PCS Operational Review

Project Summary for CRA Webinar

December 2020

Meeting Objectives



**Provide an overview of the PCS
Operational Review**



**Solicit PCS feedback via
Survey**



Project Background

PCS was inspired by a vision of improving consistency of decisions and client experience.

Since inception, PCS has been delivering critical services to stakeholders – Children & Families, Regional Offices, DAAs and Partners (i.e. CLBC, SDPR).

As PCS has grown critical challenges have surfaced:

- Maintaining a high quality public service through peaks and valleys in call volumes
- Ensuring the right people are in the right positions to achieve the ultimate goal of helping families, children and youth

MCFD & PCS leadership are sponsoring this project in order to examine the operation and recommend ways to improve how services are delivered



Project Objectives & Scope

Scope

How to improve PCS service and operations in terms of:

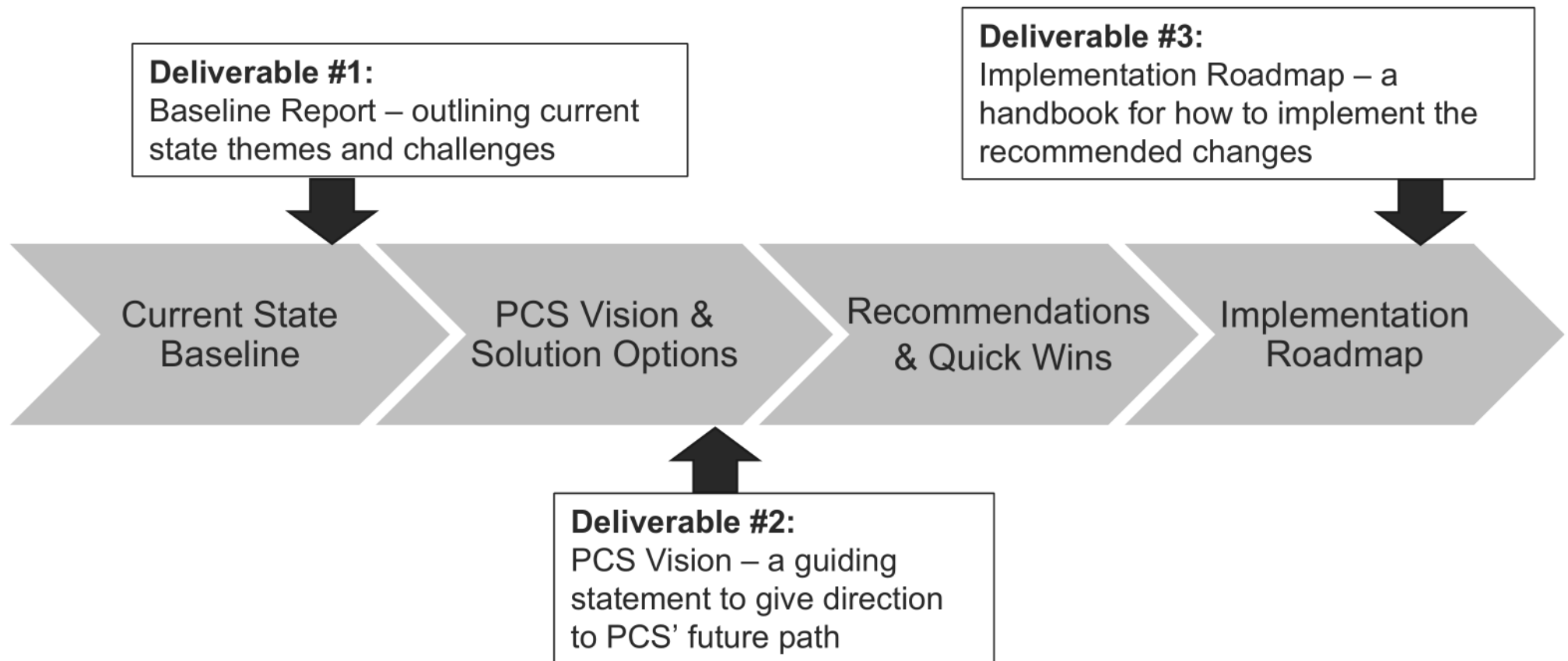
- Service Quality
- Efficiency,
- Effectiveness,
- Sustainability

...within a cost neutral environment

...remaining committed to a centralized approach

Project Approach

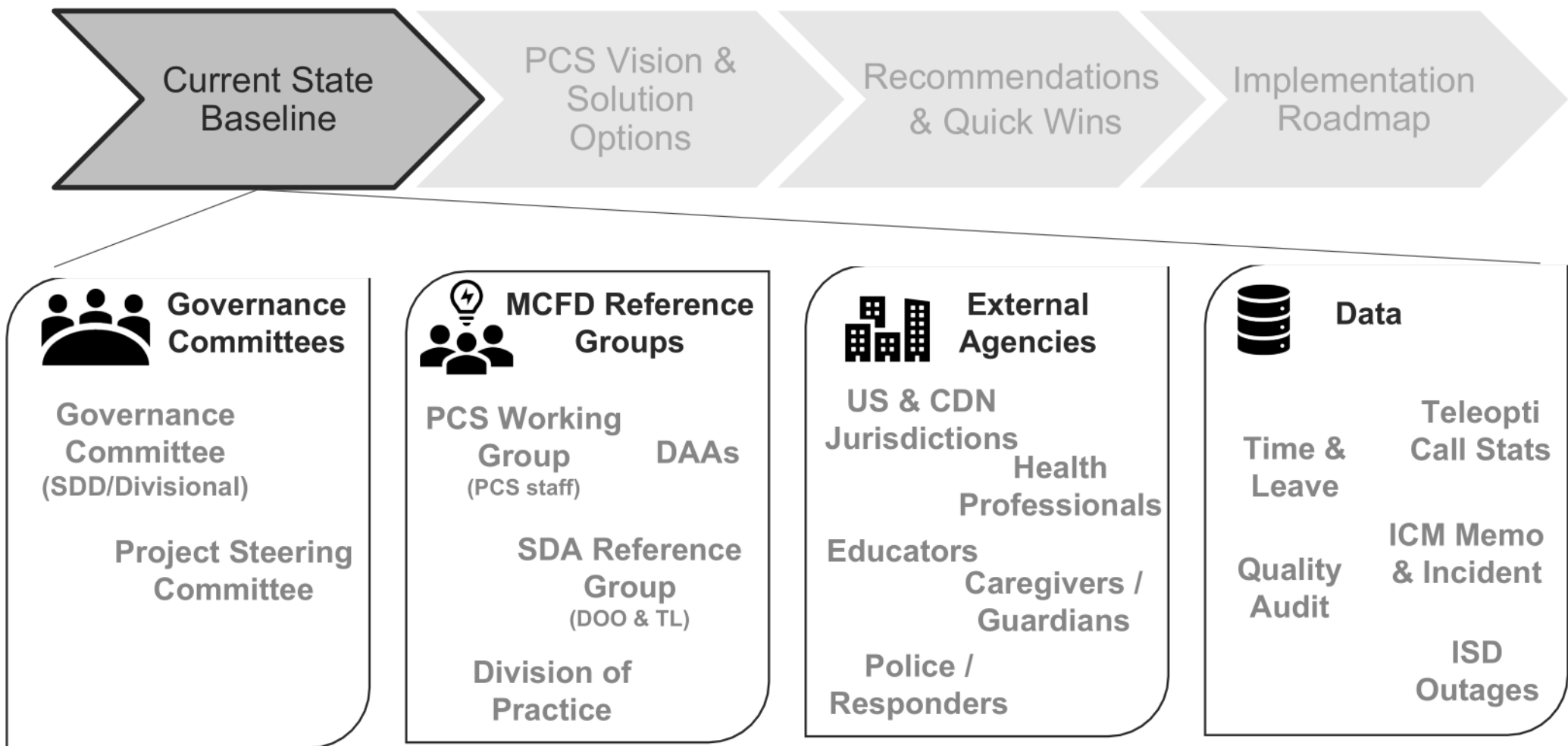
This project aims to deliver a PCS vision, organizational & operational recommendations and 2 to 3-year implementation roadmap.





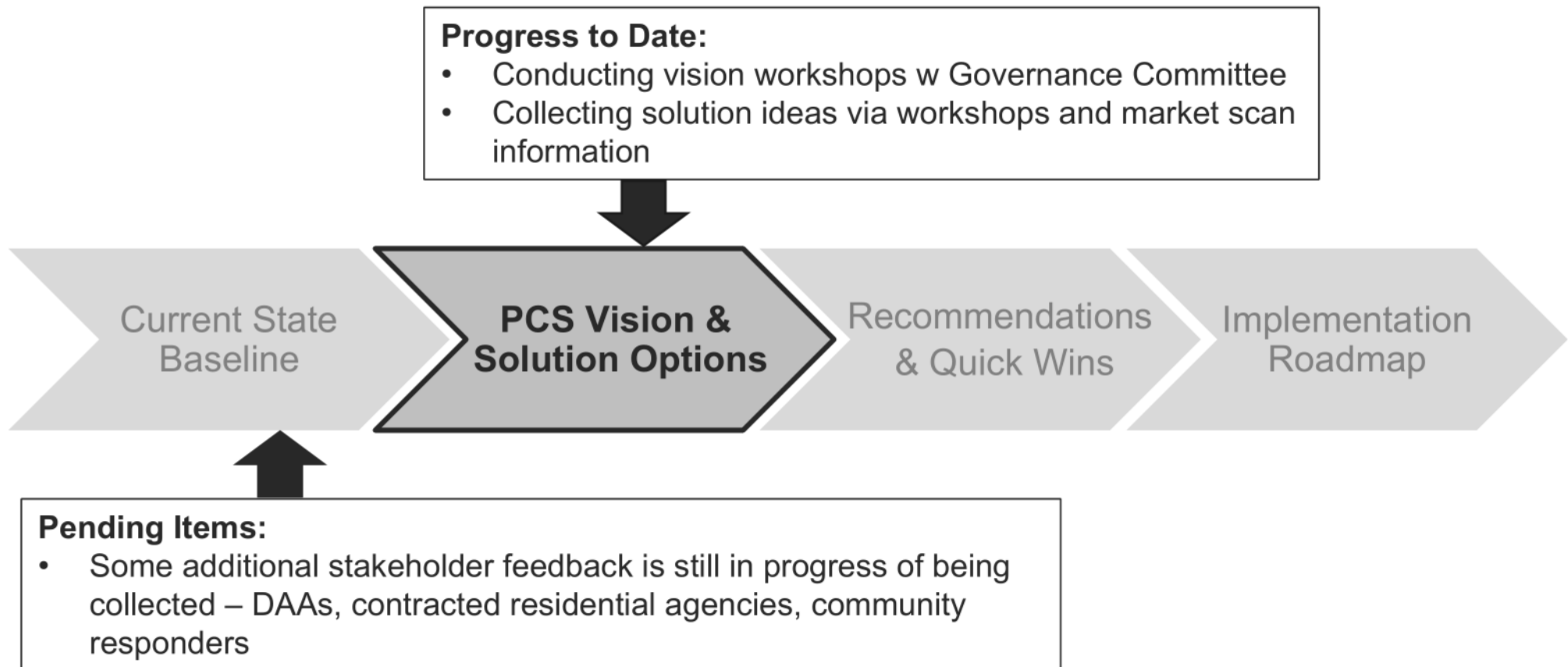
Baseline Approach

The Baseline analysis is informed by an array quantitative and qualitative data, which together will inform a detailed picture of PCS' current state performance.



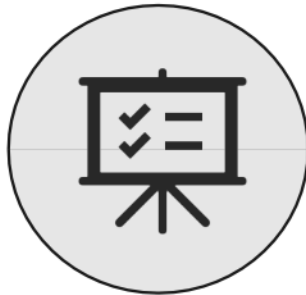
Progress to Date

We have delivered a draft baseline report and are in progress of developing a PCS vision and brainstorming solution options.



Feedback Objectives

Your Feedback will help inform multiple facets of the PCS Operational Review.



Inform the Baseline Analysis

*How is PCS doing?
What can be
improved?*



Stimulate Solution Ideas

*How can PCS better
communicate with
and serve its
stakeholders?*



Inform the PCS vision

*How should PCS
strive to better serve
its stakeholders? Its
communities?*

All feedback will be escalated in a summarized and anonymous format – no one individual will be linked to the feedback they provide

Survey

The survey is 10 questions long and is expected to take no more than ~15 minutes to complete.

We will send out the [link](#) to the survey via email – please distribute to your peers and colleagues as you see fit.

MCFD Provincial Centralized Screening Feedback

1. Which services do you or your organization use? Please select all that

- ☐ Centralized Screening (i.e. making child protection reports)
- ☐ Reporting an AWOL (i.e. missing child or youth)
- ☐ Using the anonymous Foster Parent Support Line
- ☐ Other (please specify)

2. How frequently do you call / use services?

- ☐ More than once per week
- ☐ A few times a month
- ☐ Once per month
- ☐ Once every few months
- ☐ Rarely
- ☐ Other (please specify)



PCS Operational Review

Working Group Update & Quick Wins

December 16, 2020

PCS Operational Review - Update

Thank you all for your input in brainstorming solution ideas for the PCS Operational Review.

From the many solution ideas, the Steering Committee has identified 6 ‘quick wins’ for near-term implementation (or piloting).

- Steering Committee members have been assigned ‘ownership’ over the implementation.
- Part of the implementation approach will be to consult with Working Group on implementation approach

The past six weeks have been focused on two areas:

1. Expanding our jurisdictional research to include interviews with New Jersey, Washington and Missouri
2. Completing stakeholder interviews with Contracted Residential Agencies, DAAs and RCMP/Community Responders

The plan forward in the new year is to work with the Steering Committee to refine solution ideas, evaluate solution ideas to frame a recommended PCS Future State Operating Model - these include both large transformational changes as well as more moderate changes.

- The Working Group may be contacted on an individual or group basis to provide additional details or context for solution ideas on an ad hoc basis.

The recommendations will be refined and/or confirmed by working with the Governance Committee and EDS (as appropriate) and form the basis of a roadmap for PCS.

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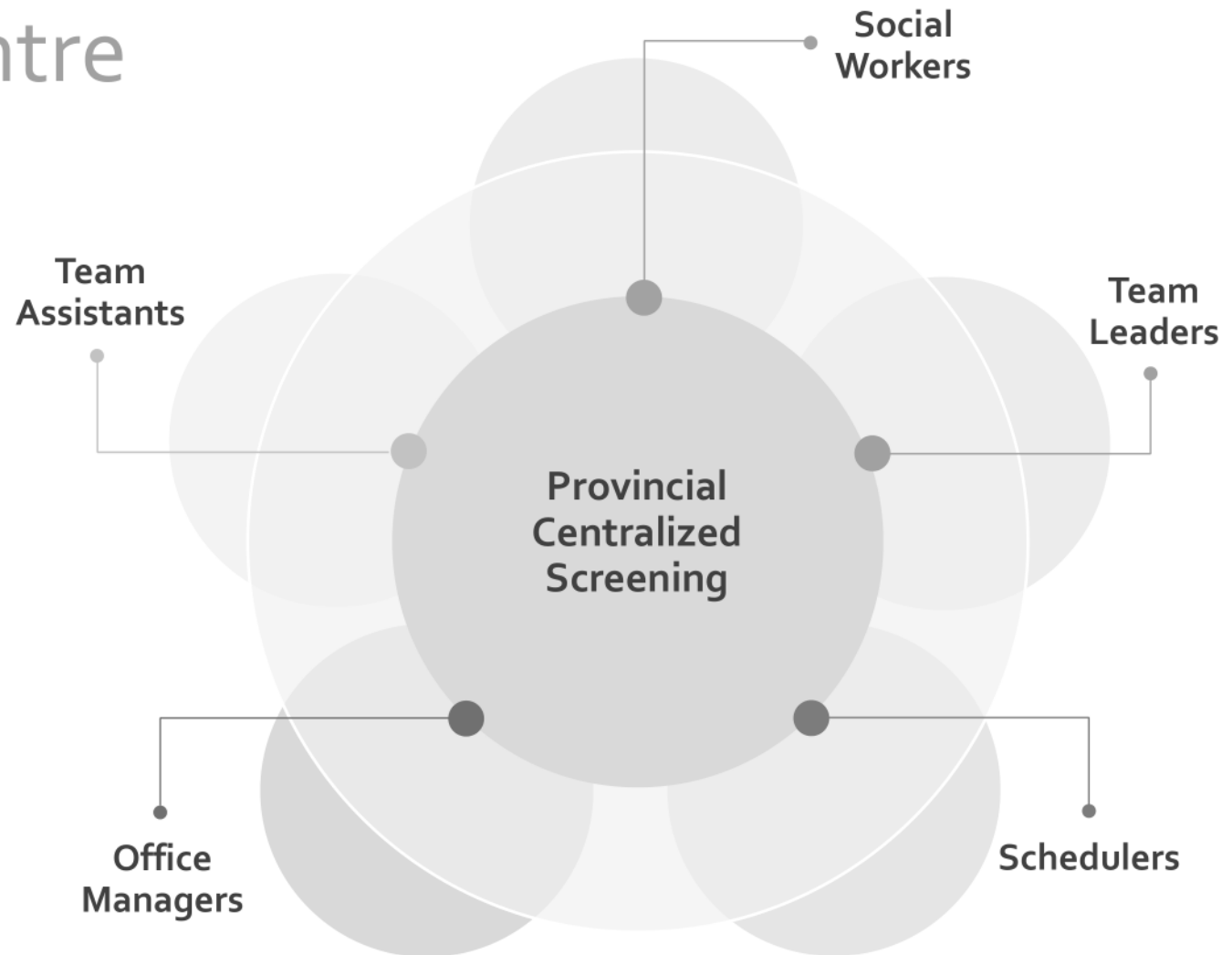
Adherence

First Dialogue

By: Esther Li

PCS = Contact Centre

PCS adapts an operational structure of a contact centre that handles inbound and outbound calls to provide first line of response for child protection across the province. We operate on a 24/7 shift schedule to provide uninterrupted service for the community over the phone.



What is Adherence in a Contact Centre?

Adherence is a way to reveal whether staff are adhering to their assigned schedules. It plays an important role in contact centre performance. It allows management to assign the right number of agents to meet our potential call volume throughout the day in order to deliver excellent client experience.

Metrics do provide limited insight to the overall client experience, but it gives us an opportunity to start the dialogue of adherence.

To adequately handle the forecasted workload, staff must follow their assigned schedules.

Having even one agent out of adherence can greatly impact our team.

Adherence at PCS

The objective of Adherence at PCS is also about adhering to the assigned schedules. In addition to that, we are incorporating a series of tools from Teleopti that will help us achieve this goal by tracking the daily activities of staff such as screening, team meetings, trainings and administrative duties. These data will allow us to have a better understanding of the real-time workload in order to align with the proposed schedules and staffing level. This will also build a solid foundation of the staffing level forecast in the future.

PCS is a unique contact centre.

We operate our social service as a contact centre, but we will only apply the adherence features that work for our team. This is a learning process and we are open for suggestion to make this work for us.

What does Adherence do for me?

1

Set the standard of a balanced, healthy and sustainable approach to our work



2

Working in a virtual environment as we have been over the past year, we need to be accountable for the work that we are doing.

3

Ensure everyone knows what's expected of them and focus our attention in the right direction

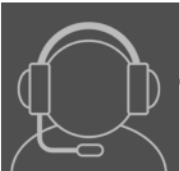


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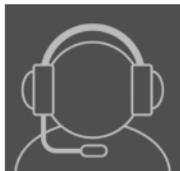
Maintain our culture of exceptional client service and ensure our work is making a difference

Best Practices leading to Success

We want to make sure our staff are happy, healthy and supported



Staff have different needs and scheduling is not just about placing people into a timeslot. Shifts that fit with real needs, especially in light of the rise in remote working, is very important. By aligning the daily workload and activities with the proposed schedules can help us develop shift patterns that match our necessities and lifestyles.



While we are trying to offer flexibility to the schedules, we also expect our staff to collaborate and adhere to the assigned schedules with their best practices.

Challenges of Assigning Breaks at PCS



Undetermined Workload

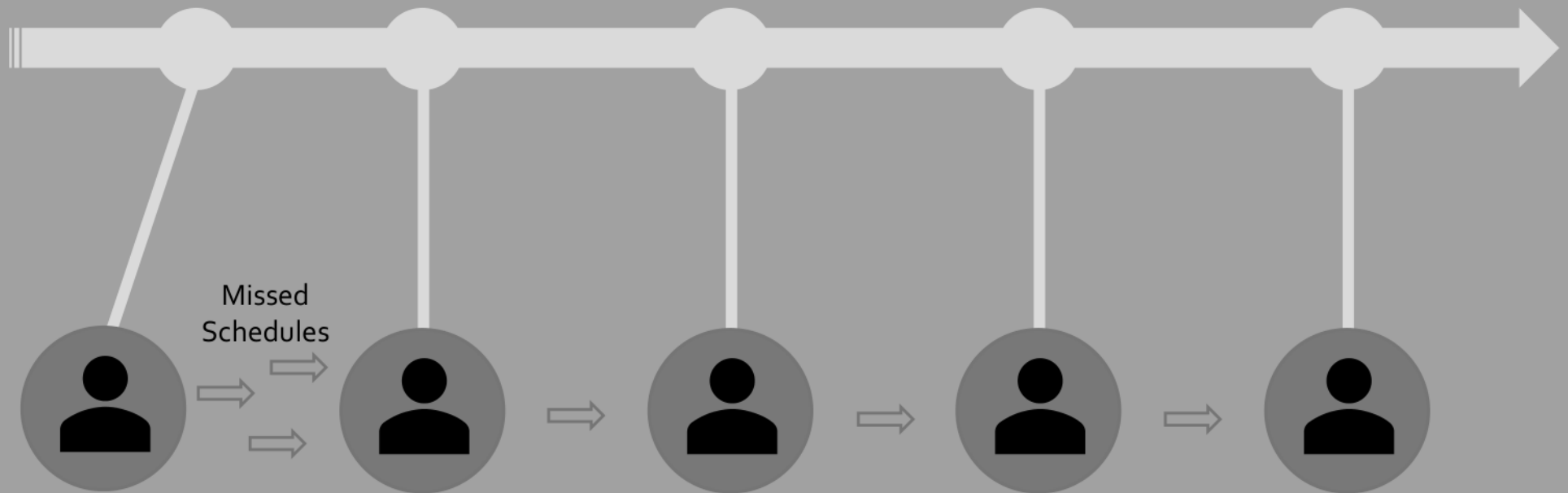
Unlike district offices where you have significant control over the activities you will be working on, the majority of workload at PCS as a contact center is determined externally. Our clients will call with requests at anytime and we must be prepared to meet the needs.



24/7 Demands

As a contact center, we open 24/7 and our clients may contact us for help at any time of the day without an actual “time off”. We must have the right people ready to meet clients’ needs on a wide range of subjects and complexity level at any given time and maintain an outstanding service experience.

WHAT IF NO ADHERENCE ?



Change of one employee's schedule
(e.g. extended break) will affect the
schedules of other team members.

Staggered Break Time

Isn't there always a queue when you want to take a break? And it seems like we need more staff during certain heavy work periods?

Staggering break
is essential



Unlike other district offices where workload might be more predictable, PCS call volume and case complexity are very irregular.

We are unable to “see” what other team members are working on so it is impossible to guess the right time for a break.

The best we can do is to allocate each person's break time based on our historical metrics of slower periods so that all staff are well rested and ready to work during the busy periods.

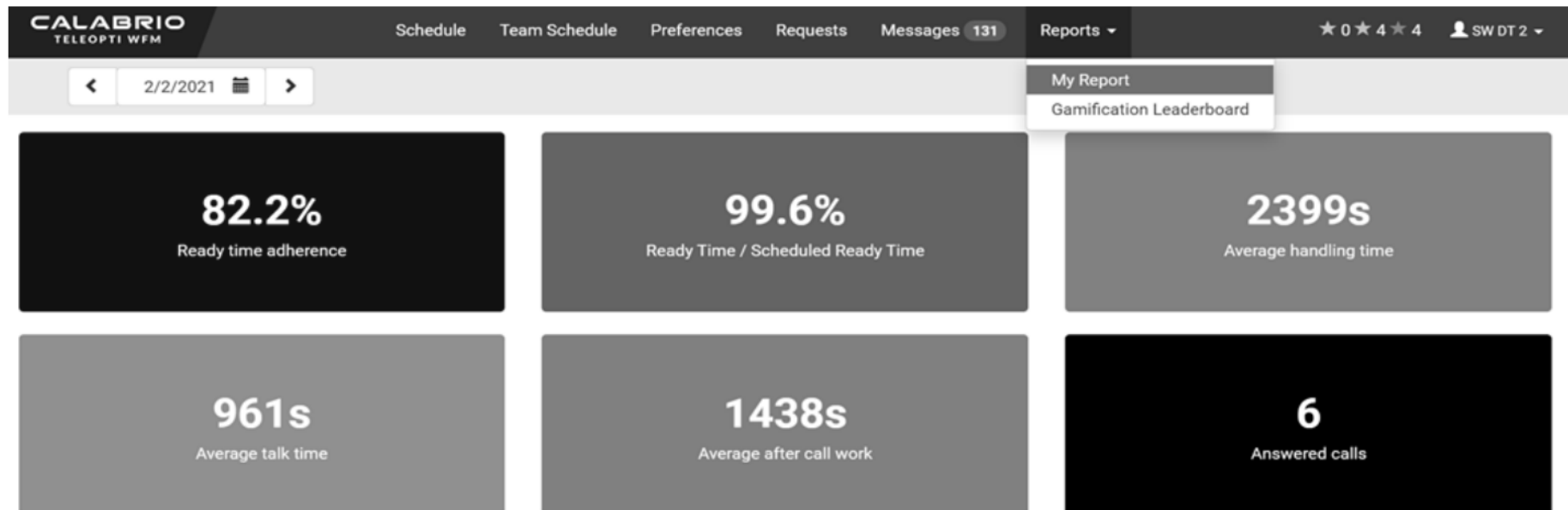
A SCHEDULE, NO MATTER HOW WELL PLANNED, IS ONLY AS GOOD AS THE ADHERENCE TO IT

The adherence tool in Teleopti can help us monitor the adherence situation of our operation, as a team and at the staff level, and inform how we can better manage our workload.

My Report in Teleopti

➡ Average Handling Time

➡ Ready Time/Scheduled Ready Time



Focus on Output

As we are working remotely, many people are juggling work and family commitments in their own homes. While we are not able to see what each staff is working on at each moment, the adherence metric will help us understand the effectiveness of our workflow arrangement and allows us to pay attention to what are getting done and what not. It is also a great tool to evaluate your accomplishment and improve our team efficiency.



Outstanding Client Service

When clients contact us, they want the same level of service regardless of who answers the call. Their expectation for each interaction is that the information they receive is accurate and helpful. They also expect to be helped quickly, without long hold or wait times. Adherence can help us meet these expectations with accurate staffing level.





Develop a culture of professionalism, adherence, and collaborating to bring exceptional client service for our clients

One of the functions that Teleopti can help us with and that we are looking to implement is schedule adherence.

Intro

We know that talking about implementing adherence may be a topic that causes some staff to feel anxious or concerned and we want to have an open conversation about it to make sure that everyone understands what it is, why we want to implement it and what it means for all of us.

First let's start with what is adherence, and in particular what is adherence in the PCS context?

As you know, at PCS we all follow the schedule that sets our shifts, breaks, lunch, flex, etc. Until now we have managed all of this through using excel spreadsheets and Teleopti and we are now working to use the full functionality of Teleopti to support our day to day operations more effectively

Because we are a 24/7 call centre providing child protection services, having accurate scheduling that we all follow is critical to ensure that we are providing the best service we can to our clients. We need to ensure we have enough staff on at the right time as we are "always open"

*What is
Adherence for
PCS?*

In a district office it's a bit different – staff in district offices work under a more regular business hours model of 8:30 to 4:30 with ability to work flex time around those times. Staff in district offices have somewhat more autonomy in setting their own schedules and breaks.

PCS Culture

Teleopti can show us when people check in to work (good for workplace safety and important while we telework) and what people are doing and the not ready codes from ICE. This is ONLY visible to

- Supervisors – to manage day to day operations, ensure staff health and safety (Occupational health and safety rules require that supervisors know where their staff are), and ensure staff are taking their breaks as scheduled
- Scheduler – to ensure all updates (leaves, shift trades, meetings, training, etc.) are made on the schedule and the schedule is current and accurate
- Program Analyst – similar to the scheduler and to inform the development of the forecasting of what we need for accurate, manageable scheduling (trends, analysis, forecasting)
- DOO's – to help with over seeing the day to day operations, to understand the workflow and staffing needs

	<p>The same information is available for all to see in ICE and TL's already use this information to help manage day to day operations</p>
<p><i>Why is it important for PCS?</i></p>	<p>Adherence is about how well or not well we are sticking to our scheduling that we have planned. It helps to inform and understand:</p> <ul style="list-style-type: none"> • Is our scheduling working? Does it need adjustments? • Are we meeting our clients needs? • Are we meeting our staffing needs? • Are we ensuring our staff are getting adequate breaks? • What is the true workload for our staff? (meetings, training, administrative duties, screening, etc) <p>The data we collect through adherence and Teleopti, will help to inform our forecasting, so that we can have a more accurate schedule and workload management</p> <p>Understanding our real workload in real time helps to inform and for us to know</p> <ul style="list-style-type: none"> • what our actual staffing and resource needs are to meet our service level and maintain staff health and balance workload • support our staff to have better workload balance and health • informs building a truer forecast, which then enables us to create a schedule that ensures we have the right number of people on at the right time and the workload is manageable • we are able to provide much clearer information to staff about what is expected, what is a balanced and healthy approach to our work and what service levels we are working to meet • Gives us information and data to support budget/staffing requests if needed
<p><i>Current State</i></p>	<p>Our current scheduling is based on our best guesses. Currently we are inconsistent in following the schedule. This creates several challenges:</p> <ul style="list-style-type: none"> • Inconsistent coverage of phones at times making day to day operations more challenging • Inconsistent data about what is really happening – making it harder to know if we are scheduling the right staff at the right time and managing our workload effectively • Impacts on other staff and their ability to take breaks • As we are currently teleworking, we can't see when our colleagues are taking breaks or what they are working on, so we can't know the best time to take a break while still ensuring there is adequate coverage
<p><i>Future State</i></p>	<p>We will be implementing the Adherence Functionality in Teleopti Who will be using it?</p>

- DOO's will have access to adherence for Team Leaders and Office Managers
- Office Managers and Team Leaders will have access to adherence for all staff
- Scheduler and Program Analyst will have access to adherence for everyone

What will they see?

- When people are in adherence (following the schedule)
- When people are out of adherence (e.g. If you are in a meeting which is not entered in Teleopti, it will show you as out of adherence, but if the meeting was entered in Teleopti it would show you being in adherence and provide a more accurate picture and better understanding of the actual workload)
- NOTE: breaks will display in your schedule as a recommended set time. We recognize that staff are not able to take their breaks always at the set time due to client needs. Staff should attempt to take their break as close as possible to the recommended time in the schedule. Remember everyone's breaks are scheduled in a way to ensure we have the best coverage for workload management.

What we will do with that information

- Update the information to ensure Teleopti is reflecting accurate information of what work is actually happening in real time
- Use the data collected to inform forecasting, to help us develop a more accurate schedule to manage our workload more effectively
- Identifying where we have potential challenges in meeting our workload demands
- As a part of the performance management process (both positive and negative – where staff are in adherence and where staff may not be). NOTE: there are many pieces of information that inform performance management – clinical supervision, quality assurance processes, trends, and patterns, - schedule adherence is only one part of this picture.

*Why people might
be hesitant
/concerned*

We know that implementing adherence monitoring can make people feel worried and concerned and potentially angry for several reasons:

- they could feel like they are not trusted or that leadership do not have confidence in their professionalism
- worried that this information could be used potentially for performance management

We will need to build trust with our staff that we are using this information for the right reasons

We need to be honest with staff that we do have some performance challenges at PCS and that this information could be used to provide feedback to staff about their performance both positive and negative

*Commitments to
staff from
leadership*

We need to help staff understand that in a performance management situation, this would be only one part of information that could be part of that process. It is a tool just like clinical supervision or coaching is a tool for recognizing, developing, and maintaining good performance

Our goal and vision that we are working towards

- Providing excellent service to citizens including children, youth, families, other professionals, and the community
- A healthy workforce and a healthy workplace culture
- Having the right people scheduled at the right time so we can meet our service level demands and managing workload effectively

We are committed to:

- Being open and transparent with staff about expectations and how we are using adherence
- Using schedule adherence to better inform our forecasting, scheduling, and day to day operations
- Answering your questions, the best we can

Next Steps

1. Talking to staff about Adherence and implementation
2. Clarifying expectations with staff about recommended break times
3. Clarifying expectations about ICE not ready reasons (codes)
4. Develop and implement a consistent business process for updating and maintaining information in Teleopti

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