

**Child Protective Services Progress Report  
February 15, 2011**

**INTRODUCTION**

*In 2009, as a result of reviewing and subsequently adopting the majority of the MGT and Grand Jury recommendations, the Sacramento County Board of Supervisors directed the Department of Health and Human Services Child Protective Services (CPS) to submit monthly progress reports. The Board subsequently changed the reporting frequency to every quarter, with a formal presentation twice a year. In addition to reporting on the implementation of the MGT and Grand Jury action items, recent progress reports also include information about the status of the CPS reorganization.*

*The CPS reorganization aims at responding more effectively and efficiently to the needs of children and families by eliminating excessive case transfers. It includes the following components: Emergency Response workers carrying cases through the Detention hearing; one primary worker per child/family for the life of the case; four regions aligned with the four major school districts; and combined teams of social workers to support information sharing, integrated service provision and enhanced accountability. The first phase of the reorganization involved moving the Dependent Intake duties to the Emergency Response units and extending the role of the Emergency Response worker through the Detention hearing. This initial phase was implemented on March 24, 2010.*

*CPS is now actively planning for and rolling out Phase II, which includes one worker per child/family, regionalization and combined teams. The roll out is taking place in steps. On October 4, 2010, Family Reunification workers started to be assigned to cases at the Detention hearing in order to engage families sooner - the beginning of one worker per child/family. At the end of October 2010, 18 Family Reunification workers and six Permanency Services workers moved to the office in the North area to be closer to the families and the community that they will serve – the beginning of regionalization and combined teams.*

*The next steps will be combining Family Reunification with Permanency Services duties and moving workers to CPS's East and Central/South offices. CPS is planning to fully implement phase II by March 2011.*

*The final phase of the reorganization entails adding the support of a secondary worker that will focus on achieving permanency for children via reunification, guardianship or adoption. This phase is still in the planning stages and is targeted for implementation in June 2011.*

**REPORT FORMAT**

*This is the eleventh progress report submitted and it follows the format recommended and approved by the Board. Performance indicators, showing data on CPS' performance on selected safety measures, are listed first. Next are prioritized recommendations followed by the action items implemented. Because some recommendations are very similar, there are instances in which one or more action items address multiple recommendations. The tables below provide a breakdown of MGT and Grand Jury Recommendations.*

	<i>MGT Recommendations</i>	<i>Grand Jury Recommendations</i>	<i>Total</i>
<i>Prioritized</i>	53	41	94
<i>Not Selected for Implementation</i>	2	8	10
<i>Total</i>	55	49	104

	<i>Action Items*</i>	<i>Percentage</i>
<i>Completed</i>	64	84%
<i>In Progress</i>	11	15%
<i>On Hold</i>	1	1%
<i>TOTAL</i>	76	100%

\*The number of action items does not match the number of recommendations above because, in most cases, one or more action items address multiple recommendations.

Previous reports included additional sections on action items completed and recommendations not selected for immediate implementation (deferred). Those sections are no longer part of the body of the report. Instead, they can be found on the attached work plan, which lists prioritized and deferred recommendations as well as action items. In addition, the work plan indicates whether action items have been completed or are in progress and provides completion date and name of assigned staff.

*Please note that Italics have been used to indicate updated text.*

**PERFORMANCE INDICATORS**

The graphs below show CPS performance compared to the California statewide average and the state goal (when applicable).

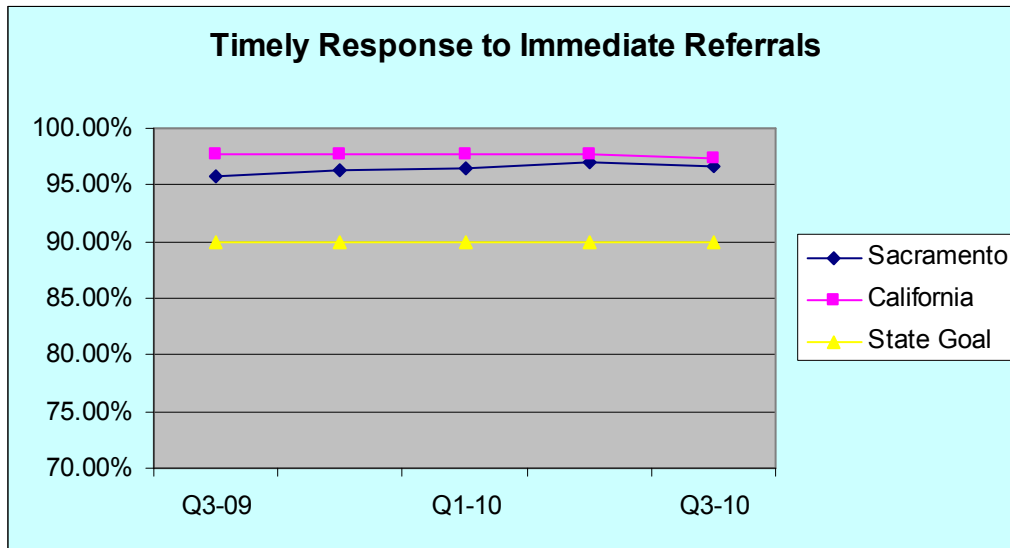
1. Timely Response to Immediate Referrals

*There was a slight decrease in performance on this measure from 97.2% in the third quarter of 2009 to 95.7% in the third quarter of 2010. Despite this decrease, Sacramento’s performance continues to be very strong. CPS has been consistently performing above the California state goal since the fourth quarter of 2008.*

At the request of the Board, the graph for this measure represents a one year moving average.

	Third Quarter of 2009*	Third Quarter 2010*
Sacramento’s Performance	97.2%	95.7%
California Statewide Average	97.8%	96.4%
California State Goal	90%	90%

\*SafeMeasures Data



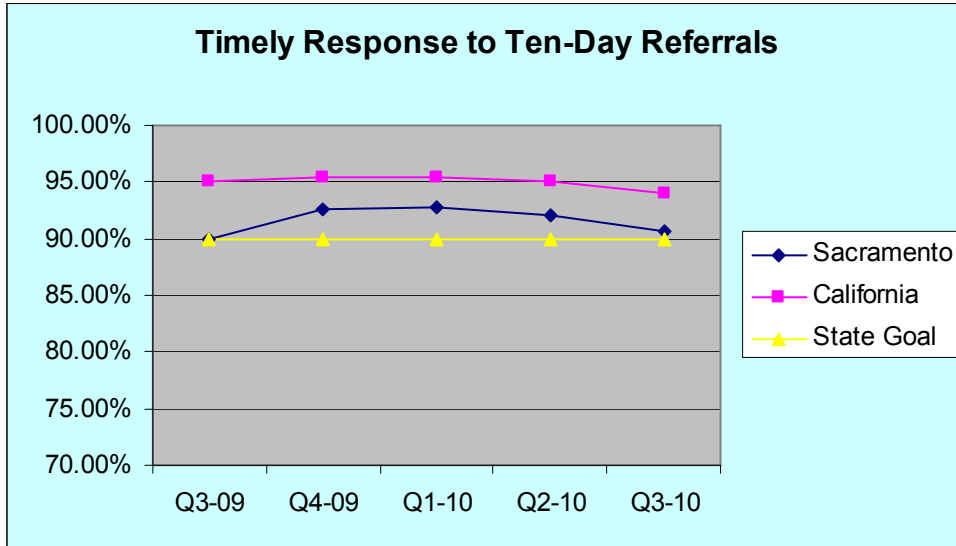
2. Timely Response to Ten Day Referrals

*Performance on this measure decreased from 94.8% in the third quarter of 2009 to 89.3% in the third quarter of 2010. This is the first quarter since the end of 2008 that CPS’s performance falls below the California State Goal. Coincidentally, the California statewide average has also decreased during the same time period.*

At the request of the Board, the graph for this measure represents a one year moving average.

	Third Quarter of 2009*	Third Quarter 2010*
Sacramento's Performance	94.8%	89.3%
California Statewide Average	96.2%	92.1%
California State Goal	90%	90%

\*SafeMeasures Data



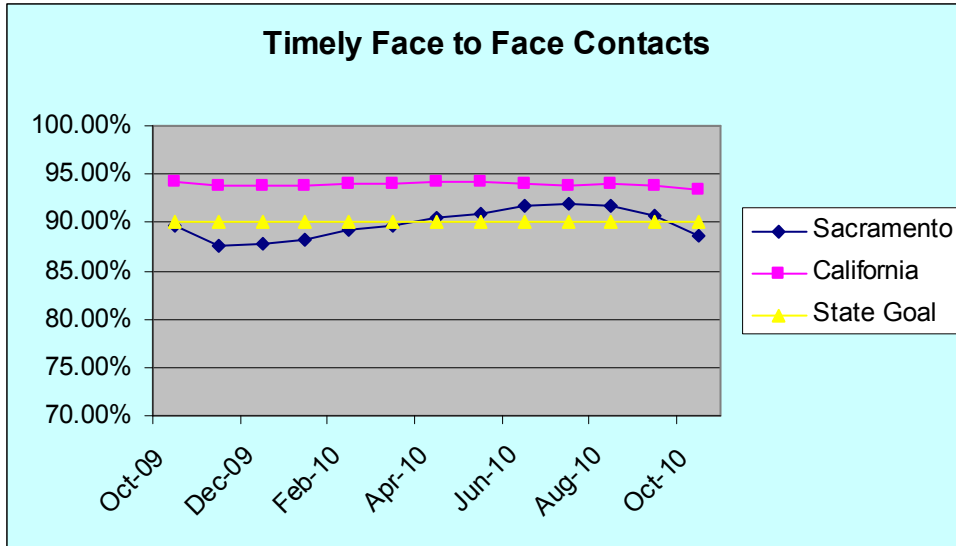
### 3. Timely Face to Face Contacts

*Timely face to face contacts continue to be a challenge for CPS, with a decrease in performance from 87.8% in October 2009 to 85.8% in October 2010. This is the second consecutive month in which CPS performance falls below the California State Goal.*

At the request of the Board, the graph for this measure represents a three-month moving average.

	October 2009*	October 2010*
Sacramento's Performance	87.8%	85.8%
California Statewide Average	93.8%	92.5%
California State Goal	90%	90%

\*SafeMeasures Data



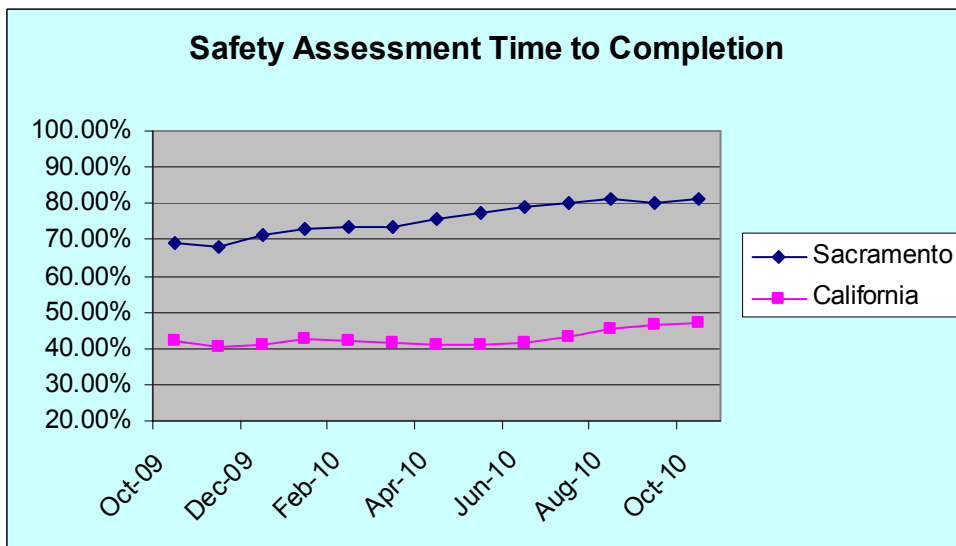
4. SDM Safety Assessments

*CPS made strong gains on this measure, from 69.3% in October 2009 to 84.8% in October 2010. CPS’s performance on this measure greatly exceeds the California Statewide Average. CPS has been performing above the statewide average since December 2008. CPS is also performing above all comparison counties on this measure (see table below).*

There is no state goal for this measure. At the Board’s request, the graph below represents a three-month moving average.

	October 2009*	October 2010*
Sacramento’s Performance	69.3%	84.8%
California Statewide Average	39.8%	48.3%

\*SafeMeasures Data

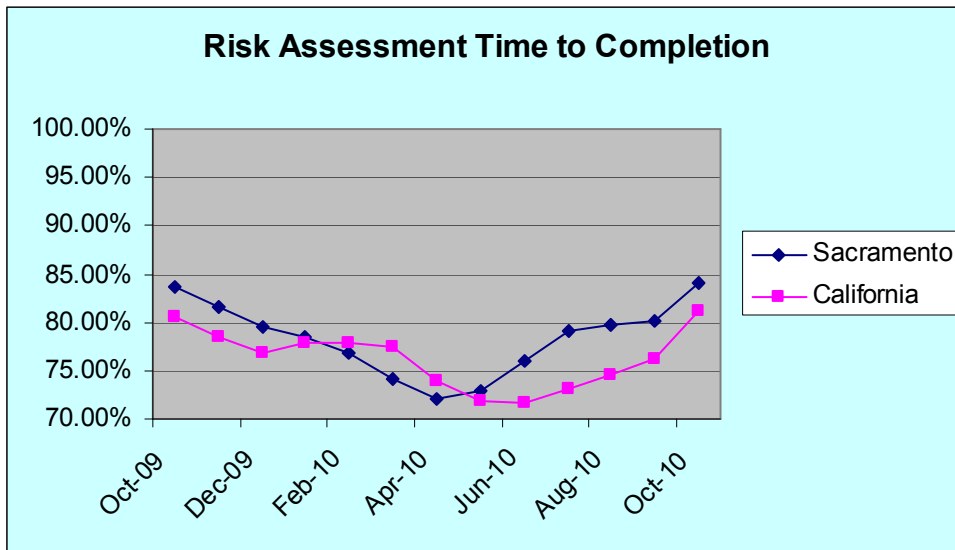


5. SDM Risk Assessments

*CPS continues to improve on this measure, from 81.4% in October 2009 to 92.4% in October of 2010. CPS has been performing above the statewide average on this measure since April 2010. There is no state goal for this measure. At the Board’s request, the graph below represents a three-month moving average.*

	<i>October 2009*</i>	<i>October 2010*</i>
Sacramento’s Performance	81.4%	92.4%
California Statewide Average	76.9%	89.1%

\*SafeMeasures Data



6. Sacramento’s Performance Relative to Comparison Counties (for the most recent period)

Measure	Sacramento	Fresno	Santa Clara	San Diego	San Joaquin	Riverside
Timely Response to Immediate Referrals	95.7%	96.2%	95.5%	94.1%	96.5%	99.2%
Timely Response to 10-Day Referrals	89.3%	90.4%	91.1%	90.8%	96.5%	94.9%
Face to Face Contacts	85.8%	90.6%	93.6%	89.2%	90.7%	98.3%
Completion of SDM Safety Assessment	84.8%	26.4%	N/A	55.0%	60.4%	69.5%
Completion of SDM Risk Assessments	92.4%	93.9%	N/A	80.7%	89.0%	89.4%

**PRIORITIZED RECOMMENDATIONS**

Priority Area 1 – Overarching

*Recommendations under Priority Area 1 have been addressed and all action items have been completed.*

Priority Area 2 - Management and Oversight

**Recommendation:**

**GJ 1.3** Request that HHS and CPS invite the 2009-2010 Grand Jury to return in six months to observe what progress has been made toward the improvement of CPS operations.

**Action:**

*2.6 CPS management has kept members of the Grand Jury informed of the organizational change process and continues to respond to their requests for information.*

**Staff Responsible:** Laura Coulthard, Deputy Director

**Status:** *Completed*

**Completion Date:** *December 31, 2010*



**Recommendations:**

**MGT 2.1.3** The strategic plan should also identify ways to improve community outreach and participation.

**GJ 2** Greater transparency of CPS operations must be exhibited on the part of CPS management. They should do more to aggressively open the doors of CPS activities to the eyes of the public, the County Board of Supervisors, non-profit organizations, K-12 schools and universities, the Legislature, the medical community, and the media. Transparency does not prevent possible negative publicity, but does mean that questions can be asked and answered in an atmosphere of openness and honesty.

**Actions:**

**2.9.1** There are two types of “front end” TDMs: Imminent Risk and Emergency Removal TDMS. Emergency Removal TDMs take place after a child has been removed due to emergent circumstances. While Imminent Risk (child is at risk of placement) TDMs have already been implemented, Emergency Removal TDMs have not. For this reason, a subcommittee was convened to focus on the implementation of Emergency Removal TDMs. *The subcommittee developed a plan to resume testing this practice. Supervisors continue to seek social workers to test these TDMs in program.*

**Staff Responsible:** Karen Parker, Program Planner

**Status:** In Progress

**Completion Date:** *January 21, 2011*

*Next Steps: Continue to test this practice and review feedback.*

Priority Area 3 – Structured Decision Making

**Recommendations:**

**GJ 29** CPS should reexamine the California Family Risk Assessment tool and find ways to improve its usage.

**GJ 27** Social workers should use the SDM tool as designed to adequately assess risk.

**GJ 20** Social workers should be required to use SDM 100 percent of the time.

**MGT 3.1** From the top downwards, CPS needs to reemphasize and require staff to use the SDM assessment tools as designed and in accordance with best practices.

**Actions:**

**3.3** In June 2009, CPS expanded the SDM coordinator position to a full time position. The SDM coordinator is responsible for division wide SDM training and the development of the SDM work plan for continuous ongoing improvements. Coordinating and monitoring the use of the SDM tools is an ongoing activity which will continue to bolster SDM assessments in all appropriate programs. *The SDM coordinator is currently working on combining SDM with Signs of Safety (SOS), which is a tool for engaging families in the assessment process. Additional SOS resources/training is being sponsored by Casey Family Programs. In October 2010, 200 staff from CPS and partner agencies participated in SOS training.*

**Staff Responsible:** Paula Christian, Program Planner  
**Status:** In Progress  
**Completion Date:** On Going

Priority Area 4 – Policies and Procedures**Recommendations:**

**MGT 4.1** As part of the change management activities, CPS should review all written guidelines (including policies, procedures, and program information notices) and identify and remove duplicated, redundant, or outdated instructions.

**MGT 4.1.1** In revising its guidelines, CPS should make a clear delineation between “policy” (what the division should be doing) and “procedure” (how the division should be working).

**MGT 4.1.2** CPS should organize documentation based on major process flows.

**MGT 4.2.3** CPS should use the reengineered process maps as the basis for its procedural documents (publish the maps as part of CPS procedures).

**MGT 4.2.4** Core questions CPS should ask of each step in the process are: (a) Is this step required by federal or state laws and regulations or county policies issued by the Board?; (b) Does this step add value and help ensure children and family outcomes are optimized?; (c) Who should be performing this activity? Can clerical or administrative staff be leveraged to free social workers to perform more work in the field?

**MGT 4.3** CPS should establish a knowledge management unit so it can review and update guidelines on an annual basis. This unit should use the results of QA reports, best practice research, and interaction with social workers to identify possible improvements or changes. This unit should also assist in training and developing staff to ensure they have a full understanding of required activities and any changes.

**GJ 30** The CPS policy manual should be completely rewritten to include an index and expanded table of contents and be in digital form with electronic search capability.

**Actions:**

**4.1** The team continues to work on revising the CPS Policies and Procedures. *During the reporting period, 7 previously posted policies were revised and 3 new ones were posted. Currently, there are 43 policies in various stages of completion as follows: 6 are in the process of being posted, 8 are in final draft form and 29 are in rough draft form.*

**Staff Responsible:** Pat Mangan, Division Manager  
Kim Pearson, Division Manager  
Luis Villa, Division Manager

**Status:** In Progress

**Completion Date:** December 31, 2011

Priority Area 5 – Community Outreach

**Recommendation:**

**MGT 5.1** CPS should place a higher emphasis on developing and strengthening community connection and linkages.

**Action:**

**5.3** CPS continues to provide joint response to referrals in partnership with Birth and Beyond Family Resource Centers. *Differential Response has become standard practice on most Path II ER referrals. During the reporting period, Birth & Beyond planners have conducted trainings for Emergency Response and Dependency staff, as well as new staff from community partner agencies. The Birth & Beyond sites are funded by the Sacramento First 5 Commission.*

**Staff Responsible:** Nancy Marshall, *Program Planner*

**Status:** In Progress

**Completion Date:** On Going

*Data: From October 1 to December 17, 2010 there have been 105 CPS Differential Response referrals to Birth & Beyond and 28 closed-case (aftercare) referrals. The Birth & Beyond sites have completed 95 joint home visits during the same time period.*

**Recommendation:**

**MGT 5.2** CPS should appoint a manager-level person as the community partner outreach focal point. This staff person would be responsible for developing relationships and synergies with other governmental agencies and community-based organizations so CPS obtains the support it needs and leverages other agencies' strengths to reduce workloads for CPS staff.

**Action:**

**5.8** The CPS reorganization will result in the formation of four regions which will serve the four major school districts: Twin Rivers School District (North); Elk Grove School District (South); San Juan School District (East); Sacramento City School District (West). *The North Region is now complete with the addition of one unit of social workers and one supervisor from Permanency Services. All staff identified for the North Region were relocated to the North office on October 28, 2010. Volunteers to complete staff assignments for the remaining three regions have been identified and moves are scheduled to take place in January 2011.*

**Staff Responsible:** Terry Clauser, Program Planner  
Karen Parker, Program Planner

**Status:** In Progress

**Completion Date:** March 31, 2011

*Next Step: Continue planning for the moves in January. Continue reviewing case assignments and reassignments to ensure they conform to regionalization.*

**Recommendation:**

**MGT 5.3** CPS should form MOUs with the community-based organizations and other governmental entities to delineate expectations and roles for both CPS and external agencies.

**Action:**

**5.9** CPS continues to develop MOUs with community partners and governmental entities. MOUs currently under development include: HEARTS for Kids program MOU with Sacramento County Public Health, and Behavioral Health Services; MOU with the Mexican Consulate; and MOUs with various law enforcement agencies. The MOU with the Mexican Consulate has been executed as of July 1, 2010 and will remain in effect through June 30, 2013. *The HEARTS for Kids program MOU has been finalized and executed as of December 17, 2010.* The MOUs with law enforcement agencies are undergoing revision.

**Staff Responsible:** Alicia Blanco, Program Planner  
Martha Haas, Program Planner  
Karen Parker, Program Planner

**Status:** In Progress

**Completion Date:** On Going

**Recommendation:**

**MGT 5.4** Periodically, but at least annually, CPS should solicit feedback from external agencies on the quality of CPS staff's interaction with these entities, and should also, in turn, provide feedback to the agencies on how their staff have interacted with CPS.

**Action:**

**5.6** To strengthen partnerships, the deputy director and division managers are inviting community partners to meet with them for one hour every week to discuss provision of services, identify new opportunities for partnering and troubleshoot barriers to collaboration. *During the reporting period, CPS staff and management held a resource fair and celebration at Serna Village to mark the consolidation of the North region. This event was attended by over 30 representatives from partner agencies and was covered in the local news.*

**Staff Responsible:** Laura Coulthard, Deputy Director

**Status:** In Progress

**Completion Date:** On Going

Priority Area 6 – Human Resources

**Recommendation:**

**MGT 6.4** CPS should ensure that supervisors and managers are performing annual performance evaluations of all their staff. These evaluations should include assessment of the staff's use of the SDM tool, evaluation of outcomes related to the cases staff have worked on, and any information provided from the QA unit based on their reviews.

**GJ 3** The completion of yearly evaluations on all employees must be recognized as a critical, high priority activity required of supervisors and managers.

**GJ 5** CPS supervisory personnel must attend a training course specifically focused on employee performance evaluations.

**GJ 7.1** CPS management should work with the Human Resources Department to immediately complete evaluations on all CPS personnel.

**GJ 7.2** CPS supervisors and managers should be held accountable for ensuring that employee evaluations are completed in a timely manner.

**Action:**

**6.3** The Performance Evaluation process continues. *As of December 26, 2010 there were 389 evaluations completed and 206 in progress, totaling 595 evaluations in various stages of completion. This means that, as of December 26, 2010, there were only 80 evaluations not yet started (CPS has a total of 675 employees).*

**Staff Responsible:** Terry Clauser, Program Planner  
**Status:** In Progress  
**Completion Date:** June 30, 2011



**Recommendation:**

**MGT 6.3** CPS should create a social worker rotation schedule that would allow social workers to rotate into different programs on an ad-hoc or periodic basis. This environment would build the pool of social workers who are cross-trained on multiple programs, and would also allow CPS flexibility in moving resources to those units with excessive cases or referrals.

**Action:**

**6.18** The CPS reorganization will create combined teams of social workers who will contribute their expertise to the management of the case. *Once regionalization is complete, there will be Emergency Response (ER), Informal Supervision (IS), Family Reunification (FR) and Permanency Services (PS) workers in each of CPS's three locations (comprising four regions). With all the service components represented, social workers will combine their expertise, working in teams, to provide maximum resources to children and families. Also, once vertical case management is fully implemented, the FR and PS duties and activities will be combined. The North Region is the first one to implement the new practice model. As such, they are testing and refining these practices.*

**Staff Responsible:** Terry Clauser, Program Planner  
Karen Parker, Program Planner

**Status:** In Progress

**Completion Date:** March 31, 2011

*Next Step: continue to evaluate the progress made by the North Region to further develop the concept of "combined team."*

Priority Area 7 – Excessive Caseloads**Recommendations:**

**MGT 7.1** As part of the annual budget process, CPS needs to evaluate actual and forecasted workloads by staff and by unit and allocate social worker positions to programs, offices and units based on actual data and expected changes to future workloads in the upcoming year. CPS must make staff aware that assignment to a program or unit can change depending on the division's need and that they are not guaranteed that they remain in the same programs.

**MGT 7.3** CPS should require supervisors and managers to actively monitor caseloads of their social workers and units. Executive managers should obtain usage reports from CWS/CMS and SafeMeasures to identify those supervisors or managers who are not logging in and using the system reports to their fullest extent. Executive managers should provide additional training or coaching for those supervisors or managers not using the available reports.

**MGT 7.5** CPS should conduct a time-management study (using the SB2030 study performed in 2000 as a model, for example) to identify actual case or referral processing times for core program areas. CPS should use this information to identify the minimum and maximum caseloads that social workers can reasonably be expected to carry by program. CPS should then develop contingency plans to address excessive workloads, such as temporarily increasing staff through the use of retired annuitants or temporary staff or fast-tracking the closure of lower-risk cases and referrals.

**MGT 6.8** After implementing process and guideline improvement changes, CPS should reevaluate its workloads and staffing levels to determine whether it has sufficient staff to carry out required activities or whether it needs to request additional staff from the County.

**GJ 15.1** CPS should define a case and establish caseload and workload criteria.

**Actions:**

**7.1** Program Specific Workgroups for Emergency Response, Permanency Services and Family Reunification have completed draft leveling plans that were previously set to move forward in the Meet and Confer process. However, *because the agency reorganization will have an impact on leveling plans, they will need to be revised to ensure they align with new practice models.*

**Staff Responsible:** Pat Mangan, Division Manager  
Kim Pearson, Division Manager  
Luis Villa, Division Manager

**Status:** *On Hold*

**Completion Date:** *July 1, 2011*

**Recommendations:**

**MGT 4.2** CPS should map and reengineer its core child welfare processes to increase efficiency. CPS should map current processes down to the activity level and systems/documentation used.

**MGT 4.2.1** CPS should review the maps to identify decision points, handoffs and bottlenecks.

**MGT 4.2.2** CPS should then examine and reengineer its processes using the maps to eliminate redundant steps, reduce the use of paper documents, improve quality, and reduce case and referrals times.

**GJ 16** Tasks not needing the skills of a social worker should be turned over to support staff.

**Actions:**

*7.6.1 The second phase of the reorganization is occurring in stages to facilitate implementation. The roles and activities of the ongoing worker have been finalized and their implementation has begun in the North Region. Currently, the planning team is meeting with staff to delineate the roles and activities of the secondary social workers.*

**Staff Responsible:** Karen Parker, Program Planner  
Terry Clauser, Program Planner  
**Status:** In Progress  
**Completion Date:** March 31, 2011

*Next Step: Continue to define the role of secondary social workers.*

**7.7** CPS is formalizing a new, enhanced model for the Placement Support Unit to assist case carrying social workers with placements and placement related activities such as documentation and face to face visits.

*During the reporting period, the division was successful in working with labor organizations to combine the intake worker and child workers roles. As a result, and effective January 1, 2011, child worker positions increased from 3 FTE to 8.5 FTE. This augmentation increases efficiency within the CPSU and makes it possible to assign one child worker to every child coming into the system. Child workers continue to prioritize family members and Non-Related Extended Family Members (NREFM) for placement whenever possible, and follow the case for up to 30 days to ensure placement stability. Training for staff was provided during the month of December.*

**Staff Responsible:** Niku Mohanty, Program Planner  
**Status:** In Progress  
**Completion Date:** December 31, 2010

*Data: the tables below provide CPSU data for the period starting September 26 and ending November 30, 2010.*

**ATTACHMENT A**

February 15, 2011

	<i>Children</i>	<i>Families</i>
<i>Total Participants</i>	<i>112</i>	<i>71</i>
<i>Relatives Assessed</i>	<i>N/A</i>	<i>72</i>

<b><i>Placements of CPSU Participants</i></b>		
	<i>Children</i>	<i>Percent</i>
<i>Parent (non-detaining petition)</i>	<i>4</i>	<i>3.6%</i>
<i>Initially with Relative</i>	<i>38</i>	<i>33.9%</i>
<i>County Foster Home</i>	<i>6</i>	<i>5.4%</i>
<i>Foster Family Agency</i>	<i>21</i>	<i>18.8%</i>
<i>Children's Receiving Home</i>	<i>37</i>	<i>33%</i>
<i>Other (i.e. Hospital, Crisis Nursery)</i>	<i>6</i>	<i>5.4%</i>

Priority Area 8 - Resources

*Recommendations under Priority Area 8 have been addressed and all action items have been completed.*