

**Child Protective Services Progress Report
July 19, 2011**

INTRODUCTION

One year into its reorganization, the Child Protective Services (CPS) Division is pleased to share the attached data which indicates progress on key indicators. The Division has significantly improved performance on safety indicators and is performing above the California state average in Timely Response to Immediate Referrals and Timely Response to Ten-Day Referrals, and greatly exceeds the California state average on Structured Decision Making (SDM) Safety Assessments performance.

These data emerged from the improved and more accountable infrastructure developed in response to the Sacramento County Grand Jury's, MGT's and CPS Oversight Committee's reports, and the substantial reforms underway since March 2010, to realign the agency structure to achieve improved safety, increased permanency and greater accountability.

While the Division is pleased to report significant improvements and a continued focus on deepening progress at all levels within CPS, we are also mindful of challenges requiring more attention. For example, with the loss of 1/3 of our workforce, we have seen important timeliness measures begin to trend downward. These include monthly in-person contacts with children in care which are essential to child safety and well being. CPS is watching these data closely and making management decisions to address them. In response to decreasing timeliness, the Division has prioritized children under six years, offered paid overtime, redirected social work positions, identified barriers, collaborated with foster family agencies, and supplemented the workforce by hiring social workers into temporary unfunded positions.

Additionally, management is closely monitoring a recent increase in reports of abuse and neglect—a statewide occurrence also happening in Sacramento. It is too soon to call this a trend, but the development of a sustained up-tick could challenge CPS and the community's ability to adequately respond given budget reductions, stretched staffing levels, and the parallel loss of community resources designed to support and service families.

Reorganization – Summary to Date

The CPS Division has completed the first of a three phase reorganization aimed at creating a more child and family centered practice. Thanks to the commitment and efforts of the staff, and the support of many of our community partners, CPS is on track for phase two implementation and deep into the planning for phase three. As a result, children and families are beginning to experience fewer unnecessary social worker transfers and a more responsive team approach.

Phase 3 is focused on organizational transformation that places a child's need for permanency and stability at the center of our practice and our relationships with children, families and the community. Emphasis is on improving family and child

engagement, transparency and inclusiveness in our decision making, and building and strengthening partnerships with schools, communities and neighborhoods.

As the initiative to provide one worker per child/family gets underway, social workers serve families starting at the Detention hearing and remain with them until permanency is achieved. CPS has completed the regionalization begun in October 2010, and now its regions are closely aligned with school district boundaries to strengthen collaboration with schools, families and their networks of support. Sharing scarce resources and opening the lines of communication will make our collaborative efforts to protect children stronger.

Moving Forward

As the CPS reorganization unfolds, we are confident that the system is transforming to become more child, family and community centered. In the months ahead, CPS will refine the use of data as a vehicle for continued quality improvement, deepen the new vertical case management structure and build a system that enhances permanency. As we do so, we are mindful that these positive changes are occurring simultaneous to new challenges presented by the budget crisis impacting government and the community.

Budget cuts continue to impact CPS social worker adoption caseloads, our ability to find timely permanency for children through adoption or guardianship, and our ability to make monthly contacts with children in care. In addition, our general ability to withstand normally minor variances in staffing due to unexpected medical leaves, planned parental leaves, vacations and disciplinary leaves is reduced.

Beyond CPS, the budget crisis also impacts our partner organizations' presence in the community. The cumulative impact of a growing lack of capacity by CPS and our community partners to see and address problems before they escalate is difficult to measure. But experience tells us that early intervention services directed at parents displaying worrisome behaviors before they lead to abuse is the best safety net for children. The combination of fewer formal "eyes and ears" in the community and less early intervention services is potentially dangerous news for children.

CPS will continue to closely monitor the current environment, and streamline and reorganize the Division to meet current need. The cornerstone of this effort will be our work to build stronger relationships with our community partners and families so that together we can work to fill the widening gaps in the social safety net.

REPORT FORMAT

This is the 12th 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>	69	91%
<i>In Progress</i>	7	9%
<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 implementation. Those sections are no longer part of the body of the report. Instead, they can be found on the attached Work Plan. 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).

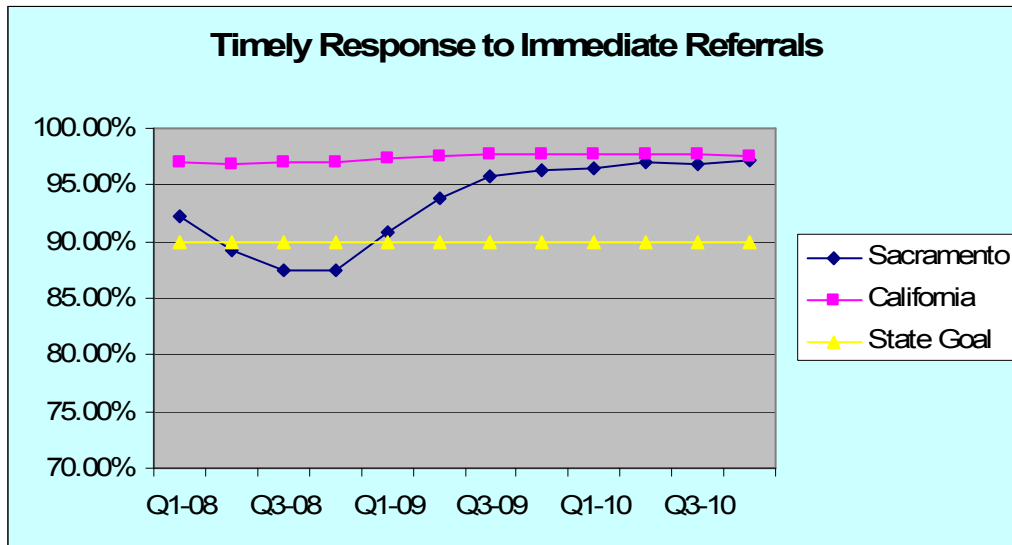
1. Timely Response to Immediate Referrals

There was improvement on this measure from 96.5% in the fourth quarter of 2009 to 97.9% in the fourth quarter of 2010. This is the first time Sacramento’s performance has been above the statewide average and the ninth consecutive quarter Sacramento has surpassed the state goal.

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

	<i>Fourth Quarter of 2009*</i>	<i>Fourth Quarter 2010*</i>
Sacramento’s Performance	96.5%	97.9%
California Statewide Average	97.7%	97.4%
California State Goal	90%	90%

*SafeMeasures Data



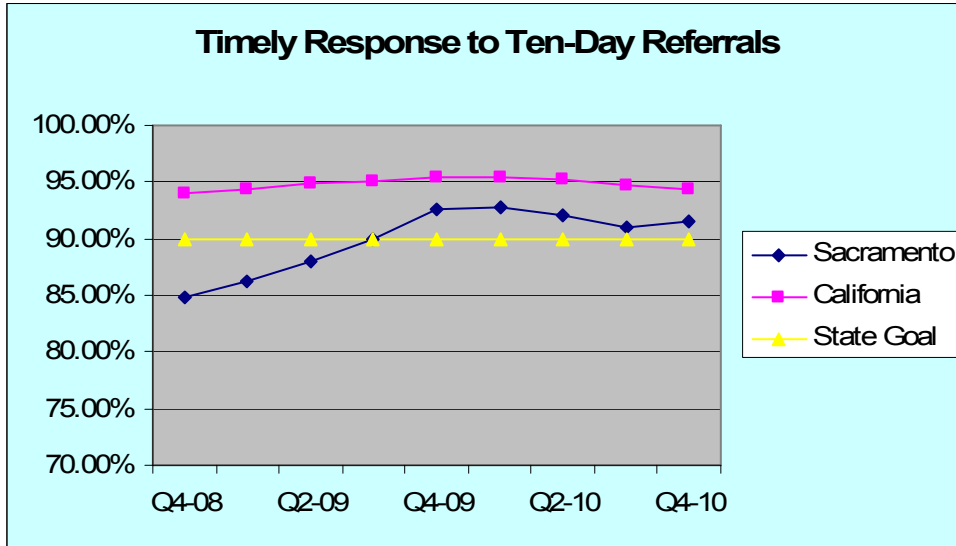
2. Timely Response to Ten Day Referrals

Performance on this measure improved from 91.2% in the fourth quarter of 2009 to 93.3% in the fourth quarter of 2010. CPS has been performing above the California State Goal on this measure since the first quarter of 2009. This is the first time Sacramento’s performance has surpassed the statewide average since the first quarter of 2007.

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

	Fourth Quarter of 2009*	Fourth Quarter 2010*
Sacramento's Performance	91.2%	93.3%
California Statewide Average	94.7%	92.7%
California State Goal	90%	90%

*SafeMeasures Data



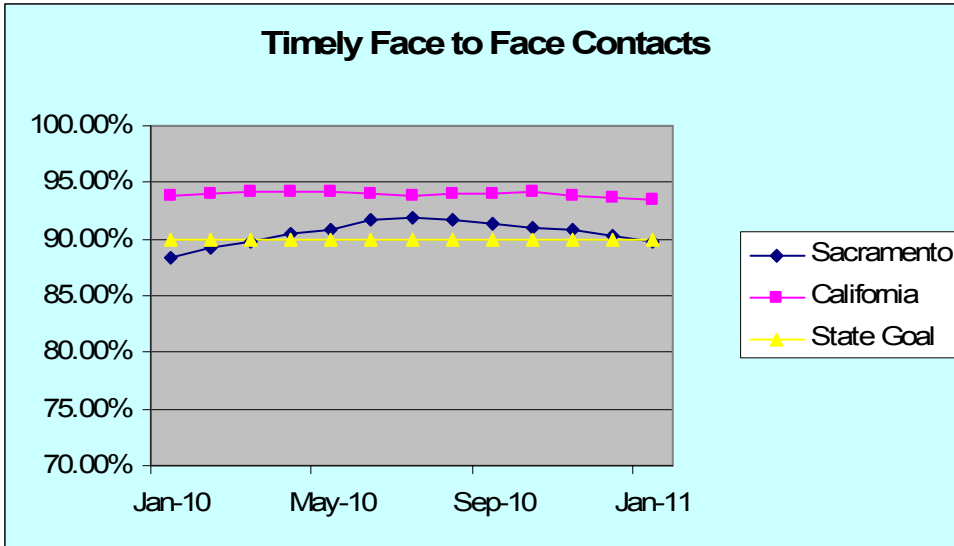
3. Timely Face to Face Contacts

Performance on this measure remained stable from 89.2% in January 2010 to 89.5% in January 2011. This performance matches the state goal but is below the statewide average.

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

	January 2010*	January 2011*
Sacramento's Performance	89.2%	89.5%
California Statewide Average	93.9%	93.3%
California State Goal	90%	90%

*SafeMeasures Data



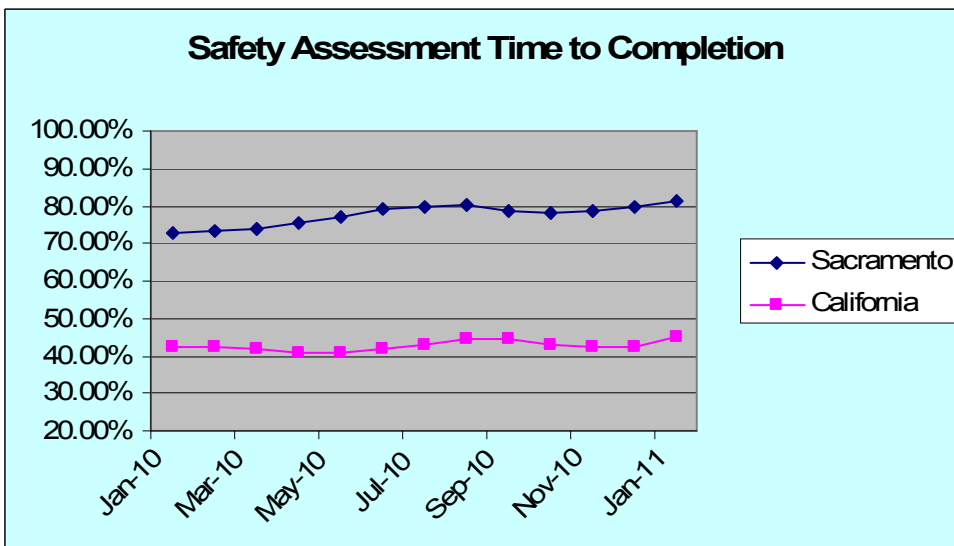
4. SDM Safety Assessments

CPS made strong gains on this measure, from 73.3% in January 2010 to 83.6% in January 2011. CPS' 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.

	January 2010*	January 2011*
Sacramento's Performance	73.3%	83.6%
California Statewide Average	43.9%	48%

*SafeMeasures Data

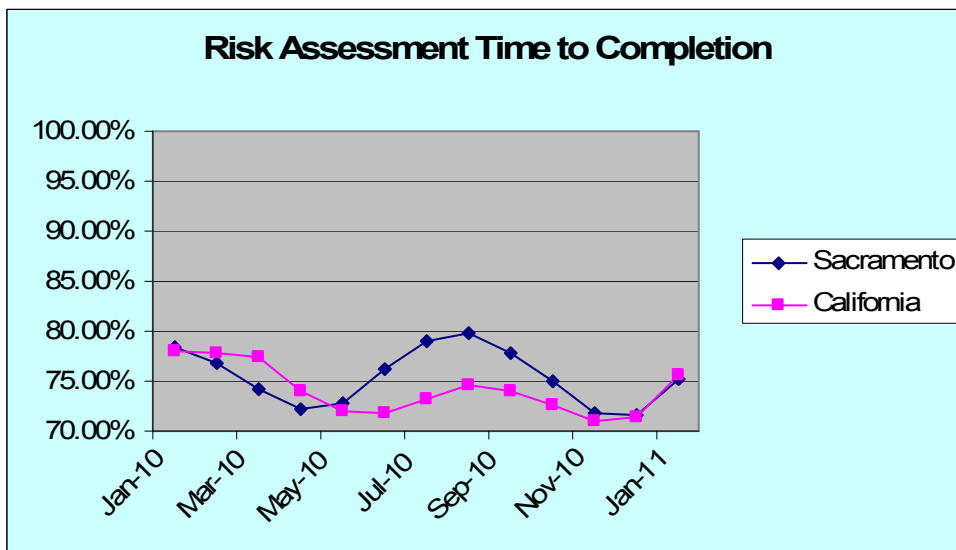


5. SDM Risk Assessments

CPS continues to improve on this measure, from 77.9% in January 2010 to 83% in January of 2011. There is no state goal for this measure. At the Board’s request, the graph below represents a three-month moving average.

	<i>January 2010*</i>	<i>January 2011*</i>
Sacramento’s Performance	77.9%	83%
California Statewide Average	80.1%	82.2%

*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	97.9%	96.7%	97.2%	97.1%	96.5%	99.9%
Timely Response to 10-Day Referrals	93.3%	90.4%	90.4%	93%	93.3%	95.2%
Face to Face Contacts	89.5%	96.1%	96.4%	91.8%	91%	98.7%
Completion of SDM Safety Assessment	83.6%	36.5%	N/A	53.6%	54.9%	72.5%
Completion of SDM Risk Assessments	83%	92.3%	N/A	76.5%	76.5%	80.7%

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**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 Regionalization has provided CPS with additional opportunities to engage community partners. The CPS regions align with the boundaries of the major school districts in the county to allow for active collaboration with schools in each of the regions. During the reporting period, CPS staff and management held a resource fair and celebration at Mather Community Campus (Cheryl Davis Dinning Hall) to mark the consolidation of the East region. This event was attended by 40 representatives from partner agencies. In the North region, CPS program managers are attending monthly meetings of the North Area Collaborative to share information about resources and services. In March, the Dependency program met with representatives from law enforcement, faith-based organizations, education and the Children's Receiving Home to discuss the needs of high risk youth. North region staff also met with representatives from the Center for Fathers and Families to improve collaboration. The third CPS & Community partners meeting will be held on May 26, 2011. During these meetings, partner agencies have an opportunity to hear about the reorganization efforts, review recent data on safety indicators, discuss avenues for continuing partnership and provide feedback to CPS. CPS is also continuing to test Emergency Removal Team Decision Making.

Staff Responsible: Karen Parker, Program Planner

Status: In Progress

Completion Date: August 31, 2011

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. *As a result of rigorous monitoring of SDM tool completion, CPS has exceeded the state in timely completion of SDM Safety Assessments since December 2008 and has consistently performed better than the state in Timely Completion of SDM Risk Assessments since August of 2009. CPS management continues to monitor completion of SDM tools via weekly safety calls and review of SafeMeasures data.*

Staff Responsible: Paula Christian, Program Planner

Status: *Completed*

Completion Date: *April 15, 2011*

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 Division recognizes that clear, concise and user friendly policies and procedures are an essential component of high quality practice. During the reporting period, six previously posted policies were revised and 10 new policies were posted. Currently, there are 28 policies posted and 54 in various stages of completion as follows: nine are in the process of being posted, four are in final draft form and 41 are in rough draft form. The process of revising the policies and procedures involves more than just rewriting them. In most instances, old processes have to be reengineered and/or new processes developed where there were none. To add to the complexity, the revised policies and procedures have to undergo multiple layers of review in order to be approved and posted. Even after posting, the documents may be revised several times within a few months to reflect additions and changes brought about by the reorganization, regulatory changes or other practice enhancements.

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 (B&B) Family Resource Centers. *From December 1, 2010 to March 12, 2011 there have been 164 CPS Differential Response referrals to B&B and 32 closed-case (aftercare) referrals. The B&B sites have provided 118 joint home visits with CPS during the same time period.*

The continued success of this practice, even in the midst of a complex reorganization, demonstrates that Differential Response has become standard practice for both CPS and B&B. Since July 2009 this partnership has provided the following risk-reducing services to children and families:

- *1495 Differential Response referrals to Family Resource Centers for support services, groups and activities geared to promote child safety and healthy development.*
- *1039 joint visit home assessments – B&B home visitors teamed with CPS social workers to assess and offer support services to families geared to preventing future involvement with CPS.*
- *202 aftercare referrals – CPS social workers refer families to the Family Resource Centers for continuing support and services to sustain positive behavioral change once families exit the CPS system.*
- *3663 parents received effective parenting education.*

We know that these services are effective, break the generational cycle of abuse, and prevent children and families from requiring CPS intervention. In fact,

- *Families served by B&B experience a 63% reduction in future involvement with CPS.*
- *Teen parents served by B&B experience a 70% reduction in repeat involvement with CPS.*
- *Teen parents, victims of abuse as children, served by B&B experience a 76% reduction in any involvement with CPS.*

The B&B sites are funded by the First 5 Sacramento Commission.

Staff Responsible: Nancy Marshall, Program Planner
Status: **Completed**
Completion Date: March 1, 2011

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 regionalization of CPS staff is now complete. The final relocation of staff took place on February 9, 2011. There are now two program managers in each region primarily responsible for developing and strengthening relationships with schools, governmental agencies and community-based organizations.*

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

Status: **Completed**

Completion Date: March 31, 2011

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 Memoranda of Understanding (MOU) with community partners and governmental entities. MOUs have been developed and finalized with the Divisions of Public Health and Behavioral Health, who are partnering with CPS in the HEARTS for Kids program, as well as the Consulate General of Mexico. *We are currently revising existing MOUs with: Child Health and Disability Prevention (CHDP), Foster Family agencies, and law enforcement agencies.*

Staff Responsible: Alicia Blanco, Program Planner
Martha Haas, Program Planner
Karen Parker, Program Planner
Niku Mohanty, 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 *Last year CPS conducted the first survey of community partners to ascertain their perceptions of the agency, determine their level of satisfaction with CPS' customer service and obtain feedback on how well partnership activities are working. The survey will be sent out to partners again in May and will solicit feedback on an annual basis after that.*

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 System is in place. The System generates a reminder to the supervisor and the worker 45 days before the annual evaluation is due. During 2010, the year this System was first implemented, 84% of the initial baseline performance evaluations were completed; another 12% are pending some action. 50% of evaluations that have come due in 2011 have been completed.

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 *As a result of co-locating Dependency and Emergency Response social workers, we have seen an increase in our ability to work together as a team. This early success is helping us define how our social workers collaborate for the benefit of children and families.*

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

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 Caseloads are reported and monitored by management weekly and as needed. Strategies to direct resources to problem areas include: recruiting volunteers for temporary assignments, providing overtime pay, and using unfunded recruitment positions.

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

Status: *Completed*

Completion Date: *April 15, 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 With every phase of the reorganization our core processes are being examined and streamlined. This is done in “Detail” staff meetings, management “Compression Planning” meetings, and meetings with our community partners. As decisions are made, policies and procedures are being created to formalize the new processes.

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

Next Steps: involve community partners and staff in the permanency planning efforts and hold permanency summits with CPS staff and partner agencies.

7.7 The Centralized Placement Support Unit (CPSU) was developed to be child focused and take on the responsibility of securing homes for foster children newly entering the system and any subsequent placement needs The focus is on trying to secure a relative placement in all cases where this is a viable option, if not, an assessment of child’s needs is completed and an appropriate match for placement is secured. This is accomplished through use of a data system developed in conjunction with the Sacramento County Office of Education which has data entered for all County and Foster Family agency placements available in the Sacramento area. The CPSU began with front end placements for children entering the system in April 2010 and has moved toward dependency programs. All data outcomes indicate an increase in placement stability and increased relative placements when the CPSU is utilized. Family Reunification cases will receive placements from the CPSU beginning April 18, 2011 as per agreement with labor. During the reporting period, 280 children and 182 families have been served by the CPSU.

Staff Responsible: Niku Mohanty, Program Planner
Status: In Progress
Completion Date: August 31, 2011

ATTACHMENT A

Next Steps: Work with labor organizations to test Permanency services' cases and eventually make the use of the CPSU mandatory for all cases in the Dependency programs by summer 2011.

Priority Area 8 - Resources

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