

**Child Protective Services Progress Report
August 7, 2012**

INTRODUCTION

Guided by the Key Three Outcomes (Improved Safety, Increased Permanency and Greater Accountability), the Division continues to enhance practices at every level. It is expanding the use of Signs of Safety (SOS), which is a strength-based, solution-focused approach to engaging children and families that leads to a deeper understanding of their strengths and needs. More importantly, it provides a framework for critical thinking that promotes safety, permanency and well-being; it has implemented AB12, which provides continued support and services to young adults who have turned eighteen (18) and choose to remain under the care of the Department; and is implementing a communications and engagement plan to promote accountability and keep key partners and stakeholders informed and engaged.

CPS continues to expand the use of Team Decision Making (TDM) meetings for children who are at imminent risk of being removed from their homes. In 2011, CPS conducted 564 imminent risk TDMs and as a result 295 children (53%) were able to remain safely at home with no court intervention. This practice has been instrumental in safely reducing the number of children coming into the Department's care.

The Early Intervention Family Drug Court (EIFDC) is a voluntary program that enhances Child Protective Services interventions with families at the earliest point possible, where moms or babies test positive for drugs at birth or parental substance abuse greatly impacts the health and safety of children ages 0-5. The goals of EIFDC are to: increase the number of children who can safely remain in their parents care without Court Dependency; decrease the recurrence of maltreatment; increase the capacity of service providers to offer timely substance abuse treatment; develop sustained support plans through warm hand-offs/linkages to Family Resource Centers or other community organizations; and provide a 16-week skill-building parenting program that works with the whole family by incorporating addiction and recovery concepts with healthy living. Since its inception in 2008, EIFDC has served 797 adults and 1359 children with a 78% compliance rate. That rate is exceptional for a program of this kind and has led other jurisdictions to explore replication of the program.

Practice improvements and continued emphasis on data-driven decision-making have contributed to increased safety for children in Sacramento County. In fact, as of March 2012, 99.7% of children in foster care experienced no maltreatment. This performance matches the National Goal of 99.68% and is better than the same month last year (99.5%). Sacramento is also performing above the National Goal on No Recurrence of Maltreatment, which is at 95.2% for September 2011 (the latest period for which data is available). The National Goal for this measure is 94.6%.

This report provides information about the Division's performance on key outcome indicators and summarizes the Division's progress towards the completion of action items addressing MGT of America and Grand Jury recommendations.

REPORT FORMAT

This is the fifteenth 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 of America (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>	74	97%
<i>In Progress</i>	2	3%
<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).

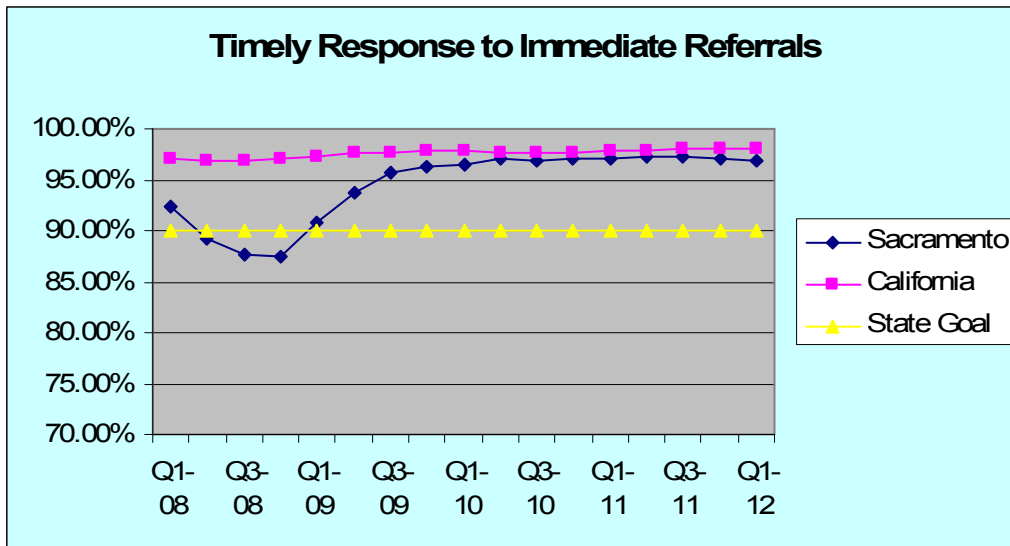
1. Timely Response to Immediate Referrals

CPS has been performing above the state goal on this measure since the fourth quarter of 2008. The graph below shows considerable improvement over the past three years, although performance decreased slightly from 96.5% in the first quarter of 2011 to 95.7% in the first quarter of 2012. This slight decline in performance is the result of a 16% (154) increase in Immediate Referrals. Also, while staff vacancies have remained at the same level as in 2011, it has taken longer to hire staff to fill those vacancies, and this delay impacted the program’s ability to respond timely.

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

	<i>First Quarter 2011*</i>	<i>First Quarter 2012*</i>
Sacramento’s Performance	96.5%	95.7%
California Statewide Average	98.1%	97.6%
California State Goal	90%	90%

*SafeMeasures Data



2. Timely Response to Ten Day Referrals

CPS performed above the state goal on this measure for 11 consecutive quarters. However, performance decreased from 95% in the first quarter of 2011 to 82.2% in the first quarter of 2012. This dramatic decrease can be attributed to several factors:

- *A 16% increase in Immediate Referrals (equaling 154 referrals)*
- *A 6.5% increase in Ten Day Referrals (equaling 110 referrals)*
- *Systemic barriers delaying the assignment of Ten Day Referrals*
- *Delay in filling vacancies*

Because Immediate Referrals require a response within 24 hours, they are prioritized for assignment. In fact, ER social workers are asked to respond to Immediate Referrals within two hours whenever possible. Therefore, an increase in Immediate Referrals impacts the program’s ability to respond to Ten Day Referrals.

As mentioned previously, while staff vacancies have remained at the same level as in 2011, it has taken longer to hire staff to fill those vacancies. This delay impacts the program’s ability to respond timely.

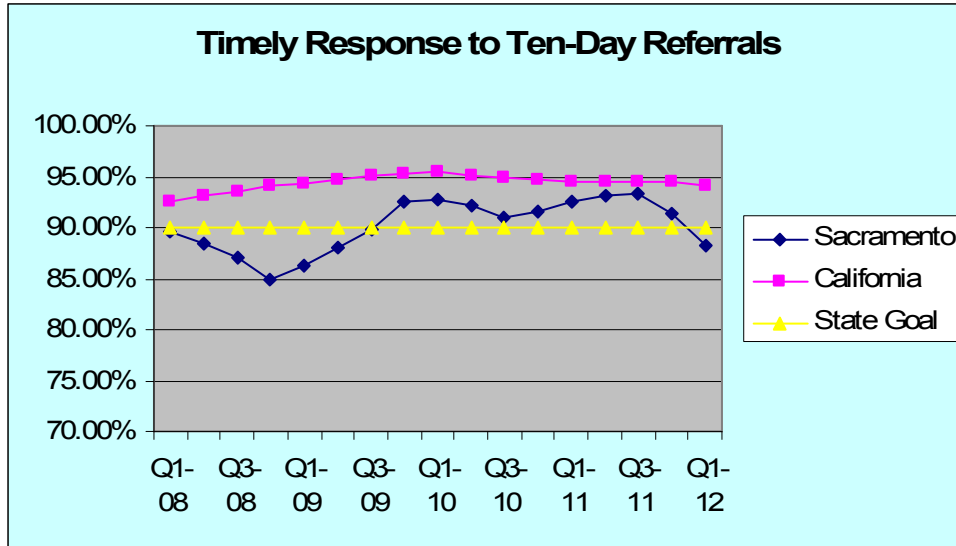
During this period, the program experienced a significant increase in both Immediate Response and Ten Day referrals (264 referrals in total) which strained the assignment process and taxed program capacity. Management is addressing this issue as follows:

- *Non-budgeted, Recruitment Allowance positions (RAs) will remain in ER and will be converted into budgeted positions as those become vacant.*
- *Offering overtime to staff from other programs that have ER experience to help with the overload.*
- *Retooling the assignment process to eliminate unnecessary delays*
- *Shifting a 0.5 FTE Supervisory position to assign 10-day referrals*

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

	First Quarter 2011*	First Quarter 2012*
Sacramento’s Performance	95%	82.2%
California Statewide Average	94.8%	92.9%
California State Goal	90%	90%

*SafeMeasures Data



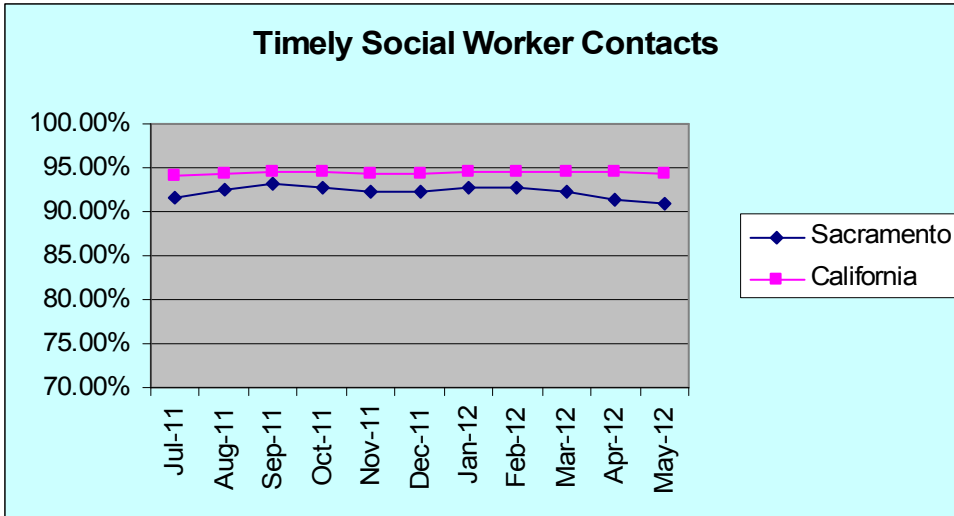
3. Timely Social Worker Contacts

CPS has been performing at or above the state goal on this measure for the past 13 months. Performance on this measure has remained stable, from 90.9% in May 2011 to 90.5% in May 2012, despite recent vacancies in the Dependency programs that remain unfilled due to delays in the hiring process. In addition, some documentation of visits in the state-wide data system (CWS/CMS) has been delayed. Dependency programs are addressing the lag in documentation.

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

	May 2011*	May 2012*
Sacramento's Performance	90.9%	90.5%
California Statewide Average	94.3%	93.8%
California State Goal	90%	90%

*SafeMeasures Data



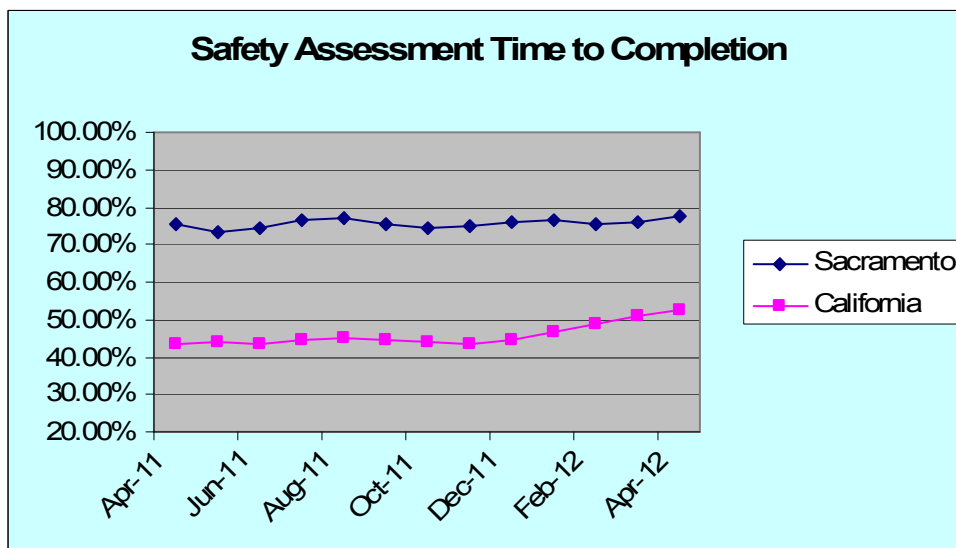
4. Structured Decision Making (SDM) Safety Assessments

CPS's performance on this measure greatly exceeds the California statewide average. CPS has been performing above the statewide average since December 2008. Sacramento's performance on this measure improved from 70.8% in April 2011 to 80.2% in April 2012.

At the Board's request, the graph below represents a three-month moving average.

	April 2011*	April 2012*
Sacramento's Performance	70.8%	80.2%
California Statewide Average	43.7%	56%

*SafeMeasures Data

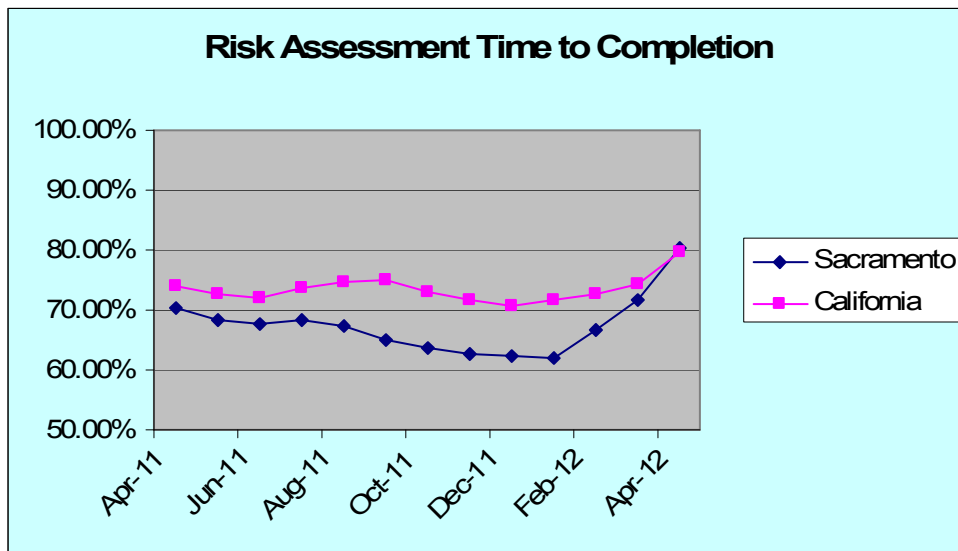


5. SDM Risk Assessments

CPS improved on this measure, from 66.4% in April 2011 to 90.2% in April 2012. At the Board’s request, the graph below represents a three-month moving average. The graph shows an improving trend in CPS performance starting in February 2012.

	<i>April 2011*</i>	<i>April 2012*</i>
Sacramento’s Performance	66.4%	90.2%
California Statewide Average	71.9%	90%

*SafeMeasures Data



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 under Priority Area 2 have been addressed and all action items have been completed.

Priority Area 3 – Structured Decision Making

Recommendations under Priority Area 3 have been addressed and all action items have been completed.

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. *Since September 2011, 4 policies and 10 procedures have been posted on the CPS intranet, these bring the total to 38 policies and 98 procedures finalized and posted. In addition, 2 policies and 3 procedures were updated during the same period. Recently, the Division received feedback that the policies and procedures format may not be as helpful as originally intended. Therefore, CPS will be revisiting the format and the revision process to make it more user-friendly and efficient.*

Staff Responsible: Pat Mangan, Division Manager
 Kim Pearson, Division Manager
 Luis Villa, Division Manager
Status: In Progress
Completion Date: Ongoing

Priority Area 5 – Community Outreach

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. *Since CPS first began reporting on this item, several MOUs with community partners have been developed and/or updated and executed. These include MOUs with the Consulate General of Mexico, The Division of Public Health, Foster Family Agencies and Casey Family Programs. The MOU with law enforcement agencies was finalized and approved by CPS management on June 28, 2012. The MOU will be sent to participating law enforcement jurisdictions for signature after final review by County Counsel.*

Staff Responsible: Alicia Blanco, Program Planner

Status: *Completed*

Completion Date: *June 28, 2012*

Priority Area 6 – Human Resources

Recommendations under Priority Area 6 have been addressed and all action items have been completed.

Priority Area 7 – Excessive Caseloads**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 *CPS has successfully completed all elements of the reorganization and is working with Casey Family Programs to evaluate results.*

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

7.7 The Centralized Placement Support Unit (CPSU) was developed to improve placement stability, with a priority given to relative placements. The CPSU staff provide enhanced assessments of children's needs to better match them with appropriate substitute caregivers for all initial and subsequent placements. All data outcomes indicate an increase in placement stability and increased relative placements when the CPSU is utilized. *The Department continues to work on implementing placement finding through CPSU for Permanency Services cases but did not meet the previous projected date of February 1, 2012. It is anticipated that the CPSU will begin making placements for all appropriate cases in the Department by August 1, 2012.*

Staff Responsible: Stephanie Lynch, Program Manager
Status: In Progress
Completion Date: *August 1, 2012*

Priority Area 8 - Resources

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

Conclusion

The Division feels very positive about progress made over the last two years and also acknowledges there is more work to be done. Along with continuing to address the items previously discussed, CPS is focusing on strengthening the Key Outcome of Accountability, specifically with regard to utilizing data and outcomes to improve practices and inform decisions. In partnership with Casey Family Programs, the Division has established several workgroups to examine current practices, identify pockets of excellence and identify areas that can be improved. The Deputy Director, Division Managers, Program Managers, Program Planners, Program Specialists, Supervisors and Social Workers participate in one or more of the following workgroups:

- 1. TDM/CPSU Practice Assessment Workgroup: to examine existing practices, identify a strong data and outcome tracking process, identify what is working well and identify strategies for improvement*
- 2. SDM Practice Assessment Workgroup: to examine existing practices in dependency and develop strategies for improved use of the tools*
- 3. SOS Fidelity Tool Development: partnership with several SOS experts to develop a fidelity tool that can be used in other jurisdictions nation-wide, which is the first effort of its kind. Partners include Andrew Turnell (one of the co-founders of SOS); Casey Family Programs; and Connected Families, an organization in Minnesota that has been providing division-wide training and consultation for staff. Connected Families will also start providing Leadership Coaching to the Deputy Director and Division Managers in June 2012.*

CPS is also committed to improving internal accountability. Executive Management Team has been working directly with line staff and supervisors to improve communication, obtain input about their concerns, and identify potential strategies to address those concerns.

Other strategies the Division is engaged in to strengthen accountability include the following:

- Regular consultation with other counties regarding best practices*
- Expansion of our quality assurance review process*
- Continuous monitoring of performance evaluations at all levels to ensure timely completion*
- Data utilization, management and implementation plan that helps shift the culture from primarily compliance-based to a blend of both compliance and outcome-based*
- Deepening our regional engagement*
- Strengthening cross-systems partnerships and communication*