

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

510



FROM: Executive Office

SUBMITTAL DATE:
August 8, 2013

SUBJECT: Response to the 2012-13 Grand Jury Report: Department of Public Social Services, Child Protective Services

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Approve with or without modifications, the attached response to the Grand Jury's recommendation regarding Department of Public Social Services, Child Protective Services.
- 2) Direct the Clerk of the Board to immediately forward the Board's finalized responses to the Grand Jury, to the Presiding Judge, and the County Clerk-Recorder (for mandatory filing with the State).

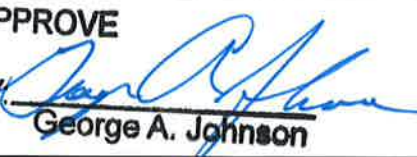
BACKGROUND: On July 16, 2013 the Board directed staff to prepare a draft of the Board's response to the Grand Jury's report regarding Department of Public Social Services, Child Protective Services.

Section 933 (c) of the Penal Code requires that the Board of Supervisors comment on the Grand Jury's recommendations pertaining to the matters under the control of the Board, and that a response be provided to the Presiding Judge of the Superior Court within 90 days.

90dayresponsef11DPSSCPS08.13

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|---------------------------|-------------------------------|--------|---|
| FINANCIAL DATA | Current F.Y. Total Cost: | \$ N/A | In Current Year Budget: Budget Adjustment: For Fiscal Year: |
| | Current F.Y. Net County Cost: | \$ | |
| | Annual Net County Cost: | \$ | |

| | | |
|-------------------------|----------------------------------|--------------------------|
| SOURCE OF FUNDS: | Positions To Be Deleted Per A-30 | <input type="checkbox"/> |
| | Requires 4/5 Vote | <input type="checkbox"/> |

C.E.O. RECOMMENDATION: APPROVE
BY: 
County Executive Office Signature George A. Johnson

Dep't Recomm.: Policy
Per Exec. Ofc.: Policy

 Consent
 Consent

AUG 13 5:33
RECEIVED RIVERSIDE COUNTY CLERK

Prev. Agn. Ref.: 3.9 – 07/03/13 | District: | Agenda Number:

3-14

2012-2013 Grand Jury Report
Riverside County Department of Public Social Services
Children's Services Division

Introduction

The Riverside County Department of Public Social Services/Children's Services Division (DPSS/CSD) submits this report in response to the Findings and Recommendations of the Riverside County Grand Jury Report dated June 27, 2013.

To clarify staffing numbers referenced in the report, DPSS/CSD has operated with an annual average of 525 county personnel from 2011 to 2013. These county employees consist of social workers and supervisors who conduct investigations of child abuse and neglect, engage families to develop a case plan that addresses the issues that put their child at risk and connect the family to services in the community.

During the recent economic downturn, DPSS/CSD experienced significant budget reductions. In addition to reducing contracted client services, budget constraints prevented the hiring of new staff even to replace positions vacated through attrition. Those cost saving measures in 2009 through 2012, resulted in no new hires during the three years as well as the implementation of furloughs.

At the same time, DPSS/CSD experienced a significant increase in workload beginning in January 2012 as a result of Assembly Bill (AB) 12 known as the Fostering Connections to Success Act. This new law extended foster care and transitional services for eligible emancipating foster youth, also known as non-minor dependent/young adults, who are between the ages of 18 through 21 years old. On average there are 300-450 foster youth who turn age 18 each year who are now eligible for extended services. Approximately 85% of those eligible have elected to receive services. Internal staffing resources were shifted in order to effectively serve this new population.

Beginning in July 2012 with an improved budget environment, DPSS/CSD was able to activate the recruitment process to fill social worker and supervisor vacancies. The table below illustrates the change in staffing during this period, which has significantly impacted workload and supportive services for families.

Table 1: DPSS/CSD Total number of Supervisors and Social Workers as of July 1st (2009 – 2013)

| | 2009 | 2010 | 2011 | 2012 | 2013 | Projected by December 2013 |
|-------------------------------------|------|------|------|------|------|-------------------------------------|
| Total Staff All Programs | 663 | 618 | 557 | 510 | 508 | 531 |

The DPSS/CSD management team monitors workload by program and across the Division on a weekly basis and makes adjustments as needed to keep workload equitable and as manageable as possible within the limitations of existing staffing levels.

Although the reports of child abuse and/or neglect have decreased since 2009, the rates of child removals have slightly increased by 4%.

As for services that are rendered to the families, Riverside County DPSS/CSD has implemented evidence-based programs that are specifically designed to increase safe and timely reunification of children with their parents/guardians. In an effort to reduce the rate of families returning to the foster care system, DPSS/CSD utilizes evidence-based in-home services to improve parenting skills, home safety, child health, and nutrition management.

To ensure the effectiveness and high quality of resources and internal operations, DPSS/CSD utilizes internal and external sources to conduct various methods of self-assessment. Nationally recognized organizations with expertise in child welfare have been supporting DPSS/CSD's on-going efforts to improve direct practice and organizational operations. Children's Research Center (CRC), California Evidence-Based Clearinghouse for Child Welfare (CEBC), and the Casey Family Programs have partnered with DPSS/CSD to inform and assist with the implementation of the latest evidenced-based models and practices to enhance client engagement, broaden the array of services, and improve family outcomes [See Attachment A-CEBC Document]. Use of data-driven programs such as SafeMeasures and Structured Decision Making (SDM) allows for a more comprehensive data analysis to assist with targeting areas of improvement.

A. Findings

Finding 1:

The Grand Jury found that by using the California Family Risk Assessment Form, DPSS/CPS does not place enough value to “neglect factors,” which are “risk factors.” In sworn testimony, the Grand Jury was informed that case workers were encouraged to close out referral cases when the investigation did not meet the “neglect” criteria on the California Risk Assessment Form. Reports from DPSS/CPS were classified as unfounded and unsubstantiated and cases were closed.

Response to Finding 1:

Respondent disagrees wholly with the finding.

Every investigation conducted by a DPSS/CSD worker includes an assessment for abuse and neglect regardless of the allegation that brought the family to the Division’s attention. Over 60% of the substantiated allegations are due to neglect factors.

In accordance with State statutes for the investigation of a referral of child abuse or neglect, DPSS/CSD staff use the evidence-based tools from the Structured Decision Making (SDM) model [See Attachment B – SDM Document]. The SDM model combines research with practice strategies, offering workers a framework for consistent decision making, and agencies a way to target appropriate resources to support families. The accumulating and compounding effects of risk factors are accounted for throughout the SDM model. The SDM tools, including the California Family Risk Assessment Tool, are used from the time of referral through to the termination of a case. These tools emphasize the assessment of both safety and risk factors.

The Risk Assessment tool assists workers with determining if the future risk is enough to warrant court intervention. Training is provided to ensure that staff acquire the necessary skills to utilize all SDM tools, in consultation with a supervisor, as a part of the total assessment of the child and family (Authority cited: W&IC § 306, 309, 16501, 16501.2, Penal Code 11165.2, 11165.6).

Once it is determined that an investigation should be initiated, DPSS/CSD staff conduct a thorough and coordinated investigation. The policy on Investigation

Requirements informs staff of the basic steps of an investigation including but not limited to the following activities:

- Review prior child welfare history.
- Make every effort to obtain parental consent to enter the home, interview the child whether in the home or outside of the home, and/or have the child medically examined.
- Contact the reporting party to obtain additional information.
- Interview all collateral contacts relevant to the allegations.
- Coordinate with law enforcement if the allegation is physical abuse, sexual abuse, or severe neglect.
Note: Workers consult with law enforcement on these allegations to determine when and where the initial interview should take place.
- Utilize the Structured Decision Making (SDM) assessment tools, and assess and document events, circumstances, and conditions that impact the safety and welfare of the child or the functioning of the family, including the:
 - existence of any condition which would place children at risk of abuse, neglect, or exploitation, as described by law
 - likelihood of abuse and neglect to occur in the future, and
 - need for pre-placement preventive services for the child and the parents, to address the identified risk factor.
- Report substantiated allegations to the Department of Justice.

A comprehensive safety and risk assessment is central to protecting children from abuse and neglect. The Safety Assessment helps workers at all points in a case to determine if a child may safely remain in the home, with or without a safety plan in place. The Risk Assessment is a tool which estimates the likelihood of future harm to children in the household, and assists workers in determining which cases should be continued for ongoing services and which may be closed at the end of an investigation. The investigation of the referral focuses on the connection between the behaviors of the parent or guardian, the specific condition of the child or home, and the risk of harm to the child. Common examples of neglect include:

- unsanitary or hazardous home conditions
- a lack of food, clean water, or household utilities
- unresolved medical/dental needs
- insect or rodent infestation
- exposure to drug manufacturing chemicals

(Reference Children's Services Handbook (CSH): Assessing Safety and Risk Factors; CSH Module 2, Chapter 1, Section B).

The decision to initiate a child welfare case is based on credible evidence, facts, and guided by the social worker's assessment using the various tools and resources, and in consultation with the supervisor to determine the best response. Some of the response options to consider include: closing the investigation with referrals to services and community resources, leaving the child in the care of the parent but with court involvement, or removing the child from the home for safety concerns.

DPSS/CSD staff comply with the State of California Child Welfare Services Manual of Policies and Procedures which set the legal mandates and criteria for closing a referral or promoting it to a case for further intervention and services.

Finding 2:

The Grand Jury found that there is no definition for "global assessment" in our Glossary of Terms. In sworn testimony, the Grand Jury was told that "global assessment" is used when a referral necessitates an investigation. The definition given was, "they look at everything that is occurring at the home, not just what the original referral was for." The Grand Jury's review of records and sworn testimony revealed that social workers do not consider all current and prior history, as well as the "referral history alert."

Response to Finding 2:

Respondent disagrees partially with the finding.

DPSS/CSD agrees that the definition of global assessment has not been included in the Glossary of Terms in the Children Services Division (CSH) Handbook.

Riverside County social workers are trained on how to utilize the Structured Decision Making (SDM) tools which are designed to assist in assessing the risk and safety of children. A global assessment is part of the SDM model. The SDM model provides a series of evidence-based assessment tools and decision-making guidelines that direct a worker with key decision points that begin with the initial call to the Child Abuse Hotline through the termination of the case. When workers utilize these SDM tools they are able to formulate an objective "global

assessment” of the family. These SDM tools are evidence-based and rely on research that weighs risk factors that lead to abuse and neglect.

Policy guidelines (CSH, Module 2, Chapter 1) are provided that direct workers to research and attach all prior child welfare history. Consideration of child welfare history is integrated throughout the Children Services Handbook. The Central Intake staff at the Child Abuse Hotline are responsible for searching the Child Welfare Services/Case Management System (CWS/CMS) for any prior child welfare involvement for each referral received and assigned for investigation.

When there are multiple prior referrals, Central Intake staff clearly identifies this information in CWS/CMS and labels it for the investigating social worker as a “history alert”. The investigating social worker is responsible for reviewing the prior child welfare history upon receipt of the referral or case. A review of any prior child welfare history is an important consideration on each referral of alleged child abuse or neglect to inform the worker as to the risk and safety of the child.

A summary of each prior referral or case is provided in CWS/CMS to inform any subsequent social worker of the concerns and services previously provided to the family. These summaries are reviewed prior to closing or transferring the case by the supervisor to ensure this information has been considered in all assessments.

In cases with multiple prior referrals, the assigned worker is to consult with his/her supervisor, review the case with the managers and/or others as appropriate, and document the review and consultation in CWS/CMS and in the court report (if applicable). The supervisor leads the case consultation to provide guidance and assistance to the worker in determining the salient facts of the case as related to the family’s needs, service provision, and case management requirements.

Finding 3:

Sworn testimony revealed that DPSS/CPS has not diligently considered all law enforcement calls to the homes where dependent children reside, which limits their ability to assess all factors relating to the children’s safety. Social workers have limited access to law enforcement records. Testimony revealed not all social workers investigate fully into the criminal history of adults living in the home, nor do they investigate the medical, psychological, or school records of children with ongoing neglect and abuse complaints.

Response to Finding 3:

Respondent disagrees partially with the finding.

DPSS/CSD has limited access to records due to law enforcement records being governed by statute regarding which agencies can receive information and under particular conditions. DPSS/CSD workers routinely collaborate with law enforcement to obtain needed information including but not limited to requesting police reports, information regarding recent police activity at a specific address, and direct assistance with investigations.

For clarification, the policy of obtaining criminal history on adults cited in the report relates to the social worker's review of a referral prior to the initial contact with the family. The worker researches the criminal history of all adults living in the home; however this review is limited to the information available online through public records. State statutes permit DPSS/CSD workers to access criminal history for the investigation and/or location of a child's parent or guardian. Access to criminal history of others is limited to a person being considered as a placement option for a child and/or someone that will have continuing contact with the child (PC 1604.5; H&S 1522).

The definition that was presented in the report of a "collateral" person did not have the complete context. Social workers engage and interview different collateral contacts as relevant and appropriate to each investigation. Collateral contacts are made with individuals identified in the investigation who may have additional information required to complete the assessment (*Examples: babysitter, pediatrician, teacher, relative, etc.*). These contacts can be in-person, by telephone, or by written correspondence and must adhere to statutory regulations regarding confidentiality.

Finding 4:

Sworn Testimony by social workers indicates they are overloaded with cases and cannot properly evaluate the cases assigned to them. Some workers have testified to having forty cases. Other testimony indicates social workers are "overloaded" with paperwork:

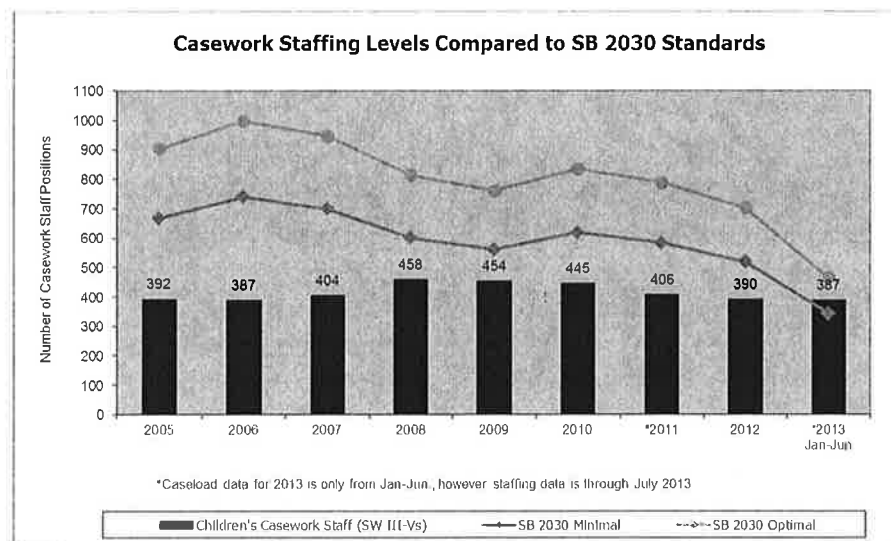
Response to Finding 4:

Respondent disagrees partially with the finding.

Due to budgetary constraints, Riverside County limited hiring from FY 2009 – 2012, during which time the Division experienced attrition, which resulted in increasing caseloads. Additionally, in January 2012 Extended Foster Care was implemented which expanded case management services to transitioning foster youth from age 18 to 21. DPSS/CSD dedicated 21 case-carrying workers to this population.

While there are no statutory mandates regarding caseloads, SB 2030 Child Welfare Services Workload Study published in April 2000 identified optimal caseload standards for child welfare programs. The following chart compares staffing levels to these standards during this period of time. With an improved budget outlook, since July 2012, DPSS/CSD has been hiring with the intent to first balance the caseloads to meet the current business needs and then bring caseloads into alignment with standards as positions are filled. Fifty-four (54) workers were hired last fiscal year, and 31 new staff are currently in induction training, and DPSS/CSD plans to hire an additional 23 workers this fall.

Table 3: The following table is a comparison of SB 2030 Workload Standards and the current Riverside County caseload averages.



Pending filling all of budgeted positions, DPSS/CSD managers monitor caseloads on a weekly basis and redistribute workload and resources as needed to meet critical caseload needs specifically ensuring sufficient coverage for the

Investigative Services Program. These efforts result in lower caseloads per worker and increased engagement with families.

Other efforts to assist staff workload include the implementation of the DPSS/CSD "Paper Cut" Project. The purpose of this project is to streamline paperwork and explore more efficient methods of utilizing electronic technology. Project members have worked diligently to review all existing case file forms and documents to reduce or eliminate paperwork. A field unit is in the process of piloting the electronic filing of court reports to the designated court sites. Once implemented, this process will save social worker time in preparing and distributing court reports.

Finding 5:

DPSS/CPS has a complaint process; however, in sworn testimony it was found that not all social workers are aware or understand it. Some social workers fail to adequately inform clients of the complaint process, nor do they assist them with their complaints. As a result, customers' and dependent childrens' rights are not being protected.

Response to Finding 5:

Respondent disagrees partially with the finding.

Ensuring the client's rights are clear and protected and ensuring the client understands the complaint process are two separate issues involving separate policies and processes.

The client's rights include the adult/child civil rights as well as legislative and regulatory rights. During the initial investigation, the adult is provided with a State of California Publication 13 "Your Civil Rights." The child is provided with a copy of the brochure "State of California Office of the Ombudsman for Foster Care: An independent resource for reviewing issues concerning foster care youth", which describes the child's civil rights and provides contact information if they want to talk with someone other than the social worker. This publication is also to be posted in the caregiver's home where the child can view it. The child is also given a list of rights while in out-of-home care. This list of rights is to be provided to the child and caregiver every six months while the child is in out-of-home care. Each time this information is given to the adult and child, the worker is to document the action in CWS/CMS and in the court report.

Workers may need clarification on how to inform clients about the complaint process as there are different types of complaints. The different types of complaints and their process are listed below:

- To address case-related complaints: During the initial investigation, the social worker is to provide a copy of The Complaint Process brochure [DPSS 3373A –See Attachment C]. This brochure describes the step-by-step process for resolving complaints and who to contact if the complaint is not resolved (CSH, Module 1, Chapter 3, Section B). It has the social worker's, supervisor's and manager's contact information. The supervisor is to make every attempt to resolve the complaint and work closely with staff to ensure the client's complaint is addressed.
- For allegation conclusion complaints: If a person disagrees with a finding made to an allegation and the finding was reported to the California Department of Justice (DOJ), the person can request a grievance hearing. Written procedures for requesting a hearing and the steps involved are mailed to each person when a record is sent to DOJ.
- For criminal history exemption complaints related to placement certification, the person may request a hearing. Written procedures for requesting a hearing and details involved are mailed to each person when a denial has been made.
- For funding-related complaints, there is a process for resolution. Written procedures are described in a letter mailed to caregivers with a notification regarding funding.

When engaging with families, workers are trained to ensure literacy or language barriers do not prevent clear communication during an investigation. The worker is trained to ensure the client understands the complaint process by explaining verbally, requesting interpreter services, or by providing the documents in the client's preferred language.

Finding 6:

DPSS/CPS workers are required to complete "core induction training" before being assigned cases. Sworn testimony indicates that not all social workers receive the nine week "core induction training" prior to case assignment. The current policy requires a supervisor to accompany one social worker in the field one time per month.

Response to Finding 6:

Respondent disagrees wholly with the finding.

DPSS/CSD requires new social workers to complete core training prior to being assigned cases. State of California Child Welfare Services Manual of Policies and Procedures requires that core training occur within the first 12 months of hire. Riverside core training includes the state mandated training as well as the Riverside County required program training. New workers complete the core training offered through the Public Child Welfare Training Academy. Field days are added to the core training program in order to integrate classroom learning along with practical experiences.

Once a new worker graduates and reports to the field office, the worker can only be assigned a maximum of 50% of a case or referral load for the first three (3) months. Initially, the new worker shadows experienced workers to observe how investigations are conducted and cases are managed. The transition to holding the primary responsibility for an investigation or case-carrying activities continues with the experienced worker shadowing the new worker to provide guidance through the process, procedures, and policies, and to provide feedback regarding strengths and areas for improvement.

Research shows that good social work supervision encourages professional development that promotes child safety and well-being. Supervision has a significant effect on job satisfaction and staff retention, and is a key factor in transferring professional knowledge, skills, values, and ethics.

To ensure the transfer of professional knowledge and practice skills, the DPSS/CSD management team has developed a comprehensive system known as the System of Supervision (SOS). This system was created to assist supervisors in the oversight of critical child welfare functions. Supervisors meet with each worker in-person at least monthly to review specific items which may include personnel matters, referral/case or assignment consultation, program specific issues, positive performance feedback, training or improvement needs, and professional development of the worker.

The policy of the supervisor accompanying a social worker in the field once a month is designed to maximize the learning experience. In addition to this System of Supervision requirement, the supervisor has a role in the continued training of staff.

Monthly unit meetings provide an opportunity for supervisors to update workers on current policies, program activities, and practice information. Program

meetings and consistency meetings also provide opportunities to exchange strategies and improve practice. Supervisors are to conduct telephone customer surveys each month to collect feedback about the worker's practice. Case reviews and case consultations are conducted with the worker, supervisor, and/or manager, as needed

The Staff Development Division and the Public Child Welfare Training Academy provide a variety of skill-building trainings each month. State of California Child Welfare Services Manual of Policies and Procedures require workers to complete 40 hours of training every two (2) years. In Riverside County, DPSS/CSD policy requires 20 hours per year for social workers.

B. Recommendations

Recommendation 1:

Policies and procedures shall be developed and implemented to specifically address risk factors that affect the long-term health, growth, and development of children. A form shall be developed to include the accumulating and compounding effects of risk factors. New policies and procedures shall be developed and implemented to address continued monitoring of any investigation where a referral for services was given. This monitoring shall continue until such time as the customer fully complies with the referral.

Response to Recommendation 1:

As to Part A – Policies and procedures shall be developed and implemented to specifically address risk factors that affect the long-term health, growth, and development of children. A form shall be developed to include the accumulating and compounding effects of risk factors.

The recommendation has been implemented.

Policies and procedures are already in place to specifically address risk and safety factors. Consistent with State policies and procedures, workers utilize the SDM model and tools which are well integrated into practice. For over six years, the DPSS/CSD SDM Steering Committee has been actively involved in monitoring and evaluating the SDM model and its impact on practice in Riverside County.

The accumulating and compounding effects of risk factors are accounted for throughout the SDM system and tools used throughout the life of a case. These tools emphasize both safety and risk assessment.

As to Part B – New policies and procedures shall be developed and implemented to address continued monitoring of any investigation where a referral for services was given. This monitoring shall continue until such time as the customer fully complies with the referral.

The recommendation will not be implemented because it is not warranted or is not reasonable.

There is no statutory authority to provide continued involvement in a family once the referral is closed and a case is not opened. Workers must focus on assessing and monitoring families where there are safety concerns. For families investigated that do not have safety issues but would benefit from services, workers provide referrals to community partners.

DPSS/CSD partners with the family's community to connect with service providers that can support the family in addressing issues.

Some of those partners/resources include:

- Riverside County Family Resource Centers which provide core services at no cost to the community that address the service needs to those families who do not require child welfare intervention;
- Early SafeCare Program provides services and support to families with children 0-5 years;
- Family Preservation Court which provides preventative substance abuse services through Drug Court.

Recommendation 2:

DPSS/CPS shall develop the definition of "global assessment" in their Glossary of Terms. They shall also review their current policy with regards to "referral alerts" and enhance this procedure to make the alerts more visible to the case workers when viewing the history of a family. This alert shall also include a date of the last case study done on a family, with updates, and incorporate in their final assessment of a referral, and a case study which places emphasis on all past history of the family. When "global assessment" is conducted criminal history shall be obtained on all occupants of a residence where minor children reside.

Response to Recommendation 2:

This recommendation has not yet been implemented, but will be implemented in the future.

As to Part A – DPSS/CPS shall develop the definition of ‘global assessment’ in their Glossary of Terms.

A definition of “global assessment” will be included in the Glossary of Terms and Investigation Requirements section of the DPSS/CSD Children’s Services Handbook by September 2013. This definition will also include the criminal history review of online public records (which is currently addressed in Module 2, Chapter 2, Section D).

As to Part B – They shall also review their current policy with regards to ‘referral alerts’ and enhance this procedure to make the alerts more visible to the case workers when viewing the history of a family. This alert shall also include a date of the last case study done on a family, with updates, and incorporate in their final assessment of a referral, and a case study which places emphasis on all past history of the family.

This recommendation has been implemented

DPSS/CSD shall continue to enforce current policy related to ‘history alerts’ and ensure that this process is continually monitored for compliance and improvement as needed.

Currently, when a case is transferred, a summary of that family’s pertinent information which includes the family’s history is provided to the next worker. This existing process will continue to be monitored for compliance and improvement as needed.

DPSS/CSD will update training for staff to review on-line criminal history of those adults listed at the residence of the parent/guardian.

Recommendation 3:

DPSS/CSD shall develop and implement policies and procedures that will obtain information from law enforcement, medical, psychological, school personnel and any additional collateral contacts. This will provide information to caseworkers of law enforcement activity at the home address of dependent children and other pertinent information regarding school attendance and/or medical information.

Response to Recommendation 3:

This recommendation has been implemented.

Managers review current policies with staff to emphasize the importance of all collateral contacts. Social workers engage and interview different collateral contacts as relevant and appropriate to each investigation. Collateral contacts are made with individuals identified in the investigation who may have additional information required to complete the assessment (*Examples: babysitter, pediatrician, teacher, relative, etc.*). These contacts can be in-person, by telephone, or by written correspondence and must adhere to statutory regulations regarding confidentiality (CSH, Module 2, Chapter 2, Section E).

In accordance with State statutes, DPSS/CSD will continue to obtain criminal histories on all adults in homes being considered for placement options and/or continuing access to dependent children.

Recommendation 4:

DPSS/CPS shall evaluate the case load for social workers, including adequate report preparation time, and comply with the recommended guidelines as set for the by California Welfare and Institutions Code 18994.4(3)c which states Caseloads that are balanced in size, not to exceed 25 cases per home visitor, and intensity (services intensity varies with client need).

Response to Recommendation 4:

The recommendation has been implemented.

DPSS/CSD managers monitor caseloads on a weekly basis and redistribute workload and resources as needed to meet critical caseload needs specifically ensuring sufficient coverage for the Investigative Services Program. Additionally,

DPSS/CSD continues to fill vacant positions as the budget permits, which is expected to further reduce caseloads during this fiscal year.

Furthermore, DPSS/CSD currently has Consistency Workgroups that are comprised of supervisors who represent their respective programs. These groups evaluate best practice, discuss client engagement, and suggest training activities. The Investigative Services workgroup included social workers and supervisors who provided specific suggestions to streamline existing court reports. The recommendations were incorporated in its entirety. Other court report templates have been reviewed and changed to eliminate existing duplication. Each region's program meetings also contribute ideas and suggestions.

The Grand Jury report refers to W&IC 18994.4(3)(c), indicating workload size is not to exceed 25 cases per worker. This code does not refer to Child Welfare workers but the California Families and Children "Home Visitor" programs. This prevention program was designed to increase rates of school completion, reduce incidence of teen pregnancy, reduce interaction with the juvenile justice system, and improve health. Additionally, upon the appropriation of funding, the office of Child Abuse Prevention in the State Department of Social Services is responsible for awarding grants and the continued operation of the California, Families and Children Home Visit Program.

Recommendation 5:

DPSS/CPS shall develop and implement policies and procedures for all social workers to advise clients on their initial home visit of the complaint process, specifically by reading the pamphlet and answering any questions the client may have.

Response to Recommendation 5:

This recommendation has not yet been implemented, but will be implemented in the future.

During the initial investigation, the social worker is to provide a copy of The Complaint Process brochure [DPSS 3373A –See Attachment C]. This brochure describes the step-by-step process for resolving complaints and who to contact if the complaint is not resolved (CSH, Module 1, Chapter 3, Section B). It has the social worker's, supervisor's and manager's contact information. The supervisor

is to make every attempt to resolve the complaint and work closely with staff to ensure the client's complaint is addressed.

However, as noted in response to Finding 5, there are many types of complaints and processes for handling each. Staff may not be familiar with all of these processes. In an effort to equip staff with the knowledge and tools to assist clients, the complaint policy will be reviewed and the related forms updated within the next six months; and included in upcoming training classes. In conjunction with this training, DPSS/CSD staff will be provided a desk aid on how to handle the variety of formats and process for each type of complaint.

Also, workers will engage the client in a discussion of the complaint process and provide the client with the related brochure and describe the process to resolve the complaint. Additionally, this information will be shared with the client at the time of the Court Orientation Program.

Recommendation 6:

DPSS/CPS social workers shall complete their nine week "core induction training" before any social worker goes out into the field. Upper management shall establish a plan for experienced social workers to mentor in experienced social workers. DPSS/CPS shall develop and implement policies and procedures requiring supervisors to accompany each social worker in the field a minimum of once a month.

Response to Recommendation 6:

This recommendation has been implemented.

DPSS/CSD uses an existing core induction training structure. Managers are actively engaged in ensuring that new social workers maintain a training caseload with mentors and support until the worker develops the needed skill sets. Although resources are limited, DPSS/CSD ensures new staff are teamed with veteran staff both through the training period as well as for any difficult referral or case. All workers are supervised and participate in regular case consultations.

ATTACHMENT A

The California Evidence-Based Clearinghouse

July 26, 2013

To Whom It May Concern,

Riverside County Department of Social Services (DPSS) Children's Services Division (CSD) applied to be part of the California Evidence-Based Clearinghouse for Child Welfare (CEBC) Assessment and Planning Initiative in early 2012. The CEBC formally began working with Riverside County on this initiative in the fall of 2012. The Assessment and Planning Initiative conducted by the CEBC is a process to help the county increase the use of evidence-based practices in their community. This process includes two main components: 1) The completion of a needs assessment related to the current level of Evidence-Based Practices (EBPs) within the community and 2) Consultation and planning to review the findings.

Over the past several months, DPSS/CSD and CEBC staff has been engaged in phone calls to narrow down the area of focus to two specific services areas for the initiative. DPSS/CSD chose to focus on looking at Team Decision Making (TDM) and Parent Training Programs.

For the TDM area, the CEBC is working with DPSS/CSD to review what research data exists on the use of TDM in Riverside County to reduce out of home placement to date, developing measureable goals and identifying meaningful outcomes measurements for TDM services that can be used to determine if the goals are being met and to develop materials that may be used in the evaluation of the TDM services (fidelity measures, focus group outlines, process measurements, etc.). A face-to-face meeting with TDM facilitators and DPSS/CSD leadership took place on July 25th, 2013 and data collection will continue for the next month. A written report of recommendations and a debriefing will take place with DPSS/CSD leadership in the fall.

For the Parent Training area, CEBC is working with Riverside DPSS/CSD to examine the evidence base for the parenting education services currently in place, and identify areas where services can move towards a more evidence-based continuum of services. CEBC staff is conducting data collection, involving a web-based survey reviewing the parent training services available in Riverside County, (to include staffing, training, any specific models that are being used, and any monitoring or evaluation efforts currently in place). No case or client specific information will be gathered. A face-to-face meeting with the directors of the community contractors for Parent Training and DPSS/CSD leadership took place on July 25th, 2013 and data collection will continue for the next month. A written report of recommendations and a debriefing will take place with DPSS/CSD leadership in the fall.

Sincerely,



Charles Wilson, MSSW
Senior Director
Chadwick Center for Children and Families
Project Director CEBC
Rady Children's Hospital-San Diego

ATTACHMENT B
Structured Decision Making (SDM)
Assessments

Structured Decision Making® (SDM) Assessments for Child Protective Services July 2013

The SDM model uses different tools for each decision point because there are different issues that need to be addressed at each stage of the case. No single instrument can successfully capture or organize the disparate issues that must be considered at each distinct point of case processing. SDM tools and their relationship to the central mandates of child welfare, safety, well-being, and permanency, are presented below. Together, SDM assessments constitute a formal, continuous, and iterative process of determining current and potential threats to child safety. These assessments include the screening and response priority assessment, safety assessment, risk assessment, risk reassessment, and a reunification assessment for children in out-of-home care. Each tool is structured to aid in decision making, leading to a recommended decision and each is backed with definitions.

Hotline Tools: The hotline tool has 2 primary components. First, the screening criteria are used to determine whether a referral meets the statutory threshold for an in-person child welfare services (CWS) response. The screening criteria are divided into physical abuse, sexual abuse, emotional maltreatment and neglect, each with specific sub-categories and backed with definitions to aid in determining information to seek during the call. Second, once the worker has established that an in-person response is required, intake workers complete the response priority decision tree(s) based on the type of alleged maltreatment to determine priority for response. The decision tree(s) helps the screening worker determine immediate safety issues that require an immediate response.

Safety assessment: Caseworkers assess for the safety of children in their home from first contact through the close of the investigation or services. The safety assessment focuses workers on a set of clearly defined conditions that represent threats to child safety (immediate danger of serious harm), and helps workers identify the interventions needed to control and remediate any unsafe conditions. If none of the safety threats are present, the home is considered *safe* for the child. If one or more of the safety threats are present, the caseworker must assess the parent/guardians protective abilities and immediate interventions that may be used to control the safety threats. Interventions may be family, friends, neighbours, or formal agency services. When interventions are available to control identified safety threats, a safety plan is established with the parent/caregiver and the home is considered *conditionally safe*. The home is considered to be *unsafe* when any safety threat is present and the only intervention available to keep children safe is removal. The safety assessment is completed at the start of every investigation, during the first face-to-face contact with the children and their parent/guardian. It may be completed at any time during an investigation or open case when the caseworker or supervisor is concerned about the safety of children.

Risk assessment: The family risk assessment estimates the likelihood that a family will, without intervention, have future child abuse or neglect incidents. These scales are based on actuarial research conducted in California over the past 15 years that examined the relationship between family characteristics and child welfare case outcomes. The risk assessment incorporates a range of family characteristics (number of prior referrals, children's ages, caregiver substance abuse) that have demonstrated a strong correlation with subsequent child abuse/neglect incidents. Families are assessed as very high, high, moderate, or low risk. The family risk assessment is completed on all substantiated and inconclusive child protection investigations, prior to determining if a family service case will be opened. Caseworkers are expected to offer services to all families assessed as high or very high risk for future child abuse/neglect incidents as well as any low and moderate cases where there are unresolved safety threats.

Family strengths and needs assessment (FSNA): After a case is opened for services, the FSNA is used to systematically assess parent/caregiver and child functioning. Domains in which a parent/caregiver or child is assessed as having a need are included in the service plan. The initial needs assessment is

Structured Decision Making® (SDM) Assessments for Child Protective Services July 2013

completed prior to the initial service plan, and is followed by periodic reassessments. This permits workers and supervisors to easily assess changes in parent/caregiver or child functioning and monitor the impact of services. The assessment ensures that all workers consistently and objectively assess a family's strengths and weaknesses, and it provides a basis for monitoring whether appropriate service referrals are made.

In-home risk reassessment: The in-home risk reassessment is completed by caseworkers on all in-home family service cases. It provides a structured assessment of parent/guardian progress towards the goals included in the service plan, as well as current functioning in domains that research shows are related to child abuse/neglect involvement such as substance abuse and domestic violence. The initial assessments of safety, risk, and family needs are followed by routine *reassessments*, which are conducted at established intervals (generally every 90 days) as long as the case is open. Caseworkers are expected to continue services for families identified as high and very high risk on the in-home risk reassessment. Case closure should be considered for low and moderate risk families where there are no unresolved threats to safety..

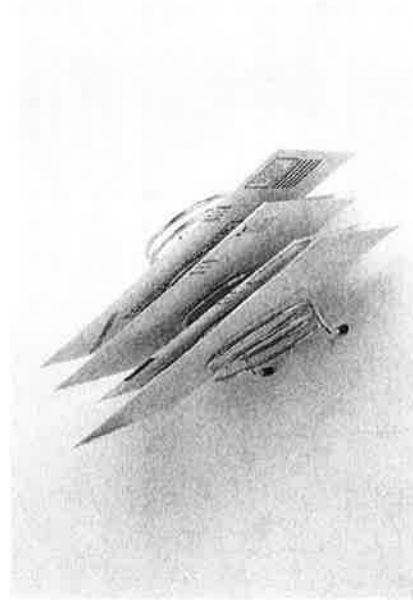
Family reunification assessment: When a child has been removed from the family home, the reunification assessment is used to determine if children may be safely returned to the home. The reunification assessment consists of three evaluation components (structured risk reassessment, structured evaluation of parent-child visits, and a safety assessment), and structured guidelines for changing the permanency goal. Caseworkers are expected to consider reunifying children with parents/guardians who are low or moderate risk, have demonstrated a strong commitment to maintaining/improving their relationship with their child in foster care, and have established a safe home environment (with or without a safety plan). After an established length of time (generally 12 months), the reunification assessment directs caseworkers to establish a goal other than reunification with parent/caregiver unless compelling reasons exist to continue reunification services. The reunification assessment is conducted at established intervals (in conjunction with the case plan review) as long as one or more of the children remain in foster care with a goal of reunification.

ATTACHMENT C

**The Complaint Process Brochure
(DPSS 3373A & 3373A-Spanish Version)**

WHAT IS A FORMAL COMPLAINT?

1. Formal complaints are used to address matters that are not based on discrimination or grievance concerns regarding placement or removal of a child.
2. Formal complaints must be submitted in writing and should only be submitted if the prior three steps have been completed and your concern(s) has/have not been addressed.
3. Please refer to the examples provided under the heading "Customer Complaints" to determine if you have a formal complaint. Follow the itemized instructions in the next section to put your complaint in writing.



FILING YOUR FORMAL COMPLAINT

Formal complaints should be submitted in writing to include:

- An explanation of the event that took place
- Names and ages of all children involved
- The assigned social worker's name and phone number
- Your objection to the event or the treatment you received

Mail To:

Riverside County DPSS
Attn: Complaints Coordinator
10281 Kidd Street, 2nd Floor
Riverside, CA 92503

A representative from the Deputy Director's office will contact you concerning your complaint within five (5) working days.

THE COMPLAINT PROCESS

STEP BY STEP PROCESS FOR RESOLVING YOUR COMPLAINTS

RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC SOCIAL SERVICES
CHILDREN'S SERVICES DIVISION



CUSTOMER COMPLAINTS

A Customer Complaint is any concern that is felt to be unresolved by a former or current client of the Department of Social Services or a member of the public. Examples of customer complaints are problems involving:

- Calls not being returned
- Financial issues
- Placement of a child
- Results of CPS investigation
- Staff behavior
- Visitation
- Other customer service matters

PLEASE NOTE that this complaint process does not include discrimination claims or a grievance (when it is believed that CPS staff have not followed policies or procedures regarding placement or removal of a child).

To file a discrimination claim, please refer to the brochure entitled "Your Rights Under California Welfare Programs" (PUB 13).

To file a grievance, please refer to the brochure entitled "Resolving Grievances" (DPSS 3373).

NOTES:

WHAT STEPS DO YOU NEED TO FOLLOW TO ENSURE YOUR COMPLAINT IS RESOLVED?



STEP ONE: CONTACT YOUR SOCIAL WORKER

NAME: _____
PHONE: _____

Discuss your concerns with your assigned social worker and ask what can be done to remedy the situation. Please allow your social worker 24 hours to return your call as he or she may be unavailable to answer your call during the same work day.

If you do not have an assigned social worker or your situation warrants bypassing the social worker and/or supervisor, you may contact the Complaints Unit directly at (951) 358-5650.



NOTES:



STEP TWO: CONTACT THE SUPERVISOR

NAME: _____
PHONE: _____

If your social worker is unable to assist you or has not returned your call within 24 hours, contact the social worker's supervisor. Let the supervisor know when you contacted your worker, what the social worker said, and what your concerns are.

STEP THREE: CONTACT THE REGIONAL MANAGER



NAME: _____
PHONE: _____

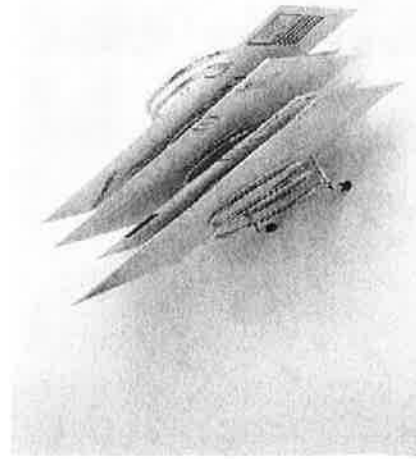
If the supervisor is unable to assist you or has not returned your call within 24 hours, contact the supervisor's Regional Manager and request that he/she assist you with your concern. The Regional Manager will assess the concern by:

1. looking in your case file for information, and
 2. interviewing the social worker and supervisor
- The Regional Manager will call or write to you within five (5) working days with his/her decision. If you are not satisfied with the decision, you may file a formal complaint.

NOTES:

¿QUE ES UNA QUEJA FORMAL?

1. Las quejas formales son utilizadas para tratar asuntos que **no** son basados en la discriminación ni que conciernan al agravio por la a colocación o el retiro de un niño.
2. Las quejas formales deben presentarse por escrito y solo deben ser presentadas si los tres pasos anteriores se han completado y su(s) preocupación(es) no ha/han sido dirigidá/s.
3. Por favor refiérase a los ejemplos proporcionados bajo el título "Quejas del Cliente" para determinar si usted tiene una queja formal. Siga las instrucciones detalladas en la siguiente sección para hacer su queja por escrito.



PRESENTANDO UNA QUEJA FORMAL

La Queja formal debe ser por escrito y debe incluir lo siguiente:

- Una explicación del acontecimiento que tomo lugar
- Nombres y edades de todos los niños implicados
- El nombre del trabajador social asignado y el número de teléfono
- Su objeción al acontecimiento o el tratamiento que usted recibió

Mandar por

Correo A:

Riverside County DPSS

Attn: Complaints Coordinator

10281 Kidd Street, 2nd Floor

Riverside, CA 92503

Un representante de la Oficina del Director se pondrá en contacto con usted con respecto a su queja dentro de cinco (5) días laborales.



El Proceso de Quejas

UN PROCESO PASO A PASO PARA RESOLVER SUS QUEJAS

QUEJAS DEL CLIENTE

Una queja del cliente es cualquier preocupación que se considere no resueltas por un cliente anterior o actual del Departamento de Servicios Sociales o de un miembro del público. Ejemplos de las quejas del cliente son problemas que implican:

- Llamadas que no son devueltas
- Cuestiones financieras
- Colocación de un niño
- Resultados de la investigación de CPS
- Comportamiento del personal
- Visitas
- Otros asuntos de servicio al cliente

FAVOR DE NOTAR que este proceso de queja no incluye demandas por discriminación o un agravio (cuando se cree que el personal de CPS no han seguido las políticas o procedimientos con respecto a la colocación o el retiro de un niño).

Para presentar una queja de discriminación, favor de referirse al folleto llamado "Sus Derechos bajo los Programas de Asistencia Pública de California" (PUB 13).

Para presentar un agravio, por favor de referirse al folleto titulado "Resolving Grievances" (DPSS 3373).

NOTAS:

¿QUÉ PASOS NECESITA SEGUIR PARA ASEGURAR QUE SU QUEJA SEA RESUELTA?

1

PASO UNO: CONTACTE A SU TRABAJADOR SOCIAL

NOMBRE: _____
TELÉFONO: _____

Discuta sus preocupaciones con su trabajador social asignado y pregunte qué se puede hacer para remediar la situación. Por favor permítale 24 horas a su trabajador social para regresar su llamada. El o ella puede no estar disponible para responder su llamada durante la misma jornada de trabajo. Si no tiene un trabajador social asignado o su situación justifica eludir el trabajador social y/o supervisor, puede ponerse en contacto con la Unidad de Quejas directamente al (951) 358-5650.



NOTAS:

NOMBRE: _____
TELÉFONO: _____

Si su trabajador social no puede asistirle o no ha regresado su llamada en el plazo de 24 horas, contacte al supervisor del trabajador social. Permita que el supervisor sepa cuando usted contactó a su trabajador, lo que dijo el trabajador social, y cuales son sus preocupaciones.

PASO TRES: CONTACTE AL GERENTE REGIONAL

3

NOMBRE: _____
TELÉFONO: _____

Si el supervisor no puede asistirle o no ha regresado su llamada en el plazo de 24 horas, contacte al Gerente Regional del supervisor y pida que el le asista con su preocupación. El Gerente Regional evaluará la preocupación por:

1. mirando en su expediente para la información, y
 2. entrevistara al trabajador social y al supervisor
- El Gerente Regional le llamara o escribirá a usted dentro de cinco (5) días de trabajo laborales con su decisión. Si usted no esta satisfecho con la decisión, usted puede presentar una queja formal.

NOTAS:

PASO DOS: CONTACTE AL SUPERVISOR

2