

The State of Foster Care in Sacramento County

1. Summary

For too long, Sacramento County Child Protective Services (CPS) has placed too much responsibility on individual social workers without adequate support or direction. Social workers have had to find homes for the foster children assigned to them using their own resources. They have had to make placement decisions on their own. CPS does not even have a database of foster homes that social workers can access. When counties are ranked by their success in foster child placement, Sacramento County places near the bottom.

CPS acknowledges that it acts like an agency in a small county, when it is actually an agency in a large county with correspondingly large problems. In 2008-09, CPS removed 3,000 children from dangerous homes and placed them into protective custody. In the month of August 2009, CPS workers personally visited 2,519 children living with foster families, relatives, or in group homes to make sure they were healthy and safe.²³ CPS often does not use systems it has that would help ensure the safety and well-being of children in its care, and other times it lacks necessary systems. Foster children have been passed from one social worker to another without any one social worker having the time to get to know the children or to bond with them. CPS's process for monitoring medical care is disjointed and ineffective for recognizing potential problems; few in the organization understand it and even fewer can explain it.

CPS is undoubtedly well-intentioned, but it has often stumbled. Only recently has it begun to ask itself where it is going and how it is doing in relation to providing the best it can for the children. Oftentimes, employees have not understood how the whole program works. CPS has been structured for the convenience of the organization, not in a way that works best for the children. For CPS to succeed in its mission, it must change. It must focus on children, on understanding and measuring what works for children, and providing it to them. Its new mission to put the welfare of the child and family at the core is a good step, but much work will be needed to accomplish this goal. A shrinking and uncertain budget does not help.

2. Foreword

The grand jury has the authority to inquire into the operations of any of the county agencies. Last year the grand jury issued a report on Child Protective Services (CPS) following an increase in child deaths. The report was mainly focused on the operations and procedures involved in the decision to remove a child from a home. This year's grand jury went further by inquiring into what happens with the child after the child is removed from his/her home. There are approximately 3,800 children currently in the foster care system in Sacramento County. Due to time constraints and the complexity of the foster care system, the grand jury was limited to the areas discussed in this report.

²³ CPS Fact Sheet, "Child Abuse Hurts", September 14, 2009

3. Issue

Does CPS adequately provide for the safety and well-being of the children in foster care?

4. Method of Investigation

The grand jury conducted interviews and/or took sworn testimony from: the Deputy Director of Child Protective Services, division managers, program managers, supervisors, social workers, information technology specialists, administrators from the Sacramento County Office of Education, the Director of the Sacramento Children's Home, a Health Program Manager with the Sacramento County Public Health Nurses, a Sacramento County Public Health Nurse assigned to CPS, a former Foster Family Agency social worker, foster parents, and youth who have aged out from the Sacramento County foster care system.

The grand jury observed the intake/hotline area, accompanied social workers from the Emergency Response unit on ride-alongs, toured the Children's Receiving Home of Sacramento, attended a Partners in Permanency meeting, and attended a CPS Community Partners Meeting. The grand jury also reviewed the periodic CPS reports submitted to the Sacramento County Board of Supervisors, reports from the Child Welfare League of America on CPS of Sacramento, numerous publications concerning foster care, past grand jury reports on foster care, and a series of articles in the *Sacramento Bee*²⁴ that discussed the death of a young girl in foster care.

5. Background and Facts

CPS is the county agency that investigates reports of child abuse and neglect, and provides services designed to keep children safe while strengthening families. The mission of CPS is multi-faceted, but essentially is to protect and support neglected or abused children in the county.

Foster care is defined as the 24-hour care of a child provided in a home other than the parents', either temporarily, or for long-term care. When the state removes a child from the parents because of suspected abuse or neglect, it is obligated to provide care for the child until he/she can be safely returned to his/her parents, find a new permanent home for the child, or until he/she reaches the age of 18.

In 2009, in Sacramento County there were more than 16,000 calls placed to the emergency hotline reporting suspected abuse or neglect of a child. The intake unit receives reports of abuse or neglect from citizens or mandated reporters. A computerized tool used in the hotline/intake area to determine if an investigation is needed is called Structured Decision Making (SDM). When it is determined that

²⁴ January 24-26, 2010

an investigation is required, it is either assigned as an Immediate Response, which requires contact with the child within 24 hours, or it is deemed a 10-day response. (The 2008-2009 Sacramento County Grand Jury Report on CPS titled “*Nothing Ever Changes-Ever*,” dealt mainly with these early procedures.)

In Sacramento County most of the children, who are removed from their homes, by CPS social workers or law enforcement, are first taken to the Children’s Receiving Home of Sacramento. This is considered their first placement but is a temporary emergency shelter with an average stay of about 30 days. While at this facility children are evaluated for their needs, receive a medical and dental assessment, attend school, and an appropriate placement is determined.

5.A Child Placements

Approximately one-third of all children removed from their homes exit the foster care system within the first 30 days. Those who do not exit the system are placed in the “least restrictive home,” defined as the most home-like environment that meets the child’s needs. After the child’s parent, in order, these are:

1. Relative of the child (such as grandparent, aunt, uncle, or adult sibling)
2. Adult who is not related, but has a close relationship with the child
3. Foster home
4. Group home
5. Community treatment facility

Of the 3,800 children in foster care in Sacramento County,

- 40-45% are in kinship placements
- 45% are in Foster Family Agency (FFA) homes
- 7-10% are in county licensed homes
- 5% are in group homes
- less than 2% are in community treatment facilities

The basic requirements to be a foster parent in a Sacramento County licensed home are:

- At least 18 years of age
- No criminal history (exceptions on a case-by-case basis)
- Have the bed space and no more than 2 children per room
- Adequate income to cover their living expenses

Although the minimum age to be a foster parent is 18, only in exceptional cases involving close relatives are foster parents accepted under the age of 21.

There are two different structures that apply to foster care funding. The majority (80%) of foster children qualify for the Federal Foster Care Program and around 50% of the costs are paid with federal funds. The remaining funds are approximately split between the state (20%) and county (30%). Because of these funding ratios, the county can lose as much as three dollars in funding for each dollar the County Board of Supervisors cuts from its CPS budget. The children who do not qualify for the federal program are funded by the state (40%) and county (60%).

5.A.1 Kinship

When a child is removed from the natural parents, CPS immediately begins the effort to reunify the family, while at the same time preparing for a permanent placement in the event reunification is not a viable option. “Kin Is In” is the motto, and CPS will search for this type of placement first because it has the best chance for a permanent placement and is less traumatic to the child.

Kinship homes must satisfy all of the same requirements that apply to regular county licensed foster homes. They also qualify for the same basic monthly rate as paid to county foster homes, and the children still have a social worker assigned to them who is responsible for overseeing their care.

5.A.2 County Licensed Foster Homes

County foster homes are directly licensed and overseen by CPS. Usually, these homes consist of families who intend to adopt a child, not to just provide a foster placement. Their focus is often specific to age, gender and health. They must first qualify as foster parents, and they will foster the child placed in their care until the adoption is final. This is why so few homes are available for foster child placements in county licensed homes.

In Sacramento County there are only 200-250 foster children currently in county licensed homes. Most foster parents would rather foster through an FFA because they are provided with more support services and are paid more than the rate paid to a county licensed foster home. A common complaint of county licensed foster parents is that the reimbursement paid is not enough to cover the expenses for the child. The basic rate for county licensed foster homes is \$550 per month per child, but varies with the age and needs of the child. Recent state regulations have limited the number of children in county licensed homes to a total of six children (biological, foster, step, guardian, kin, or adopted).

5.A.3 Foster Family Agencies

Foster Family Agency (FFA) homes were started in 1985 by state statute, to help find homes for the many children in foster care. The legislature stated “...because of the more difficult nature of foster children and the increased costs of caring for them, it is becoming difficult to recruit and train foster parents. One solution is to encourage the development of private, nonprofit foster family agencies

which recruit, screen, certify, train and provide professional support services to foster parents.”²⁵ FFAs are licensed by the state through Community Care Licensing (CCL). The FFAs certify the homes in their agency. All of the agencies must meet the state standard for health and safety, but some FFAs have additional requirements. FFAs are a key element in the foster care system in Sacramento County and in California. At least 45% of all foster child placements are made in foster homes managed through FFAs. In Sacramento County, there are more than 30 FFAs that are used by CPS but most placements are with a core group of 15-20 agencies. These agencies manage a large number of foster homes.

Each of these agencies provides services to the foster child and the foster parents. They provide more direct services to the child than are provided by the Sacramento County CPS, at a higher rate of compensation than for county licensed homes. All FFAs employ social workers who are required, at least twice monthly, to have face-to-face visits with the child. The other services provided by FFAs differ per agency and **may** include:

- Supportive services for the child and the foster family including advice and counseling, referral for respite care, liaison with the schools, and crisis intervention
- Available 24/7 for emergencies
- Maintenance of contact with siblings
- Transportation of children to visit with birth parents
- Individual, group, and family counseling
- Behavioral intervention
- Respite care
- Independent living and transition services
- Pre-adoption services

While the FFAs work with CPS through a Memorandum of Understanding, CPS has no contractual or other agreements with the foster homes recruited, selected or trained by the FFA. The Sacramento County CPS, however, does continue to have primary responsibility for the maintenance and well-being of the foster child and has an on-going obligation to visit and interact with foster children placed in these homes.

FFAs employ social workers and assign them to the homes in the agency. The FFA social worker must visit the foster child at least twice a month, and some agencies require a visit every week. The FFA social worker reports findings, concerns, and information about the health of the child to the county CPS social worker assigned to the child. Reporting is done by phone at least once a month, and in a written quarterly report. Any violations in a home found by the FFA social worker or by CCL are required to be reported to CPS. This information is compiled into a quarterly report and kept in the CPS file on the child.

²⁵ California Alliance of Child and Family Services, Foster Family Agency Fact Sheet

Testimony revealed that incentives are given to the FFA social workers to preserve the placements of foster children in their agency. This does not always serve the best interest of the child if a home is not working well. Currently, there is no limit to the number of children who can reside in an FFA home.

5.B Information Technology

Information Technology (IT) can increase the effectiveness and efficiency, and decrease the total cost of any organization or agency. Sacramento County CPS has developed and utilized many sets of software over the past 15 years. Last year the grand jury reviewed software packages used by the Emergency Response (ER) program in CPS. In this report, the grand jury was primarily interested in how these software programs were being used by the foster care system.

5.B.1 Current CPS Software

Below are some of the software packages that are currently being used. Some are provided by the state and some have been developed in-house by CPS IT personnel.

- CWS/CMS – Child Welfare Services/Case Management System (state provided)
- SafeMeasures - Performance tracking and evaluation tool (state provided)
- SDM - Structured Decision Making (state provided)
- IRIS – Immediate Response Interactive System (CPS/IT developed)
- CRS – Continuous Run Schedule spreadsheet (CPS/IT developed)

CWS/CMS is a very large interactive database which stores all the data about any child and/or family who enters the CPS system and is the primary software tool. CWS/CMS is a statewide networked computer system that is used by all 58 counties in California. Social workers, supervisors, public health nurses, and clerical staff enter the data. All the information gathered about all children and their families is stored for ready access by authorized personnel. Social workers are allowed access from their desk computers, “netbooks” in the field, and from their homes. Security is maintained by a password process and no data can be downloaded to outside computers.

SafeMeasures is a sophisticated quality assurance reporting service, which captures data from CWS/CMS monthly and links these data elements to key performance standards. It is view-only. SafeMeasures allows supervisors, Quality Assurance (QA) personnel and management a quantitative measure of the performance of social workers. It is used by all programs in CPS.

IRIS is used by Emergency Response (ER) management to ensure that action is taken in a timely manner in Immediate Response cases and CRS is used to keep track of which runner (field social worker) has received an IR referral on a given day and who is the next runner to be assigned an IR. Although this software is used only by ER, similar software could be developed for CPS programs like foster care. This would allow management to be aware of all the data concerning each child, each foster home, and each social worker. Software such as this could use data from the interactive, electronic database discussed in Paragraph 5.C.1.

5.B.2 Software Utilization

CWS/CMS and SafeMeasures® are the only software programs that are being used in the foster care program. For this report, the grand jury was primarily interested in how the software was being used by the foster care systems within CPS. Although it was not possible to do a complete and thorough examination of CWS/CMS usage, it appeared from interviews that data were not being entered into the database in a timely and complete manner. The database is only as good as the data in it. Data is often incomplete and out-of-date. For example, it was reported that the school locations of children were accurate only 27 percent of the time.

If the information is entered properly into CWS/CMS, it would have all the data relevant to each child but it is not user-friendly for extracting data. For example, it was not possible to extract height and weight data from the Health and Education Passport (HEP) in CWS/CMS and plot a growth chart. This can be achieved by using a program such as BusinessObjects® or a similar program.

SafeMeasures® can be used to track the performance of social workers, supervisors and managers. It is not being utilized to its fullest extent by supervisors and managers. SafeMeasures® is not being used to track foster homes.

As reported in this year's grand jury report titled "*CPS Follow-Up Report*," CPS has made significant strides in developing an electronic policies and procedures manual. Unfortunately, because of personnel reductions, organizational restructuring, and budget constraints, the foster care portion of the manual is not as complete as the ER portion. The demonstration of the completed section that the grand jury received was very impressive and it is hoped that they will be able to complete the remainder this year. Until this is completed, the personnel in foster care will not have a good resource for policies and procedures.

5.C Identified Problems

In a program as large and complex as the CPS foster care program, there are inevitably going to be problems. Nothing in government or private business ever works perfectly. In this report, the grand jury does not focus on individual mistakes, but rather on systemic problems. The grand jury addresses some of the problem points in the program. The goal is to identify problem areas that can be addressed to improve the safety and well-being of children.

5.C.1 Too Many Placements Per Child

In November 2009, a CPS report showed that 316 children (8.1%) are in their 4th placement, 239 (6.1%) are in their 5th placement, and 678 (17.5%) are in their 6th or more placement. When compared to the 20 largest counties in California for placement stability for children in care for 12 to 24 months, Sacramento ranks last. CPS acknowledges that placement stability "...continues to be a struggle." High placement rates result in poor outcomes for foster children.

The grand jury determined that there is no database, electronic or hard copy, which contains detailed information about foster homes. In the past, CPS expected social workers to find a placement for a foster child based only on his/her own knowledge and experience. Since CPS has no central database of all foster homes, and no centralized placement unit until recently, the social workers would call around to homes about which they had personal knowledge until they found a placement for the child. This method basically matched a child to a bed, and did not match the child to the best home possible to meet the needs of the child so that it would result in a good, long-term placement.

Team Decision Making (TDM) is when a social worker, the child (if appropriate), and any other adult important in a child's life, come together to discuss the best possible placement for a child. (TDMs have been used at various times and in various programs. Further discussion can be found in Section 5.D.2.) TDMs are currently required anytime there is a change in placement, but all too frequently they have not been done. Unfortunately, without a TDM to discover the needs of the child, the next placement will not necessarily be a good match. In some cases the TDM was not done until after the child was already moved. The decision to move a child made solely by a social worker, along with the lack of a centralized placement unit to find the best match for the child, has resulted in the high number of placements per child.

5.C.2 Too Many Social Worker Changes Per Child

Until recently CPS has used a system that resulted in too many different social workers working with any one child. When a child was transferred to a different program, such as Emergency Response, Dependency Intake, Court Services, Family Reunification, Adoption or Permanency Placement, he/she would receive a new social worker assigned from that program. The grand jury received testimony that one child might have had as many as eight social workers by the time he/she reached permanency placement. This system makes it extremely difficult for a foster child to even know who his/her social worker is much less establish any kind of a trusting relationship. This system may have worked for the organization, but it was not good for the foster child.

CPS is implementing a new organizational plan in which a child would have only one assigned social worker during the child's time in foster care. However, while managers are responsible and accountable for designing and implementing this new system, they must share their decisions with the appropriate unions and reach agreement. This "meet and confer" process is necessary whenever organizational changes will impact the working conditions of employees.

5.C.3 Inadequate Social Worker Visits

A foster child in long-term placement is only required to be visited by the CPS social worker every six months. If a child in long-term placement has a placement change, he/she are visited once in the first few weeks after the change, and then are only required to be visited every six months by the CPS social worker. This situation leaves a child placed in a totally new environment with little contact with his/her CPS social worker for an extended period of time. If it is a young child who is not verbal, or one who is not old enough to know how to contact his/her social worker, this is especially disturbing.

FFA homes are visited by both FFA social workers and CPS social workers. In some cases, the FFA regulating agency, CCL, has found violations in an FFA home. After a finding of a violation, CCL creates a correction plan to be followed by the FFA home. Although CPS has ultimate legal and moral responsibility for all foster children, CPS social workers have not always followed up on these findings, and CPS lacks any procedure to review the CCL correction plan. It appears that both CCL and CPS rely upon the FFA to ensure that the corrections are made.

5. C.4. Health Records

When a child first enters the foster care system the child receives a medical clearance exam and a Health and Education Passport (HEP) is started. These clearance exams are not required by law, but are important to determine the physical well-being of the child, to identify medical or mental problems, and to determine if immunizations are current. In 38% of these exams, evidence of physical abuse was discovered when physical abuse was not the reason for removal. In the past, these clearance exams were performed at the UC Davis Medical Center; they stopped in October 2009, when the contract with CPS was not renewed due to budget cuts. Subsequently, CPS received grant money from the First 5 Sacramento Commission²⁶ which allowed CPS to contract with Public Health Nurses (PHN) as of May 2010, to reinstate clearance exams.

There are 14 full or part-time nurses from the Public Health Nurse Department contracted by CPS who work with the children in foster care. Only four of these nurses, located at CPS sites with social workers, are allowed to visit the children. One is assigned to assist with the Emergency Response social workers, and the other three also work in the beginning of the process of removal from a home with court services social workers. By state mandate, the other nurses are not allowed direct contact with the children. They review the records for medical problems, and act as a resource to oversee the care that is given to the child. They may call the foster parent or social worker to explain the care needed and where the child needs to be taken to receive care. The PHNs are assigned to a specific program in CPS. For example, the adoption program has only one assigned PHN. These PHNs are responsible for reviewing the records of 400 to 600 children, depending on the program and the number of nurses assigned to it. The PHN may enter information in the HEP on a child, or a member of the clerical staff may enter information, and then it is reviewed by the nurse for accuracy.

The social worker assigned to a foster child is responsible for submitting court reports on the child every six months. Included in the court report is a section on the health of the child. Immunizations and well check-ups are to be completed. If these are not completed the social worker would contact the foster parents and they would take the child in for the needed exam or immunization. At these routine appointments, also called well baby/child visits, a Child Health and Disability Prevention Program (CHDP) form is filled out by the doctor with the information from the visit and sent in for payment. Information includes results from the physical exam, immunizations, height, weight, and laboratory results. A copy is sent to the PHN department that works with CPS and also the social worker assigned to the child. The results from the routine exam are entered into the HEP section in the CWS/CMS on the child by clerical staff. The HEP was designed to provide a copy of this information

²⁶First 5 Commission: www.first5sacramento.net

for the foster parents. They should receive a copy of the HEP soon after the placement of the child in their home, and every six months thereafter. It was reported that less than half of the Health and Education Passports are kept current.

Written instructions are given to the foster parents to take the HEP with the child to all medical, dental, counseling, and educational appointments. The providers are to correct or add information to the HEP at the end of the visit. The foster parents are to give the updated copy to the social worker at the next meeting.

When a child is taken for a medical appointment for something other than a well baby/child visit, e.g., for an injury, the physician is paid by MediCal. No record of the visit is sent to CPS or the Public Health Nurses. The only way that CPS would know about the medical visit would be: (1) if the foster parents report it, as required; (2) if the child reports it when visited by the social worker; or (3) if an injury is discovered by the social worker during a visit. The foster parents are responsible for informing the social worker of any "incident", such as from a fall, whether they require a medical visit or not. If a foster parent fails to disclose any "incident", and it is discovered, they can be cited and an investigation would take place.

Only if the doctor who is seeing the child suspects abuse would he/she report it to CPS on the hotline for possible investigation. The foster parent is under no obligation to take a foster child to the same doctor for each visit. Repeated injuries being treated by multiple health care providers might obscure a pattern of abuse.

Another problem area in the health records kept by CPS is that there is no method in place to easily see if a child is growing properly. When a child is taken to a doctor, his/her weight and height are plotted on a growth chart where it can easily be determined if the child is continuing to grow at the expected rate. While children range in size, they should continue to grow in height and weight in a curve on a growth chart. Failure to do so would trigger a concern for the health or welfare of the child. If a child is taken to different doctors for visits, each doctor or clinic would only see one point on the graph. There is no growth chart in the child's case files at CPS or in the PHN files. Since the health care provider, the caregiver and social worker can all change, the one place where a graph could track the growth of the child would be in their CPS social worker's hard copy file. Currently, CPS does not maintain growth charts on children.

In other parts of the country agencies in child welfare have had success in having all medical care given by a single provider. This method provides for a continuity of care for the children and a single stream of records that can more easily identify problems.

5.C.5 CPS Social Workers and Management

Social workers do not always follow CPS procedures. When investigating complaints of abuse or neglect, social workers have violated CPS policy by not interviewing collateral contacts who might have provided them with information. They did not always interview children alone as required. They sometimes failed to report complaints to other agencies such as CCL or the FFAs and other

social workers with children in the same home, as required. There is evidence that a supervisor failed to review an investigation to determine whether CPS policies were being followed. Testimony has been given that supervisors have signed off on reports where there is no evidence whether the supervisor contacted the social worker or checked the report's conclusions. As another example of failure to follow procedure, state law requires that there be a car seat for each child. However when a foster parent did not comply with the law, the foster mother had an excuse and the CPS social worker accepted the excuse and never followed up. Testimony indicates that social workers often accept the foster parent's explanation regarding injuries without adequate investigation.

5.C.6 No Database for Available Foster Homes

The grand jury's investigation reveals that there is no current database containing information on FFA managed foster homes which would track any meaningful information about those homes. Any information in the purview of CPS is purely anecdotal and apparently passed only by word-of-mouth from one county social worker to another. Of the total available foster homes contracted through FFAs, only a small percentage is actually used by a particular county social worker. The quality, not to mention the quantity, of foster care homes available to a county social worker would be enhanced by maintaining a database. This database should include information on each FFA foster home relevant to the safe maintenance and well-being of each child under care. How this can be accomplished is further discussed in section 5.D.3 of this report.

5.C.7 Problems Identified by Aged-Out Foster Youths and Foster Parents

The grand jury interviewed a small number of foster parents and former foster youths. Those interviewed may or may not be representative of the general population of former foster youths or foster parents. In general, former foster youths interviewed were not positive in describing their experiences in the foster care system. They stated that social workers were not easily accessible and there was no central contact person or number to call, should the foster child need help. The foster children moved from place to place and sometimes lost track of their assigned social workers.

Foster parents shared a number of concerns with members of the grand jury. They are generally concerned about the lack of information they receive when accepting a child into their home. Foster parents need to know about pre-existing medical conditions or behavioral issues, as well as learning disabilities or a history of substance abuse. Foster parents are also concerned about being allowed to continue receiving foster children in the event they are unable to cope with one placement.

Allegations against foster parents unfortunately are not an infrequent occurrence. Biological parents who have had their child removed from their home sometimes use allegations against foster parents in an attempt to get their child back. Foster children themselves can also use this method in an attempt to be returned to their parents. Anyone in the community who has a grudge against a foster parent knows that a call to CPS will bring someone to the home for an investigation and cause problems for the foster parent. Some nationwide studies indicate that the rate of allegations that are unfounded can be as high as 90%. CPS is charged with the responsibility to determine which allegations are true. The number of false allegations against a family can "muddy the waters" and bias CPS in favor of the

foster parent. When CPS receives repeated allegations against a foster parent, an unannounced visit to the home would help to determine the facts. These visits by CPS to a foster home to check on the welfare of the foster child and adherence to safety regulations are allowed, but infrequently done. Although an unannounced visit to a foster home can be traumatic to a foster parent, such visits can be done in a respectful and sensitive manner.

According to the longtime foster parents who were interviewed, training was described as out-of-date and not related to the children in their care. Approximately seven years ago CPS adopted the PRIDE²⁷ training program, developed by CWLA²⁸, for the initial foster parent training; therefore, the initial training has improved. An additional 12 hours of training are mandated each year, along with CPR training every three years. Longtime foster parents describe this video-based training as not relevant to today's foster youth. Foster parents reported they had to go to the library to research the problems of seriously disturbed children in their care. Foster parents felt more realistic training by other foster parents about real-life problems and how to deal with them would be much more beneficial. This was especially true with regard to children with serious problems and special needs.

5.D Solutions

In order to address the problem of the high number of placements that foster children have in Sacramento County, a study was done over two years ago by CPS to determine what other large California counties were doing to achieve better placement stability rates. Six counties that met these criteria were studied: Los Angeles, Orange, San Bernardino, Riverside, Alameda, and Contra Costa. The following are some of the elements that were identified in the more successful counties:

- Centralized Placement Unit
- TDM prior to removal or within the first 24-48 hours
- Foster Home Electronic Database

5.D.1 Centralized Placement Support Unit

The Centralized Placement Support Unit (CPSU) started in Sacramento County about one year ago as a pilot program with limited staff. In February 2010, use of the CPSU became mandatory to assist with placements in the Court Services program which takes place in the initial stage of foster care. The goal of the CPSU is to find the best possible match for the child so that the second placement, after a short stay in Children's Receiving Home of Sacramento (CRH) while assessments are being done, will be the last placement. The CPSU works with the social worker who knows the needs of the child, the school of attendance, and the problems of the child in order to match the child with a suitable foster home. When the CPSU is used, this automatically triggers a TDM. The goal of CPS is to make the use of the CPSU mandatory for new placements in all programs by the end of 2010.

²⁷ Parent Resource for Information, Development, Education

²⁸ Child Welfare League of America, www.cwla.org

In March 2010, the unit relocated to the CRH. CRH does not have the room to allow CPS to expand to accommodate the increased caseload that will be needed to accomplish this goal. A different location for the unit has not been identified. CPS staff is also concerned that budget cuts will not allow for the unit to be fully staffed, and therefore unable to manage the increased caseload.

The CPSU and all social workers receive a weekly email, listing the county homes that have space available to accept children, but it contains very little information about the homes. Social workers still make calls to the FFAs to see what homes are available. For example, they would call an FFA and tell them that they need a home with specific criteria to meet the child's needs. This method is very inefficient and time consuming.

5.D.2 Team Decision Making

Team decision making (TDM), as applied by foster care professionals, is a process used to gather information to help place a foster child in the least restrictive, home-like environment that meets the child's needs. A TDM can be helpful, if a child is being removed from his/her home, if a child needs a new placement, if there are problems with a current placement that need to be resolved, or if a foster parent requests that the child be moved. A TDM is also used when a case is being investigated and there is a risk of imminent removal of a child from his/her home. At an imminent removal TDM, a plan can be put into place to ensure the safety of a child so that he/she can remain in his/her home (e.g. having an agreement that the abuser is no longer allowed in the home).

Social workers act as facilitators and arrange TDMs. They usually take a few days to schedule, but can be as early as the next day in the case of imminent removal from the home. They are typically 1-2 hours in length. Included on the team are: the child (if appropriate), birth families, foster care professionals, and adults important in the child's life. The safety and the needs of the child are the top priority. The assumptions of TDMs are:

- A group can make more effective decisions than an individual
- Children deserve to be involved in decisions that affect their lives
- Families participate when they are included in the decision making process

Currently, TDMs are required for all placement changes. Despite this requirement, they are not always done.

5.D.3 Software

Many other counties in California and across the nation have developed interactive, electronic databases to facilitate the appropriate placement of children into foster homes, group homes and other facilities. These databases contain all the current data about every possible placement location. These are just some of the items that are stored in the database:

- Number of beds in the home
- Sex and ages that the home can accommodate

- Location of the home
- Elementary, middle, and high school proximity
- Special needs certification
- Any recent problems
- Names of social workers with children currently in the home
- Emergency acceptance status
- Restrictions, etc.

In counties using these types of databases, the data are kept up-to-date by county social workers and FFAs on a daily basis. All the data for foster homes are entered into the database with information from databases similar to California's CWS/CMS. This allows the social workers and managers to monitor each child and each foster home.

With a database as described above, a social worker can input data describing the foster child and the database can be programmed to match the child to the most appropriate list of homes. This not only ensures a better placement for the child but increases the effectiveness and efficiency of the social worker.

According to testimony from CPS personnel, they are working to develop a database similar to the one described above, but due to lack of funds and personnel cutbacks, it does not appear that this will be accomplished in the near future. CPS reports it is working with the Sacramento County Office of Education to make use of their Foster Focus program, a database that is designed to keep track of which school each foster child attends. The grand jury received vastly conflicting opinions concerning the future of these efforts.

Currently, social workers can only use their experience with, and knowledge about, a limited number of foster homes and FFAs to determine where to place a child. Most of the data concerning each foster child is kept in hard copy paper files.

6.0 Conclusion

This report began by asking the question: Does CPS adequately provide for the safety and well-being of the children in foster care? The grand jury does not have a clear "yes" or "no" answer to this question. One thing is clear . . . children do not do well, or deserve to be treated in assembly line fashion being moved from home to home, social worker to social worker, doctor to doctor, and school to school. CPS is attempting to implement systems that will make it more effective and efficient. While CPS has made changes in the last year to improve its operations, it has a substantial way to go.

7.0 Findings and Recommendations

Finding 1.0 The average number of placements for each foster child in Sacramento County remains too high, which results in poor outcomes for these children. When compared to the twenty largest counties in California for placement stability for the foster children in care for 12 to 24 months, Sacramento ranks last.

Recommendation 1.1 CPS should accelerate the implementation and mandate the use of the Centralized Placement Support Unit (CPSU) for all initial placements and placement changes.

Recommendation 1.2 The Sacramento County Board of Supervisors should appropriate funds to accomplish the full implementation of the CPSU which would include, but not be limited to, funding for adequate staff, facilities and equipment.

Recommendation 1.3 CPS should enforce the policy for Team Decision Making (TDM) meetings to occur prior to all placement changes.

Finding 2.0 The current organization of CPS results in too many social worker changes. This may be convenient for the organization, but it fails to effectively meet the individual human needs of the children.

Recommendation 2.1 CPS should continue with the implementation of the change to the operational structure to have a single social worker follow a child throughout the CPS system.

Finding 3.0 Currently, a child who is in long-term placement and has a placement change, is visited once in the first few weeks, and then every six months thereafter.

Recommendation 3.1 Children in long-term placement who have a placement change should be visited by their social worker at the same frequency as that on initial placement.

Finding 4.0 CPS does not have a good system to recognize health concerns and physical injuries that might indicate abuse or neglect of the children under their care.

Recommendation 4.1 CPS should require each social worker to maintain a growth chart on each child in their care to help identify medical conditions or possible abuse or neglect. Any irregularities should be referred to the Public Health Nurses for review.

Recommendation 4.2 CPS should develop and implement a better system that tracks all injuries to a child.

Recommendation 4.3 CPS should explore the possibility of adopting a program having a single medical care provider for all foster children.

Finding 5.0 The Health and Education Passport (HEP) is not kept current.

Recommendation 5.1 CPS social workers should hold the foster parents accountable for taking the HEP with them for all medical, dental, counseling, and educational visits for the child, and having the provider update and correct it as required.

Recommendation 5.2 CPS social workers should review the HEP record with the foster parent at least every six months.

Recommendation 5.3 CPS social workers should ensure that the data from the HEP is kept current in CWS/CMS. A copy of the updated HEP should be sent to the foster parent.

Finding 6.0 Social workers work closely with foster parents and can lose objectivity when repeated allegations against a foster parent are made and determined to be unfounded.

Recommendation 6.1 When there are repeated allegations against a foster parent, a social worker from the CPS Foster Home Licensing Program should make an unannounced visit to the home to check on the welfare of the child and conditions in the home.

Finding 7.0 Recent state regulations have limited the number of children in county licensed homes to a total of six children (biological, foster, step, guardian, kin or adopted). Foster Family Agency (FFA) homes are not currently included in these limitations.

Recommendation 7.1 CPS should apply this six-child limit to all new placements in FFA foster homes.

Finding 8.0 Foster parents are not always given sufficient information about the children they are receiving.

Recommendation 8.1 In all cases CPS should, prior to placement, fully disclose all known medical, behavioral, educational and special needs of foster children to foster parents.

Finding 9.0 Foster parents need better training to help them care for children with special needs.

Recommendation 9.1 CPS should survey foster parents to determine the topics in which they need additional training in caring for special needs children.

Recommendation 9.2 CPS should develop and offer this training.

Finding 10.0 In some cases, CPS did not follow up when Community Care Licensing (CCL) and/or an FFA found violations in a foster home.

Recommendation 10.1 All CCL or FFA reported violations should be sent to CPS and entered into the Child Welfare Services/Case Management System (CWS/CMS) file.

Recommendation 10.2 CPS should personally review all CCL or FFA violations and ensure that a correction plan is developed and completed.

Finding 11.0 CPS Foster Care does not have an interactive electronic database to assist CPSU and social workers in the placement of foster children in the most appropriate foster home.

Recommendation 11.1 CPS should develop a database that contains all the data needed to determine the best available foster home for each foster child. This can be developed in-house, contracted from another county, or a software developer.

Recommendation 11.2 The Sacramento County Board of Supervisors should appropriate adequate funds for this development.

Finding 12.0 CPS is not consistently entering data into and utilizing CWS/CMS.

Recommendation 12.1 CPS management should require and enforce that all data concerning each foster child be entered into CWS/CMS as it becomes available.

Finding 13.0 CPS supervisors and managers are not taking full advantage of SafeMeasures® to track social worker performance.

Recommendation 13.1 CPS management should require and enforce greater utilization of SafeMeasures® and evaluate supervisors and managers on their use of the program.

Finding 14.0 The development of an online CPS Policies and Procedures Manual was started last year and considerable progress has been made, especially in the Emergency Response sections. The remaining sections including Foster Care are far from complete.

Recommendation 14.1 CPS management should accelerate the effort to complete all sections of the CPS Policies and Procedures Manual.

8.0 Response Requirements

Penal Code sections 933 and 933.05 require that specific responses to indicated findings and recommendations contained in this report be submitted to the Presiding Judge of the Sacramento County Superior Court by October 1, 2010, from:

- **Sacramento County Board of Supervisors**
- **Director of Health and Human Services**
- **Deputy Director, Child Protective Services**

Mail or hand-deliver a hard copy of the response to:

**Hon. Steve White, Presiding Judge
Sacramento County Superior Court
720 9th Street, Dept. 47
Sacramento, CA 95814**

In addition, email the response to Becky Castaneda, Grand Jury Coordinator, at castanb@saccourt.com