

Imperial County Department of Social Services 2023 On-Site Review Findings

Introduction

As the single state agency responsible for the administration and supervision of the Child Welfare Services (CWS) system, the California Department of Social Services (CDSS) is charged with providing oversight to county child welfare agencies that administer direct services to children and families. The CDSS performs various oversight activities to ensure that services protect children, strengthen families, and are focused on safety, permanency, and well-being.

Background

On January 19, 2023, the CDSS received information alleging a backlog of child welfare investigations by the Imperial County Department of Social Services (ICDSS). The CDSS reviewed the statewide data regarding open child welfare investigative referrals that are currently pending disposition within the timeframe of July 2021 – December 2022. The statewide data showed the average of investigative referrals pending disposition to be 8.8 percent, however the ICDSS has 15.6 percent of investigative referrals pending disposition, which is almost seven percent higher than the State average. An initial case review of open Immediate Response (IR) Referrals or 10-Day Response Referrals that had no allegation conclusion found the following trends: hotline staff generated referrals to document incoming allegations then transferred the referral to the Emergency Response (ER) Inbox. A review of these open investigative referrals found inconsistent documentation or the lack of documentation within the Child Welfare Services Case Management System (CWS/CMS).

A team from the CDSS conducted an on-site visit to ICDSS on April 4, 2023, and April 5, 2023. The on-site visit included case reviews of hard case files, review of open investigative referrals in Safe Measures and interviews with ICDSS Leadership, emergency response and intake staff (social workers and social worker supervisors). The CDSS on-site team was comprised of six staff and management who oversee front end policy, system improvement and CWS compliance. The CDSS on-site team found the allegations to be accurate based on the information obtained from extensive reviews of CWS/CMS, Safe Measures, Structured Decision Making (SDM) assessments, and hard file cases, along with discussions with ICDSS leadership and staff interviews.

Additional concerns were identified during the on-site review related to the fidelity of the screening and investigation processes by both the intake staff and emergency response staff, potentially allowing for outstanding and unaddressed safety and risk concerns for ICDSS children and families. The CDSS also had concerns relative to the lack of documentation of face-to-face visits with victim children and families. Although the CDSS on-site team was provided printed copies of internal county policies and procedures and handbooks by ICDSS management, there appears to be a disparity between the drafted protocols and daily county CWS practices.

Intake and Screening

While on-site, CDSS staff observed several practices related to the intake screening process that do not conform to California state regulations set forth in Division 31 of the CDSS Manual of Policies and Procedures (MPP) or recognized best practices. The intake screening process is a critical step in assessing a child's risk of abuse and/or neglect. When a report is received at the child abuse hotline, MPP Section 31-105 requires following the ER protocol when it is necessary to determine whether an in-person investigation is required. "The social worker shall immediately initiate and complete the ER Protocol when it is necessary to determine whether an in-person investigation is required. The social worker is not required to initiate the ER Protocol when the social worker has already determined an in-person investigation is required (i.e., law enforcement (LE) referrals, obvious immediate danger referrals)." All decisions and related assessments must be documented within the CWS/CMS and the associated assessment system, SDM, in a timely manner. The SDM Policies and Procedures Manual requires intake SDM assessments be completed and documented immediately for IR referrals, within 24 hours for 10-Day referrals and within five working days for ER referrals. State and federal regulations require the documentation of all activities related to intake and screening.

Findings:

- 1) The MPP section 31-101 requires ICDSS to respond to all referrals for service which allege that a child is endangered by abuse, neglect, or exploitation.
 - a) The CDSS on-site staff reviewed an Evaluate Out (E/O) referral dated September 9, 2021. The allegations reported by a Mandated Reporter included physical abuse, domestic violence with a child disclosure stating, "the child did not feel safe returning to the home." The SDM Hotline assessment was not completed correctly. The SDM Hotline assessment section listing "domestic violence and caregiver action that likely caused or will cause injury and failure to protect," was not selected. The assessment tool was created and approved on October 20, 2021, by the same staff person. Assessments should not be completed and approved by the same staff member, nor should there be a five-week delay in performing hotline activities including but not limited to assessments for incoming

hotline reports. Assessments should be completed and forwarded to an intake social worker supervisor for approval in a timely manner.

- b) The ICDSS management also disclosed there was a backlog of 1,500 handwritten E/O referrals that are being processed and data entered into CWS/CMS. The backlog was in part due to the county's antiquated protocols of handwriting hotline documentation then transferring the information into CWS/CMS and SDM. All hotline activities need to be data entered into the CWS/CMS in a timely manner in order to track and document all hotline and investigative activities as per state and federal guidelines.
- 2) The ICDSS implemented the statewide adopted assessment tool, SDM. The SDM Policies and Procedures Manual requires the completion of Hotline assessments to be completed immediately, within 24 hours of referral receipt for IR referrals and within five working days for 10-day or E/O referrals.

Per MPP section 31-105.117, all E/O referrals must include a documented rationale for the decision to E/O the referral that must be approved by a supervisor. Supervisor approval of the documented E/O rationale is critical in ensuring that hotline determinations are made consistently by different intake social workers, and to ensure that all appropriate information is being considered for referral determinations, including a review of prior referrals and collateral contacts before the decision is made to close the referral without an investigation. This practice should be applied even in situations where the caller alleges maltreatment that does not rise to the level of child abuse or neglect and no community referral is needed.

- a) The CDSS staff observed SDM Hotline assessments not being conducted timely or accurately. It appeared that completed SDM assessment results are not consistently integrated into practice. Assessments are being completed months or years after the referral is received, and the assessment outcome is not utilized in referral response determinations.
- b) During the on-site review, the CDSS staff reviewed an E/O referral dated September 3, 2021. The allegations reported by a Mandated Reporter included physical abuse by the mother while under the influence of alcohol and the child was "stressed about returning home." The Screener Narrative stated, "the allegations do not meet the criteria of an Immediate Response and would therefore be Evaluated Out." The Intake SDM Hotline tool was completed incorrectly in that the "caregiver action that likely caused or will cause injury" was not selected. The assessment was not created until February 13, 2023, and was approved on March 13, 2023.

- 3) The MPP section 31-130.2 prohibits using law enforcement assistance as a substitute for completion of the ER protocol or performance of the in-person investigation.
 - a) The CDSS staff reviewed an E/O referral submitted on December 3, 2021. The allegations reported by law enforcement included sexual abuse. The Screener Narrative states “law enforcement scheduled a forensic interview for the child.” The Intake SDM Hotline tool was completed incorrectly in that “sexual abuse” was not selected. The assessment was completed and approved on May 2, 2022, by the same staff person.

Emergency Response and Investigations

Once an intake social worker has determined that the allegations of abuse or neglect warrant an in-person investigation, the ER social worker must conduct an initial in-person investigation immediately or within ten days, depending on the immediacy of risk to the child.

Findings:

- 1) The MPP section 31-101.5 requires that the social worker must determine within 30 days of the in-person investigation whether CWS are necessary or close the referral. All County Letter (ACL) Number (No.) 17-28 further states the 30-day timeframe for closure must begin no later than ten days after the date that the original report of alleged abuse or neglect is received (i.e., date of receipt of the Suspected Child Abuse Report (SCAR) or hotline call, whichever is first). If for any reason the county has not successfully initiated the in-person investigation within ten days of a report of alleged abuse or neglect, the 30-day referral closure timeframe will begin on the tenth day following the report of alleged abuse or neglect, including the date on which the referral was received. Therefore, the maximum time a referral should remain open is 40 calendar days from the date the original report is received.
 - a) On March 9, 2023, the CDSS staff reviewed ICDSS’s Safe Measures data and found 547 ER referrals open more than 60 days. Of those 547 ER referrals, 13 have been open over 3000 days, 68 have been open over 2000 days and 39 have been open over 1000 days.
- 2) The MPP section 31-105.224 requires that when a social worker makes contact, any/all circumstances related to the interview or the inability to interview any child, shall be documented in the case record. Pursuant to ACL No. 03-61, investigative contacts are to be entered in the Contact Page within CWS/CMS. Pursuant to All County Information Notice (ACIN) No. I-52-14, contacts should be entered in CWS/CMS within three business days.

- a) On March 9, 2023, the CDSS staff reviewed ICDSS's Safe Measures data and found 704 referrals in which no first contact was documented in CWS/CMS. Of those 704 referrals 255 were closed without a documented first contact with the family, victim child and/or collaterals.
 - b) The CDSS staff reviewed a 10-Day referral dated September 10, 2021. The referral has no contacts documented in CWS/CMS and remains open.
 - c) The CDSS staff reviewed an IR referral dated December 3, 2021. The referral has no contacts documented in CWS/CMS and remains open.
 - d) The CDSS staff reviewed a 10-Day referral dated March 18, 2022. The ER social worker documented two attempted visits to the home and one letter sent to the home. No other attempts to locate the family/child was documented. The referral was closed on July 26, 2022.
 - e) The CDSS staff reviewed a 10-Day referral dated March 16, 2022. The ER social worker documented two attempted visits to the home. No other attempts to locate the family/child were documented. The referral was closed on October 17, 2022.
 - f) The CDSS staff found documentation within hard case files that was not captured within CWS/CMS. The CDSS mandates that all CWS activities including face-to-face visits, attempted visits and collateral contacts be documented within CWS/CMS in a timely manner from the date of contact or attempted contact.
 - g) The CDSS staff observed referral documentation where no first contact was either made or documented in CWS/CMS. Any and all contacts including the first face to face, or any attempts made with the family and/or victim child need to be data entered into CWS/CMS as soon as possible following the contact or attempted contact.
- 3) The MPP section 31-105 and 31-115 requires that all new allegations of abuse and neglect regarding any child in a home a case worker is investigating, or supervising must be reported and responded to by completing the ER Protocol. This includes allegations of abuse or neglect of children in voluntary or court ordered family maintenance, informal supervision, and family preservation plans, in addition to children in out-of-home care. Hotline staff should not evaluate out a referral based solely due to the child already being in an open case plan; this does not comport with federal and state requirements.
- a) The CDSS staff reviewed an IR referral dated December 24, 2020. The referral remains "under investigation." The child is in an open Family

Reunification (FR) case and there are no contacts documented in CWS/CMS.

- 4) As instructed in All County Letter (ACL) No. 17-28, case workers shall ensure the timely documentation of safety plans, including the frequency of in-person visits required to monitor the plan appropriately. In cases where the Indian Child Welfare Act (ICWA) applies, the case worker shall make every effort to include tribal input when creating a safety plan for the Indian child and the caregiver(s). As instructed in ACL No. 17-107, once a safety plan is created in collaboration between caregivers, case workers, and the caregiver's safety network, all individuals must voluntarily agree in writing, to fulfill their part of the plan's action steps. In situations where caregivers are unable to mitigate the plan's identified safety threats, more intensive CWS interventions may be required.
 - a) The CDSS staff interviews with ICDSS gleaned that although staff and management are aware of the importance of safety planning with families when safety risks are identified, there is not clear guidance informing staff of when a safety plan should be completed, approved by management, documented, and monitored.

- 5) The MPP section 31-125.222 requires ICDSS to, "make necessary collateral contacts with persons who have knowledge of the condition of each child that is the subject of an allegation, including tribes, Indian organizations, or other Indian service providers when the child is or may be an Indian child and document those contacts in the case record."
 - a) The CDSS staff found that ICDSS staff are underutilizing collateral contacts. An IR was reported and opened on September 23, 2021, regarding physical abuse of a child with injuries. As of May 2022, the delivered services log in CWS/CMS contained no notes of in person interviews and only contained one collateral contact which consisted of the social worker copying and pasting the family's CWS history from the Screener Narrative. No actual collateral contact was made or recorded. The same family had an IR opened on October 23, 2019, regarding sexual abuse. The investigation contained three contacts; a written collateral contact of the families' CWS history, a face-to-face contact with the family in which the victim child was not interviewed and a collateral contact with a family friend. The referral was closed on April 6, 2021. The referral remained open for 531 days. This is also illustrative of a pattern of inconsistent documentation seen during the case reviews conducted.

Record Maintenance and Retention

The CDSS staff conducted a Safe Measures data review on March 6, 2023, which resulted in a case review of 53 open referrals. Of the 53 open referrals, 52 had been

open for over one year; 22 of these referrals were 10-Day referrals and 31 of the referrals were IRs. Twenty-four of the 53 open referrals reviewed lacked documented case notes, timely assessments, or allegations conclusions. In addition to the Safe Measures data review, the CDSS also reviewed the hard case files of the above-mentioned referrals; case reviewers observed face to face contacts being documented only within the Screener or Investigative Narratives but not documented within the delivered services log (DSL). Face-to-face contacts not entered into the proper location within CWS/CMS automatically appear out of compliance for required face to face contact with the victim child and family. The SDM assessment results should be documented within CWS/CMS along with uploading additional investigative supportive documentation such as law enforcement reports, drug testing results, and medical reports when applicable.

Related Findings to Best Practices

The ICDSS has shown initiative through the creation of a newly developed county leadership team which provides support to county staff through an open-door policy to staff and by providing staff access to county process and procedural guides that are updated once newly released state guidance is provided. The CDSS on-site team also identified staff retention as a county strength; of those interviewed, most staff have been employed with the county for over six years. County leadership has also built great working relationships through community outreach especially with local law enforcement and federal bureau of investigative agencies to further support families in their communities. Although CWS/CMS documentation is not being kept up to date, hard case files reviewed did note promising family engagement and strong social work practices for service delivery. The ICDSS also has a comprehensive after-hours rotation schedule to ensure the county always has staff available to support child protection services at all hours. County leadership is also working on a robust staff induction training to support new employees as well as provide refresher training to seasoned staff so that all staff have a greater understanding of county protocols. The training materials have been developed and are currently being reviewed in hopes to be finalized in July of 2023.

Policies and Procedures

A hard-copy manual of ICDSS policies and procedures was provided to the CDSS's on-site team for review. The CDSS found no evidence that the manual is an integral part of ICDSS practice or staff training and during staff interviews, it was disclosed that most staff were unaware of the existence of a policy and procedure manual. Effective communication and acknowledgement of the purpose and importance of the manual is necessary if such integration will occur in ICDSS. The lack of consistent protocols related to continuous training and awareness of county policies and procedures appears to result in staff frequently deviating from regulatory mandates, which result in missed opportunities for staff course correction. The ICDSS should prioritize the creation of procedural checklists and reporting mechanisms to ensure consistent application and

continued communication with and for staff as it relates to timely documentation into CWS/CMS for all referral/case related activities.

Training

Although CDSS staff was informed by ICDSS leadership during the course of the on-site visit that ICDSS maintains staff handbooks and ongoing opportunities for staff training to include on-the-job shadowing of seasoned social workers, on-site staff interviews identified varying interpretations of ICDSS policies and procedures which has led to inconsistent practice amongst various social workers and inconsistent messaging from management regarding best practices. The CDSS urges ICDSS leadership to integrate the utilization of regional academy training tools for their staff to ensure consistent application of CWS practices and procedures.

Recommendations

At this time, short term intervention and monitoring of ICDSS intake and ER by CDSS is necessary to ensure that state laws and regulations are accurately followed by all ICDSS staff. This report has outlined key findings that have immediate impacts on child safety, as well as areas that, while important, may be addressed as part of a longer-term strategy of system improvement.

Based upon the case and referral reviews as well as the interviews conducted during the on-site visit, the CDSS has identified the intake, screening and investigative processes discussed in this report as areas requiring immediate correction.

Immediate Action Steps

All contact notes should be directly entered into CWS/CMS timely following service delivery, contacts, or attempted contacts. Investigative social workers and case carrying social workers should receive regularly scheduled one on one supervision to discuss challenges, strengths, safety concerns, or any additional updates needing guidance. During supervision, social worker supervisors and staff should utilize Safe Measures to track referrals needing closure, ongoing monitoring activities of safety plans, assessment updates or case promotion.

It is highly recommended to create referral closure protocol checklists for social workers and social worker supervisors to ensure full investigative contact notes are documented in the DSL and all related materials uploaded into CWS/CMS as applicable, to include but not limited to: face-to-face contacts with all household residents, collateral contacts (of those not residing in the home) and other required documentation for referral closure such as SCARs, provide Publication 13 pamphlet to parents/caretakers, ICWA inquiry completed, safety assessment SDMs for all referrals, risk assessment SDMs for all inconclusive and substantiated referrals, medical reports, LE reports, safety plans approved by supervisor.

Since all documentation must be within the CWS/CMS, we recommend discontinuing the use of handwritten notes for after-hours processes which have led to data entry delays and delays in service delivery of investigations. Ensure all county staff who work after hours have access to enter information directly into CWS/CMS as hotline calls come in.

All new incoming referrals must be documented immediately in CWS/CMS without delay including new referrals on open FR cases; incoming allegations are to be fully investigated pursuant to the MPP section 31-105 and ACL No. 17-91.

Although ICDSS has safety planning protocols in place, it is imperative that all county staff are trained on one sole consistent process for the development of a safety plan, management approval and monitoring schedule. The ICDSS leadership also discussed the need to update their current safety plan template to reflect the criteria identified within ACL 17-107.

If ICDSS would like to maintain both CWS/CMS and hard case files for referrals and cases, it is imperative that a robust document retention plan is identified, and that the organization of hard case files be updated to ensure documentation is also entered into CWS/CMS. The CDSS staff will provide guidance on document retention and guidance of hard case file organization for consistency purposes.

The ICDSS management to ensure staff utilize case related tools such as CWS/CMS and SDM properly and encourage the staff to utilize Safe Measures to monitor caseloads. Ensure staff are trained on the tools and identify county staff who could become super users to assist others in data entry, data pulls and other case related activities to ensure compliance with state and federal mandates.