

SOCIAL SERVICES AGENCY

Department of Children and Family Services: Findings of Joint Committee on Legislative Audits

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Alameda County Board of Supervisors

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AGENDA



How Did We Get to the Audit



The Improvements That Were Being Made Prior to the Audit



Recommendations & Mitigation of Concerns

How Did We Get Here?

- Grand Jury Report on Timeliness of Child Abuse Investigations 2022-2023;
- Board of Supervisors' Joint Health and Social Services Committee Meeting held by Supervisor Nate Miley (Sept. 2023):
 - Focus on coordination between Behavioral Health Care & Child Welfare;
 - Request to the California Department of Social Services to audit the coordination of service.
- Review conducted by CDSS, completed in July 2024;

How Did We Get Here? *Continued*

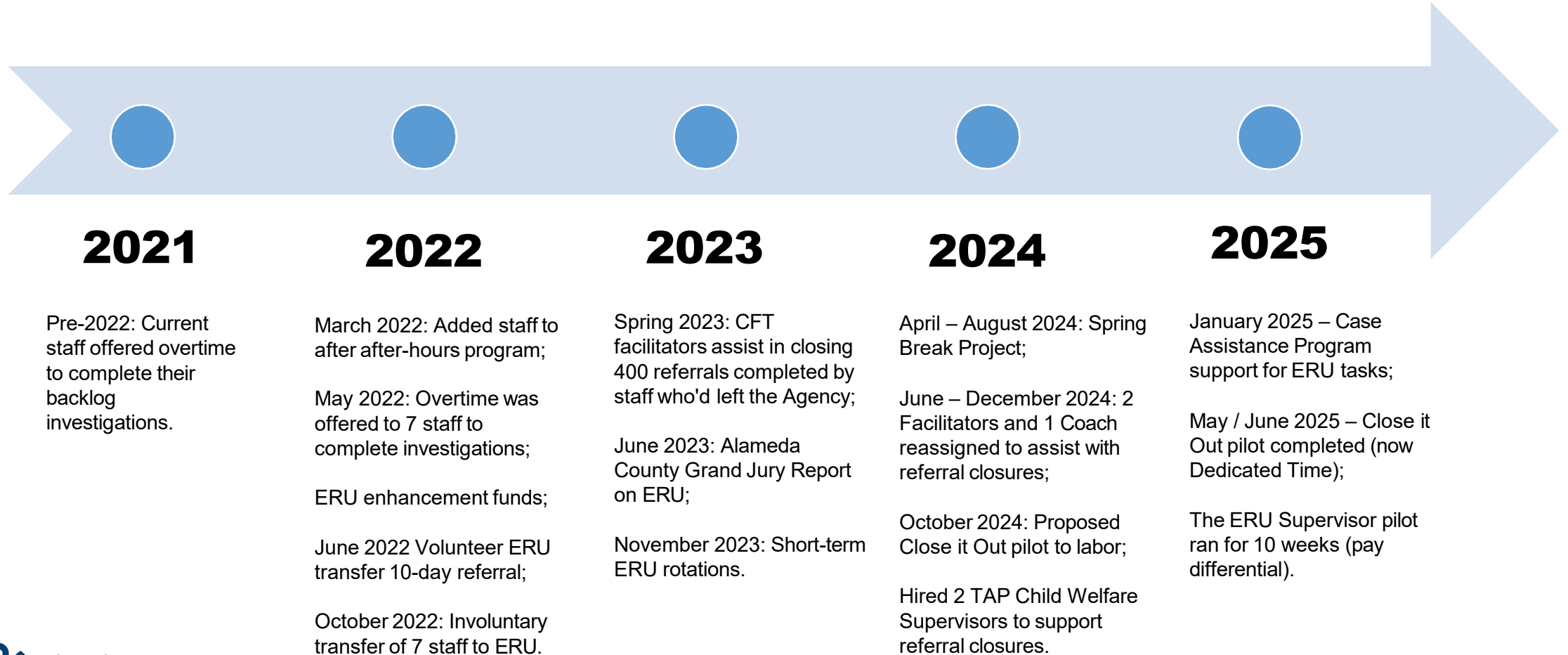
- Request by State Senator Dr. Wahab on April 24, 2024, to the Joint Legislative Audit Committee;
- Approved by Joint Legislative Audit Committee on May 14, 2024;
- Audit by the California State Auditors began March 12, 2025, and concluded September 9, 2025.



Recommendations 1 and 2

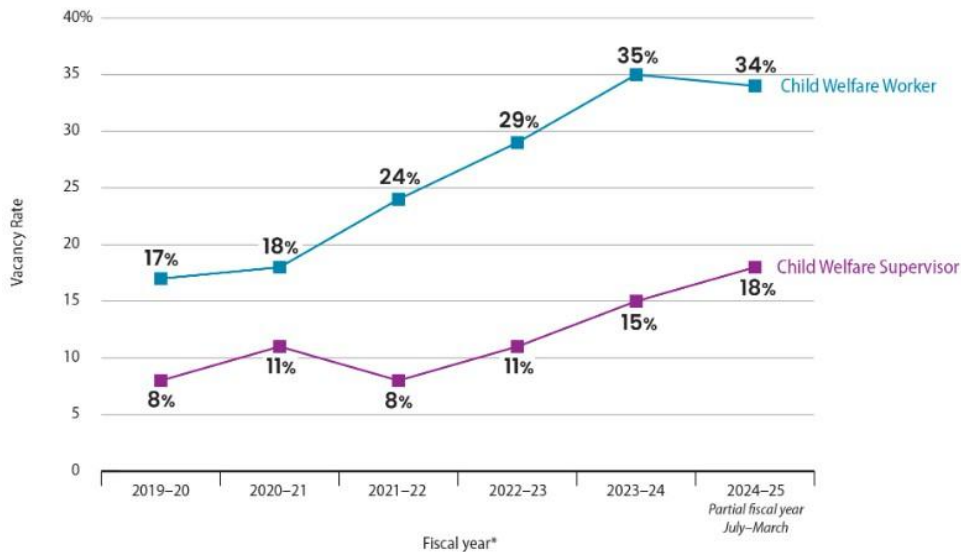
Emergency Response Investigations

Efforts to Address Staff Vacancies in Emergency Response

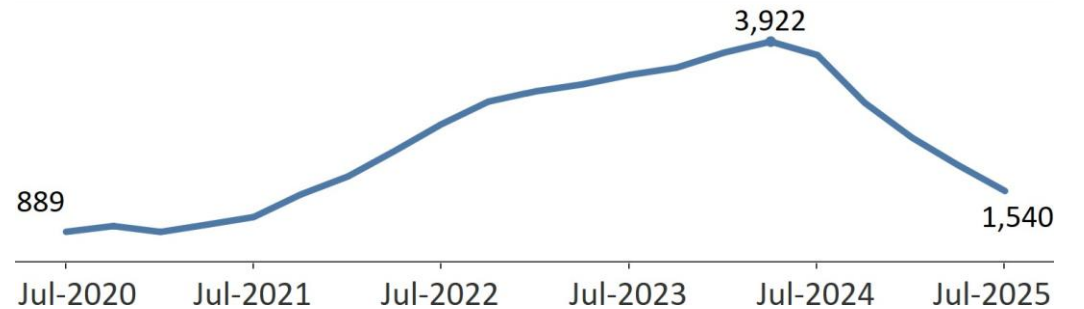


Impact of Staffing Efforts on Number of ERU Caseload

Figure 6
The Vacancy Rate of Child Welfare Workers and Child Welfare Supervisors Has Significantly Increased From Fiscal Years 2019–20 Through 2024–25



Number of Open Child Welfare Referrals in Alameda County (Quarterly point in time on April 1, July 1, Sept 1 and Jan 1)



Audit Recommendation 1

To ensure that it timely initiates and completes investigations of all immediate and non-immediate referrals, the department should, by January 2026:

- Ensure that all supervisors review and approve investigation reports in a timely manner to ensure that they agree with the disposition;
- Periodically review the status of all referrals to determine the number of days to initiate and complete investigations and work with staff to identify impediments to initiating and completing investigations within the required time;
- Develop a strategy to address all identified impediments to ensure that it reduces the number of days for initiating and completing all investigations to comply with required time frames.

Timely Supervisor Approvals

- ✓ Continue use of ongoing efforts to support staff in the Emergency Response Unit (ERU):
 - Child Welfare Workers using dedicated time to input contact notes and complete modifications to referrals;
 - 2 Former Supervisors are supporting the closure of up to 30 referrals/week;
 - Case Assistance Program is setting up investigation narratives for all 10-day referrals based on information already input by workers into CWS/CMS.
- ✓ Starting September 2025, ERU retrained ERU supervisors on referral closure procedures:
 - Reviewing pending closures within 2 weeks of submission;
 - Marking referral requires modification in CWS/CMS when supervisors are unable to close the referral upon review.
- ✓ Starting this month, October 2025, supervisors will follow up child welfare workers at individual supervision to ensure timeliness of completed modifications.

Review the Status of Referrals and Identify Impediments to Timeliness

- ✓ Effective September 2025, all ERU supervisors were instructed to utilize SafeMeasures during supervision with their staff at least once per month.
- ✓ Shift to entirely electronic intake process for ERU day and swing. As of October 2025, supervisors are notified by e-mail instead of paper referral documentation for 10-day assignments, which will enable more streamlined electronic tracking of referral timeliness.

Develop Strategies to Address Impediments

- ✓ Continue to utilize the Diverse Ideas Workgroup to brainstorm new strategies to address impediments.
- ✓ Continue to utilize existing strategies:
 - ✓ Starting July 2025, implemented an ongoing structure for workers to have 6 – 8 hours of "Dedicated Time" each week to support completing tasks to close referrals;
 - ✓ Implemented the continuous hiring of CWW IIs throughout the year in September 2024. This has led to approximately 200 closures a month;
 - ✓ Utilizing CAP to assist in setting up investigation narratives based on information already input by workers into CWS/CMS.



Audit Recommendation 2

To ensure that it has sufficient staff to provide timely investigations of child abuse and neglect referrals and the timely provision of foster care services, the department should do the following by October 2026:

- Survey all staff to identify impediments to retention and recruitment of staff and develop an action plan to address the identified impediments;
- Hire more staff in the CWW I classification, up to 50 percent of the total child welfare workers in the department's ER Unit, as CDSS allows;
- Make its shadowing process mandatory for new employees to reduce the time supervisors spend training new staff.

Survey Staff to Identify Impediments to Recruitment and Retention, and Develop an Action Plan



Initial Department-wide TeamFirst Assessment of Safety Culture (TASC), which included an “Intent to Remain” domain was open from July 1 - August 15, 2025.

Follow-up up administration to be completed July – August 2026.



Continue existing interviews and exit surveys for staff who resign or transfer to another program.



Expand the virtual suggestion box to be available to all of the ERU field.



Hire More Child Welfare Worker I Classification

- ✓ Child Welfare Worker I recruitment will reopen in January 2026.
- ✓ Currently 5-7 additional staff will meet the 50% threshold in ERU.

Make the Job Shadowing Process Mandatory

- ✓ Throughout 2025, seasoned Child Welfare Workers have identified themselves as willing to take new CWWs into the field for shadowing. We anticipate making this mandatory will require labor agreement.
- Starting October 2025, current and former CWWs signed up with the Case Assistance Program (CAP) and assisting with referral investigations will provide new Child Welfare Workers with shadowing opportunities.



Recommendations 3 and 4

Documenting Referrals and Services



Audit Recommendation 3

To ensure that foster youth receive all necessary services within the prescribed or agreed-upon time frames, the department should create and implement policies and processes that include the following by October 2026:

- Documenting the service referral dates for all services;
- Documenting all service provision, including dates when a service was provided to foster youth through an interagency partner or a contractor;
- Reviewing and documenting, at least monthly during their visits with youth, whether youth receive services according to agreed-upon time frames and frequencies;
- Documenting all efforts to collaborate with interagency partners to ensure timely service delivery, including efforts to obtain documentation of needed services, time frames, and delivered services

Policies and Processes to Support Documentation Provision

- ❑ Court report template has been updated to improve documentation of referral and service delivery. The anticipated rollout is scheduled for November 1, 2025.
- ❑ Improve timeliness of documentation to input all contact notes, including collateral contacts and services, within 72 hours. (i.e., Services are anything provided in a case—therapy, dental, etc.) Expected to begin November 1, 2025.
- ❑ Improve monitoring of documentation (e.g., random selection of cases and review at signing of court report).
- ❑ Implement strategies to support documentation (dedicated time for contact note entry, creating resources for staff, such as a contact note template and home visit checklist) December 1, 2025.

Audit Recommendation 4

To ensure that it has the necessary documentation to identify all services that partner agencies provide to youth and to ensure the timeliness of those services, the department should propose a change to the MOU to provide for information sharing. This information should include the types of services that youth are scheduled to receive, the dates the youth were referred for services, and when the services were provided to ensure timely and coordinated delivery of services.

Amend the AB2083 MOU to include Information Sharing about Referrals and Services

- ❑ Discussions have started with the Interagency Leadership Team (ILT) to update the MOU.
- ❑ DCFS will also seek to have an independent MOU with Regional Center of the Eastbay.



Recommendations 5 and 6

Improving Family Finding Efforts and Sibling Engagement



Audit Recommendation 5

To ensure that the department's child welfare workers consistently and accurately identify, locate, and notify all possible relatives of a youth within 30 days of the youth's removal from a caretaker, the department should develop policies and procedures for such practices by October 2026.

Policies and Processes for Relative Notification

- ✓ Trained all Child Welfare Workers and clerical staff on relative notification and statement of parentage processes in September 2025.
- ✓ Implemented relative notification and statement of parentage processes on September 29, 2025.

Audit Recommendation 6

To ensure that foster youth fully benefit from their family network, the department should, by October 2026, include provisions for continued engagement with siblings and sibling relationship development and maintenance in its five-year System Improvement Plan for 2024 through 2029.

Update System Improvement Plan (SIP) to Add Sibling Engagement Strategy

- ❑ Strategy: Improve procedures and implement practice changes to ensure that foster youth have placement or visitation with siblings, whenever possible.
- ❑ Outcome Measure Options: Case review items 7 (placement with siblings), 8 (visitation with siblings), 9 (important connections), and/or state measure 4A (placement with siblings).
- ❑ Presentation to this BOS anticipated at the November 18th, 2025, meeting.



Recommendations 7 and 8

Transitional Shelter Care Facility Policies & Procedures



Audit Recommendation 7

To ensure that it provides a safe space for foster children and youth in the new transitional shelter, the department should, by October 2026, develop policies and processes for tracking and minimizing overstays at its transitional shelter. The policies and processes should include a biannual review that analyzes trends and outcomes of strategies the department uses to minimize overstays, including a determination of the effectiveness and appropriateness of each strategy.

Policies and Procedures to Track and Minimize Overstays at the Transitional Shelter

- ✓ Build upon existing process to track and minimize overstays, which includes: monthly report submitted to Community Care Licensing (CCL), and receive a monthly intake log and graphic report that includes intake and demographic data to identify trends, which are discussed at the AC monthly operations meeting, along with Individual Client Care and Safety Plans.
- ❑ Improve documentation by creating written protocols for all procedures at the Transitional Shelter Care Facility (TrSCF) of practices currently in place.
- ❑ Explore placements with relatives/NREFMs as a first option, starting the process before child/youth arrival at the facility, whenever possible, and complete Emergency Resource Family Approval (RFA) placement within 72 hours.
- ❑ Provide a quarterly summary report of intake and overstay data to the AC Steering Committee and the AC Board.
- ❑ Anticipated date of completion for the above by December 1, 2025.



Audit Recommendation 8

To ensure that it identifies and corrects any past deficiencies before it reopens the new transitional shelter, the department should, by October 2026, collaborate with its transitional shelter contractors and implement policies and processes for the quarterly evaluation of transitional center performance, such as reviewing compliance with its operating standards, facility standards, and standards of reporting critical incidents. The policies and processes should include the documentation of corrective actions. The department should also implement procedures for tracking trends in critical incidents at the new facility to ensure that it can address any deficiencies it identifies.

Quarterly Evaluation of Transitional Shelter Performance

- ✓ Build upon existing performance monitoring practices, which include:
 - ✓ Monthly reports from the contractor. Contractor is accredited by the Joint Commission and evaluated annually, and the annual evaluation report is provided to the TrSCF Administrator/Division Director.
 - ✓ Semi-annual inspections by Community Care Licensing that include pre- and post-meeting discussions of performance.
 - ✓ The TrSCF management team meets twice a day for debrief meetings to discuss the care of all children/youth.
 - ✓ The TrSCF management team holds Critical Incident Debrief meetings for all serious, critical, and/or unusual incidents that occur at the facility.

Quarterly Evaluation of Transitional Shelter Performance (*Continued*)

By October 2026:

- Create an internal system to monitor compliance with facility standards and to track and report trends in critical incidents
 - Create a system to track late Critical Incident/Illness and Run Away Incident reports.
 - Create a cheat sheet for incident reporting timelines.
 - Refresh training on reporting requirements for contracted partners, Administrator, and Facility manager.
- Resume Health and Safety Facility Meetings once the new facility is licensed.
- Share reports with the AC Steering Committee on a quarterly basis.
- Share reports, data, trends, strategies, deficiencies, corrective action plans, and recommendations for practice and policy changes at the AC Board meeting, which includes the Agency Director.



Recommendations 9 and 10

Tracking Staff Training and Timeliness of Contracted Service Provision



Audit Recommendation 9

To ensure that department staff receive the required core and continuing training in a timely manner, the department should do the following by October 2026:

- Develop and document a process to track child welfare workers' and supervisors' progress in completing all required continuing training and report regularly to department management the training completion records for all staff. This process should include creating periodic reminders for child welfare workers and supervisors to complete annual continuing training;
- Establish processes to hold child welfare workers and supervisors accountable for completing the core training and annual continuing training. For example, the process could incorporate completion of training requirements in staff performance appraisals.

Develop Process to Track Training Progress and Ensure Completion

- ❑ Agency-Wide Training and Consulting Team (TACT) will produce quarterly reports for DCFS documenting training hour completion and prior year training deficits, starting with the quarter ending September 30, 2025.
- ❑ TACT will provide training on how to capture hours for internal training.
- ❑ Program Managers and Child Welfare Supervisors will review training status for all direct reports and document training discussions and action plans in supervision notes using the **Conference Memo**. Staff not meeting incremental quarterly progress goals for two quarters in a row will receive an oral warning.
- ❑ Cumulative training hours will be documented in the **Performance Evaluation**.



Audit Recommendation 10

To ensure that it can monitor the timely provision of services, the Department should, by October 2026, make sure that all contracts include the RBA measures, such as timeliness performance metrics for service provision.

Add Timeliness Metrics to Contracts

- ❑ By July 2026, add an RBA measure for the timeliness of service provision to all DCFS contracts as they are renewed in this next fiscal year.

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