

# **Sonoma County's Shared Database: Improving How Families are Connected to Services**

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## **EXECUTIVE SUMMARY**

California's child welfare system strives to protect children from abuse and neglect while also supporting families to overcome barriers, so that they may be able to raise their children in a safe and nurturing environment. According to the California Child Welfare Indicators Project, in 2017 there were 68,727 substantiated allegations of abuse and neglect in California. Not all those children were removed from their families and many of those that had been removed were eventually returned to the care of their parents. County child welfare agencies across the state work diligently with families to educate, support, and provide an array of services so that those children are safely returned to their parents and so that those parents can safely raise and parent them. Providing these services in a timely and efficient manner is not only critical but also mandated by laws, as child welfare agencies are required to provide "reasonable services" to the parents to overcome the problems that led to their children's initial removal. County child welfare agencies are

constantly attempting to improve their service delivery and provide the best support they can so that families can be successful.

The Sonoma County Family and Children Services (FYC) mission is to protect children from abuse and neglect, assist families in becoming stable, and connecting these families to the community. As a division of the Human Services Department of Sonoma County, FYC has been working to provide services to clients in a more effective and timelier manner. One way in which they chose to address this was to develop a shared database between the agency and their contracted providers. This database, called Apricot, has allowed the agency to communicate quickly and more directly with their service providers. It has allowed them to track the timelines and volume of referrals sent and has allowed the agency to evaluate better their internal referral processes, along with better evaluating the performance of the service providers.

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## Introduction

Apricot was created in partnership between Sonoma County FYC and Community Tech, a startup software company. This project began with a primary goal of strengthening the partnership and communication between FYC social workers and their contracted providers. The agency was hoping to “eliminate the fax machine” and move toward a system that allowed for a much faster referral process that could be tracked and evaluated. Sonoma County FYC social workers traditionally would complete a paper referral form and fax the form directly to the service provider. Follow-up calls and emails would then occur between the social worker and the provider in order to communicate if a referral was received, if a client had been contacted, if follow-up information was needed, etc. This could become time consuming for both the social worker and the service provider, and would cause delays in service delivery. There was also no systemic way to track how many referrals were sent or how long it took the provider to respond.

The agency created a Request for Procurement (RFP) and entered into an initial contract with Community Tech. FYC staff analysts, program directors, and the software company worked together to design the system. It took about six months to build the initial interface and it was designed to be dynamic so it can be altered and adjusted, to accommodate the agencies' changing needs.

Originally, FYC wanted to have a universal referral platform so social workers could complete one form that could be sent to a substance abuse program, mental health provider, etc. However, once the contracted providers were brought on board, they

requested that their interfaces and referral forms become customized for their agencies' individual needs. Many of the different agencies have alternative funding sources that require them to collect different information. They also address different issues the family may be facing. An example of this would be a mental health program needing mental health history and diagnosis information, while a resource management program would need the family's income and housing information. If a single form was used, it could require too much detail to accommodate all the different data needs of the providers.

## Cost

Initially the cost with Community Tech began at \$11 per user, with an estimated 100 users, along with a consultant fee. Funding was allocated from county administrative funds made available by the Title IV-E waiver. As implementation commenced, Community Tech was purchased by the much larger company Social Solutions. When the new company recalibrated the cost, it raised the fees to \$250 a user, reflecting the market rate. When the agency was notified of the price raise they needed to decide whether or not using the database was going to be cost-effective and worth the change in rate. The agency decided to continue to use Social Solutions to manage Apricot. The contract now accounts for about 200 users.

## Apricot Referral Process

The way the system is maintained and utilized begins with a Senior Office Assistant uploading case numbers and client names into the database once a week from Business Intelligence report, via the state used

child welfare system, CWS/CMS. This allows client information to be inputted into the database so when social workers make referrals, the client information is already present. A social worker will then log into the system to complete a referral. The referral is sent to the service provider within Apricot. The service provider logs into their Apricot account and they can see the referral. They can then input a multitude of information, such as which clinician was assigned, progress notes, and discharge information, all of which a county social worker can view simply by logging into Apricot.

Being able to view the status and progress of services in real time is a significant benefit. It allows social workers to follow up if there is a delay in getting the client connected to services. They can monitor whether or not the provider has engaged a client, allowing them to intervene sooner if the client has not been contacted. As cases transfer between social workers, newly assigned workers can more easily determine the status of referrals and services. They can better check the progress of treatment and greatly reduce the amount of phone calls and emails to obtain information for case records and court reports.

Providers also report better tracking within their own agencies and more complete information from FYC. They can more easily reference case and referral information, and can simply input their case notes into Apricot and know FYC will be able to access them. Most of the service providers report positive reviews of the system, and feel it has improved the communication with FYC and improved their own data collection.

Apricot is also able to easily run reports on referrals and timeliness. A report can show how many referrals were sent to a particular provider, and track the time from when the referral was received, to when the client was contacted. It can also show if a client was discharged from a particular service and for what reason. It can then aggregate the data to determine volume of referrals and if there are any trends among the referrals. Outside of service

provider referrals, Apricot is also being utilized to track internal referral processes and evaluations. It is currently being used to track team meetings and assess the use of Safety Organized Practice.

## Challenges

The implementation and utilization of Apricot has had its challenges. The agency initially piloted use of the system with the FYC teaming unit. Sonoma County utilizes child welfare social workers as facilitators in what most child welfare agencies call Child and Family Team meetings. Sonoma County FYC calls this the TEAM/TDM unit. The reason this unit was chosen was that they would often complete service referrals for the family at the end of the meetings. This unit seemed to be able to utilize Apricot, and use of the software then spread to the rest of the social workers. The challenge has been obtaining buy-in from all the FYC social workers, as different social worker roles have different needs. Social workers who conduct initial investigations and initial court dispositions (Emergency Response [ER] and Court Investigation), do not necessarily experience the monitoring benefits of Apricot. The case will often be transferred to an on-going social worker in the Family Reunification (FR) and Family Maintenance (FM) units. FM and FR social workers, who work with clients for a longer period, do find Apricot more useful in tracking and gathering information for their court reports, where the ER workers may not.

A challenge reported by social workers from all the various sections has been frustration with the design of the user interface. They do not believe it to be “intuitive” and if they do not use it on a regular basis, they often forget the process of making a referral and become confused about where certain information resides. Social workers receive helpful and responsive assistance from agency administrative staff, but would prefer if the system were designed in a way where they could use Apricot without asking for that assistance.



Another challenge of getting buy-in from all social workers is the confusion on whose responsibility it is to complete service referrals in general. This is a common issue within child welfare and many bureaucratic agencies, where one section believes another section is responsible for completing a certain task. A social worker in court investigations might assume the TEAM/TDM social worker completed the referral, where a FR social worker feels it was the responsibility of the court investigating worker to have done it. In order to assist social workers in early implementation, they were permitted to complete the paper referral forms and a senior office assistant would then create the referral within Apricot. This increased the usage of Apricot and allowed the agency to begin tracking the referrals; however, it allowed social workers to rely on the administrative services unit and not adjust to the system themselves. Due to these current barriers, the agency is in the process of working with their staff to determine if they can make the database and referral process more user friendly and having clear expectations and role definition.

Despite these challenges, it still appears that Apricot is achieving the goal it had intended. It allows the agency to better track their referral process. Social workers report that it is much easier to monitor the service delivery to their clients and obtain information. The service providers feel it has improved the communication they have with the agency, and their own data needs. While there still are improvements Sonoma County FYC needs to make, it appears to have been a worthwhile investment.

### **Application in San Francisco County**

The use of a shared database would have many different applications within San Francisco Family and Children Services (FCS). Similarly to within Sonoma County FYC, it would provide social workers a more efficient way to refer clients to services and communicate with providers. It could also improve multiple internal referral processes, such as referrals to the transportation unit (unit that transport

clients to and from visits, services, etc.), teaming, and supervised visitation.

### **Case Management**

San Francisco County FCS protective services workers also complete different forms for the varying services to which they refer children and families, and often fax or email them. Unlike Sonoma County, San Francisco County social workers rarely send the referrals directly to the service provider. Referrals are sent to an intermediary entity for assessment and processing. For example, a social worker will complete a referral for a substance abuse assessment and treatment and that referral is then sent to the contracted provider, Homeless Prenatal Program (HPP). HPP will then complete an assessment and refer the client to a substance abuse program. The communication back to the county social worker can be delayed or problematic. Social workers do not always receive the original assessment and are often unaware of what program a client was referred to until the client themselves notifies the social worker. A shared database like Apricot would allow the social worker to easily log into the database and see where the client was referred to and when.

### **Data Tracking**

FCS does not currently have an efficient way to track referrals to service providers. The referral forms are often generated within the CWS/CMS database, but the database only indicates if a referral form was created, not whether or not the referral was sent, when it was sent, or its status. Copies of referral forms are to be included in the physical file, but this does not indicate the status of the referral either. In addition, there is not a central location or log that tracks total referrals as an agency. This is needed to help make decision for allocation of resources. If the agency wanted to know exactly how many referrals were sent to HPP last quarter and the average time it took between a referral being sent and a parent engaging in services, they would not be able to accurately answer that.

## Evaluation

San Francisco County FCS contract managers often rely on the contractors to provide their performance data such as how many referrals were received, how many clients served, etc. This can be problematic as the provider has an incentive to present favorable data. Contract managers make site visits and still review physical files to audit but this can be tedious and time-consuming. A database, similar to Apricot, would allow the agency to track more easily the number of referrals, types of referrals, timelines of clients receiving services, and obtain reports in real time. This information would allow a much better way to evaluate providers as it gives a more transparent view of how efficiently they are being able to respond to referrals and what the outcomes of their services are.

## Recommendations

- It is recommended that San Francisco County develop a data-sharing system and consider using such a database for the referrals, including mental health, substance abuse, differential response, MAST, and supervised visitation. I would also recommend that the agency include internal referral processes, such as referrals to the transportation and teaming units.
- San Francisco County should begin with referrals to the intermediary providers and providers the agency has under contract, with a goal of expanding to other community service providers. It would be difficult to engage all the community-based organizations with which FCS does not have a direct relationship, and therefore it may take more time to on-board them to a shared database. The ability to track initial referrals and the ability for social workers to view what community service provider a client was connected to in the beginning, would alone make it a worthwhile investment.
- It is important to have a defined vision and resolve to implement the system, and to have

defined roles in data input prior to implementation. Messaging needs to be clear and concise.

- Planning should include administrative staff, contract managers, identified service providers, data analysts, and the line social workers who will be the primary users and therefore primary data enterers. A lesson learned from Sonoma County is to include the primary users early on in the design of the user interface.
- It is recommended that San Francisco County explore if another software company is able to meet the agency's needs at a lower rate. Another lesson from Sonoma County is to consider that once Apricot was being built and utilized, a larger company purchased the original provider, and the cost per user went up dramatically. If the county had decided not to continue due to the raised price, they could have lost on the investment they made in building the system.

## Conclusion

The design and implementation of a shared data system by Sonoma County appears to be a worthwhile investment. In keeping with the values of the California Core Practice model, it shows a commitment to improving the agency's ability to team with their partners, to better engage their clients, and allows them to become more data-informed in the evaluation of their services. While the implementation has had its challenges, it is a step in the right direction. San Francisco County can learn from what Sonoma County has done, and should consider a similar investment to aid their staff in their effort to keep children safe and support the families that are in most need.

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