

Pathways to Safety: Monterey County Department of Social Services Differential/Alternative Response Program

DEBORAH PATTEN

EXECUTIVE SUMMARY

"A baby's tiny developing brain is like a delicate flower, if the flower is stressed, the flower wilts, if the flower is nourished it blooms"

- First Impressions DVD

Every year, more than six million children are victims of abuse in the United States (US). Every day, four to seven child fatalities occur in the US from abuse or neglect. This case study looks at the Monterey County Department of Social Services (MCDSS) Differential Response Program, "Pathways to Safety," and its innovative approach to keeping children safe in their homes from abuse and neglect, and out of the child welfare system by engaging families to help themselves through community services and life skills classes. This program uses two core beliefs: (1) Families can resolve issues more successfully when

they voluntarily engage in services, supports and solutions; and (2) Children are safer and families are stronger when communities work together. MCDSS delivers this strength-based program that provides intervention through social worker evaluation and assessment; and preventative services and referrals through private-public partnerships in the community. Pathways to Safety, combines social services and community services into one package to meet the needs of families and protect children from abuse and neglect in Monterey County communities.

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Introduction:

Each year, more than 6 million children are victims of abuse or neglect in the United States (US). Every day, 4 to 7 child fatalities occur in the US as a result of abuse or neglect. Statistics show that 30% of children who suffer from or are exposed to emotional and physical abuse from infancy upward grow up to abuse their own children. Contrary to what many may think, science shows that from the age of birth to 6 years of age, children are most susceptible to trauma. Children exposed to violence at a young age are more likely to act out, which can be associated with violent/aggressive behaviors, anxiety, or depression, which is a normal way for a child to express fear. This cycle can repeat itself through generations.

Monterey County Department of Social and Employment Services (DSS) "Pathways to Safety" (P2S) is a Differential/Alternative response program aimed at prevention and early intervention for children who have or might be exposed to neglect or abuse. Families are referred to P2S at the first signs of a problem. If left unaddressed, these problems could potentially lead to the removal of a child over time. P2S is a voluntary program that provides services and resources to families, helping them resolve the problem(s) that triggered the allegation. Addressing problems early rather than waiting until a family is in crisis can lead to better outcomes.

San Mateo County's main objectives in studying the Monterey County DSS Pathways to Safety Program (P2S) are to:

- Explore how families are tracked once they are referred to Pathways to Safety;
- Track how many families referred through Pathways to Safety are re-referred back into the intake system; and
- Program effectiveness

San Mateo County Human Services Agency (HSA) is focused on how to improve tracking of families referred through Differential Response (DR) to see how many end up back into the very system that is supposed to prevent additional referrals of the same family. In addition, San Mateo County HSA is researching how county processes and services in the community might be improved to better meet the needs of families, improving child well-being and permanence in the home, and preventing recurrence.

Recommendations for San Mateo County HSA:

In comparing Monterey County DSS to San Mateo County HSA DR programs, two specific recommendations emerged.

The first recommendation is for San Mateo County HSA to explore the use of non-profit, public and private partners in funding and donating DR services and resources. This would require identifying specific services and resources within specific communities served by partners, and how family needs could be achieved at a lower cost to the county. Cost savings to the county could be as much as \$2 million, which could be used towards other services that support the community.

The second recommendation is for San Mateo County HSA to expand its current tracking system (CARES), or consider looking into systems with expanded capabilities. This would allow data capture beyond the current set point of 180 days to beyond 2 years. This recommendation is based on the success of the Monterey County DSS DR program in using 2-year historical data to illustrate the long-term effectiveness of its DR program.

As demonstrated by this case study, both counties have fairly low re-referral rates and are effective in providing services to families in their respective communities.

Case Study of Pathways to Safety

BACKGROUND:

County welfare departments are required by state and federal statutes to provide prevention and intervention services that safeguard the well-being of children. P2S was launched by Monterey County DSS in 2007 as a systematic way to support and engage families in services to stabilize their lives, keeping children safe in their homes and out of the child welfare system. This approach provides a response by Monterey County DSS Family and Children Services (FCS) to allegations of child abuse and neglect; services to children and families that may be victims of abuse and neglect; and services to children that have been either temporarily or permanently removed from their home due to abuse or neglect.

P2S was developed and piloted by Monterey County DSS and its community partners: Action Council of Monterey County, Alisael Union Elementary School, and its family resource center to support families that do not meet the legal threshold of neglect and abuse under child welfare guidelines. Prior to the implementation of P2S to Monterey County DSS:

- 90% of calls coming into the child welfare hotline for abuse or neglect did not qualify for services;
- One third of hotline referrals were repeats from the previous year; families with unsubstantiated

abuse had no referral structure that often led to further abuse and eventual removal of a child; and

- Monthly referrals to the hotline totaled 300 or more families per month.

P2S provides services and resources to families that can reduce everyday life stress such as counseling, rent assistance, auto repair, child activity programs, food assistance, and life skills classes. P2S is completely voluntary. Last year, 1,309 families had the opportunity to participate in family support and case management through the Monterey County DSS differential response program, and 86% of these families had follow-up contact. Nineteen percent (19%) of all families referred to P2S voluntarily engage in intensive case management services.

SERVICE DELIVERY MODEL

P2S is centered on identifying family strengths that are used as benchmarks to assess the progress of the family over time. Families are engaged by positive interactive communications in a non-adversarial manner, and focusing on solution-based interactions as opposed to fault-finding interviews.

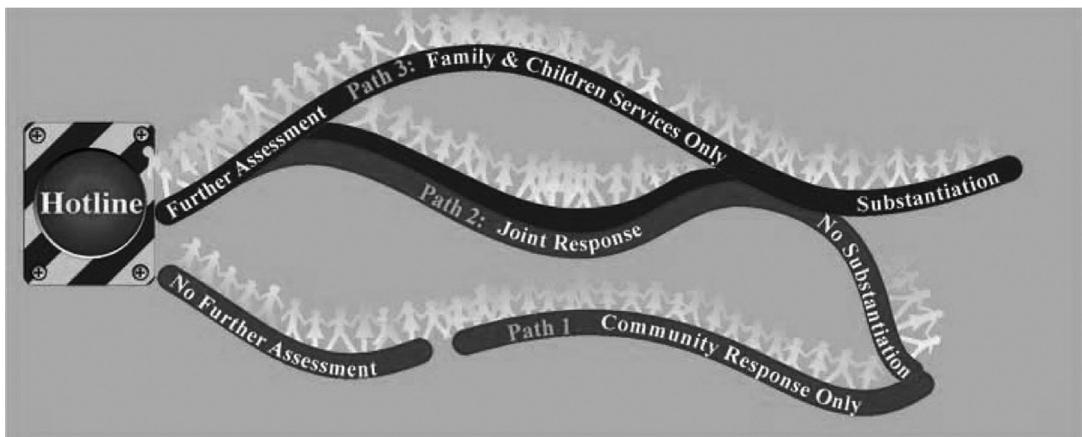
P2S has several core beliefs:

- Families can resolve issues more successfully when they voluntarily engage in services, supports, and solutions; and
- Children are safer and families are stronger when communities work together.

P2S is a private-public partnership that provides support services to families. *Figure 1* represents the basic program concept.

Calls coming into the Child Protective Service (CPS) Hotline are evaluated to see if the complaint meets the legal threshold for abuse or neglect. The Pathways to Safety Model has three areas of response: Path 1, in which the call is evaluated out by FCS and requires no further action from Monterey County DSS; Path 2, requiring an evaluation by FCS, a joint 10 day follow-up by FCS and a Family Resources Specialist; and Path 3, requiring an immediate response by FCS.

FIGURE 1
Monterey County DSS Pathways to Safety Process



Path 1

Referrals to Path 1 are low-level referrals; Path 1 services include assessment and referral.

These referrals are “evaluated out” by the FCS social worker and show little or no risk to the child(ren). These referrals are entered and tracked in the Efforts to Outcomes (ETO) system, a community case management database by the FCS intake unit. ETO contains intake and assessment data collection through community-based response, including initial intake, case plans, pre/post family assessment (FAST), and family support fund requests. FCS may provide resource information through this system

to Action Council of Monterey County. Action Council, the lead community partner, will assign a family resource specialist by region of referral. The family resource specialist will check-in with the family within five (5) days of the assignment to see what their resource needs are, and make three (3) attempts to contact the family and then close the referral out. If the family requests resources, the family resource specialist will assess the family’s needs by phone or mail and then provide them with resource information, linking them with programs and services in the community.

TABLE 1
Recurrence of Path 1 Referrals Over Time

Program Year	Total Referrals	No. Re-referral	Re-referrals	90/180 days	180/365 days	1 & 2 years	Substantiated	Re-referral Rate
1	1716	1248	468	149	153	166	43	27%
2	1059	788	271	73	108	90	24	26%
3	1146	868	278	97	114	67	34	24%
4	773	595	178	46	68	64	20	23%
5	713	583	130	41	58	31	13	18%

Path 2

Path 2 referrals are low to medium risk, and represent the families that are most likely to return to the system. Path 2 services include FCS evaluation; family resource specialist assessment and referral; a 90-day intake process; weekly meetings; and a survey. FCS must respond to Path 2 referrals from the intake unit within ten (10) days. Path 2 referrals are sent to the Action Council by the FCS intake unit immediately upon receipt of complaint via fax. Action Council assigns a family resource specialist who contacts the FCS social worker to coordinate and schedule a visit with the family. The family resource specialist documents the contact with the FCS social worker in ETO. If the family resource specialist is for some reason unable to coordinate the visit with the FCS social worker and family, the FCS

social worker will give the family resource specialist as much information as possible from the interview. The FCS social worker carefully interviews family members about the complaint; only after the FCS social worker is satisfied that the child is not in danger, will the FCS social worker close out the case and turn the family over to the family resource specialist. After the case is closed out by the FCS social worker, the family resource specialist will assess the family to see what resources in which they might be interested.

A case plan is drawn up based on the family's assessment, identifying resources, referrals, and goals. Action Council has ninety (90) days to provide services before they close out the referral. Referrals to services in the community are made and the 90-day intake begins, known as a FAST intake. During this intake period, the family resource specialist

TABLE 2
Recurrence of Path 2 Referrals Over Time

Program Year	Total Referrals	No. Re-referral	Re-referrals	90/180 days	180/365 days	1 & 2 years	Substantiated	Re-referral Rate
1	911	619	292	109	96	87	26	32%
2	1086	763	323	112	113	98	34	30%
3	1150	804	346	125	122	99	37	30%
4	1093	831	262	93	92	77	31	24%
5	1005	787	218	75	93	50	40	22%

TABLE 3
Recurrence of Path 3 Referrals Over Time

Program Year	Total Referrals	No. Re-referral	Re-referrals	90/180 days	180/365 days	1 & 2 years	Substantiated	Re-referral Rate
1	494	355	139	41	42	56	16	28%
2	448	349	139	47	44	48	18	28%
3	447	320	127	41	42	44	10	28%
4	567	392	175	57	69	49	24	31%
5	440	334	106	45	34	27	16	24%

FIGURE 2
Engagement (Case Management)

Chart 10

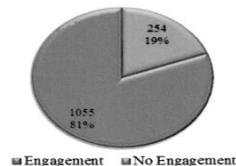
**Engagement:**

Chart 10 presents the percentage of families that participated in case management. We must note that many families were engaged through a face to face contact (86%), but did not participate in case management.

Chart 10.1 presents engagement in case management by path.

Chart 11 presents documented reasons why a family did not move into case management.

Chart 10.1

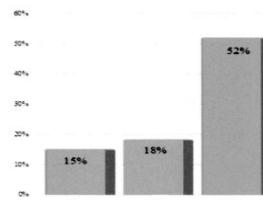
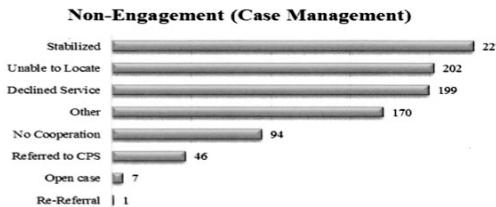


Chart 11



monitors the family through weekly meetings. If any red flags come up during the intake period indicating that a child may be at risk, Monterey County DSS is contacted and the process starts over.

If services are not completed within the 90-day intake period, the situation of why services were not completed is evaluated to see if an extension is needed or if the family is not motivated to complete their plan. If a family is still in crisis, the intake period can be extended.

Every service that a family is referred to is evaluated by the family. If there is an issue with the service or the service is no longer available to the family, the service is marked as a barrier and recorded in the ETO database.

After services are completed, the family resource specialist conducts an exit interview. The family is informed that they will be contact by Action Council to complete a survey and close out the case.

Path 3

Path 3 referrals are high-risk, in that abuse and neglect is substantiated. These situations can lead to a child being removed from the home if action is not

taken. Path 3 services include immediate response by FCS and evaluation of the family for stability.

FCS is required to respond to a Path 3 call within two (2) days, and normally sends a FCS social worker out within two (2) hours. The assigned FCS social worker investigates the allegation. Depending on the allegation, law enforcement may accompany a social worker in case a crime has been committed. If a child has to be removed from the home, then the case goes to court and the family is not referred to P2S.

If FCS receives a false report or deems the family as low-risk during interview(s) with the family, the social worker will introduce P2S to the family as a way to resolve family issues and help the family recover. If the family is open to P2S, the FCS social worker generates a referral to the Action Council of Monterey County after the family has been stabilized and a family resource specialist is assigned. The FCS social worker sends Action Council a brief overview of the family's situation and what services the family is interested in.

The family resource specialist assesses the family to see what community services the family would like referrals to. Like Path 2, Path 3 includes assessment, referral, 90-day intake, weekly meetings, and

a survey by a family resource specialist once the case is closed out by FCS and services begin under the Action Council. If there are any signs of problems or issues during the 90-day intake, Monterey County DSS is immediately contacted.

OVERTCOMING CHALLENGES

Monterey County DSS had challenges to overcome in implementing their Pathways to Safety program. Below are just a few of the challenges faced:

- Promoting the program to FCS workers and educating them that the community could provide the necessary support and resources that families need to reduce or prevent additional CPS referrals while maintaining FCS control of family situational evaluations.
- Engaging community partners.
- Changing the way the child welfare system's traditional response to intake referrals and providing Differential Response Services.
- Building trust in the community

STATISTICAL ANALYSIS:

Engagement

The charts in *Figure 2* show family engagements for the last fiscal year. The statistics show that 86% of families referred through pathways had follow-up, but not all participated in case management. The overall engagement rate of families was 19%, but only 199 declined services. Path 3 referrals, which are families that initially required immediate response from the FCS for substantiated abuse and neglect, show the highest level of engagement at 52 percent.

Most Common Needs Identified

The most frequent needs of families identified through P2S are counseling/mental health (124 families) and parent education (121 families). Statistics show that 22% of all families referred need support and resources in these areas as compared with other services.

Program Impact (mean scores)

Mean scores taken at intake and exit of the P2S show improvements in all areas measured as follows:

29.4% in child well-being, 17.8% in environment, 17.8% in family health, 25.4% in family interactions, 19.8% in family safety, 36.5% in parental capabilities, 20.3% in self-sufficiency, and 16.2% in social/community life. Overall, 47% of families showed improvement over one or more area.

Improvement in recurrence rate of substantiated referrals since the start of the Program (5 years)

- Path 1 – 9% reduction in recurrence
- Path 2 – 10% reduction in recurrence
- Path 3 – 4% reduction in recurrence

TABLE 4 Program Budget Information:	
Pathways to Success Budget Information	
Staffing and Administrative Costs	\$753,344
Contracted Services	\$173,982
Annual Cost of Program	\$927,326
Efforts to Outcomes (ETO) data system	
Annual system operating cost	\$27,000

COUNTY PROGRAM COMPARISON AND CONCLUSION

The San Mateo County HSA Differential Response Program is similar to Monterey County DSS in many ways. Both counties use a detailed assessment tool to screen calls coming into the hotline to determine if the allegation meets statutory requirements for abuse and neglect. Both counties provide Path 1 services in much the same way. The real difference is that San Mateo County HSA combines services that Monterey County DSS has under Path 2 and Path 3. At one time, San Mateo County HSA did have a joint response system similar to Monterey County DSS Path 2, but currently uses a warm hand-off system once the case is closed by FCSs, eliminating the need for community partners to coordinate schedules. San Mateo County HSA provides a written brief to the community partner much like

TABLE 5
DSS and HSA Comparison

	Path 1		Path 2		Path 3	
	DSS	HSA	DSS	HSA	DSS	HSA
Allegation does not meet the statute for abuse and neglect	✓	✓				N/A
Joint Response			✓			N/A
Substantiated Allegation leading to immediate response				✓	✓	N/A
Referral is made to Community Agency when case is closed by Children and Family Services	✓	✓	✓	✓	✓	N/A

TABLE 6
Referrals by County

County	Path 1	Path 2	Path 3	Total Referrals
DSS Referrals	713	1005	440	2,158
Rate of Engagement	15%	18%	52%	28%
Re-Referral Rates 90/180	6%	7%	10%	23%
HSA Referrals	244	292	N/A	536
Rate of Engagement	62%	75%	N/A	69%
Re-Referral Rates 30/180	7%	7%	N/A	7%

Monterey County DSS. Under San Mateo County HSA Path 2, a referral can be either immediate (Path 3 under the Monterey County DSS model) or low to medium risk (Path 2 under the Monterey County DSS model). What stands out in comparison of both counties is that Monterey has a high level of community involvement that provides services and resources families, resulting in no contracted costs. San Mateo County HSA has fewer referrals going through its Differential Response program, and a significant cost in contracted services. Engagement has different

TABLE 7
Contracted Costs for Community Service (Annual)

County	Cost
Monterey (DSS)	\$0
San Mateo (HSA)	\$1,811,250

definitions in each county and it is difficult to do a side-by-side comparison.

As demonstrated in this case study, San Mateo County and Monterey County have fairly low referral rates and are both effective in providing services to families in their respective communities. Therefore, San Mateo County's take away from this study is to explore non-profit, public and private partnerships that can fund a wider array of services to families, redirecting county funds to provide other child welfare services.

Acknowledgments

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Resource Workers, for allowing me to sit in during intake and interview processes and helping me fully understand the program from start to end. Every one of you has shown such great dedication to this program and in serving families that are so desperately in need.

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- San Mateo County Human Services Agency Child Abuse Hotline and DR Units
- Daly City Partnership Statistical Report for Path 1 and 2 Services
- StarVista Statistical Report for Path 1 and 2 Services
- Childhelp: childhelp.org