Differential Response in Santa Clara County: Supporting Families to Improve Child Well-Being and Family Stability

Clara Boyden

EXECUTIVE SUMMARY

Background

Differential Response (DR) seeks to stabilize families and prevent entry into the child welfare system. San Mateo County and Santa Clara County both implemented DR in 2006 with different program designs. Key elements of the Santa Clara County program offer possible ways to enhance San Mateo County's service delivery system in order to yield even better outcomes for families.

Recommendations

San Mateo County should study the feasibility of implementing the following recommendations.

1. Enhance DR program design to better meet the complex needs of DR families.
   - Enhance training requirements for DR community service providers. Consider using the Cornell Family Development Model.
   - Extend service time limits to six months minimum with a total service period of one year or more.
   - Establish maximum caseloads of 15 families per DR case manager to ensure high quality service for all families.
2. Advocate for DR funding sustainability with other counties, associations, and public and private entities.

Clara Boyden is a Program Manager in Alcohol and Other Drug Services in the County of San Mateo Human Services Agency.

Differential Response in Santa Clara County: Supporting Families to Improve Child Well-Being and Family Stability

Clara Boyden

Introduction

In 2003, Santa Clara County (SCC) received 9,963 calls to their child abuse hotline consisting of 17,852 allegations of suspected child abuse or neglect (Carpenter, Linda. *Differential Response.* Santa Clara County Social Services Agency, p. 14). Surprisingly, 26%, or 4,767, of these allegations were "evaluated out", meaning the family received no offer of services or support. According to a 2004 FIRST 5 Santa Clara County study, 27% of these evaluated out families were subsequently re-referred to the child abuse hotline and met the standard for removal of the child from the home. This situation is not unique; in fact, it is typical of the traditional child welfare system where services are only available to families once child abuse or neglect is substantiated. The inability of the traditional child welfare system to respond to many families in need has spurred the implementation of a Differential Response (DR) system within child welfare. DR offers a more flexible way of responding to referrals of abuse and neglect than the traditional child welfare system.

Background

San Mateo County (SMC) has made significant efforts over the past several years to improve our child welfare system, including the implementation of Differential Response in July 2006. A desire to identify new strategies to reduce re-entry into the foster care system is what initially interested me in SCC's Differential Response, as they include a "Path Four" which offers aftercare services to reunified families. Additionally, I was interested in understanding the key elements of DR implementation in SCC to learn of other possible ways for SMC to improve service delivery.

History of Differential Response

More than a dozen states currently implement Differential Response. DR allows agencies to provide services without a formal determination of abuse or neglect by recognizing that there are situations in which family needs, if addressed, could stabilize the family and help parents better care for their children. DR seeks to prevent future involvement of the child and family in the child welfare system by offering help, in the form of case management and links to community services, at the first signs of family stress.

DR in Santa Clara County

Santa Clara County's vision for Differential Response is the "implementation of a community response to referrals of child abuse and neglect that will engage community partners, in collaboration with the child welfare agency, to enable more families to safely and consistently care for their children."

SCC launched a DR pre-pilot from April 25, 2006 through August 31, 2006. The pre-pilot provided an opportunity to test the implementation plan with small caseloads prior to full implementation of the SCC DR pilot, which began September 1, 2006.

Differential Response design in SCC has four response levels or "paths" for families in need of services. Typical DR programs only have three paths. Each path used in SCC is described below.

Path One: Community Response

This path is selected when child safety is not a concern; however, the family is clearly experiencing problems or stressors which could be addressed by community services. Referrals to Path One do not involve the Department of Family and Children's Services (DFCS) once the initial referral is made to a community service provider. Path One services are voluntary.

Path Two: DFCS and Community Partner Response

This path is for families with low to moderate risk of abuse and neglect. The focus is primarily on voluntary involvement in services. Path Two referrals are made for case management and support services in lieu of filing a petition.

Path Three: DFCS High-Risk Response

This path always involves the likelihood that children are unsafe. Risk is moderate to high for continued child abuse or neglect, and actions are taken with or without the family's agreement. Path Three represents the traditional child welfare role and DFCS coordinates all services for the children and family.

Path Four: Access to Aftercare Services for Reunified Families

Families who have successfully reunified after DFCS involvement will have access to the community services in order to maintain stability and prevent reentry into foster care. As of April 2007, SCC had not yet implemented Path Four.

Differential Response Staffing

DFCS has two full-time staff dedicated to Differential Response: a Path One Coordinator, funded in full through FIRST 5 and a Coordinator for Paths Two and Four, funded by DFCS.

Community service providers employ two Engagement Specialists who are experts in outreach and engaging referred families, and seven Family Partners, who assess the family's needs and manage the family's case plan.

DFCS works with three agencies to provide case management and referral services to Differential Response families.

1. **FIRST 5 Santa Clara County** currently provides case management services for Path One families and will also provide Path Four services to reunified families once Path Four implementation begins.
2. **Gardner Family Care Corporation** provides DR case management and referral services for Path One and Path Two families.
3. **Sacred Heart Community Service** provides Path One and Two services to monolingual Spanish speaking clients who live in a small geographic area within Santa Clara County.

All DR community service providers work with families to provide access to needs-driven, family-centered, and child-focused services for children and their families. All services provided are culturally relevant, linguistically appropriate, and respectful of individual and family needs. The short-term objective is to stabilize the family; the long-term objective is provide life skills and other skill-building opportunities to the family so they are better able to care for their children.

Services offered by each provider vary somewhat, and include:

- ongoing child safety assessments,
- development of service plans,
- in-home parent education and parent coaching,
- home visits,
- therapeutic services,
- enrollment of children in MediCal, Healthy Kids or Healthy Families,
- enrollment in Department of Employment and Benefits programs,
- housing resources and referrals,
- enrollment in preschool,
- health classes,
- budgeting classes,
- domestic violence support groups,
- one-on-one mentoring, and
- case management and referrals to other service providers within their community.

Training

All DR community service providers are trained on the Cornell Family Development Model. This intensive training requires each participant complete 90 class hours over a 6 month period.

Referrals

Data for the period of April 2006 to January 2007 shows the volume of referrals to Path One and Path Two response levels.

Engaging Families

Once a family has been referred to a community service provider, the provider's Engagement Specialist must make face-to-face contact with the family within three to five days to begin the engagement process. At least three attempts are made to contact the family, in-person and via phone, during various times of the day and evening

Initial engagement among Path One families is done jointly with the Engagement Specialist and the Family Partner (case manager) during a home visit. Path Two families have a joint home visit with the DFCS Social Worker and the community based Family Partner. When adjusted for families who were not able to be contacted, or who were inappropriate referrals, engagement rates for Path One families are 87% and Path Two is 93%.

Assessment and Case Planning

All families receive a safety assessment from their Family Partner during the initial home visit. The assessment screens for the family's functioning abilities, the children's developmental needs, and any substance abuse issues within the family. Families are assessed using the Ages and Stages Questionnaire, the Parental Stress Index, the Functional Assessment Scale (FAS) and the American Society of Addictive Medicine Assessment (ASAM).

The Family Partner develops an individualized family service plan with the family within 30 days of the referral. Case management services are initially designed to stabilize the immediate needs of the family. Once the family has been stabilized, the emphasis shifts to the development of long-term life skills to enable families to better care for their children. Family Partners identify and coordinate client access to needed services through referrals and linkages to other community based organizations.

TABLE 1
Path One/Path Two Referral Analysis (April 2006–January 2007)

Path Type	Number	Percentage
Path One	76	55%
Path Two	63	45%
TOTAL	**139**	**100%**

TABLE 2
Path One: Engagement Analysis (April 2006–January 2007)

Referral Outcome	Number	Percentage
Engagement Rate	*56/61 families*	*87%*
Accepted Services	56	69%
Refused Services	5	7%
Inappropriate Referral*	12	16%
Unable to Contact	2	3%
Pending	1	1%
TOTAL	**76**	**100%**

**Inappropriate referral refers to those with insufficient contact information, when client is not eligible for services, or when the referring social worker determines the client is not yet ready for services.*

TABLE 3
Path Two: Engagement Analysis (April 2006–January 2007)

Referral Outcome	Number	Percentage
Engagement Rate	*55/56 families*	*93%*
Accepted Services	55	87%
Refused Services	1	2%
Inappropriate Referral*	7	11%
TOTAL	**63**	**100%**

Caseloads

DFCS has implemented maximum caseloads of 15 families per Family Partner for both Path One and Path Two families. Caseload caps ensure Family Partners have adequate time to provide tailored services to meet the complex needs of each family.

Case Closing

Path One and Path Two services are offered to families for a minimum of six month. Extensions are made in three month increments. Service time limits for families have not been established. Rather, families are evaluated individually to determine when cases are ready for closure.

Because DR is still in early implementation, information on closed cases is limited. In addition, early data are weighted toward limited compliance with services, since families who are unmotivated show more quickly in the data, and those who will fully participate take longer for the service plan to be implemented and the case to be closed. The percent of families who have fully completed Path One services to date is 45% and 33% for Path Two services.

TABLE 4
Path One Case Closing Analysis (April 2006–January 2007)

Outcome at Case Closing	Number	Percentage
Fully completed services	10	45%
Partial completion	1	5%
Limited compliance	7	32%
Moved out of area	1	5%
Returned to CPS	3	14%
TOTAL	**22**	**100%**

TABLE 5
Path Two Case Closing Analysis (April 2006–January 2007)

Outcomes at Case Closing	Number	Percentage
Fully completed services	3	33%
Partial completion	2	22%
Limited compliance	3	33%
Returned to CPS	1	11%
TOTAL	**9**	**100%**

Outcomes for Families

Long-term outcome data on families are not available yet. The following are anticipated DR outcomes:

- A decrease in the number of families that are re-referred to the child abuse hotline.
- A reduction in the number and percentage of families with a re-referral resulting in out-of-home placement.
- An increase the percent of reunified families who successfully care for their families at home without re-entry into the foster care system within 12 months.

Additionally, data will be analyzed to assess family engagement, the family's progress in meeting the goals of their individualized service plans, and improved family functioning. Use of client satisfaction surveys will assess the quality and impact of services from the client perspective.

A longitudinal study is being conducted as part of FIRST 5's High Risk Research and Design to determine the long-term impacts of DR on child development, family functioning, and on the recidivism into child welfare system.

TABLE 6
DR Budget Analysis (FY 06/07)

Funding Sources	Percent of SCC DR Budget
CWSOIP	8%
FIRST 5 SCC	20%
LPFCH	3%
PSSF	26%
SCC General Fund	43%
TOTAL	**100%**

Funding

Current funding for DR in SCC is pieced together through a number of funding sources. The total FY 2006/2007 DR budget is just over $1.5 million. Primary funding sources include: FIRST 5 Santa Clara County, Lucile Packard Foundation for Children's Health (LPFCH), Santa Clara County General Fund, DFCS Promoting Safe and Stable Families (PSSF) funds, and DFCS Child Welfare Outcome Improvement Project (CWSOIP).

Challenges

DFCS faces a number of significant challenges to meeting family needs and to implementing DR long-term.

Complexity of Family Needs

An analysis of need demonstrated that substance abuse, domestic violence, and mental health issues are commonly faced by DR families. In addition, the presence of economic hardships facing families, such as housing costs, child care costs, and health insurance costs, add stress to families and bring additional challenges for Family Partners working with families with complex needs.

Recruiting and Retaining Diverse Staff

SCC is a very diverse county. SCC and community service providers actively seek staffing which reflects the diversity of the families served. Nonetheless, recruiting, hiring and retaining culturally and linguistically appropriate staff with the levels of education and training required to provide services is an ongoing challenge.

Sustainable Funding

Child welfare agencies receive federal funding to provide services to families when the child has been removed due to child safety, not to provide case management and support services for families struggling with complicated issues. Restrictions prohibit counties from redirecting much of their child welfare funding into Differential Response. Therefore, funding for DR long-term poses a significant challenge.

A second challenge to long-term DR sustainability is the funding philosophy of private investors. FIRST 5 Santa Clara County and the Lucile Packard Foundation for Children's Health see their investment in DR as seed money. Foundations fund the design, start-up and early implementation of effective new strategies with the expectation that government will subsequently assume financial responsibility. Given current federal and state funding restrictions and tight budgets at the county level, long-term sustainability of DR is of serious concern. It is unlikely that the state or the federal government will provide revenue for DR in the foreseeable future without significant and concerted effort and coordination among counties and other public and private entities.

Elements for Success

Differential Response, as designed and implemented in SCC, has many strengths. Key elements for success include staffing, strong partnerships, and shared investment.

Quality Staffing and Training

A striking feature of DR in SCC is the quality and commitment of the individual staff at DFCS and among community service providers. Staff are diverse culturally, ethnically and linguistically, and receive intensive training using the Cornell Family Development Model. The quality of training and staff diversity ensures Engagement Specialists and Family Partners are equipped to effectively assess and work with families in a culturally relevant and respectful manner using a strength-based approach.

Strong Partnership with Shared Goals

A vibrant partnership exists among DFCS, public and private investors, and community service providers. DR meetings are characterized by open and honest communication, flexibility, problem-solving, collaboration, and innovation to improve the system to better serve families.

This partnership has enabled DR community service providers to effectively assist families in spite of the complexity of needs and the significant economic challenges families face. Dedicated DR Family Partners tap into existing community resources and services for families. SCC, FIRST 5 and LPFCH use their influence where possible to advocate for prioritization of services to DR families.

Shared Public and Private Investment

The alignment of priorities among public and private investors including DFCS, FIRST 5, LPFCH and SCC General Fund to provide much needed DR funding within Santa Clara County is critical success factor.

Implications for San Mateo County

San Mateo County is encouraged to explore the following recommendations, including the costs and benefits for clients, to determine the feasibility of implementation.

Enhancements to Service Delivery

- **Increase Path One Referrals**

SMC has a low number of Path One referrals. This may indicate a **training need** for social workers who screen child abuse hotline calls on how to assess family needs in addition to the risk of child maltreatment. The current **screening tool** should be reviewed to determine if it is an effective tool for assessing family need.

- **Improve Family Engagement**

SMC should consider implementing the strategies used by SCC to engage families. These include: requiring intensive **training for all community partners** using the Cornell Family Development Model, and **requiring multiple engagement attempts** to be done in person, as well as via phone.

- **Improve Family Functioning and Stability**

SMC should consider the feasibility of setting **caseload caps** (15 maximum families per DR case manager), and **extending the term under which families can receive services** to a minimum period of six month with a maximum term of at least one year.

- **Provide Aftercare Support Services for Reuniting Families**

SMC should study SCC's Path Four once it has been fully implemented to determine the viability of Path Four as a means to positively impact SMC's re-entry rates for reunified families, improving compliance with federal and state standards.

Regional DR Forum for Practitioners

SMC should work with other Bay Area counties to convene quarterly DR forums. DR practitioners from various jurisdictions could come together to discuss program implementation and evaluation, to share policies and practices, and to identify challenges faced.

Advocate with Partners for Sustainable Funding

SMC should continue to work with local investors to align goals and priorities, to fund DR, and to actively advocate for sustainable DR funding at the state and federal levels. This will require a long-term, concerted strategy with other California counties, associations, public and private investors, and community-based organizations.

Acknowledgements

Thanks to Santa Clara County's Director William Lightbourne and BASSC Liaison Frank Motta, for allowing me the opportunity to study DR in Santa Clara County. Thanks to Linda Chang of DFCS, Andrea Urton of Gardner Family Care, Melanie Dariao of FIRST 5 Santa Clara County, and Linda Carpenter, consultant to FIRST 5 Santa Clara County and DFCS, for sharing your knowledge and insights with me. I'm especially grateful to Cyndie Ambar for your guidance and support through the entire process.

Thanks to the entire Executive Team of San Mateo County Human Services Agency for the opportunity to participate in BASSC. Finally, I like to thank my fellow 2006/2007 BASSC participants for your friendship and encouragement throughout the year.