

ANOTHER ROAD TO SAFETY: EARLY INTERVENTION SERVICES TO PREVENT CHILD ABUSE IN ALAMEDA COUNTY

Kim Petty*

EXECUTIVE SUMMARY

BACKGROUND

Today there are many issues facing social services agencies relative to child abuse and neglect. In Monterey County, foster care caseloads have risen in recent years. We have developed and implemented Family to Family and the Cherish Project to assist in serving children and families in the child welfare system. There is a need to keep families out of our system, by promoting family well being, self-sufficiency, and building a community that recognizes that “every child counts.”

To better meet the needs of Alameda County children and families, the Alameda County Social Services Agency created a new program, Another Road to Safety (ARS). ARS provides intensive prevention and early intervention services to families who have been referred to CPS, but were “screened out” for court-ordered treatment because they were not considered high risk. The program is a partnership with the Alameda County Children and Families Commission (Every Child Counts) and two community-based organizations, the South Hayward Collaborative/ LaFamilia serving the Hayward community and the Eastmont Collaborative/Families First/Ujima serving the East Oakland Community.

KEY ELEMENTS

ARS is strictly a volunteer program – participants have to consent to receive services. They enter into

the program by having a call placed on the CPS hotline that reports neglect and/or abuse is happening in their family. The participants have the option to leave the program at any time, but they are informed that DCFS will be notified that they refused service. Participants agree to receive family support services that include counseling, health and developmental screening, and others for three to nine months. If during this evaluation period the family is assessed as having a high risk of abuse and/or neglect, then they will be referred back to DCFS.

ARS uses a strengths-based assessment model, with family input from the beginning, in working with the families. The assessment tools that are used include:

- Structured Decision-Making Tools (SDM)
 - California Response Priority
 - Safety Assessment
 - Risk Assessment
- Ages and Stages-Child development assessment tool
- Edinburgh Depression Scale
- Beck Depression Inventory
- The 4Ps Plus Screen for Risk of Alcohol or Drug Abuse
- Mental Health Inventory (5)

When a call is received on the CPS hotline a worker in the emergency response unit screens the call and uses the Structured Decision-Making Tool

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(SDM) to determine the response priority. If it is determined that no investigation is needed then the closed file will be referred to ARS and sent to the DCFS liaison to ARS. At the first home visit, the case manager will conduct a thorough family assessment that reflects both risk factors and family strengths and will begin to develop an individual service plan. Both the assessment and the service plan will be shared with family members and modified to address their input. The plan can be modified any time during the 9-month family support period, as the family deems necessary.

The key to the success of the program depends entirely on the family involvement in making decisions. This program is very different from the previous approaches by DCFS. The case manager will visit with the family in their home or any location they prefer. The advocates have gone to meet with families that are living in their cars, the park and other nontraditional locations. ARS offers in-home parent support and education services tailored to family needs, child health, developmental screening, and active referral to providers, with support assessing services. The family advocate will coordinate services for the family using outside agencies and multidisciplinary teams composed of family advocates, public health nurses, mental health specialists, developmental specialists, substance abuse specialists and /or child welfare workers. Case managers are authorized to purchase basic needs items for the families, such as utilities, laundry, car seats, and food.

RECOMMENDATIONS

As a result of my observations in Alameda County, I submit the following recommendations to Monterey County:

- Look to community-based organizations for intervention in preventing an increase in child welfare caseloads.
- Create a team of interdepartmental and interagency stakeholders to evaluate resources and funding sources.
- Research the community to verify if there are other agencies that are involved with early child abuse prevention to link participants to their program.

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BACKGROUND

In selecting a project for my BASSC Internship, I choose to examine the issues facing Monterey County Department of Social Services, Children and Families Services in relation to early intervention in child abuse and neglect. I have a passion for children and during my employment with the county, I have worked on the benefits side of the department in eligibility and currently work in the Finance Division. In recent years our foster care caseloads have almost doubled, and I wanted to see what was available to help decrease our caseloads. I also wanted to see what I could do as a community member to promote child and family well-being in preventing child abuse. The ideal of the community supporting and providing services to families would help to utilize resources that are already in place and in some cases expand what's currently available by creating a partnership.

I chose Alameda County Social Services Agency's Another Road to Safety Program to learn early intervention services in another county. I had two objectives in looking at Another Road to Safety. The first objective was to gain an understanding of the elements in the collaboration with the community-based organizations and Alameda County Child Welfare, and the second objective was to get an understanding of how Proposition 10 enabled a partnership between Alameda County Social Services Agency and the community-based organizations.

HISTORY

In 1997, the Alameda County Board of Supervisors initiated a review of the county's child welfare system. With support from the Child Welfare League of America (CWLA), the Alameda County Social Services Agency (SSA), Department of Children and Family Services (DCFS) conducted a comprehensive assessment of the department's response to Child Protective Services (CPS) referrals.

The results of this assessment identified a number of concerns about the system and its implications for child and family welfare. First, the report documented that response to allegations was often slow and inconsistent, with the outcome varying based on the individual staff involved. In addition, the report identified a lack of services to prevent and intervene early in cases that were not considered very high risk. Generally, CPS staff investigates allegations meeting certain criteria. If the investigator determines that the family is at very high risk of abuse and/or neglect, a case is opened and court-ordered services imposed. However a vast majority of the time families are "screened out" because of limited resources and the absence of an alternate, non-punitive approach to serving families.

Thus, in 1998, DCFS and CWLA produced a plan creating a more proactive role for the department and reforms to the "front end" of the system. The plan's major recommendations were to redesign systems for emergency response, intake, and early intervention, to expand targeted community-based services, and to better utilize existing family and community strengths. Specifically, it recommended

the creation of a community-based “Alternative Response System” (ARS) to provide intensive prevention and early intervention services to families who had been referred to CPS, but were “screened out” for court-ordered treatment because they were not considered high risk. Later, in 2002 the department held a contest to select a different name for the program and chose the new name “Another Road to Safety.”

In 1998, California voters passed Proposition 10, the California Children and Families Commission Initiative. Through an increase in the state tobacco tax, Proposition 10 would dramatically increase funding for early childhood development programs. The legislation directed counties to create and implement a comprehensive, collaborative and integrated system of information and services to promote, support and optimize early childhood development from prenatal care through five years of age.

In response to Proposition 10, Alameda County developed the Children and Families Commission – a public-private partnership with commissioners representing local government, public administration, the business community, academic faculty, medical practitioners, and childcare providers. The mission of the Alameda County Children and Families Commission is to ensure the health, development and well being of young children and their families through the development and implementation of a community-based, county-wide system of prevention and early intervention services for the birth-to-five population. The Commission created a strategic plan to meet their mission, which is “Every Child Counts” (ECC). The goals of Every Child Counts are to:

- Support optimal parenting, social and emotional health and economic self-sufficiency of families;

- Improve the development and school readiness of young children from birth to age 5;
- Improve the overall physical and mental health of young children; and
- Create an integrated, coordinated system of care that maximizes existing resources and minimizes duplication of services.

Another Road to Safety and Every Child Counts share many common policy and program goals including: preventing negative health outcomes, preserving families’ intact, and reducing out-of-home placements. Since ARS was a logical extension of Every Child Counts goals and focus, they joined forces to plan and implement the services described here.

BUILDING THE PARTNERSHIPS

ARS is a partnership between Alameda County Social Services Agency, Alameda County Children and Families Commission (Every Child Counts), and two community collaboratives, The Eastmont Collaborative that is composed of Families First/Ujima House, serving the East Oakland community and The South Hayward Neighborhood Collaborative / LaFamilia, serving the Hayward community.

I spent my time in Alameda County looking at the South Hayward Neighborhood Collaborative, which is housed in a duplex in the City of Hayward. Three family advocate case managers, one clinical supervisor and one program coordinator, staff the facility house and they are in the process of hiring one more advocate. Some of the family advocates have lived in the community, and they bring to ARS the true sense of developing and supporting your community.

Within the South Hayward Neighborhood collaborative there are a number of other community agencies providing services:

- Hayward Unified School District
- Healthy Start Family Resource Center
- Eden Youth and Family Center
- La Familia Counseling Service
- Family Support Network Family Resource Center
- Alameda County Social Services
- Institute for Success
- Glad Tidings
- Employment Journey Center
- St. Rose Hospital Mobile Clinic
- Silva Pediatric Clinic

ARS ELIGIBILITY

Calls that are received by the CPS hotline are screened and reviewed to determine if the case meets the ARS eligibility requirements and the target population.

ARS eligibility:

- The family must live in one of the two target communities - Eastmont or Hayward.
- A child from birth to five years old must reside in the home in which another child age birth to five years or a pregnant mother resides.
- Neglect and abuse allegations must not pose an immediate risk of serious harm to the child(ren).
- Physical abuse allegations for children 5-17 years of age that relate to physical discipline and do not include current injuries.
- Physical abuse allegations concerning parent-teen conflict in which children are age 12 and older and that do not include current injuries.

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assessment that reflects both risk factors and family strengths and will begin to develop an individual service plan. Both the assessment and the service plan will be shared with family members and modified to address their input. The plan can be modified any time during the nine month family support period, as the family deems necessary. The key to the success of the program depends entirely on the family involvement in making decisions. This program is very different from the previous approaches by DCFS. The case manager will visit with the family in their home or any location they prefer. The advocates have gone to meet with families that are living in their cars, the park and other nontraditional locations. ARS offers in-home parent support and education services tailored to family needs, child health, developmental screening, and active referral to providers, with support assessing services. The family advocate will coordinate services for the family using outside agencies and multidisciplinary teams composed of family advocates, public health nurses, mental health specialists, developmental specialists, substance abuse specialists and /or child welfare workers. Case managers are authorized to purchase basic needs items for the families, such as utilities, laundry, car seats, and food.

SUCCESS

The program originally started out with 100 families targeted in the Hayward community and 100 families in the East Oakland community. All of the families in the program were interviewed in person in their homes and agreed to receive services. Of the 100 interviewed 50 families were in the initial start-up, of those there are now 35 families approaching the 9-month time limit.

During the first year, the CPS hotline received and

processed 517 referrals which they identified as eligible for ARS services based on the targeted neighborhood areas and allegations. The emergency response supervisor/ARS liaison with the CBO staff, reviewed each case further to determine if they met the ARS criteria and identified 80 cases that were referred to the community based organizations.

Some of the obstacles faced by the program include participants starting but not completing, or the advocate being unable to build a relationship with participant. There were situations in trying to connect with participants who are homeless, don't have a phone or are no longer at last residence in which case the file was closed. The South Hayward Collaborative only reported having to send approximately four to five families back to DCFS due to high risk.

At the Hayward facility they plan to start counseling services for domestic violence called (SAVE) Shelter Against Violent Environment. There is continuous training being provided to the ARS staff through Every Child Counts.

Some of the outcomes of the program include:

- Reduced incidence of child abuse and neglect in families receiving services.
- Enhanced economic self-sufficiency among families receiving ARS services.
- Improved school readiness.
- Increased access to early and comprehensive prenatal care for pregnant women and teens.
- Increased proportion of children who received well child and dental care from a health care provider.
- Reduced proportion of children with selected unintentional injuries.
- Reduced prenatal and early childhood exposure

to alcohol, tobacco and other harmful substances.

- Reduced post-neonatal and child deaths.
- Reduced number of hospitalizations and emergency visits for children receiving ARS services.

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