Another Road to Safety (ARS) is a collaborative effort between Alameda County’s Department of Children and Family Services, Every Child Counts (ECC), Family Support Services of the Bay Area (FSSBA) in East Oakland and La Familia in South Hayward. It is designed to prevent child abuse cases through early intervention during the first signs of child maltreatment.

**BACKGROUND**

Preventing recurrence of child abuse and neglect through early intervention has been the focus for San Mateo County as we develop our strategies for differential response. Evaluating ARS as implemented in Alameda County has provided valuable insight into the successful implementation of a child abuse prevention program.

Alameda County used various guiding tools to develop and implement its program. These tools included input from targeted families through an in-home family survey, input from community resources through community asset mapping, input from community-based organizations (CBOs) through consistent presence in their meetings, and input from policy makers through attendance in oversight committee meetings. In addition, Alameda County’s collaborative approach to program implementation has been crucial. This partnership was propelled by agreed-upon guiding principles as well as clearly defined outcome indicators. Finally, the success of the program is validated through the achievement of its performance goals. Implementation of an integrated, web-based system has allowed the county to be able to present its success and further enhance the services offered.

**RECOMMENDATIONS**

As we in San Mateo County begin to roll out differential response county-wide, I recommend that we gather input from external resources to shape the implementation of our child abuse prevention program. Prior to implementation in any given community, we should conduct an in-home family survey to assess the amenability of families to receive services through CBOs and to assess the overall needs of the community. Additionally, we should be able to leverage our services on the unique strengths that each community provides. These strengths can be revealed through community resource mapping.

Crucial to our implementation is the development of a standardized assessment tool. San Mateo County has selected the *Family Assessment Scale Tool* (FAST) to assist in determining each family’s need in shaping the family service plan. We need to develop policies and procedures regarding the utilization of FAST.

Another critical factor in rolling out differential response to communities within the county is the...
development of a web-based, integrated system to track family information, assist in the family needs assessment process, assist in the development of the family service plan, and record progress of the family. Outcome indicators, as defined by federal and/or state regulations, as well as our agency’s goals and objectives, should drive the requirements of the system.

The finalization of processes and procedures for FAST, the utilization of an in-home family survey and community asset mapping, and the implementation of a web-based, integrated system will move us towards a successful implementation of differential response as we promote the prevention of child abuse in our communities.
BACKGROUND

As part of the Child Welfare Steering Committee for the Systems Improvement Planning (SIP), I often come across Child Protective Services (CPS) case scenarios. Being a mother of a 2-year old, I am surprised and appalled by the cases that are presented to us, cases that are currently being evaluated out of our system. As governmental agencies responsible for protecting the lives of children, it is critical that we investigate alternative ways to provide early intervention services to prevent future cases of child abuse. Based on the UC Berkeley report on the California Child Welfare Outcomes & Accountability System (AB636), San Mateo County has a 10.4% rate of recurrence of abuse and/or neglect in homes where children were not removed (in the FY 02-03 reporting period). However, Alameda County has a significantly lower rate (4.5%) of recurrence of abuse and/or neglect in homes where children were not removed in the same reporting period (See Appendix A). As part of the BASSC internship, I learned that Alameda County has launched the Another Road to Safety (ARS) program, which partly contributes to the lower rate of recurrence of maltreatment. Hence, I selected to evaluate the ARS program for possible replication in San Mateo County.

HISTORY

In January 1999, the Child Welfare League of America (CWLA) released a study of Alameda County’s system of protection and care for abused and neglected children. The study was conducted in collaboration with agencies that have legal responsibility and authority in the care of mistreated children. The study found that there was limited prevention and early intervention services for children and families in Alameda County. It recommended the development of a coordinated, community-based response of prevention and early intervention services to troubled children and families where there is not imminent risk of serious harm to children.

In response to the report, Alameda County launched ARS. ARS offers an alternative type of intervention for parents who may have maltreated their children. It gives families another chance to remain together. It provides prevention and early intervention services to families who have had a call placed to Alameda County’s Child Abuse Hotline in East Oakland or South Hayward neighborhoods.

PROGRAM IMPLEMENTATION

Although Elaine Azzopardi from San Mateo County, a recent graduate of the BASSC Executive Development Program, has already conducted a study of the ARS process, it focused specifically on the ARS program before its inception in October 2002. My study focuses more on the steps Alameda County has taken in implementing the program.

Guiding Tools for Implementation

The ARS workgroup and management team used various tools to determine the direction of their implementation.
In Home Family Survey: In order to determine the targeted communities, Alameda County, in conjunction with Every Child Counts (ECC), reviewed reports to ascertain which areas had the highest number of referrals. Once East Oakland and South Hayward were identified as target communities, an in-home family survey was conducted to assess the amenability of families to engage in ARS services. The survey’s focus areas included: demographics regarding the individual respondent and his/her family; the respondent’s sense of why a CPS referral had been made; how concerned the individual felt about meeting basic needs for his/her family; the individual’s perception of the effectiveness of Children and Family Services in the community; and the types of services or support he/she thought might prevent future referrals.

The in-home family survey, along with three other components, was used to develop the strategy around ARS program implementation. The other three components were: attendance at CBO meetings, community asset mapping, and meetings with policy makers.

Asset Mapping: In conjunction with the in-home family survey, the ARS workgroup also drew on the resources already available within the targeted communities. Alameda County recruited youth mappers to survey the targeted neighborhoods to search for free or low-cost services provided within the community. Working with local youth to identify and map the assets of East Oakland and South Hayward, the survey revealed an impressive array of formal and informal community resources. Local establishments identified creative approaches to meeting local needs. Not only did the process yield important data regarding the strengths and resources of the communities to be served by ARS pilot, it also helped to build a presence in these two neighborhoods.

Collaboration with ECC and CBOs

The relationship with local CBOs is crucial in the development of the Family Care Plan. The Family Care Plan maps out the strategy for supporting the family towards healthier family outcomes. The ARS advocates draw upon their connections and make referrals for childcare, housing, employment services, substance abuse rehabilitation programs, respite care, nutrition, domestic violence, and other needs.

Alameda County’s collaboration with ECC has been made successful due to the agreement of specific goals and objectives. Their collaboration focused on six guiding principles:
1. Child safety as a priority;
2. Family outreach when child is safe;
3. Respect for and parenting with parents;
4. Strengthen and preserve families;
5. Community and culturally based services; and
6. Standardized and uniform decision-making.

ECC developed ARS outcome indicators that are reported annually from the data entered into the ECChange system (discussed in the next section). There are three major goals that encompass the specific outcomes:
• Support optimal parenting, social and emotional health, and economic self-sufficiency of families.
• Improve the development, behavioral health and school readiness of young children from birth to age five.
• Improve the overall health of young children.
ECChange System Implementation

In FY 00-01, ECC allocated $1 million of their financial resources to the development of a web-based, integrated, cross-agency, secure information system. ECChange enables unique identification, tracking, and monitoring of families receiving ECC services. It provides a secure network while promoting accessibility and exchange of information and services from any entry point into the system.

ECChange connects a variety of children and family service providers to a centralized database. The system’s security protects the family’s information and allows various client views based on the user’s particular role in intervention and prevention activities. ECChange’s allows users to work in various environments and locations for mobility. Portability is a key feature. The application can be used connected to the internet or in disconnected mode. ECChange facilitates the enrollment process, enables data sharing for integrated case management, enables primary data collection, and facilitates integrated outcome reporting and quality assurance monitoring.

Next Steps

Alameda County is acknowledging the success of ARS as it has been piloted in East Oakland and South Hayward communities. They are currently preparing to launch ARS services in the West Oakland community.

SUCCESS

Families are currently served by two community collaborations: Family Support Services of the Bay Area (FSSBA) in East Oakland and La Familia in South Hayward. In FY 03-04, 118 cases were referred to FSSBA and 99 were referred to La Familia. Of the 217 families referred, 117 families (or 54%) were assessed using Structured Decision Making (SDM). 52 of the 117 families were returned to CPS; 4 were referred on to other community resources, and 61 were retained for ARS services (See Appendix B). Since program inception in October 2002, 151 families have received ARS services.

IMPLICATIONS

This study is crucial for us in San Mateo County because we are currently in the midst of piloting a differential response strategy in Redwood City and Daly City. Our differential response strategy has been clearly defined and agreed upon by the area CBOs and other service providers. This process may later be adjusted based on the assessment from the pilot implementation. Our process is not very different from that of Alameda County’s. My recommendations over the next 12 – 24 months consist of:

1. the finalization of the Family Assessment Scale Tool (FAST);
2. the development of an in-home family survey;
3. the development of asset maps for each community in the county; and
4. the development of a web-based, integrated cross-agency system.

Finalization of FAST

One of the most critical aspects in implementing differential response is the ability for screeners and community partners to uniformly assess the needs of the families to be served. San Mateo County has opted to utilize FAST as the mechanism to standardize the decision-making process. However, there has been some resistance to the utilization of
the tool. We are currently in the process of assessing what modifications are necessary in order to truly make this tool useful in assessing family needs.

It is my recommendation that the finalization of this tool be a critical factor prior to deciding the next phase of the differential response rollout. We jeopardize the success of our efforts if we are unable to promote standardized means of family assessment.

**Development of In-Home Family Survey**

Through the next several months while we are in the pilot stages, input from families who would be targeted by the program should be an integral component of our needs assessment and planning process. This type of input may be obtained using an in-home family survey. The survey’s purpose is threefold: (1) to better understand family needs and strengths in order to craft a more tailored and effective intervention, (2) to ensure that targeted families would be open to the intervention and its methods, and (3) to identify the CBOs with which residents had experience and confidence.

**Targeted Families:** Families who are currently engaged in services as referred to CBOs by CPS staff as well as families in non-pilot areas who may be referred to CBOs in the future. This task will require reviewing reports of referrals that have been evaluated out and making visits to families in non-pilot areas.

**Responsible Parties:** Children and Family Services (CFS) and Early Intervention and Prevention in conjunction with Planning and Evaluation (P&E) should create the survey. Alameda County’s field test instrument may be used as a guideline or starting point for developing the survey. Early Intervention and Prevention (or designated parties) should be responsible for conducting the survey. The Business Systems Group (BSG) should create a tracking system to collect the information gathered from the surveys. P&E should analyze the results of the survey and propose recommendations to the Differential Response Steering Committee.

**Timeline:** Surveys should be completed at least one month prior to the planned rollout at each targeted community.

**Development of Asset Maps**

Grounded in the philosophy that each community boasts a unique combination of assets upon which to build its future, community asset mapping is one important input into the design of differential response. The asset map should include positive resources for children and families that offer services which are free or affordable for low-income families. These resources should include churches, faith-based organizations, childcare centers, community-based social support services (e.g. job placement centers), schools, youth centers, libraries, healthcare services, empty lots, etc.

**Responsible Parties:** To collect community asset data, Alameda County’s ARS workgroup recruited, selected, and hired ten youths, ages 15 – 18, from each of the two pilot areas. I recommend that we use the same model with the guidance of Early Intervention and Prevention staff members. Additionally, BSG should create a tracking system to collect the data gathered by the youth mappers. This data should be presented to P&E using the Geographic Information System. P&E will analyze the data and present their findings to the Differential Response Steering Committee.
**Timeline:** Using a phased-approach, I recommend that the asset mapping be done one month prior to launching differential response in any given area. Asset mapping should be conducted in parallel with the in-home family survey. Findings from these two studies should be a guide for the implementation strategy as we roll out to the rest of the communities in San Mateo County.

**Development of a Web-based System**

BSG is currently implementing an interim solution to allow CBOs to gather information regarding the families that they serve. I recommend a full implementation of a web-based, integrated, cross-agency system similar to the functionalities of ECChange.

**Resources:** The Differential Response Steering Committee will provide project oversight. The project manager will report to the committee on the progress of the project on a monthly basis. BSG will manage the implementation of the system. A Requirements Team should be formed to include representatives from CFS, Early Intervention & Prevention, P&E, CBOs and other community partners. The Requirements Team will select, prioritize, and define outcome indicators that will determine the data collection needs. An information system needs assessment should be performed by interviewing and making site visits to agencies and providers in the county who would be providing prevention and intervention services.

The development team will be staffed by external contractors as well as BSG analysts. Knowledge transfer sessions will be conducted from contractors to in-house staff to allow us to further enhance and maintain the system in the future.

**Timeline:** For a one-month period, a preliminary analysis should be conducted along with the Requirements Team to develop a specific set of system functionality. Based on the needs specified by the Requirements Team, BSG will develop an RFP to be released to the vendors for a period of one month. Immediately after a vendor is selected, contract negotiations begin. The implementation contract will begin within one month of detailed Requirements Analysis to be followed by System Design Phase.

A prototype of the system is presented to the Requirements Team prior to actual system development. After approval from the Requirements Team and the Steering Committee, system development begins for a period of approximately four to six months. After which, the Requirements Team is invited back to conduct User Acceptance Testing where they receive first-hand experience on the system functionality. Once testing is completed and approval is obtained, Training and Deployment activities begin (See Appendix C).

**ACKNOWLEDGEMENTS**

Special thanks to Wilma Lozada for her hospitality while visiting Alameda County’s Department of Children and Family Services. Her willingness to share her experiences in the implementation, as well as the documentation she provided regarding the tools used for implementation, has been invaluable in my case study. I would also like to thank Harsh Singh, Deloitte Consulting, for providing me with information regarding the implementation of ECChange. And finally, I would like to thank the BSG staff for generously allowing me to focus on completing the internship.
APPENDIX A –
RATE OF RECURRENCE OF ABUSE AND/OR NEGLECT IN HOMES WHERE CHILDREN WERE NOT REMOVED (AB636 MEASURE 2A)
APPENDIX B – ARS SUCCESS STATISTICS

Reasons for Referral to ARS

- Other: 2%
- Severe Neglect: 5%
- Absent Parent: 7%
- Emotional Abuse: 7%
- Sexual Abuse: 14%
- Physical Abuse: 30%
- General Neglect: 36%

ARS SUCCESS RATE

Of the 217 families Referred from CPS for ARS Services ...
APPENDIX C – PROPOSED AUTOMATION TIMELINE FOR DEVELOPMENT OF INTEGRATED WEB-BASED SYSTEM

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