

## **ANOTHER ROAD TO SAFETY: ALAMEDA COUNTY'S ALTERNATIVE RESPONSE SYSTEM**

**Melissa King\***

### **EXECUTIVE SUMMARY**

#### **BACKGROUND**

The State of California is currently in the process of rethinking child welfare. In particular, each county is charged with the task of working towards Child Welfare Redesign. As a part of redesign, each county will need to develop a differential response program. Since Alameda County began developing a system for differential response before it became a requirement, it can provide us with a solid model from which to design our own program. Alameda County, in conjunction with the Child Welfare League of America completed an analysis of how to respond to families in need in their community. This analysis concluded that there was a need for front-end, community-based services that focus on prevention. Another result of the analysis was a partnership developed between Alameda County Social Services Agency and Alameda County's First Five Coalitions: Every Child Counts. These two agencies partnered to develop a model alternative response system, later named Another Road to Safety (ARS). ARS is currently being implemented in two specific communities within the county: Hayward and East Oakland, with the goal of expanding countywide. As implemented, ARS is a program that provides preventative services when a referral to the child welfare agency does not meet the criteria for a response.

#### **KEY ELEMENTS**

The most important element of ARS is the opportunity to prevent child abuse or to intervene at the earliest time possible. Community collaboration is another essential component of a successful ARS program. Additionally, creating key community partnerships to provide intensive, in-home family support to a diverse population is essential.

#### **RECOMMENDATIONS**

Child abuse prevention and early intervention is crucial to the health and well-being of families and communities. I believe that Alameda County provides a good model for replication in Santa Cruz County. Santa Cruz County currently assesses out approximately 35% of referrals called in to Family and Children's Services. These families may benefit from an early intervention model such as ARS. My recommendation is that Santa Cruz County implement an ARS pilot project in the City of Santa Cruz, with the goal of ultimately serving the entire county.

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*BASSC Executive Development Training Program*

## **ANOTHER ROAD TO SAFETY: ALAMEDA COUNTY'S ALTERNATIVE RESPONSE SYSTEM**

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### **BACKGROUND**

As each county implements Child Welfare Redesign, Santa Cruz County wanted to look at a model of differential response that has already been operationalized. We are interested in learning how to improve and expand on our current model. My internship with Alameda County's Social Services Agency (SSA), afforded me the opportunity to see firsthand, many of the benefits of a well-developed and executed differential response program.

### **HISTORY OF THE DEVELOPMENT OF THE ARS PROGRAM**

In 1997, Alameda County's SSA completed an assessment designed to explore how it could respond to the challenges facing families in their community. There were three major findings and recommendations, which included a redesign of the emergency response system, expansion of target community-based services, and more efficient utilization of existing family and community strengths. In 1998, in coordination with the Child Welfare League of America (CWLA), SSA created an alternative response systems workgroup, later named Another Road to Safety (ARS).

CWLA found that in Alameda County, services in prevention and early intervention were lacking. After researching Alameda County's data, CWLA found that 62% of the families with evaluated out referrals had previous child welfare history. Accordingly, CWLA recommended the development of a "community-based system of child maltreat-

ment prevention and early intervention that addresses problems in families when first identified to prevent further child welfare involvement."

The ARS workgroup involved people from different programs within the department working toward developing a front-end diversion program. This workgroup made the recommendation to "develop a community-based program... to provide in home, family-centered, strengths-based support services, as well as active linkage to community resources." In addition, they created a comprehensive ARS program model by analyzing all referrals received in 1999. The primary elements of the ARS model include six guiding principles, seven program components, and seven program procedures (outlined on below) that identify roles for SSA staff members and community-based providers. This plan recommends that an alternative response system be implemented to provide preventative services to families when the referral will be evaluated out. This plan does not change the way the Emergency Response system completes investigations on those referrals meeting the criteria for an in-person response.

### **KEY ELEMENTS OF THE ARS PROGRAM**

Community collaboration has been identified as a key component of the ARS program. In partnership with Alameda County's First Five program: Every Child Counts (ECC), SSA began to implement ARS in two geographical locations, East Oakland and South Hayward, which were identified as the two areas with the highest number of Child Welfare

Services (CWS) referrals. The designated population includes families with children less than five years of age when there are allegations of neglect or physical abuse with no reported injuries, and allegations of parent/teen conflict as long as there are no reported injuries resulting from the conflict. At least one child in the family must be under age five to meet the criteria for ARS involvement.

The financing component of ARS is a crucial aspect of the program. The ARS program is primarily funded through collaboration between the SSA and ECC. Additionally, Alameda County received a Title IV-E waiver associated with a program called Project Destiny.

During the course of developing the program, the ARS work group identified three primary elements necessary to operationalize this differential response model. These include guiding principles, program components, and program procedures, which are outlined below, as taken from the Alternative Response System Manual.

### **Guiding Principles**

- child safety as a priority
- family outreach when child is safe
- respect for and partnering with parents
- family preservation
- community and culturally-based services
- standardized and uniform decision making

### **Program Components**

- in-home and in-person responses to the family within seven days of the referral
- an assessment, with family input, of family's ability to parent, protect children from abuse and neglect, and provide for children's special needs

- referrals of families back to SSA when risk of abuse and neglect is assessed as high
- in-home parent support and education services tailored to meet family needs
- health and developmental screening for all children in the home
- active referrals to providers with support accessing services
- purchases of "basic needs" for families that support child well-being and parenting

### **Program Procedures**

- SSA makes referrals to ARS community-based services
- Community-based provider explains CWS referral diverted to them and asks family to participate
- ARS shares assessment with family and modify to reflect family's input
- ARS develops service plans with families
- ARS refers high risk/current injuries back to CWS
- ARS maintains family files, which are subject to SSA compliance audit
- ARS provides performance report for SSA capturing services and outcomes

The elements outlined above were applicable to the development of each of the ARS programs in Alameda County.

The following specifically describes La Familia, the ARS pilot project that proved to be the more successful of the two original sites.

### **THE REFERRAL PROCESS**

Initially, the screening hotline determines if the call meets three criteria:

- the family lives within the necessary zip code;

- the family has a child under the age of five or the mother is pregnant; and
- the referral is going to be assessed out.

The screening supervisor reviews the referrals and faxes the necessary information to La Familia. La Familia completes the following steps:

- the Clinical Supervisor and the Family Advocate attempt to reach the family by telephone or certified mail within seven days to set up a meeting; and
- the Clinical Supervisor and/or the Family Advocate explain that a CWS report was made concerning possible abuse or neglect within the family. The individual calling the family clarifies that the report did not rise to the level of requiring a CWS investigation and that ARS services are being offered on a strictly voluntary basis.

La Familia staff is comprised of a Clinical Supervisor and Family Advocates. The SSA does not have any staff outstationed at the ARS site. The philosophy is that because ARS is a voluntary, community-based program, it should not be seen as an extension of CWS. The Family Advocates are paraprofessionals who conduct weekly home visits. These home visits generally last about an hour to an hour and a half. The Family Advocates carry case-loads of no more than thirteen families, usually averaging only nine families. The Family Advocate has thirty days to complete several assessments, which will be used to assist as the family and the advocate work together to create the Family Care Plan (FCP). The family assessment includes the following:

- Structured Decision Making (SDM) Risk and Safety Assessment
- Identification of strengths and concerns
- Assessment of family's ability to parent

- Developmental and health assessments conducted on all children in the household
- Ages and stages questionnaires
- Edinburgh Depression Scale
- Substance abuse/ 4 P's Plus Screen for risk of alcohol or drug abuse

The goals identified in the FCP, are aligned with the goals of ECC's accountability matrix, a document utilized by the Family Advocates to track desired outcomes, which will assist in the overall program evaluation. The goals tend to address issues of child safety, parenting education, school readiness, health and wellness, self-sufficiency, and nutrition.

After the Family Advocate has completed the initial assessments, they can refer the family to the appropriate community resources. The Family Advocate is able to access a 'basic needs fund', which may be used for food, diapers, or partial rent payments. Ideally, the Family Advocate creates a relationship with the family such that they can provide supportive and educational services to help improve parenting skills and prevent further abuse or neglect.

## TRAINING

Training is a key element of the ARS program. Alameda County and ECC created a training model for the Family Advocates. The training model focused on skill building within each area of organizational expertise.

Some of the key trainings included:

- Child development
- Substance abuse
- Domestic violence
- Child abuse and neglect (dynamics of abuse, identifying safety and risk factors)

- Identifying and using community resources
- Cultural competence
- Self-care for the home visitor

In addition to the above training, the Family Advocates participate in weekly group and individual supervision. It has been determined that because the model relies largely on paraprofessionals, clinical supervision is crucial for guiding relationships between home visitors and families (i.e. how to set boundaries, how to avoid “taking on” the families issues). There is also a bi-weekly service team meeting provided by SSA and ECC.

Documentation and data collection are key elements to the success of the ARS program. ECChange is the method used by the home visitors for keeping client records. ECChange is both a case management tool and an accountability and evaluation tool. The tool is mobile in that a home visitor can access the system using a secure internet server. ECC provides each home visitor with a laptop. This tool is significant in that it can create annual reports and monitor success and outcomes of ECC’s accountability matrix.

### **SUCSESSES AND OBSTACLES**

Alameda is one of the few counties that has successfully developed and implemented a differential response program. The Hayward site, La Familia, has been in operation for over five years. Alameda County is currently working toward replicating this model in West Oakland, another high need area within the county. The ultimate goal is to have this program used throughout the entire county.

The early outcomes of the program have been:

- 146 families have received ARS services.

- 90 % of the families who received services have not been re-referred to CWS.
- Anecdotally, the community’s perception of SSA seems to be more positive.

Securing adequate funding for prevention and front-end services is difficult in the current fiscal climate. Another noted obstacle is that families sometimes flatly refuse the services of the community-based organization.

### **RECOMMENDATIONS FOR SANTA CRUZ COUNTY**

Santa Cruz County is currently taking steps towards implementing an ARS program. We have developed a pilot project in our South County area. This model has been successful thus far owing, in part, to the fact that there is a CWS supervisor outstationed at the community-based organization, which resolves the confidentiality issues inherent in such a program. Due to the success of our pilot project, we are eager to solidify a more substantial differential response program. The following are the current recommendations:

- Our target population will be referrals regarding families with a child under five years of age or a pregnant mom.
- Target population will also be families living within the city of Santa Cruz (currently the highest referral area).
- We will focus on evaluated out referrals.
- We will focus on referrals of general neglect.
- We will monitor the rate of return to the CWS system.

### **THE PROCESS**

The screening supervisor will call the family and ask if they are interested in receiving services from

a community resource. If the client gives a verbal consent, the supervisor will call the CBO and give them the client's name and the allegations received by our agency. A MOU will be developed, similar to Alameda County's, in order to facilitate sharing information.

### **THE TEAM**

We envision a team, including a public health nurse, domestic violence advocate, drug and alcohol specialist, child development specialist, home visitors, parent educator, counselor, someone to assist with housing, employment training specialist and a family conference facilitator. The team will complete the intake at weekly Multi-Disciplinary Team meetings and make the appropriate referrals and assignments. We agreed that the team can include both paraprofessionals and individuals with degrees. We want the drug and alcohol specialist to at least be a CAADAC; the parent educator and counselor/therapist would need to be master's level. The child development person should have at least an ECE credential, and the others could be paraprofessionals who would participate in our internal child welfare training.

### **TRAINING**

A well-defined training program will be created to include the highlighted areas of the Alameda County ARS model including:

- Child development
- Substance abuse

- Domestic violence
- Child abuse and neglect (dynamics of abuse, identifying safety and risk factors)
- Identifying and using community resources
- Cultural competence
- Self-care for the home visitor

### **DESIRED OUTCOMES**

- Preventing entrance into CWS and/ or recurrence of maltreatment.
- Facilitating access to community resources, such as health and school-linked services.
- Developing sustainable relationships within the community.
- Facilitating cultural and language specific services.
- Ensuring that services are accessible to families, geographically.

### **ACKNOWLEDGEMENTS**

I would like to express my gratitude to Wilma Lozada and Sally Lee for their time and valuable information.

### **RESOURCES**

Another Road to Safety Program Replication Guide by Amy Conley.  
Alternate Response System Update by Olis Simmons- Hewitt, Carol Collins, & Sylvia Myles.  
Every Child Counts Strategic Plan.

