

A New Approach to Working With Families: **Contra Costa County's Differential Response Program**

DANIEL VO

EXECUTIVE SUMMARY

Background

Santa Clara County Department of Family and Children's Services is in the process of rolling out its own pilot differential response in September, 2006. It has been valuable to learn more about Contra Costa County model of differential response since it started in January, 2004. This model emphasizes prevention and allows Children and Family Services (CFS) to extend help to families early on, before problems reach crisis levels. Under this system, CFS can link families to case management services in the community where the family can get help without having to be involved with CFS. Families can use these services to help resolve their problems before they become unmanageable. Differential Response provides three levels of service, called "Paths", to respond to the families reported to CFS. Community collaboration is an essential component of the Contra Costa differential response program. Contra Costa county is a very diverse county like Santa Clara and they have successfully created key community partnerships to provide intensive, in-home family support to a diverse population.

Recommendations

As Santa Clara County begins to roll out differential response county-wide, I recommend that we build upon the strengths of an existing system to achieve safety, stability, and well-being for children and families through a more flexible, supportive and responsive services system. I believe Contra Costa County's Differential Response program provides a good model for replication in Santa Clara County. My recommendation is that Santa Clara County implements its differential response in the five target areas, with the goal of ultimately expanding the program to the rest of the county.

Daniel Vo is a Social Work Supervisor with Family and Children's Services for Santa Clara County.

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Background

As each county was implementing the Child Welfare Redesign, Santa Clara wanted to examine the Contra Costa County model of Differential Response. Contra Costa started its model in January, 2004. Santa Clara is in the process of rolling out its own pilot of Differential Response program for this coming September, 2006, and would like to improve and expand on its current systems. During my internship with Contra Costa County (CFS), learned the many benefits of their Differential Response program.

The primary purpose of Santa Clara County's Child Welfare Redesign is to build upon the strengths of the current system. Primary goals are to achieve safety, stability, and well-being for children and families through a more flexible, supportive, and responsive services system. Santa Clara County Department of Family and Children's Services (DFCS) already operates an intake structure that is flexible and offers options to families, including Early Intervention, Weekend Diversion, Family Strengths-Based Services, Voluntary Family Maintenance, and Informal Supervision, as well as traditional child welfare services. However, implementation of a community-based response to screened out child abuse and neglect referrals is a new direction for DFCS. It is a design that has been included in the Child Welfare System Improvement Plan (SIP) as a strategy to reduce the disproportionate representation of children of color entering foster care and prevent foster care re-entry.

Differential Response will establish a child welfare intake and community-based service structure that allows community-based providers to respond to families that DFCS is not mandated to serve.

DFCS will continue to provide voluntary family maintenance and informal supervision services in addition to court-monitored services.

History

Contra Costa County Children and Family Services (CFS) received 7,615 child abuse reports in 2003. Of that number 3,924 (51%) received no in-person response. The total child population at the time was 260,799. The number of child abuse referrals was 9,848. Children with substantiated child abuse allegations were 1,996. That accounts for 20% of the referrals. A fact of some concern was that there were 847 children entering/re-entering foster care.

In January 2004, Contra Costa piloted its first Differential Response (DR) program. DR emphasizes prevention and allows CFS to extend help to families early on, before problems reach crisis levels. Under this system, CFS can link families to case management services in the community where the family can get help without further involvement with CFS. DR provides a gateway to helpful services for many families that might otherwise have fallen through the cracks.

Contra Costa's Differential Response provides three levels of service, called "Paths", to respond to the families reported to CFS.

PATH 1:

These are reports that do not require CFS intervention, where the family's needs can be addressed by community-based services. Generally, these reports would be closed at intake without anyone visiting the family to offer help. Under the new system, a liaison, called the Community Engagement Specialist

(CES), goes to see the family and links them to community-based case management services.

PATH 2:

These are reports that require an initial face-to-face assessment by a CFS Social Worker but do not require continued CFS involvement. Generally, these reports would be closed after investigation by the social worker with referrals provided to the family. Under the new system, the social worker may directly link the family to community case management services to help address their needs.

PATH 3:

These are high-risk reports that generally require immediate involvement of CFS.

The Family to Family (F2F) philosophy/program was already being provided in the county so CFS decided to build upon it. With F2F, they already had a working steering committee and had identified a target area using data from First 5 and past child abuse referrals. They already had local community partnership meetings, and had been using Team Decision Making (TDM) with families. What was needed was to develop a survey and offer mini grants.

The steering committee decided that they needed to:

- 1 shift the focus from F2F efforts to Differential Response;
- 2 develop information about DR that they could present to the community; and
- 3 provide technical assistance to community partners in Contra Costa County.

CFS also formed an Intake Structure Workgroup. The group reviewed information extracted from F2F, First 5, and over 700 referrals and decided that they would target three areas with the following zip codes:

CENTRAL

- Concord—94518, 94519, 94520

EAST

- Antioch—94509
- Pittsburg/Bay Point—94565

WEST

- Richmond/North Richmond—94801, 94804
- San Pablo—94806

The workgroup decided to pilot DR effective January 2004.

Prior to piloting DR, the workgroup had also decided the following guidelines:

- Focus on the 0 to 5 population.
 - Initiate discussion with existing community partners.
 - Utilize community based, culturally competent case managers who are knowledgeable about local resources to provide services.
 - Create a Community Engagement Specialist (CES) position. The CES serves as a link between CFS and the community case managers.
 - Shift Promoting Safe and Stable Families (PSSF) dollars to support DR case management positions.
 - Amend existing contracts with agencies.
 - Provide technical assistance across the county.
 - Offer a bidder's conference, giving priority to culturally competent providers located in the target areas.
 - Send out a Request for Interest (RFI).
 - Send out Child Welfare Redesign mini-grant applications.
 - Develop contracts to do purchase of service.
 - Develop a community-based referral form.
 - Develop Path 1 and Path 2 community-based intake & assessment forms.
 - Develop a community-based service plan.
 - Develop a method for community-based program feedback.
- The work group further agreed the following:
- The service plan needed to be detailed and concrete.
 - Every agency that provided DR services would use the same standardized forms.
 - Every agency would be required to attend two days of initial training and orientation, as well as ongoing quarterly training.
 - There would be monthly case coordination and review between CFS and community-based program.
 - A Consultation and Response Team (CRT) would be developed.

- There would be ongoing monitoring of outcomes. CFS at this point decided to introduce its entire staff to the pilot Differential Response plan. To accomplish this goal, they set out to do the following:
 - Provide monthly office training for staff
 - Provide trainings specifically geared toward Emergency Response and Screening Social Workers,
 - Conduct a joint emergency response and provider training.
 - Include the Emergency Response Liaison in case coordination and in reviewing monthly training.
 - Conduct ongoing joint emergency response unit and provider meetings.

The Referral Process

Contra Costa County provided the following examples which illustrate how a family would receive help under both the traditional system and the new system.

A concerned neighbor called the child abuse hotline regarding 4-year old Lina. The caller reported that Lina's mom had screamed at Lina and "swatted" her on her bottom when she had run into the street as a car was coming. Mom had been chatting with neighbors and not watching Lina. The caller was concerned that Lina was not adequately supervised and one day she could get hurt. Lina's dad is deceased.

The hotline social worker determined that the mother's behavior, while of concern, did not rise to the level of abuse or neglect and confirmed that there was no prior CFS history. Therefore, the report was assigned to **Path 1** so that the Community Engagement Specialist (CES) could link the family to community-based case management services.

Mary, the CES, went to visit the family. She introduced herself, letting mom know that she was there to see if she could be of some help. Mom was friendly and curious about the CES. They discussed the challenges of parenting a young child and how important it is to have support. Mom revealed she was having trouble keeping Lina from running off into the street and had to resort to spanking her, as nothing else seemed to work. The CES' excellent listening skills were a comfort for the mom, who felt

relieved to learn that other parents experience similar challenges. This "engagement" enabled the CES to introduce the concept of **Path 1 case-management services** to the mom who was happy to be offered some support. She agreed to set up a date for the CES to come back and introduce the family to the local **community case manager**.

The next day, the CES brought the community case manager to meet the family. The case manager and mom spent some time getting acquainted, and after a while, mom began sharing some of her parenting frustrations. They sat down and discussed some initial goals, set some priorities, and came up with a plan. After the visit, with mom successfully engaged and linked to community support, the CES closed the case.

The case manager helped mom access local community resources, such as enrolling Lina in preschool. She worked with mom on a supervision plan for Lina and showed her how to organize inexpensive family outings and plan activities at home. After a few months, mom started to enjoy using the new skills she had learned in her parenting class to redirect Lina. She was proud that she no longer had to yell at her or spank her. Over the course of about a year, the family became connected to their community, built up a network of support and the case manager visited less frequently. Given that the family continued to do well, the case manager started planning to close the case.

Under the **Traditional System**, the hotline worker might have offered referrals for Lina's mom and would have asked the caller to report any further concerns. The report would have been closed and nobody would have visited the family to offer support. Under the **New System**, the family was offered and then linked to community case management services to get help in resolving their problems, and hopefully avoiding future CFS involvement.

Contra Costa County is one of the few counties that has successfully developed and implemented a DR program. Some of the lessons learned are:

- It is important to keep staff in the loop to create stronger buy-in.

- CFS needed to make presentations to the community more friendly and easy to understand.
- It was critical for the client that there be a good transition from the CES to the community case manager
- Timeliness was essential for family engagement at the initial visit.
- Ongoing training & support to all involved staff was vital to ensure quality & consistency.

Recommendations for Santa Clara County

Santa Clara County is currently taking steps towards implementing a Differential Response program. Five target areas have been identified to pilot the DR in. The information used to identify the target areas was gathered from First 5 data. The Department of Family and Children's Services (DFCS) has signed an agreement with a local community-based agency to provide community case management. We recently hired a coordinator to help bring together the program. The following are the current guidelines:

- Our target population will be referrals regarding families with a child under 5 years of age.
- Home visiting will be an important part of the model.
- It will include dyadic therapeutic intervention with parent(s) and child.
- Every child will be connected to an enriched preschool program.
- The target population will be families living in the 5 target zip code areas.
- We will focus on referrals which are evaluated out.
- A goal is that families are not re-referred to resources and then left to access them without help.
- A goal will be that all children will be age-appropriately tested on standardized child development assessments
- Children will enter school ready to learn.
- We will monitor the rate of return to the child welfare system.
- In addition to Paths 1-3, Santa Clara County will add a Path 4 for reunified families to provide re-referrals into the system.

The Process

PATH 1:

This path assumes no further involvement of DFCS once the initial referral is made to a community organization unless the circumstances prove to be different than what was known at intake, or there is a change in circumstances. This path is selected when child maltreatment is not a concern. However, it is clear the family is experiencing problems or stressors which could be addressed by community services.

- The Child Abuse Hotline, AKA CAN Center, will screen appropriate evaluated-out referrals.
- The new Differential Response Coordinator will link referrals to a community-based contract agency for follow up.
- The community-based contract agency will leverage services with First 5 funded preschool or services.
- The community-based contract agency will report back to the Differential Response Coordinator on updates on service plans.

PATH 2:

This path is for families with low to moderate risk of abuse and neglect; safety factors may not be immediately manifested in all cases, but risk is present. The focus is primarily on voluntary involvement in services.

- The new Differential Response Coordinator will link referral to a community-based contract agency for follow up.
- The community-based contract agency will leverage services with First 5 funded preschool or services.
- The community-based contract agency will report back to the Differential Response Coordinator with updates on service plan.

PATH 3:

This path involves the likelihood that the children are unsafe. Risk is moderate to high for continued child abuse/neglect, and actions have to be taken with or without the family's agreement. They will have open cases in DFCS and even court involvement if needed.

PATH 4:

Families who have successfully reunified after DFCS involvement will have access to the community services offered to families through Path 1, in order to maintain stability and prevent re-entry into foster care. Unlike Path 1, access to services is available without a new report being made to the Child Abuse and Neglect Hotline. It is important to note Path 4 is not ready for implementation as part of the initial pilot in September.

Vision

Implementation of a community response to referrals of child abuse and neglect will engage community partners, in collaboration with the child welfare agency, to enable more families to safely and consistently care for their children. We hope that we will have the following outcomes:

- Prevent families from entering or re-entering into the child welfare system.
- Help families have greater access to community resources.
- Help families and children of color access more cultural and language specific services.

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