Child Welfare Services Redesign in Contra Costa County: Spotlight on Differential Response

Margaret Huffman

EXECUTIVE SUMMARY

History

All California counties are currently in the midst of Child Welfare Services (CWS) Redesign as a result of legislation passed by the state and federal governments to improve outcomes for children and youth. Contra Costa County was selected as one of the initial 11 California counties to receive funding to plan and pilot redesign system improvements. One of the system improvements being implemented in Contra Costa County is Differential Response (DR).

What is Differential Response?

Each year there are over one-half million reports of alleged child abuse and neglect made to child welfare agencies in California. Most of these referrals are for families that are under some type of stress and need help, rather than being referred for serious abuse and neglect issues. Many of these families do not meet the legal statute for a response by CWS. DR redesigns the intake structure of CWS by expanding the ability of child welfare agencies to provide prevention and early intervention services through partnerships with community-based organizations to families not seen by CWS or families assessed by a CWS social worker and closed. This is a significant systems change as 92% of families currently referred for abuse and neglect statewide *do not* receive any ongoing services. With full implementation of DR, it is estimated that 94% of families *would* receive ongoing services that could prevent child abuse and the need for future CWS intervention.*

*"Choosing the Path Less Traveled: Strengthening California Families Through Differential Response." Foundation Consortium for California's Children & Youth, Summer 2005.

DR allows for families to be assigned to one of three "paths" that best fit their needs. Path 1 is a community response chosen when allegations do not meet the statutory definitions of abuse and neglect, yet there are indications that the family would benefit from community-based services. Path 2 is a combined CWS and community response when a referral indicates low to medium risk. Path 3 is selected when risk is moderate to high and an immediate intervention is needed by CWS to ensure child safety.

Model Design

Contra Costa County was well prepared to be a redesign leader as it had already begun fundamental changes in 2001, when it convened over 100 stakeholders to redefine its local service delivery system as part of the Annie E. Casey Family to Family (F2F) Initiative. From this broad planning body, separate "Community District Partnership Meetings" were formed in West, Central, and East County to continue the dialogue of helping neighborhoods build effective responses to families and children at risk of abuse and neglect. These Community District Partnership Meetings continue to meet monthly and have been the backbone for engaging the community in CWS redesign issues, including DR.

Contra Costa began a comprehensive DR planning process in 2004. This included educating staff and the community on CWS redesign initiatives, reviewing data, setting up an Intake Structure Workgroup, participating in the Breakthrough Series

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Collaborative on Differential Response, beginning a DR pilot, conducting a Community Needs Assessment, and issuing a Request for Proposals for DR services. It formally began implementation of Path 1 and Path 2 DR services in May 2005, targeting areas of the county with high referral and foster care entry rates. Ten community-based agencies were selected as service providers, including some non-traditional partners. Initially, DR services were limited to families with children under age 5 and have more recently been extended to families with children ages 12 and under. Contra Costa's model provides long-term case management services, up to 12 months, for both Path 1 and Path 2 families.

Summary of Recommendations for Monterey County

The recommendations for Monterey County fall into three broad categories: Integration of CWS Initiatives, Model Design, and Funding.

Integration of CWS Initiatives

It is recommended that Monterey County broaden its five F2F Community Coalitions to include all of the CWS redesign initiatives. The values, goals, and strategies of F2F are broad and will incorporate all of the redesign concepts if messaged a bit differently. A stronger integration of initiatives would help both staff and the community better understand the "big picture" of CWS redesign. Presentations, both for staff and community, must be tailored to the specific group. Every opportunity needs to be utilized to engage the community in CWS redesign efforts.

Model Design

Monterey County has already "stolen shamelessly" from Contra Costa's DR model. Additional components that Monterey County should consider adopting include funding mini-grants, requesting the Child Abuse Prevention Council to assist with developing community resource guides, holding quarterly in-service trainings for community partners, and conducting site visits with other countie's DR programs. Other components should include providing Fairness and Equity training with follow-up action plans, engaging non-traditional service providers, such as the faith community in CWS redesign, and adding Path 1 and 2 community providers with expertise in domestic abuse issues. Monterey County also needs to pay close attention to community capacity issues. For DR to be successful, services must be timely, available and accessible.

Funding

Sustainable program funding is Monterey County's greatest DR challenge. Monterey needs to be bold in seeking grants (local, state, and federal), leveraging opportunities, reallocating existing funding streams, and assisting the community to develop additional service capacity. It needs to expand current outreach efforts to enroll all eligible families in Medi-Cal and Healthy Families that provide access for health and mental services. The California Mental Health Services Act (Proposition 63) provides an ideal opportunity to partner with Behavioral Health in reaching underserved children and families and to become a sustainable funding source. Monterey County should also consider applying for the Title IV-E Child Welfare Demonstration Project. Cost-benefit analysis studies from other states indicate that while the initial costs for DR are higher, the long-term savings more than off set initial investment costs.

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Background

In the world of Child Welfare Services (CWS), the Contra Costa County Employment and Human Services Department, Bureau of Children and Family Services (CFS) is recognized by its peer counties as being an innovative front-runner in developing and implementing promising and best practices for families and children. As all California counties are currently undertaking the challenges and opportunities presented by CWS Redesign, I was very pleased to have the opportunity to study how Contra Costa County CFS has been planning and implementing redesign changes.

During my Bay Area Social Services Consortium (BASSC) internship in Contra Costa County, I had the opportunity to study many aspects of redesign and model programs including the following: Family to Family; Differential Response; Linkages Project; Shared Family Care Program; Welcome Home Baby; Service Integration Team sites; and Fairness and Equity issues related to racial disproportionality. I also studied how new initiatives and programs are integrated and communicated to staff and the community. For the purposes of this paper, I will be highlighting the planning and implementation of Differential Response (DR). Monterey County, my home county, is currently in the planning process and recently began its own DR pilot project.

History

In 2000, the California legislature established the Child Welfare Service Stakeholders Group to review the CWS system and make recommendations for improvement. The group was charged with researching best practices and developing a consensus based plan. In 2001, the California Legislature passed the California Child Welfare Outcomes and Accountability Act (AB636) which established a statewide accountability system that would measure progress and encourage community engagement in improving CWS practices. The final Stakeholders report was published in 2003 and became the blueprint for action.

Also in 2003, California's federal Program Improvement Plan (PIP) was approved. It required each county to develop a System Improvement Plan (SIP). This two-year PIP built on the Stakeholders' report with strategic steps of accomplishing CWS Redesign. Contra Costa County was selected as one of the initial 11 counties to receive California Department of Social Services (CDSS) funding to plan and pilot system improvements identified in the Stakeholders' report.

Contra Costa was well-prepared to be a redesign leader as it had already begun fundamental changes in 2001, when it convened over 100 stakeholders to redefine its local service delivery system as part of the Annie E. Casey Family to Family Initiative. From this broad planning body, separate "Community District Partnership Meetings" were formed in West, Central, and East County to continue the dialogue of helping neighborhoods build effective responses to families and children at risk of abuse and neglect. These Community District Partnership Meetings continue to meet monthly and have been the backbone for engaging the community in CWS redesign issues, including DR. CFS staff are invited and encouraged to participate in these community meetings.

In its 2005 comprehensive SIP, Contra Costa County identifies DR as a strategy to reduce the overrepresentation of African-American children

in foster care by using community-based, culturally competent preventive services for families at risk of child abuse and neglect. Additionally, the strategy supports communities in increasing the quantity and quality of services. A second SIP DR-related strategy is to "[e]nsure that DR providers have current information regarding where clients can apply for CalWORKs and that these agencies work to coordinate their service plans with any existing CalWORKs or Welfare to Work service plans."[1]

Contra Costa organizes its redesign efforts around the following four goals aimed at increasing:

- community capacity to provide a safe environment, free from abuse and neglect for children,
- the capacity of families to provide a safe and nurturing environment for children,
- successful permanency outcomes for children in the child welfare system, and
- placement resources for children in out-of-home care[2]

Implementation of DR helps to address the first two goals.

What Is DR?

Each year over one-half million referrals of alleged child abuse and neglect are made to child welfare agencies in California. Most of these referrals indicate families are under some type of stress and need help, rather than being referred for serious abuse and neglect issues. Many of these families do not meet the legal statute for a response by CWS. The following 2003 statewide statistics for unduplicated reports[3] illustrate this fact:

- 25% of referrals are screened out after the telephone report (i.e., no in-person assessment).
- 46% are seen for one contact and then closed.
- 21% are provided with emergency services and then closed.
- 4% receive voluntary or court-ordered services.
- 3% of children are removed with reunification and/or permanent planning services.
- 1% are transferred to other jurisdictions.

Thus, 92% of families do not receive ongoing services. Yet, within 24 months after the initial referral, 40% of children reported have another referral. Why is this? One reason is that California's system (based on federal reimbursement mechanisms) *does not promote or fund prevention and early intervention services.* DR seeks to change these bleak statistics by restructuring the child abuse and neglect intake and service delivery system to allow for a response that best fits each family's needs.

DR is an approach to enhance child safety by expanding the ability of child welfare agencies to respond to reports of child abuse and neglect. Its focus includes a broader set of responses for working with families at the first signs of trouble. Innovative partnerships with community-based organizations can help support families that are in need—and before problems develop.[4] DR allows for families to be assigned to one of three "paths" that best fit their needs.

Path 1: Community Response is chosen when allegations do not meet the statutory definitions of abuse and neglect. However, there are indications that the family could benefit from community-based services.

Path 2: CWS and Community Response is chosen when a referral indicates low to medium risk.

Path 3: CWS Response is selected when risk is moderate to high and an immediate intervention is needed to ensure child safety.

What difference will DR make? When DR is fully implemented in California, the statistics are expected to look like this:

- 6% will be screened out after the telephone report.
- 43% will be referred to the community for assessment, services and support (Path 1).

[1] "Contra Costa County System Improvement Plan." Revised November 2005.

[2] "Innovations in Child Welfare." Contra Costa County Children & Family Services publication, 2005.

[3] UC Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/CWSCMSreports/

[4] "Improving the Lives of California's Children and Families, Differential Response in California." CDSS/Foundation Consortium for California's Children and Youth/California Welfare Director's Association. July 2005. URL: http://www.dss.cahwnet.gov/cdssweb/res/pdf/DROverview.pdf

- 43% will receive an in-person assessment by both CWS and community partners with follow-up services and support provided by community partners (Path 2).
- 8% will receive an immediate assessment by CWS based on referrals indicating high-risk situations (Path 3).

With DR, it is projected that 94% of families would receive ongoing services versus the current system where 92% of families referred to CWS do not receive any ongoing services or support.

Planning Process

The broad definitions of the DR Paths allow for considerable design flexibility at the local county level. In 2004, CFS worked simultaneously on many fronts to plan and design its DR model and it was able to accomplish the following:

- Educated staff and the community on CWS redesign initiatives (including DR) and how they fit together to improve the child welfare system.
- Reviewed data and selected DR roll-out areas based on communities with high referral and foster care entry rates. These were also Family to Family target areas.
- Participated with the other pilot counties on a DR policy and practice workgroup.
- Set up an Intake Structure Workgroup composed of intake social workers, supervisors, community partners, an analyst and former foster youth.
- Participated in the California Breakthrough Series Collaborative on Differential Response (BSC).[5]
- Began to pilot DR in the Central District as part of the BSC, utilizing existing Promoting Safe and Stable Funding (PSSF).
- Conducted a Community Needs Assessment by contracting with community-based organizations (CBOs) which hired people from the identified communities. They conducted door-to-door surveys with families to learn which services families already used and what services families might need to help raise their children.
- Issued a Request for Proposals (RFP) that gave priority to community organizations that demonstrated cultural competency were located in the roll-out areas, and that could provide the services identified in the Community Needs Assessment. Technical assistance was provided to grassroots groups and CBOs on how to successfully compete.

The Intake Structure Workgroup analyzed three months of referrals that had been screened out. The results showed that one-third of the families had children under age five, most had basic needs (food, health care, housing), and most had multiple risk factors such as substance abuse and domestic violence, and most were stressed with parenting. The Workgroup tested different methods of engaging families and linking families to community services as part of the BSC.

In addition, it reviewed existing DR models and best practices. The review process included traveling to Minnesota and two California counties—Alameda and Solano. These models confirmed that face-to-face engagement and models with longer-term services were the most successful. Legal issues, such as confidentiality, were also examined, yielding the recommendation of utilizing "Community Engagement Specialists" (CES) for Path 1. These would be contracted positions with experienced people, knowledgeable of community resources. They would serve as the link between CFS and the community case managers and assist with resource family recruitment activities.

Model Design

The successful RFP yielded four CBO case managers for Path 1 and seven CBOs with ten case managers for Path 2. The following agencies were selected: YMCA, Y-Team, Catholic Charities, East Bay Perinatal, Pittsburg Pre-school, Neighborhood House, Community Violence Solutions, Families First, First Baptist Church, and the Family Stress Center. The wide spectrum of CBOs allows fami-

[5]The BSC methodology emphasizes small tests of change to find out what works and then transforms the small changes into systems change.

lies some choice of which agency they might feel the most comfortable working with. Both traditional and non-traditional service providers, such as faith-based organizations, are available.

Most of the case managers are paraprofessionals with related work experience who live in the communities they serve. The client caseload is limited to 15 families per case manager with case management services up to one year for each family.

In Path 1, after receiving the referral information from CFS, the CES makes an unannounced home visit and attempts to engage the family and complete a strengths-based assessment. If the family is willing to accept services, the CES arranges for a transition meeting between the family, the CES and the community case manager, known as a "warm hand-off". Ideally, this meeting takes place within a day or two of the initial contact.

In Path 2, the Emergency Response (ER) social worker makes the initial visit. If there is no need for ongoing CFS services, the worker extends the offer of community-based services. If the family accepts, a transition meeting is set up with the family, the ER worker and a case manager. This meeting ideally also takes place within a day or two of the initial contact, however, due to workload concerns the warm hand-off meeting is not mandatory.

Both Path 1 and Path 2 families receive long-term case management services up to one year. These begin with multiple weekly visits and gradually decrease to one visit per week and then one visit a month as case management nears closure. Detailed service plans are developed by the family and case manager. Monthly case review meetings are held with the CES, case managers, and ER Supervisor liaisons. These meetings assist with communication and problem-solving as well as being a venue for discussing family engagement strategies and sharing success stories. The case managers also meet periodically with the ER staff in each roll-out area, which helps to promote relationship building, credibility, and teamwork. In addition, the CES and case managers also have access to a multidisciplinary Consultation and Review Team composed of mental health, substance abuse, childcare, public health, and child development specialists. They can staff their most challenging situations with this team. The team is funded by First 5 and is available to all Contra Costa home visiting programs.

Training consists of two days, including a focus on the CWS system, mandated reporting, family engagement, and confidentiality. The CESs are provided with additional training. CFS holds quarterly in-service trainings for all of the providers on topics, such as domestic violence, maintaining professional boundaries, child development, CalWORKs, etc.

After the training, in May of 2005, Contra Costa formally began Path 1 and Path 2 DR services in the following communities for families with children ages 0-5:

Central (zip codes)	East County	West County
94520	Pittsburg	Iron Triangle
94519	Old Antioch	N. Richmond
94518	Bay Point	

While DR services have continued to be focused on families with children ages 0-5, some flexibility has been allowed to serve families with children up to age 12.

An additional element of the model are mini-grants issued by CFS of $30,000 per region for communities to use as "seed money" assisting to meet needs identified in the assessment surveys. Mini-grants may range from $1,500 to $8,000 per project. The mini-grants have been very successful in engaging communities to work together to create better outcomes for their children and youth. Funded projects have included a mural project for youth in Bay Point, a youth winter camp, high school mentoring, Spanish language anger management training, parent education classes at local apartment complexes, respite care and other projects deemed important to the various communities. Mini-grant funding decisions are made at the Community District Partnership Meetings.

The Child Abuse Prevention Council (CAPC), has created, printed, and distributed "Surviving Par-

enthood," a guide to the community resources most needed by families. These guides are provided to agencies and families at no cost and are also available in Spanish.

Funding

As mentioned earlier, Contra Costa County is one of 11 counties that received California Department of Social Service (CDSS) funding for CWS redesign. This funding, $1.3 million per year for five years, is paying for many redesign expenses including ten case manager positions (approximately $65K per position), three CESs, a program analyst, and a staff development specialist. The funding includes data and program evaluation, mini-grants, fairness and equity training, and stipends for domestic violence experts to attend Team Decision Making meetings. Each regional division manager is allowed $2,000 to expend as needed to enhance community partnerships.

In addition, CFS has used PSSF funding to pay for a few of the DR case manager positions. CFS has also secured grant funding from the Stuart Foundation, Hedge Funds Care, First 5, and a five-year $500,000 per year federal CWS System of Care Demonstration Site grant that is helping CFS fund other redesign initiatives and special projects.

Evaluation

CFS contracted with a highly skilled researcher/program evaluator to evaluate DR and its other redesign initiatives. The evaluator has designed a sequel server Microsoft.net database that is separate from the CWS Case Management System (CWS/CMS) database used for entering all CWS data. CWS staff enters "Special Projects" codes into the CWS/CMS database for families being referred to Path 1 and Path 2 services. The evaluator is able to pull this information from CWS/CMS and correlate it with the assessment and quarterly report information from the CES and case managers. Recidivism rates can be tracked through a unique identification number that is tied to each referral. CFS is also in the process of developing a family satisfaction survey.

Evaluation reports are not yet available. DR services formally began in May 2005 and case management services last up to a year for each family. Initial DR findings are that the number of referrals to CWS decreased by 8% from those of 2004. ER staff are going out on fewer referrals. The CESs have been very successful in engaging families, particularly Latino families. Preliminary analysis is showing a lower engagement rate for African-American families, even when the CES is also African-American. This may be due to the longstanding mistrust of CWS by many in the African-American community. Anecdotally, staff and the community providers feel DR services are extremely valuable to the families being served. Because CFS has chosen a model with intensive case management services, the number of families able to be served is limited. Waiting lists have developed and staff lament that DR services are not available in all areas of the county.

Implications and Recommendations for Monterey County

Recommendations for Monterey County fall into three broad categories: Integration of CWS Initiatives, Model Design, and Funding.

Integration of CWS Initiatives

Monterey County is also a Family to Family county and has five community coalitions. These are similar to Contra Costa's three Community District Partnership Meetings. While Contra Costa has broadened its meetings to include all CWS redesign issues, Monterey's coalitions are still primarily focused on the values, goals and strategies of Family to Family. These values, goals, and strategies are broad and can incorporate all of the redesign concepts if messaged a bit differently. A stronger integration of initiatives would help both staff and the community better understand the "big picture" of CWS redesign. Presentations, both for staff and community, must be tailored to the specific group. Every opportunity should be utilized to engage the community in CWS redesign efforts.

Successful internal communication strategies used in Contra Costa that are recommended for Monterey include:

- Persistent messaging by the CWS Director through email, intranet (CWS/CMS Online Resources), Policy Bulletins, and attendance at no less than quarterly staff meetings;
- Twice yearly CWS Forums held at an off-site location with lunch included (resource families or other partners may also be invited if pertinent to topics of discussion);
- Additional training and off-site meetings with CWS supervisors to ensure they fully understand CWS redesign issues as they are the primary communicators to incorporate culture and practice changes with staff;
- Visual messaging—division mission and values framed in lobbies, printed on folders, hand-outs, website, marketing materials, Department of Social and Employment Services (DSES) newsletter; and
- Outreach presentations to staff in the other DSES divisions to help them understand CWS redesign and how to work together to best serve the families and children of Monterey County.

Model Design

Monterey County has already "stolen shamelessly" from Contra Costa's DR model. Additional components that Monterey should consider adopting include:

- Funding mini-grants for each Family to Family Coalition area;
- Requesting CAPC of Monterey County to consider compiling, printing and distributing community resource guides for families on the Monterey Peninsula, Salinas, and South County;
- Engaging non-traditional service providers, such as the faith community in CWS redesign;
- Holding quarterly in-service trainings for the Path 1 and Path 2 providers, with the next training focusing on CalWORKs services;
- Adding Path 1 and Path 2 community providers with expertise in domestic abuse issues;
- Conducting site visits to other counties with model DR programs; and
- Providing Fairness and Equity training for staff and community partners including follow-up discussions and the development of an action plan to assist with integrating cultural competency in daily practice.

Monterey County also needs to give close attention to community capacity issues. A focus group with CBOs confirmed concerns that service capacity is lacking. For DR to be successful, services must be timely, available and accessible.

One of the major differences between Monterey County's pilot project and Contra Costa County's model is the length of time families may receive case management services. Monterey County elected to provide short-term (three months or less) case management services to allow service provision to more families. While Monterey County's pilot limits Path 1 to three zip code areas, it is testing Path 2 countywide for all referrals that have substance abuse as a presenting issue

Funding

Sustainable program funding is Monterey's greatest DR challenge. The pilot is currently operating on a "shoestring budget" of a $40,000 System of Care planning grant from Behavioral Health and $240,000 received from CDSS for the CWS Outcomes Improvement Project.

Monterey County needs to boldly seek grants (local, state, and federal) and leveraging opportunities. Existing funding streams should be assessed for possible reallocation to DR. The DSES needs to expand current outreach efforts to enroll all eligible families in programs, such as Medi-Cal and Healthy Families, to provide access to health and mental health services and assist the community in developing additional service capacity. The California Mental Health Services Act (Proposition 63) provides an ideal opportunity to partner with Behavioral Health in reaching underserved children and families through DR. More flexible funding will soon be available through the Title IV-E Child Welfare

Waiver Demonstration Project.[6] This Waiver will allow up to 20 California counties more flexible use of Title IV-E funding and includes prevention and early intervention services. Monterey should consider applying for the Title IV-E Child Welfare Demonstration Project.

DR is too new in California for long-term cost-benefit analysis. In making the DR case to local policy makers and grantors, Monterey County should refer to program evaluations from other states. For example, Minnesota's multi-year program evaluation findings shows that overall costs associated with families were lower for families served by DR than traditional investigations. Initial costs were higher but because fewer DR families had new reports (lower recurrence rates) and fewer children later entered foster care, the savings achieved by the families served by DR more than offset the initial investment costs.[7]

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[6] All County Information Notice I-30-06, State of California—Health and Human Services Agency, Department of Social Services.

[7] "Differential Response in Child Welfare." American Humane Association. Volume 20, Numbers 2 & 3, 2005.