

Differential Response in Contra Costa County: A Pro-Active Step Towards Child Safety

ADESH SIDDHU

EXECUTIVE SUMMARY

Introduction

Examination of data in California's county child welfare agencies reveals that the majority of reports of suspected child abuse and neglect are closed after initial contact and do not receive any support or services. Yet, many of them are re-referred. These data highlight a need for services focused on early intervention to correct problems and that are augmented and supported by communities. As a result of a number of reviews of the state's child welfare system, a report was published in 2003 which came to be known as the *Child Welfare Services Redesign*. One of the initiatives identified in that plan is known as *Differential Response* (DR). DR enables county child welfare agencies to respond to reports of child abuse and neglect by connecting families with community resources that can assist them and by engaging families themselves in the steps that will keep their children safe. Contra Costa County is one of the pilot counties in the state to implement this program. This paper examines the lessons learned by Contra Costa County and their applicability for Santa Clara County.

Recommendations

The plans being designed by Santa Clara are similar in many ways to what Contra Costa did. The process flow being defined is also very similar. The lessons to take advantage of are those learned by Contra Costa in the actual application of the program in the field. Some salient lessons are:

- Communicate effectively, and often, with all partners, including staff;
- Ensure close coordination of the referral from the county to the community provider;
- Bring in the community provider speedily to work with the family to keep them engaged;
- Plan in detail what data to collect, and how, as well as the system to house it and to report on it; and
- Consider a program similar to those funded by mini-grants in Contra Costa County.

Adesh Siddhu is the Director of Infrastructure with Santa Clara County's Social Services Agency.

Differential Response in Contra Costa County: A Pro-Active Step Towards Child Safety

ADESH SIDDHU

Introduction

Every year, across the country, 5 million children are referred to local agencies for reasons of abuse or neglect. In California alone, county child welfare agencies receive 650,000 reports of suspected child abuse and neglect every year. Of the children who come into contact with the child welfare system, more than 50% are age 5 or under. Of these referrals, 92% are closed after initial contact and do not receive any support or services. Yet, one third of these referrals are re-referrals of families from the previous year.

Right off the surface these staggering numbers underscore the need for an intervention system that depends not only on the local agencies but is augmented and supported by communities. Collaboration between local agencies and communities to provide early intervention services to families is vital to the well-being of children at risk of abuse or neglect. Multiple reviews of California's child welfare system have resulted in a comprehensive plan to overhaul the state's child welfare system and address its shortcomings. One of the initiatives stemming from this plan is called Differential Response (DR). Contra Costa County is one of 11 counties selected to pilot this critical change in practice, and they had their initial implementation over a year ago. Santa Clara County's implementation of the program will begin later this year. It was for that reason that I selected to evaluate Contra Costa's implementation of DR to glean what lessons they had learned in their initial year so that Santa Clara could take advantage of those lessons to make their implementation smoother.

History

The country currently has a national "system" for child welfare with federal and state mandates. This system had a start in the 1930s with the Social Security Act, Title IV-B which established the Child Welfare Services Program. This national system has continued to be refined and enhanced through legislation over the years, such as the Adoption Assistance and Child Welfare Act (Public Law 96-272) of 1980. California has also enacted a number of legislative measures that emphasize maintaining families and reducing the removal of children.

In 2000, the California Legislature created a statewide Child Welfare Stakeholders Group to review the state's child welfare system and make recommendations for improvement and change. In 2001, the California Legislature passed the Child Welfare System Improvement and Accountability Act (AB 636) to improve outcomes for children in the child welfare system while holding county and state agencies accountable for the outcomes achieved. A federal review in 2002 also showed that California (like all other states) did not meet all federal standards for child welfare. Taking into account these reviews and their own assessments, the stakeholders group published their final report in 2003 which came to be known as the *Child Welfare Services Redesign*. Arising out of this overall plan were a number of new initiatives and one of them reflects an innovative change in how child welfare agencies respond to reports of child abuse and neglect. This initiative is known formally as Differential Response. This bold approach

enables county child welfare agencies to respond in significantly broader and different ways to reports of child abuse and neglect—by connecting families with community resources that can assist them and by engaging families themselves in the steps that will keep their children safe.

Program Implementation

Differential Response (DR) is a real change from the traditional child welfare system of providing a “one size fits all” response to child abuse reports where the overwhelming majority of hotline reports receive a risk assessment but no further services because they do not meet government criteria for intervention and response. DR offers multiple paths for ensuring child safety—all of which include engaging families whenever possible to help identify solutions to the challenges that they may be facing and that are posing risks to a child’s safety and wellbeing. It provides services for those cases which would have been “closed out” with no further departmental involvement in the old system.

PATH #1: COMMUNITY RESPONSE.

This path is chosen when allegations do not meet statutory definitions of abuse or neglect, yet there are indications that a family is experiencing problems that could be addressed by community services. These services are only provided with the family’s willing participation, otherwise the case is closed.

PATH #2: CHILD WELFARE SERVICES AND COMMUNITY RESPONSE.

This path is chosen when reports meet statutory definitions of abuse and neglect, and assessments indicate that with targeted services a family is likely to make needed improvements to improve child safety. Assessments determine a child’s risk as low to moderate. The focus of this path is on a family’s willingness to make needed improvements. Without the family’s consent, the case is still closed out.

PATH #3: CHILD WELFARE SERVICES RESPONSE.

This path is most similar to the child welfare system’s traditional response and, like Path #2, is chosen when

reports meet statutory definitions of abuse and neglect. This is the path chosen when children are not safe and includes situations where the risk is moderate to high for continued abuse or neglect.

To plan and guide efforts for the redesign work, Contra Costa established a Child Welfare System (CWS) Redesign Steering Committee. Some of the initial Contra Costa CWS Redesign strategies were adapted from the Casey Foundation’s Family to Family initiative. The committee identified four main goals for their Redesign Plan:

Goal #1: Increase community capacity to provide a safe environment free from abuse/neglect for children.

Goal #2: Increase the capacity of families to provide a safe and nurturing environment for children.

Goal #3: Increase successful permanency outcomes for children in the child welfare system.

Goal #4: Increase placement resources for children in out-of-home care.

The first two goals set the context for Differential Response. Within Goal #1, Contra Costa aims to:

- Develop a community liaison for each district to improve linkages between child welfare and community.
- Prepare to develop or partner with existing family resource/service centers or other programs so all families have access to resources within their community.
- Promote comprehensive community-based services tailored to community culture and issues to assure timely access to resources.
- Outstation child welfare workers in community settings in order to identify children at risk earlier and increase child welfare services visibility and access to the community.

Within Goal #2, Contra Costa aims to:

- Develop a case management service program for underserved, at-risk families in the non-Welfare to Work program to maintain or enhance families and prevent child abuse and neglect.
- Develop a community-based strategy to provide services to families (with their willing participa-

tion) referred to child welfare but currently not being served.

- Expand voluntary family maintenance in order to minimize court involvement and out-of-home placement for children
- Expand the Child Welfare and CalWORKs Partnership in all areas of the county.

Contra Costa set up an Intake Structure Workgroup to help create the foundation for implementing DR. The County started with the work done under the Family-to-Family initiative which had identified target areas (called Phase-in areas). The Workgroup then carried out an analysis to identify target populations and their service needs. They conducted a review of referrals that had been “assessed out” of the system, i.e. had been deemed as not meeting criteria for intervention. The findings showed that it was the age group 0 to 5 that had the greatest need. The workgroup also drafted a policy for the DR process.

Central Contra Costa County was identified as the pilot area—within specific zip codes. The County initiated discussions with community partners and amended existing contracts with agencies to allow DR-based case handling and reporting. Contracts were put in place for the Community Case Managers (CCMs). The contracts spelled out in detail the duties for the CCMs and also mandated certain training for the CCMs.

A key task was extensive communications and education within the community. To that end, county staff made presentations at various forums and provided technical assistance to community partners.

It was equally vital to ensure that Child Welfare staff were on-board with the pilot and the process. A number of training initiatives were carried out targeting Emergency Response (ER) staff:

- Monthly Office Trainings
- Individual ER/Screening Training
- Joint ER/Provider Training
- Include ER Liaisons in Case Coordination & Review Monthly Trainings
- Regular ER Unit Check-ins
- Ongoing ER Unit/Provider Meetings

The county started a test run in partnership with Families First for Path #2 cases. After that initial test run, the county conducted a joint review with the case managers and community partners to assess the strengths of the pilot and also what refinements were needed. The review affirmed that the focus needed to be on the 0-5 age group, that long-term case management services worked best, and that there needed to be a focal point to link the case managers with Child and family Service. The review also showed that the case management structure using the Community Case Manager worked well.

As a result of this, the County created a new position called the Community Engagement Specialist (CES) who was to be the link between CFS and the Community Case Managers. For Path #1 cases, the CES is the person who receives the referral from the ER worker and establishes contact with the family. Appropriate training for the CES was also designed that covered not only program policies but also cultural sensitivity and how to engage families.

Another key element of the implementation was to ensure that relevant data was collected. The county was cognizant of this from the very beginning. After joint consultation with the case managers and the community partners, the county developed forms for documenting the case plan and progress reports. These forms were provided to the case managers to fill out and return to the county. A database was developed to house the data and allow analysis and reporting. The county ensured that the forms the case manager used captured data in a way that could be transferred to the data base to allow meaningful reporting later.

Contra Costa has now expanded the program to other areas (zip codes). They have also conducted surveys in the phase-in areas called Keeping Children Safe Surveys—the first group in 2003 and the second in 2005. The goal is to ensure that community services and funds are focused on the most important needs. The surveys asked the respondents to list what their needs were and their relative importance, what services they were aware of that were available and services that they thought were missing but needed.

One result was there had been a significant increase in the services being used in the two years between surveys. Perception of available services and which services were the most needed differed in different parts of the county. Since the last survey was only recently completed, the county has not yet completed a detailed analysis of all the data gathered.

Funding

For the initial pilot, Contra Costa shifted funds from the Promoting Safe and Stable Families (PSSF) program to fund the CCM positions. State funds provided for Redesign pay for:

- A Program analyst
 - A Data person
 - Community Case Managers (approx. 10 positions)
 - Community Engagement Specialists (3.0 FTE)
 - Mini Grants (25K per region)
 - Fairness & Equity training
 - Stipend for domestic violence experts to attend Team Decision Making meetings
 - \$2,000 per Manager for work with community (faith-based luncheon; participation at fairs)
 - a Staff Development Specialist (training)
- Other funding has come from:
- Foundations, such as the Stuart Foundation and the Hedge Funds Care.
 - System of Care (SOC) grants
 - Coordination with other home visiting programs
 - Welcome Home Baby, First Five

Key Lessons

Just as Contra Costa did, Santa Clara also has conducted detailed analyses of the data on hand for the referrals that currently are closed with no action (or no further action after investigation). Santa Clara also plans to begin with a controlled pilot and has identified target areas by zip code where to start the pilot implementation. Santa Clara currently offers services for lower to moderate risk families through Path #2 and so the pilot goal is to create Path #1 and strengthen Path #2. Additionally, Santa Clara will also provide a Path #4, which will give access to community supports for closed cases (after-care). The

community provider that Santa Clara will partner with for the pilot has also been identified.

Given that Santa Clara's planning is well along its way and that, at a high level, the program elements are the same, the lessons with the greatest value at this stage are those that come from the actual execution of the program and process in practice. With that in mind, the lessons that I identified are:

- Contra Costa's experience affirms Santa Clara's decision to create a position similar to the CES. Contra Costa's experience also shows that the CES needs to be someone familiar with the community and the resources available there. Bringing in someone who is from the targeted community offers great advantage.
- Communication is vital—with staff, with the community, and with funding sources. Presentations to the community need to be “friendly” (not government communiqués).
- Ensure coordination of CAN referrals while a case is in transition and that processes are in place for this from the beginning. Confusion happens when two separate referrals on a family are put into both Path #1 and #2 with two different people involved.
- Joint home visits for transitioning the case to the CCM has the most success in keeping families engaged. It is also important that all the representatives (ER worker, CES and CCM) impart the same message to the family—both with respect to the role of the county from that point on as well as the services available and to be provided. Use a script or ensure that the representatives communicate with each other prior to meeting in front of the family.
- Timeliness is essential for family engagement. The time from initial referral to the CES contacting the family should be very short and then the transition to the CCM should also be short. As more time passes in this transition, families tend to get disengaged.
- Contra Costa has had very good success with mini-grants. These mini-grants were set up by the county (limited to \$ 25,000 for each region)

to provide seed money for focused projects. Santa Clara should consider this idea as well.

- Planning for the reports and analyses to be carried out later is an investment that is critical. This should be done in detail all the way to specifying standards for how common data elements are recorded. Changing forms and re-training staff later can be costly and error prone—hence the need to plan comprehensively at the start.

Recommendations

There are a number of similarities between Contra Costa and Santa Clara counties in terms of the starting point for Differential Response. Just like Contra Costa, Santa Clara also has a number of programs in place prior to DR that offer some elements of DR. For example, Santa Clara offers services for Path #2 families under the Voluntary Family Maintenance program with services offered at the Family Resource Centers set up by the county.

Given the above, Santa Clara should continue with their plan to leverage existing programs and work them into DR. This strategy worked well for Contra Costa. Santa Clara should also assess the mini-grant program at Contra Costa and put something similar in place.

Santa Clara should also continue with its focus on training and other issues related to cultural sensitivity. The plan here needs to account for the ethnicities represented in Santa Clara. Cultural sensitivity is not a one-time event but an on-going focus, and Santa Clara needs to make provisions in everyday operations for continued reinforcement.

Santa Clara has not yet identified a system or process to capture these data. I recommend that Santa Clara incorporate the forms already developed by Contra Costa and also examine its database for possible adaptation. This should be weighed against an assessment of the data system developed by San Mateo and by McKinley. In hiring the equivalent of the Community Engagement Specialist, Santa Clara should put as a job requirement that it is someone familiar with the local community—this is vital to success of the program.

Santa Clara's strategy to start with a small pilot is validated by Contra Costa's experience and should proceed as planned. The plan should emphasize in-person transitions (in the family's presence) between the county and the community provider. This need should be clearly documented in the process. Santa Clara should also use the "role-play" method to act out and test the process. This will ensure that details, such as information and document handoffs, consistency of message, and procedures to contact and transition the family, are smooth.

Acknowledgements

I would like to thank John Cullen, Director of Employment and Human Services, for allowing me this opportunity and congratulate him for his appointment as County Administrator. Thanks to Lynn Yaney for a fantastic job of organizing—all that and breakfast and lunch too!

Thanks to Danna Fabella, Director of CFS, for the time she spent with us and for the opportunity to attend her Leadership meeting, and congratulations on her new appointment. Thank you, Debi Moss, for your time and a great educational presentation. Thanks to Ray Merritt, Melissa Connelly, Pat Harrington, German Martinez and Ade Gobir for their time and insights. Thanks also to Brenda Landeros for her time late in the afternoon.

I would be remiss if I did not thank Dorothy Smith, our CIO, for encouraging me in this endeavor, and Will Lightbourne, our Agency Director, for talking me into signing up for BASSC Executive Development Program.

