

# Promising Bay Area Practices

for the Redesign of  
Child Welfare  
Services



a **BASSC** report

Bay Area Social Services Consortium

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# Introduction

In response to the many calls for Child Welfare Services reform, we agree that change is needed

within the Child Welfare System to improve outcomes for children. Innovative promising practices already underway are the way to get there, rather than redesigning the system from scratch. The system is replete with complex issues that have been grappled with at the policy level, as well as within the system at the local level. The aim of this publication is to demonstrate the underpinnings of our strategy through the presentation of the many innovative programs developing and operating in the



following Bay Area counties: Alameda, Contra Costa, Marin, Monterey, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma. It is important to remember that these practices were developed through experience in the field and are not necessarily based on research or long-term evaluations. We look forward to the time when there is a long-term investment in outcome-based research. We are not suggesting that every county will have the full array of innovative practices that we are

highlighting. Rather, we would hope that each county would develop a continuum of services that matches the needs of its own community.

This publication begins with a discussion of the challenges in the Child Welfare System and our vision for the future. Section II presents a set of figures that illustrate the typical pathway of a child welfare case through the system and the wealth of promising practices that a child may encounter along the way. A preliminary set of outcomes describes some of the impacts of these programs. Section III includes the definitions of nine categories of services and highlights several promising practices in each of those areas. A national and historical overview of the Child Welfare system is included in the appendix.

Based on our strategy for Child Welfare redesign, utilizing innovative programs, we have developed a set of recommendations. These recommendations include the following:

1. **Funding**—there must be an increased level of investment for both the core services and the expansion of promising practices.
2. **Evaluation**—a process must be implemented to monitor and evaluate both current and future promising practices.
3. **Flexibility and Autonomy**—There must be flexibility in state policy and autonomy in counties to respond to differing county needs.

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## SECTION I

# The Challenge and Future Vision of Child Welfare Services

## Current Challenges

The Federal and State policy and finance incentives are currently in place to encourage only the most basic approaches to the delivery of Child Welfare Services. These “core services”—the investigation of child abuse and neglect and subsequent case management to move families and children through the system—consume 75–90% of the system’s resources. Innovative approaches to diverting families from the system and to enhancing basic service delivery make up only 10–25% of the resources committed to the safety, permanence, and well being of children in our communities and are the subject of this publication.

These innovative approaches have emerged from a system that is significantly underfunded and highly regulated. Since 1980, legislative, regulatory, judicial, and policy changes have imposed substantially more requirements and mandates on Child Welfare Services. In order to account for the additional requirements that have accumulated since the early 1980’s, the legislature

passed SB 2030 in 1998 to initiate a study that would document the amount of time and effort required to fulfill all of the current Child Welfare mandates. This workload study demonstrated that the state committed to Child Welfare Services only one third of the resources necessary to carry out mandated core service activities. Although the state has committed additional resources, there will not be full funding for the mandated core services in the foreseeable future.

In addition, federal funding of Child Welfare Services encourages states and counties to maintain children in foster care rather than provide effective and meaningful services such as counseling and treatment to remedy the causes of abuse and neglect. In 1983 the federal

government provided \$277 million for foster care payments and \$156 million for services; in 2003 the cost of foster care will be \$6.5 billion, with only \$620 million provided for rehabilitative services to families and children.

As the federal government has moved toward the adoption of outcomes and performance measures for Child Welfare Services nationally, the County Welfare Directors Association of California (CWDA) has integrated this approach into a framework for the evaluation of services that establishes a standard for evaluating these services, even as new innovative approaches to serving clients are developed. This framework is built upon three principle outcomes identified in the Adoption and Safe Families Act of 1997, namely, *Safety*, *Permanence*, and *Well Being*.

- *Safety* focuses on assuring that all children, first and foremost, are protected from abuse and neglect and are safely maintained in their homes whenever possible and appropriate.
- *Permanence* focuses on assuring that children have permanency and stability in their living situations and that the continuity of family relationships and connections is preserved for children.
- *Well Being* refers to enhancing the capacities of families to provide for their children’s needs, that children receive appropriate services to meet their educational needs, and that children receive adequate services to meet their physical and mental health needs.

These outcomes provide a helpful framework for understanding the current challenges facing the child welfare system and why innovative practices are so needed.



## Key Elements of Safety

*Complexity:* The goal of providing children with safety is complex. Assessments are often focused exclusively in problem identification within families, and fail to take into account the rich social system surrounding the family. Furthermore, cases are increasingly more complex in terms of the barriers families face, including, but not limited to, substance abuse and domestic violence.

*Individualization:* Often, the lack of individualized services for children and their families emerges from conducting the same assessment and providing similar services regardless of the type of maltreatment displayed. This "cookie cutter" response does not work for all families who face a unique set of challenges. When focusing on the need to provide safety for the child, the larger family context can be overlooked.

*Caregiver Responsibility:* While caregivers are responsible for the safety and well being of their children, there is frequently no standardized level of assessment established to decide when intervention should occur.

*Public Policy:* Following major pieces of legislation after the 1960s, the responsibility for child maltreatment services fell increasingly to public systems. This fails to acknowledge and utilize the rich network of community services available to take up some of the load. In addition, public policy currently does not have a clearly articulated prevention and early intervention plan to assist the child welfare system in treating families early and preventing more expensive, long-term participation.

*Timely Response:* With high caseloads and a tremendous amount of paperwork, cases are often not investigated quickly enough. The child welfare response to reports of child abuse or neglect needs to be as rapid as possible to best provide for the child's safety and intervene before problems become worse.

*Child-Centered:* In our society where children have no political voice, adult wishes often take precedence over the interests of the child.

As a result, in the child welfare legal system we see parental rights taking precedence over the child's interests, putting the child at increased risk for maltreatment. The state needs to be able to intervene in a situation where a child is being harmed above a level permissible by law.

## Key Elements of Permanency

*Judicial Complexity:* The legal system often complicates the problem of moving children and families towards permanency. Child abuse and neglect cases can benefit from judicial oversight if the court is responsive to balancing the needs of children and families.

*Positive Incentives:* The child welfare system is seen as using threats and coercion to achieve permanency for the child. This method often fails to produce those results and can even make the situation worse by leading to compliance failure and children who take longer to reach a permanent placement.

*Family Preservation:* When the child welfare system has failed to act on behalf of children who are badly injured or killed in their homes, there has been increased public pressure to remove children when their safety is in question. This abrupt intervention moves children into a system which may take years to exit. Providing social services to the family may be sufficient to correct the problem and keep children in the home with a family where they are allowed to develop and maintain a primary emotional attachment to a responsible adult.



## Key Elements of Well Being

*Placement:* Child well being is the third goal of the child welfare system. However, when the system is overstressed, this goal can be overlooked by the desire to keep children safe and move them into a permanent placement. Out-of-home placements can have detrimental effects on children, removing them from familiar surroundings and people they are attached to. Furthermore, multiple placements, which often occur, can block attempts to develop new attachments and can foster insecurity in the child. Child well



being needs to be considered when determining if the situation warrants removal or if the child and family can be best served by providing services in the home.

*Service Fragmentation:* Families involved with the child welfare system are frequently required to interact with many different agencies (e.g. one agency for the child's therapy, another for the parent's therapy, another to meet with their caseworker, and others related to welfare benefits, food stamps, and health care). The continuity of services from one agency to another is increasingly important for reducing service fragmentation and improving service outcomes. Partnerships and shared accountability with other systems would enhance the current situation.

### Key Resource Elements

*Finance:* The financing of child welfare services is a shared federal, state, and local responsibility. However, the system remains underfunded and overloaded. Funding does not keep up with the increased demand placed on the system and the increases in caseload.

*Human Resources:* As social workers are increasingly challenged, they are leaving the field. This is leading to a decrease in the number of qualified professionals doing this challenging and complicated work. There is a great need for the recruitment, training, and support of professional social workers.

## Future Vision

In response to these challenges, the Bay Area Counties envision a future child welfare system that is built upon the promising practices that now exist in every California county. The programs that counties have already developed—often with their own resources and leadership—make up a menu of services that creatively and effectively promote the safety, permanence and well-being of children throughout our state.

A meaningful and realistic approach to the redesign of the Child Welfare Services System in California is one that highlights and promotes the wide array of promising practices that are now in place and finds ways to make these approaches available in all California counties.

An ideal system requires resources that enable each county to create its own unique array of services in response to the needs of their own children, families, and communities. In order for every child to have a safe, healthy, nurturing family and community (CWDA Vision of Child Welfare Services, 2001):

- child welfare services need to play a central role in protecting children from abuse and neglect within judicial and legislative mandates;
- child welfare services need to play a leadership role in the prevention of child abuse and neglect;
- all community members need to share responsibility for the support and strengthening of children and families;
- California's legislative and administrative leaders need to provide sufficient financial resources to achieve quality services;
- child welfare services need to demonstrate a commitment to public accountability by utilizing measurable outcomes to continually improve services to children and families;
- child welfare services require specialized training and competent staff;
- child welfare professionals need to demonstrate a respect for the diversity and strengths of children and families.



The vision for the future of the Child Welfare agencies in the Bay Area is linked to a continuum of services provided to *all children in each of our communities*. We are therefore striving to create programs that link Child Welfare to various other services such as Mental Health, Public Health, Education, Juvenile Probation, Alcohol and Drug Services in order to create comprehensive strategies to assist our children and families. Promising service delivery practices embody a *commitment to this integration of services*. Children and families live in the context of larger communities in which socio-economic disadvantage can have dramatic impacts on their circumstances. These impacts require equally dramatic and creative approaches to address their resolution.

Our vision of sustaining and promoting innovative programs and practices is based on legislative support in the form of flexible funding. Both the federal and state Child Welfare programs have been working to develop an *outcomes-based evaluation system* to measure what programs achieve for children and families. These efforts should lead to the development of creative financing of promising programs that achieve safety, permanence, and well being for children and families in our communities.

This vision of child welfare services is based on the following set of guiding principles (CWS Stakeholders Group, 2001):

- Focus on people changing, rather than people processing;
- Use a holistic approach to intake and assessment, not just focused on investigation of child maltreatment;
- Focus on diverting families to CWS voluntary service structure and developing the services and resources for these families;
- Create more diverse options for meeting families' needs so that crises will not occur;
- Expand services to address family crises and reduce inappropriate out-of-home placements;
- Actively collaborate and coordinate with the courts and other public and private agencies that serve families and children;
- Increase capacity to reunify children with their families whenever possible (consistent with child safety);
- Build systemic support to increase the stability of placements and adoptive families;
- Extend the duration of services to youth emancipating from the dependency system;
- Create accountability at each decision point in a family's case to ensure positive outcomes.

*Both the federal and state Child Welfare programs have been working to develop an outcomes-based evaluation system to measure what programs achieve for children and families.*

# Programs and Practices of Child Welfare

## The processing of a typical Child Welfare case

In the traditional child welfare system a case usually proceeds in the following manner.<sup>1</sup> Figure 1 depicts this pathway.

- The child welfare agency receives a report of alleged child abuse or neglect
- The report is assessed by a professional social worker to see if it meets State policy criteria for a potential source of maltreatment
- The report is then assigned to an Emergency Response worker who investigates
- The results of the investigation determine if the alleged maltreatment occurred
- The name of the perpetrator is placed on a central registry, if the report is either substantiated or determined not to be unfounded
- Families may receive remediating services and the child may be removed from his/her home

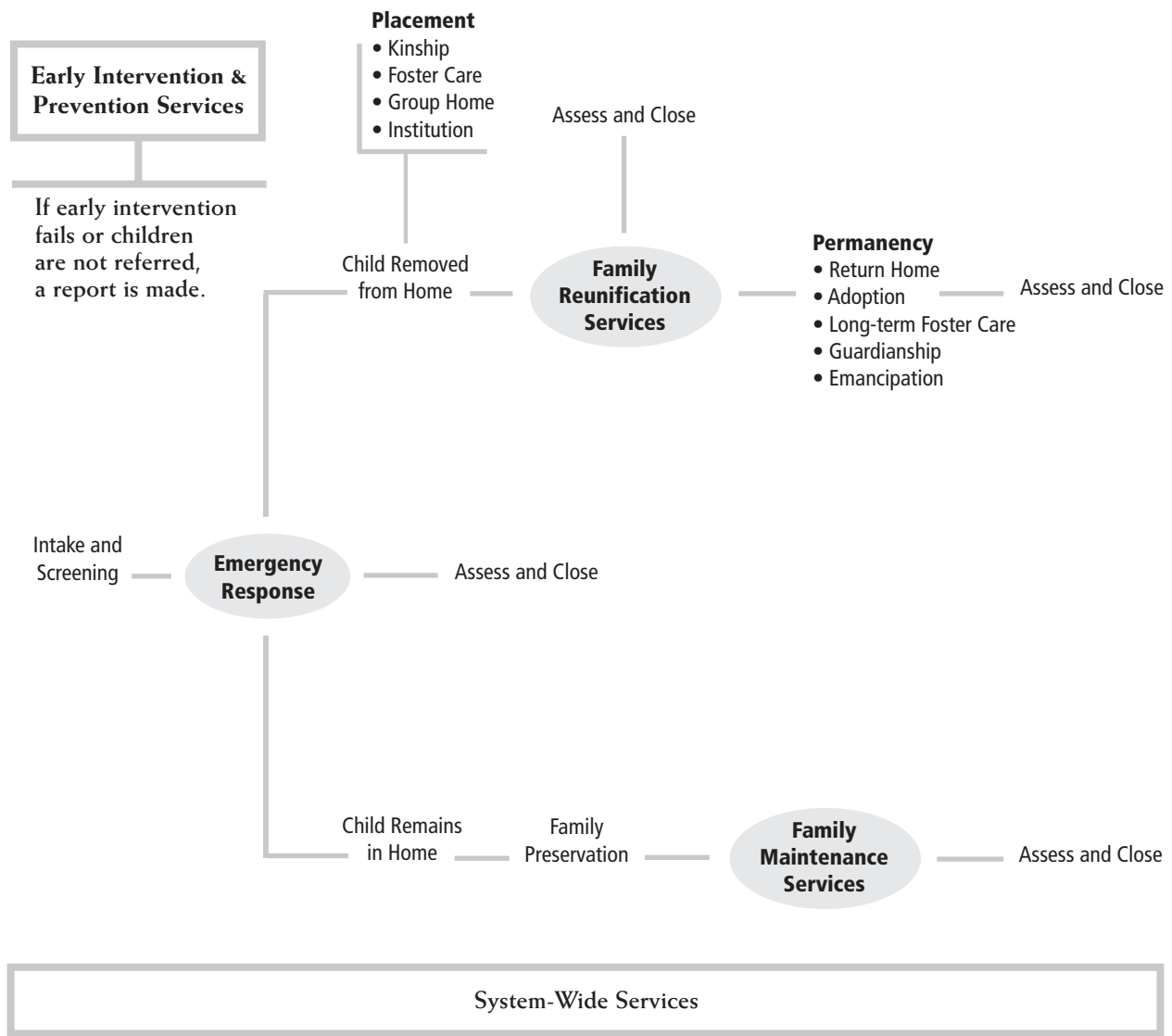


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<sup>1</sup> Administration for Children and Families, US Department of Health and Human Services (2001, May). *National Study of Child Protective Services Systems and Reform Efforts: Literature Review*.

# The Processing of a Case Through the Child Welfare System

Figure 1

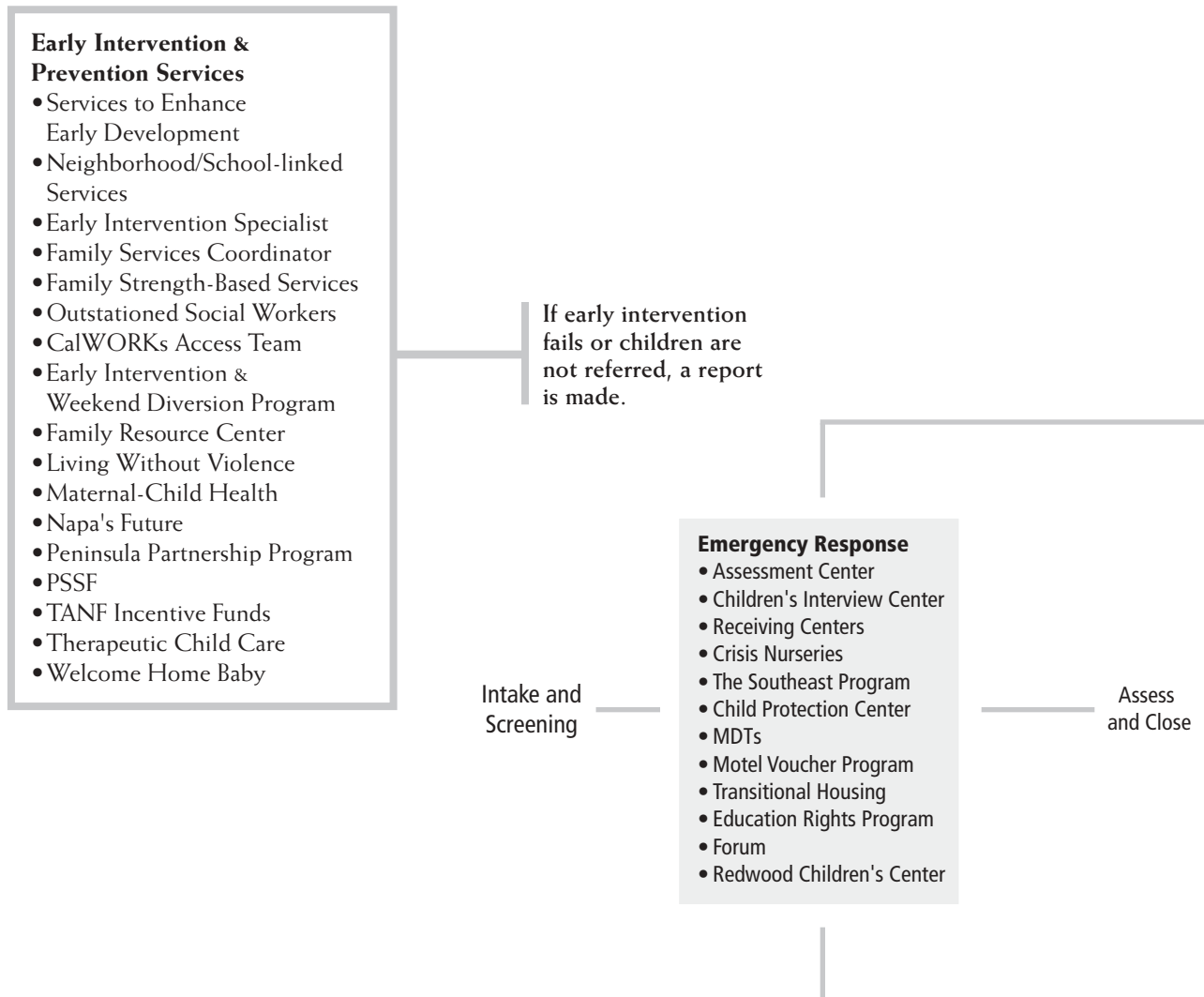




# Promising Child Welfare Programs and Practices by Service Category

Many innovative programs and practices have been developed in each service category throughout the Bay Area counties. These promising programs and practices are displayed on Figure II and are described in greater detail in Section III. Although all counties do not provide all of these services there have been significant positive outcomes from selective implementation of these new services.

Figure II



### System-Wide and Other Services

Interagency Services Unit; Child Abuse Prevention Council; Quality Assurance; Death Review; District Dispo Review Team; Best Friends Fund; Citizen Review Panels; Continuous Quality Improvement Plan; Ombudsperson Services; Ruth E. Smith Demonstration Project; Family & Community Advisory Committee Report; Complaint Resolution Process; Community Liaison; Family Conference Institute; Family, Youth and Children's Partnership; Case Management Council

**Placement (Kinship)**

- Kinship Support Services Program
- Kinship Care Program
- KSSP Family Ties
- Relative & Identified Placement Emergency Fund
- Napa Valley College Kinship Care Education
- Kinship Support Network
- Relative Assessment Team
- Grandparents Resource Center
- Relative Placement Sibling Support Program

Assess and Close

**Family Reunification Services**

- Options for Recovery
- System of Care Assessments
- CHDP
- Substance Abuse Recovery Management System
- Family-to-Family Visitation Center
- Concurrent Planning
- Resource & Intensive Services Committee
- Substance Abuse Specialist

**Permanency (Long-term Placement)**

- Placement Assistance Team
- Project Destiny
- Long-term Care Program
- Annual Adoption Day
- Group Home Placements
- Foster Parent Liaison
- Concurrent Support Group
- Post-Adoption Education Liaison
- Group Home Liaison Worker
- Interagency Placement and Permanency Reviews
- Gang Diversion Youth Group
- Families Mentoring Families

**Self-Sufficiency Services for Youth**

- Independent Living Skills Program
- Transitional Housing
- Building Foundations 4 Success
- Supportive Living Model "Passages" Program

Assess and Close

Child Removed From Home

**Court Services**

- Juvenile Court Task Force
- Juvenile Mediation Program
- Beyond the Bench System of Care
- Concurrent Planning—Review, Assess, Plan Meeting
- Peninsula Conflict Resolution Center
- Comprehensive Initial Detention Hearing

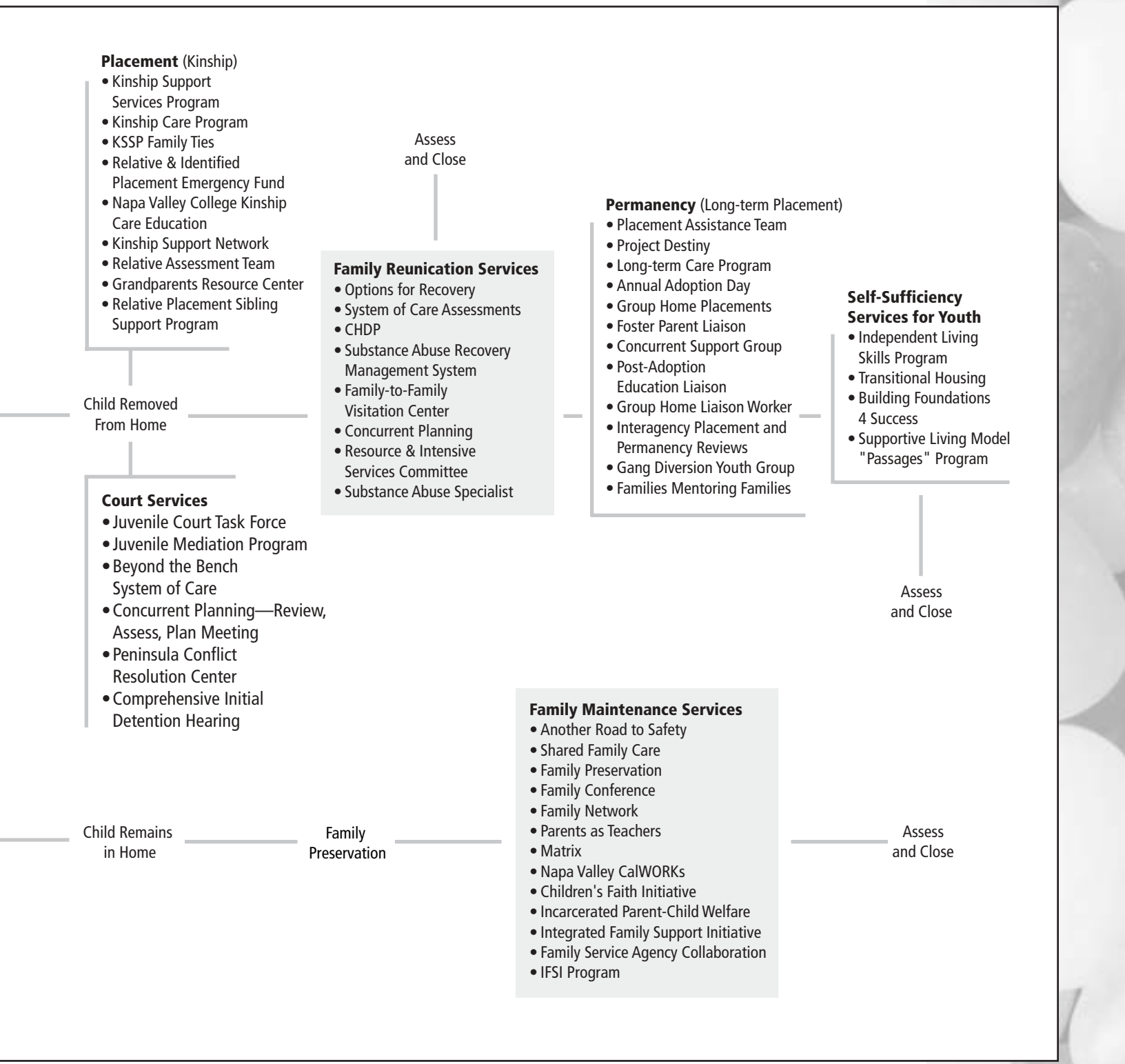
**Family Maintenance Services**

- Another Road to Safety
- Shared Family Care
- Family Preservation
- Family Conference
- Family Network
- Parents as Teachers
- Matrix
- Napa Valley CalWORKs
- Children's Faith Initiative
- Incarcerated Parent-Child Welfare
- Integrated Family Support Initiative
- Family Service Agency Collaboration
- IFSI Program

Assess and Close

Child Remains in Home

Family Preservation



## Outcomes

- The wide-ranging development of Family Resource Centers has resulted in a noticeable decrease in the incidence of child abuse and neglect county-wide. In reaching families earlier, before problems become a crisis, child abuse in many families has been greatly reduced.
- Increased success in school as a result of a Child Welfare Educational Liaison helping children receive their health and education passports which facilitates enrollment.
- Foster youth receiving Independent Living Skills Program services are more likely to complete their education as well as go on to higher education.
- Fewer families are entering into out-of-home care as a result of increased intensive services related to Family Preservation and Support.
- Trauma to children has been reduced as a result of mothers and their children living together in Shared Family Care that provides a supportive mentoring environment instead of the child being placed in foster care as a result of neglect or abuse.
- Fewer children enter the child welfare system due to early education on best parenting practices and supportive services in the Welcome Home Baby program.
- Children who enter the system through Receiving Centers experience more appropriate and stable placements and fewer placement disruptions than those who do not go through receiving centers.
- District Attorneys have higher rates of convictions on sexual molestation cases involving children and lower incidence of child trauma as a result of coordinated interviews by professionals at the Children's Interview Center.

*In reaching families earlier, before problems become a crisis, child abuse in many families has been greatly reduced.*



# Promising Child Welfare Practices by Service Category

A wealth of innovative programs and practices have been developed throughout the Bay Area to address the goals of the Child Welfare System as defined in statute, especially related to:

- protecting and promoting the welfare of children,
- preventing or remedying, or assisting in the solution of problems which may result in the neglect, abuse, exploitation, or delinquency of children; and
- preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving their problems and preventing breakup of the family where the prevention of child removal is desirable and possible.

This section describes each child welfare service and illustrates it with a few “Promising Practices” found in selected Bay Area counties. These programs are only a few of the many innovations developed throughout the San Francisco Bay Area.

## What is Early Intervention/Prevention?

Bay Area counties have created programs that provide child welfare, health, and mental health services in schools, family resource centers, and a variety of other community settings that offer teachers, counselors, law enforcement officials, and other community members a place to refer families when they identify problems that may lead to abuse or neglect. In addition, many services can be delivered in the homes of those families.

In many instances, multi-disciplinary teams work with families to help them identify problems early so that they can work together to resolve them. Help with parenting skills, homemaking skills, child behavioral control, and controlling anger and substance abuse are provided in individual and group sessions, both at centers and in the home.

Families are helped to understand how their own problems with parenting, homemaking, anger management, and substance abuse can lead to family violence or the neglect of their children’s basic needs. By intervening early in family problems, and preventing the abuse and neglect of children, these services help families develop the skills to avoid mandatory intervention into their lives and the possible entry of their children into the foster care system.

### Examples of Promising Practices\*

- **Welcome Home Baby**—Provides post-natal home visiting for all first-time parents who deliver babies at half of the hospitals in Contra Costa County.
- **Family Resource Centers**—The San Mateo County Human Services Agency works with several school districts, cities, and local non-profit agencies to offer school-based social services in Family Resource Centers on 16 school sites.
- **Neighborhood School-Linked Services**—The Alameda County Social Services Agency promotes the well-being of children and families through a responsive, accessible, and flexible collaborative service delivery system in targeted neighborhoods and schools.
- **Therapeutic Child Care Center**—The Napa County center focuses on supporting children and families in forming strong and loving attachments and in reaching the best possible development for children.

\* Detailed descriptions can be found in Section IV.

## Success Story: Family Resource Centers

About a year ago, Teresa came to the Hoover Family Center asking for help in getting school uniforms for her children. She began working with Silvia, a Home Visitor with the Family Center's ABC Great Beginnings Program. Silvia connected her to Jose (the Family Center's community outreach worker), who helped her get uniforms through the Operation School Bell Program. Silvia then provided assistance with immigration and health insurance issues. In addition, Silvia successfully worked with the family to improve communication and assisted Teresa in learning to use positive discipline techniques with her three children.

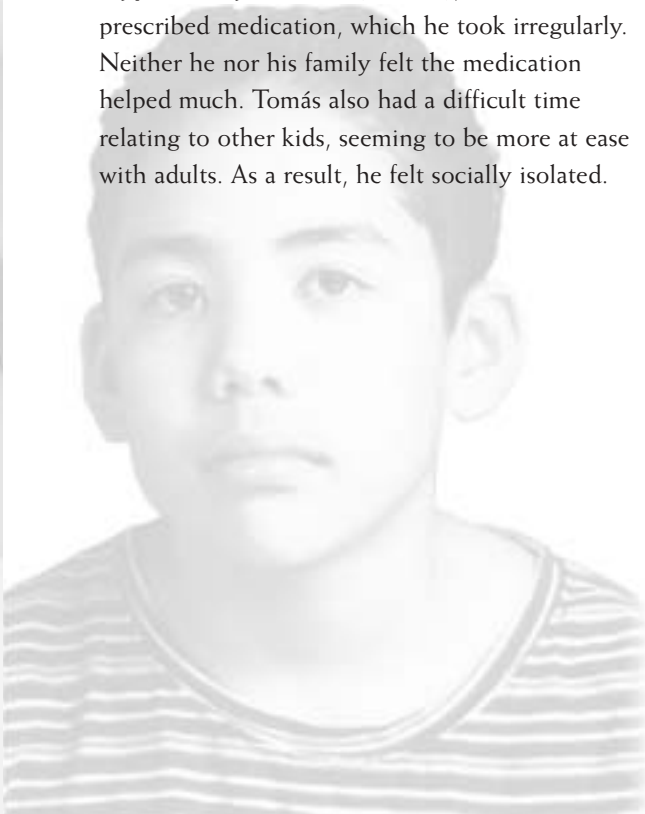
Over time, Silvia found that Teresa had additional concerns, in particular, about her oldest son, Tomás, age 12. As a Mental Health Specialist, Silvia asked for my help; and together, we made a home visit. I observed Tomás to be very bright, curious, and fascinated with how things work. He seemed to have the mind of an engineer. However, he was barely passing his classes. He had been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), and had been prescribed medication, which he took irregularly. Neither he nor his family felt the medication helped much. Tomás also had a difficult time relating to other kids, seeming to be more at ease with adults. As a result, he felt socially isolated.

I spoke with Tomás's teachers who reported feeling very frustrated with him due to common signs of ADHD. According to his teachers he was extremely disorganized, unable to focus on tasks in class, rarely turned in his homework, constantly lost school supplies, and, in general, did not work up to his potential. In addition, his teachers were worried by the fact that he was frequently alone at recess.

I proceeded to plan and coordinate a meeting with all four of Tomás's teachers and his parents. We agreed to implement a daily report wherein each teacher would inform the parents about his homework and behavior. I then held follow-up meetings with the teachers and family during the year. In addition, Silvia and I worked with Teresa on how she could use the information from the daily reports to decide what privileges he was given or denied each day. This work flowed nicely since Silvia had already started working with Teresa on setting limits with all of her children. Finally, I included Tomás in a counseling group which focused on self-esteem and social skills.

After six months, Tomás's organizational skills greatly improved with assistance from his mother, his teacher, and myself. Teresa was committed to following up at home on the teachers' daily reports, which enhanced his motivation to improve. Subsequently, his grades and relationships with his teachers improved.

In this particular case, it was decided that Tomás's prescription medication was not necessary since these behavior techniques were sufficient to help him succeed in school. In the counseling group, his social skills improved tremendously. He became better able to express himself, and he developed strong friendships with youth his own age. He was no longer hanging out by himself at recess. By the end of the year, he reported feeling much happier and more successful in school and in his home. Additionally, Teresa felt better able to handle all three children and was very pleased with her son's success at school.





## What is Emergency Response?

For those families who do not receive effective Early Intervention and Prevention Services, or who do not succeed in spite of those services, Emergency Response Services are provided on behalf of children alleged to be abused, neglected, or exploited. Emergency Response Services are defined in statute [Welfare and Institutions Code 16501(f)] as follows: *...emergency response services consist of a response system providing in-person response, 24 hours a day, seven days a week, to reports of abuse, neglect, or exploitation...for the purpose of investigation...and to determine the necessity for providing initial intake services and crisis intervention to maintain the child safely in his or her home or to protect the safety of the child.*

County Child Welfare Service programs are designed to receive reports of possible child abuse and neglect. Social Workers receive these reports and gather the information necessary to determine the required level of response based upon the nature of the risk to the child. In certain circumstances, upon a review of previous referrals and other relevant information and conversations with other professionals there may be a determination that no in-person response to the family is required. In all other circumstances, a social worker is assigned to the family and must make a number of in-person interviews.

Emergency Response Services may be provided for up to 30 days before a formal case plan is developed for the provision for additional services of the closing of the case. During this period the social worker assists the family in identifying the conditions of abuse and/or neglect that exist in the family and the causes that led to the abuse and/or neglect. In addition, the social worker identifies for the family community resources, such as parenting classes, drug and alcohol treatment services, mental health counseling, child care, and respite care services that are designed to help remedy the conditions that led to abuse and/or neglect. In most cases Emergency Response Services result in the identification of services and the referral to such services and the case is closed during this phase.

Innovative practices have been developed in many Bay Area counties to assure the highest quality of assessment for families referred to Child Welfare Services. Multidisciplinary team assessments help assure this high quality of response. In addition, several Bay Area counties are adopting strategies collectively known as "Family-to-Family" which bring the perspective of families, extended family, and community members into the assessment process. For many years family conferencing and family decision-making have been used during the emergency response phase to improve the abilities of social workers to serve families.

### Examples of Promising Practices\*

- **Social Workers Outstationed with Police**—Solano County Department of Health and Social Services, Child Protective Services Agency and Fairfield, Vacaville and Vallejo Police Departments have developed an agreement to locate CPS social workers at each city's police station.
- **Receiving Center**—Receiving Centers in Contra Costa County are designed to support children through the trauma of removal from their birth families and to ease the transition between placements for children disrupted from foster care and group home placements.
- **Family Violence Response Team**—This highly successful team in Santa Cruz County provides immediate intervention to children who witness domestic violence.
- **Redwood Children's Center**—A multi-disciplinary interview center in Sonoma County is specifically designed for children who are suspected of having been sexually assaulted.

\* Detailed descriptions can be found in Section IV.

## What are Court-Related Services?

An additional array of services have been developed to assist with the court process. Agencies and courts meet regularly to assess the court process in order to make changes that will improve the experiences of families as they progress through the court process.

In addition, many programs have been developed to assist families in making changes in their lives in order to meet the directives of the court so that their children are returned and court intervention is terminated. Drug and alcohol assessment programs have been integrated into the court systems in many Bay Area counties. Mediation programs and services directed towards resolving family violence are additional strategies that have been developed to assist families engaged in the court system.

### Examples of Promising Practices\*

- **Beyond the Bench**—A monthly “Brown Bag Lunch” is held in a Monterey County courtroom to share information, cross-train, improve services for families, and to discuss court practices and the Judge’s expectations.
- **Court Services**—The use of a Court Officer, with extensive Child Welfare experience to interact with the court on a regular basis in Marin County.
- **Peninsula Conflict Resolution Center Juvenile Dependency Mediation**—Dependency Mediation in San Mateo County involves a neutral facilitator for clients who face the potential of having their child(ren) removed from their custody due to neglect or abuse.
- **Court Mediation**—Contra Costa County uses a skilled and neutral mediator to assist families, Children & Family Services, and attorneys in developing a mutually acceptable settlement of the issues regarding child welfare and placement.

\* Detailed descriptions can be found in Section IV.



*Agencies and courts meet regularly to assess the court process. . .*

## What is Family Maintenance?

Family maintenance services are defined in statute [Welfare and Institutions Code 16501(g)] as follows:

*... family maintenance services are activities designed to provide in-home protective services to prevent or remedy neglect, abuse, or exploitation, for the purposes of preventing separation of children from their families.*

There are two kinds of Family Maintenance cases—**Voluntary Family Maintenance** and **Court Ordered Family Maintenance**. In both instances the Emergency Response social worker and the family have developed a case plan that identifies the conditions that lead to abuse and/or neglect, the services needed to remedy those conditions, and the actions that the social worker and the parents will take to ensure that those services are received by the family. Court-ordered services differ only in the requirement that the case plan and its progress is monitored and overseen by the court.

In delivering Family Maintenance services, the social worker visits with the family a minimum of once every 30 days to ensure the safety of the child and to discuss progress in meeting the goals of the case plan by supporting the efforts of the family to use the prescribed services. The social worker helps the family identify resources for the delivery of the services and assists the family in utilizing those services.

The social worker is responsible for assessing the family's progress in benefiting from prescribed services and determining whether the case can be closed (successful accomplishments of the goals of the case plan) or whether the child remains at risk despite the efforts of the family (should be removed from the family's care under court order).

Counties have established an array of innovative programs such as Shared Family Care and Domestic Violence projects that enable families to maintain custody of their children and minimizes the risk of harm to these children.

### Examples of Promising Practices\*

- **Another Road to Safety**—Alameda County serves low-to-moderate risk families who are diverted from Children's Protective Services (CPS) by providing a community-based, intensive family support program.
- **Matrix**—An established non-profit organization under contract with Napa County helps families and professionals work together to improve the lives of children with special needs or disabilities.
- **Family Conferencing**—A program that brings together a variety of individuals, including families, teachers, social workers, and others to plan for the child in Santa Clara and Santa Cruz Counties.
- **Children's Faith Initiative**—Engaging the faith-based community in San Francisco County through a variety of efforts to assist families involved with the Child Welfare and CalWORKs systems and other vulnerable families that might benefit from accessing supportive services.

\* Detailed descriptions can be found in Section IV.

## What is Family Reunification?

For the majority of children who enter foster care, Family Reunification services are provided to the family under court order. Family Reunification services are defined in statute [Welfare and Institutions Code 106501(h)] as follows: *...family reunification services are activities designed to provide time-limited foster care services to prevent or remedy neglect, abuse, or exploitation when the child cannot safely remain at home, and needs temporary foster care, while services are provided to reunite the family...*

Services are provided to both the child and the parents in the context of a court-ordered case plan and are designed to remedy the conditions that led to abuse and neglect. The social worker ensures that the child is placed in a safe and appropriate foster home. Health, mental health, education, and substance abuse assessment services are provided to determine the most appropriate type of placement. Regular visitation with the child is carried out to ensure that the home is safe and continues to meet the child's needs.

The social worker provides services to the child's parents to assess and remedy conditions that led to abuse and neglect. In delivering Family Reunification Services the social worker visits the family a minimum of once every 30 days to discuss progress in meeting the goals of the case plan through the engagement of the family in prescribed services. The social worker helps the family identify resources for the delivery of the services and assists the family in engaging in such services. The social worker is responsible for assessing the family's progress and determining what recommendation should be made to the court (i.e. whether the child should return home or remain in out-of-home care). The matter is reviewed in court after six months of out-of-home care, and again at 12 months. At the 12-month review, the social worker must recommend to the court that the child return home or that another permanent plan is ordered.

Counties have been able to develop innovative reunification programs through state and federal initiatives (SB 160 Wraparound Services and Title IV-E Waivers) that enable them to use foster care funds to provide services to foster homes, relatives, and birth families that allow children to remain in more home-like settings than would otherwise be possible in foster care. Other innovations occur in multi-disciplinary "system-of-care" services that combine the resources of mental health, probation, education, and social services to maximize services in community-based, home-like settings. Improved assessments of children and youth and the identification of the most effective treatment services are the result of these interventions.

### Examples of Promising Practices\*

- **Incarcerated Parent-Child Welfare**—Provides case management services to all incarcerated parents of San Francisco's dependent children.
- **Resource and Intensive Services Committee**—An interagency placement decision-making committee with representatives from the Santa Clara County Department of Family and Children's Services, Juvenile Probation, Mental Health and the County Office of Education.
- **Visitation Center**—Social workers refer families to the San Mateo County Visitation Center for supervised visits for children placed out of their parents' custody.

- **Shared Family Care**—An entire family is temporarily placed in the home of a host family who is trained to mentor and support the biological parents as they develop skills and supports necessary to care for their child(ren) and move towards independent living in Contra Costa County.

\* Detailed descriptions can be found in Section IV.

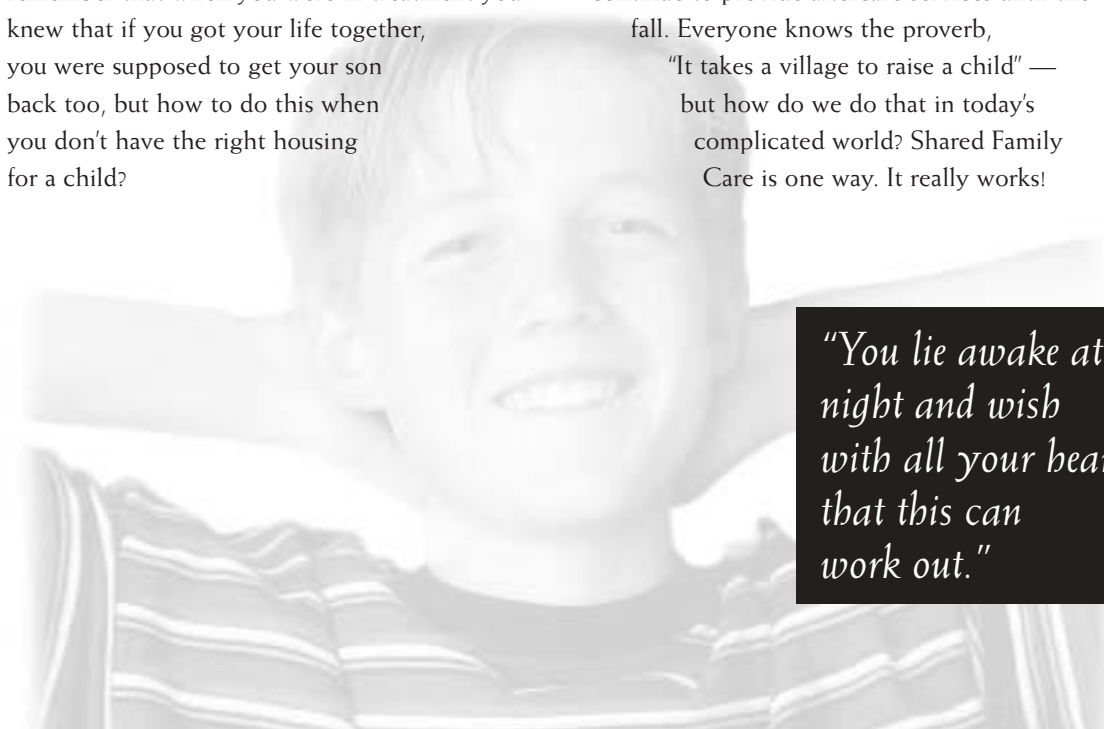
# Success Story: Shared Family Care

Imagine if you will, being Travis. You are 11 years old. You love your mom but you almost never see her. She has been in jail and even when she is out she misses most of the times she is supposed to visit with you. You know that she's on drugs because of the way her eyes look. Ever since you can remember you have lived with grandma. Grandma's real nice but you're smart enough to know that she really wishes she wasn't still raising an eleven-year-old. Dad is around. When he comes to visit you really have fun with him. Recently though, something has changed. For the last couple weeks you have heard grandma and dad talking. Something about grandma's not being well and getting tired and maybe dad would like to take you but he just doesn't know how he's gonna do it. You lie awake at night and wish with all your heart that this can work out.

Now imagine that you are Travis' dad. You missed the first five years of your son's life because you were on drugs and now you wish with all your heart that you could change that. Clean now for six years and at the same job for the last few years you really want to raise your son but you are afraid. You know grandma is ill and if something were to happen to her Travis would just be put in foster care and you couldn't bear that. You remember that when you were in treatment you knew that if you got your life together, you were supposed to get your son back too, but how to do this when you don't have the right housing for a child?

Shared Family Care is a place where broken families can be put back together. Travis and his dad need more than any court can give them. They need more than any social worker today has time for. They need a place where a family can heal and be made whole. Where better for a fragile, fledgling family to go than within another family? Last summer, Travis's dad moved into the home of a mentor. For one month Travis's social worker watched the dad and finally in August she and the court allowed young Travis to begin living with his dad for the very first time. The Shared Family Care staff were right there to help the mentor and to provide 24-hour support.

Travis spent the rest of the summer testing his dad to see if he really is the dad Travis thought he was. The mentor gave dad pep talks and some helpful pointers about choosing your battles and being consistent so Travis didn't get the best of him. By mid-October Travis was calming down and didn't have to be watched like a hawk. And finally, one day in mid November, Travis looked up and said for the first time, "Dad, I love you!" Over the next months Travis and his dad traveled a long way on their journey as father and son. Finally, after the consistent work of the Housing Specialist, they were able to find a suitable place for Travis and his dad to start life on their own. The case was closed. There is no more Department or Court involvement. Staff will continue to provide aftercare services until the fall. Everyone knows the proverb, "It takes a village to raise a child" — but how do we do that in today's complicated world? Shared Family Care is one way. It really works!



*"You lie awake at night and wish with all your heart that this can work out."*



## What is Kinship Care?

Approximately 40% of California's children in out-of-home care are placed with relatives. Bay Area counties have been in the vanguard of the development of services for these caregivers. Kinship Support Service Programs (KSSP's) were pioneered in San Francisco County by Edgewood, a longstanding community service provider and are now established in most counties throughout the region. KSSP's provide case management, support groups, medical, mental health, recreational, and respite services to kin caregivers and their children. Specialized training for kin caregivers and specialized Independent Living Skills programs for youth are elements of the programs that are provided in our region.

### Examples of Promising Practices\*

- **Relative Placement Sibling Supplement Program**—A Santa Clara county-funded program to provide one-time-only financial assistance to relative caregivers to purchase items necessary to facilitate placement of sibling groups of three or more children.
- **Kinship Network**—Provides case management, family support, guidance and other support services to relative caregivers and their children in San Francisco County.
- **Napa Valley College Kinship Care**—A training course on Kinship Care for grandparents and other relatives who find themselves parenting a family member's child.

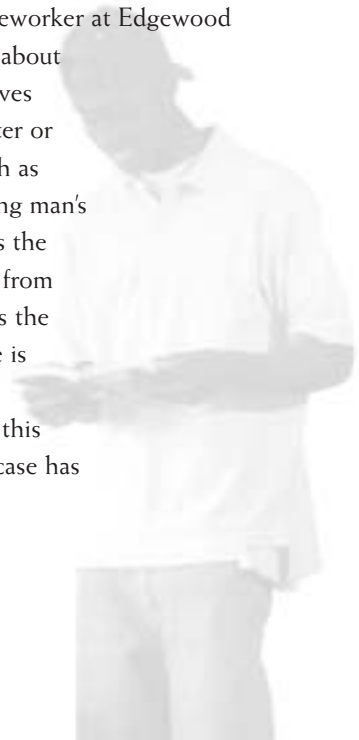
\* Detailed descriptions can be found in Section IV.

## Success Story: Kinship Care

This case study looks at two youths who participated in KinGAP whose cases are now closed. The first child is a 17-year-old African American female who was placed with her maternal grandmother when she was 9 years old. This case was referred to KinGAP approximately one year ago. This young lady is doing fairly well and is about to graduate from high school and plans to go to college. She is considering either San Francisco City College or possibly a four-year university. She is also doing so well that the Edgewood Kinship caseworker has graduated the case from case management to the Grandparents Who Care support group. Her grandmother really enjoys the support she receives and gives by participating in this group.

According to the group facilitator, this grandmother is a very valued member.

The second kinship care case is a 15-year-old African American boy who is attending, and doing well, at ISA High School. He is involved with the Upward Bound Program at UCSF. He has been featured in his high school sports newspaper because he is an excellent basketball player. Although he is involved with sports, he has managed to maintain a 3.0 GPA. However, he is currently facing some challenges with learning Spanish. His caseworker at Edgewood Family Center is diligent about making sure that he receives services either at the center or from outside sources, such as Upward Bound. The young man's grandmother really values the services that she receives from Edgewood and oftentimes the social worker on this case is called upon to provide informal consultation for this boy's older sister, whose case has also been closed.



## What are Permanency Services?

Following the end of Family Reunification services (and in some cases without the provision of any Family Reunification services) children receive Permanent Placement Services, which are defined in statute [Welfare and Institutions Code 16501(i)] as the following: *...permanent placement services are activities designed to provide an alternate permanent family structure for children who, because of abuse, neglect, or exploitation, cannot safely remain at home and who are unlikely to ever return home. These services shall be provided on behalf of children for whom there has been a judicial determination of a permanent plan for adoption, legal guardianship, or long-term foster care.*

For a child who has been referred for adoption, the social worker identifies an appropriate adoptive family, or works with a foster parent who has cared for the child and expressed a desire to adopt or to provide a permanent home for the child. The social worker helps the adoptive parent complete the legal process for finalizing the adoption, helps arrange for necessary mental health, health, and educational services for the child in the adoptive home, and helps to prepare the child to accept the adoptive home as his or her permanent home. Bay Area counties have been leaders in the development of innovative adoption programs.

For a child who has been referred for legal guardianship, a social worker helps the prospective legal guardian assume full care and responsibility for the child and helps the child accept the home of the guardian as his or her permanent home.

For a child who has been referred for long-term foster care, the social worker continuously assures appropriate health, mental health, educational, and substance abuse services to ensure the most appropriate type of placement for the child. The social worker assists the child in stabilizing his or her life in the most home-like setting. When possible, social workers also regularly assess the progress of the child's parents to determine if reunification has once again become a viable option based upon changed circumstances in the parents' lives.

Counties have established innovative programs to support youth in long-term foster care in order to ensure the most effective placements and to maximize their personal well being.

### Examples of Promising Practices\*

- **Specialized Training for Adoptive Parents**—An adoptive parent support system for pre- and post-adoptive families in Monterey county seeks to increase the concurrent homes available for children as well as maintain and support children and their families while assessing the benefits of adoption and the importance of permanency for children.
- **Project Destiny**—Helps children, who would otherwise grow up in an institution, to grow up in a family, utilizing a “wrap-around” and “team-approach” to service provision in Alameda County.
- **Ruth E. Smith Foster Care Demonstration Project**—The major components of this San Francisco County program are family

mentoring, family conferencing, youth mentoring, the availability of family emergency funds, and 24-hour response for families via hotline.

- **Annual Adoption Day**—The Alameda County Department of Children and Family Services works in collaboration with the Juvenile Court to finalize adoptions (recently completed 87 children in one day).
- **Matrix**—A strength-based program in Santa Clara County designed to transition resistant and hard-to-place children out of the Children's Shelter and into placements in the community.

\*Detailed descriptions can be found in Section IV.

## What are Self-Sufficiency Services for Youth?

For youth who will leave foster care when they become adults, there is a rich array of innovative Self-Sufficiency Services provided by Bay Area counties. Social workers provide services in the state and federal categories of Independent Living Services (ILP, ILSP), and Transitional Housing Services, in addition to various non-categorical programs. Social workers meet with youth and their caregivers regularly to develop plans that identify specific services that they will need to prepare for adulthood and to help them obtain such services. Social workers assist youth in gaining life skills, job skills, educational testing and placement, in addition to mental health and substance abuse counseling and health services. Many counties have established scholarship funds to support youth in their continuing education after they leave foster care.

### Examples of Promising Practices\*

- **“Passages” Program**—This Santa Cruz County program provides a constellation of services needed to address the needs of emancipating and emancipated youth.
- **Independent Living Skills Program**—Alameda County provides a variety of services to youth who will exit the foster care system through emancipation.
- **ILSP/Building Foundations 4 Success**—San Francisco County helps youth in foster care and out-of-home placement prepare for independent living as adults.
- **Transitional Housing Program**—Contra Costa County allows teens to learn critical living skills in the least restrictive environment, their own apartment.

\* Detailed descriptions can be found in Section IV.

*Many counties have established scholarship funds to support youth in their continuing education after they leave foster care.*



## What are System-Wide Services?

Bay Area counties have developed a number of innovative programs that cut across all services areas to ensure that families and children receive the best care possible. A number of different approaches exist to share the decision-making process in Child Welfare. Family Conferencing, Family Decision-Making, and the Team Decision-Making strategy in the Family to Family Initiative are three different approaches to engaging families, extended family, and interested community members to assist the Child Welfare system in making decisions about removing children from their parents, changing foster placements, and returning children to their families. In these approaches social workers share information about pending decisions with family members and encourage them to assist the agency in identifying resources that will allow children to remain at home, in their neighborhood, or in stable, nurturing placements.

Other innovations provide resources from partner agencies in making effective multi-disciplinary assessments of the needs of children and youth. Social workers engage with their peers in mental health, probation, and education to identify the best resources to assist children in remaining at home, or in family-like settings in their own communities.

Additional supports to the system have been developed to ensure that the services delivered are of the highest quality. Quality Assurance programs, Child Death Review Teams, Citizen Review Panels, and Ombudsman programs all exist to provide forums for the review of Child Welfare Services programs and to provide recommendations for improvements to existing services that will lead to the most positive results for children and families in the Child Welfare system.

A truly innovative regional strategy was initiated 12 years ago with the establishment of the Community Task Force on Homes for Children. Initially supported by a grant from the Zellerbach Family Fund, the Community Task Force has been jointly funded by five Bay Area counties (Alameda, Contra Costa, San Francisco, San Mateo, and Santa Clara) and the California Department of Social Services for the past six years. The Task Force works with a local television station, KPIX, to produce regular features on adoptions and foster care in order to recruit families to care for children throughout the Bay Area. In response to changing demographics and a dramatic decline in the number of foster homes in the Bay Area, the Community Task Force applied for, and received funding, to undertake a landmark study of foster care and adoption attitudes and behaviors. This study was recently completed and is the basis for the Bay Area Counties' joint planning for on-going media relations strategies. The staff of the Community Task Force works with the media (principally television and internet) to produce features on foster care and adoptions and supports the response to those features by receiving calls and emails of interested families and coordinating the response of each of the counties with foster/adoptive care recruitment units to ensure that all families are effectively linked to the resources of their home counties.

*Innovations provide resources from partner agencies in making effective multi-disciplinary assessments. . .*

## Examples of Promising Practices\*

- **Continuous Quality Improvement Plan**—Napa County facilitates the achievement of the agency's goals and objectives by improving the processes via Teamwork, Quality and Measurement (TQM).
- **Ombudsman Services**—San Francisco County actively involves the community in the business of the Child Welfare System.
- **Family & Community Advisory Committee**—San Mateo County provides parent input to the Answers Benefiting Children (ABC) long-term planning process where community members serve on a Citizen's Review Panel and provides parent involvement on county initiatives.
- **District Dispo Review Team**—Serves as a consultation team in Contra Costa County to review cases to provide better coordination between the ER/Court and Continuing Services workers and supervisors.
- **Wrap-around Programs**—Santa Clara County has highly individualized services designed to successfully wrap around and maintain emotionally troubled and behaviorally challenged children with their own families or foster families.

\* Detailed descriptions can be found in Section IV.

## Success Story: Self-Sufficiency Services for Youth

LaTronda Smith came into foster care at the age of 16 due to physical abuse and neglect. Her mother was a single parent of two children and lacked effective parenting skills. There were also severe family problems such as substance abuse and poverty. LaTronda was a victim of physical abuse, which was called in to CPS by her maternal aunt. LaTronda was hospitalized and her brother, Londell (14 years old at the time), was placed with their paternal grandfather. LaTronda was released from the hospital days later and was placed in a group home for a few months, then placed with her paternal aunt. Wounded with emotional and physical scars, the healing process seemed impossible for LaTronda to overcome.

However, while in foster care she received Independent Living Skills Program (ILSP) services. Through ILSP in 1988, LaTronda participated in a college preparatory program. Through this program, she received SAT training, financial aid counseling, life skills training, and was provided

transportation vouchers. For LaTronda, ILSP was not only a college preparatory program, but also a place where the staff gave so much and asked for nothing in return. LaTronda found stability and encouragement from her participation in ILSP. ILSP taught LaTronda her most valuable lesson in life "*never underestimate your abilities to achieve great things*".

LaTronda went to UC Irvine and received a BA in Psychology in 1994. She also received a Masters in Social Welfare from UC Berkeley in 1998 and is now employed with Alameda County Social Services as a Child Welfare Worker. She is a registered associate with the Board of Behavioral Science and is currently working on hours to obtain an LCSW. She is also a Field Work Instructor for UC Berkeley MSW interns. Recently, LaTronda formed a nonprofit organization, Pivotal Point Youth Services, Inc., that provides transitional housing, case management, self-sufficiency training, and other support services to high risk, under served youth between the ages of 16–23 years of age to help them transition into a healthy and productive adulthood.

LaTronda wants to give back to her community and to insure that other youth leaving the foster care system get all the encouragement and support they need to succeed as she has done.



# Detailed Descriptions of Promising Programs and Practices

## Early Intervention/ Prevention



### Welcome Home Baby

#### *Contra Costa County*

The Welcome Home Baby program provides post-natal home visiting for all first-time parents who deliver babies at half of the hospitals in the county, including Contra Costa Regional Medical Center (CCRMC). Ninety-eight

percent of parents who give birth at CCRMC enroll in the weekly home visiting program. Families can exit the program after one to three visits or stay for up to three years. The goals are to promote the bond between parents and babies, encourage paternal involvement, help families connect to the community, and reduce child abuse. The program's 23 home visitors connect and follow through on resource referrals. They ensure that the baby is healthy and has a primary care physician. They drive families to appointments, which encourages clients to seek alternatives to hospital emergency rooms. Home visitors enroll families in Healthy Families and Medi-Cal and ensure that every parent has a library card. They have distributed close to 1,000 children's books. They educate families about how to avoid Infant Sudden Death Syndrome, help parents gain stable employment, and help them find appropriate child care. The staff encourages teen mothers to stay in school and seek alternatives to a second pregnancy. Of the 626 families who have been enrolled since the program's inception in May 2000, there have only been three repeat pregnancies.

The home visitors teach child development and encourage parents to engage with the baby, so important for babies' rapid brain development. One hundred percent of the Spanish-speaking parents have received services in their native language from bilingual home visitors. The

program is very popular; 100% of telephone interview respondents reported that they would recommend Welcome Home Baby to a friend.

### Family Resource Centers

#### *San Mateo County*

The San Mateo County Human Services Agency works with several school districts, cities, and local non-profit agencies to offer school-based social services in Family Resource Centers. Human Service Agency staff are co-located at 16 school sites in Daly City, San Mateo, Redwood City, East Palo Alto, Half Moon Bay, and Pescadero. In 1992 the first four sites opened up in Daly City with services related to Medi-Cal, TANF, and Food Stamps applications, individual, family, and group counseling, homevisiting and enrichment classes, and community outreach. In several of the sites the Health Agency also offers health services in a clinic setting. Additionally, substance abuse prevention services are delivered on-site and access to Domestic Violence prevention services is planned.

The Center's emphasis is to improve kindergarten readiness and academic success by third grade and decrease child abuse referrals. San Mateo County, through public and private partnerships, collaborates to ensure the health, safety, and educational success of its children. Often these endeavors are under the auspices of the Peninsula Partnership, a public/private partnership of County and City government, school districts, non-profit agencies, and foundations. Funding for these centers comes from Promoting Safe and Stable Families, CAPIT and CBFERS, Target Case Management, OCAP, foundation grants, TANF, Medi-Cal, and Child Welfare allocations. Significant sustainability funding comes from the Human Services Agency, the Cities, and the School Districts where FRC's are located.

## Neighborhood School-Linked Services *Alameda County*

The Neighborhood/School-Linked Services Program began in July of 1997. Its mission is to promote the well being of children and families through a responsive, accessible, and flexible collaborative service delivery system in targeted neighborhoods and schools in Alameda County. The Neighborhood /School-Linked Services Program was designed to reflect the Social Service Agency's commitment to provide community-based child abuse prevention services.

Initially two neighborhood sites were identified: Prescott in West Oakland and Harder Tennyson in South Hayward. Two later sites include Lower San Antonio/Fruitvale District at the Roosevelt Village Center and the Eastmont Self Sufficiency Center in East Oakland. The placement of a 5th Child Welfare Worker (CWW) at the Fremont Self Sufficiency Center is expected mid-year 2002.

A full-time CWW was assigned to each community. Focusing on prevention/family preservation-oriented case management, the CWW provides services to at-risk families who may be experiencing problems such as drug abuse, homelessness, mental illness, and unemployment. The CWW receives referrals from the schools, parents, and the Emergency Response Unit. The CWW provides education and outreach to the schools, neighborhood centers and families about child abuse, how to recognize and prevent abuse and how Children's Protective Services operates. They also facilitate and organize groups and programs related to child abuse prevention. The neighborhood CWW provides school-linked services through the Healthy Start Program at Alameda County schools. The goals of the Neighborhood Services Program are to empower families in the community, to provide better-integrated family focused services, and have more families supporting their children economically, emotionally and developmentally. The focus is on preventing children from entering the foster care system by providing safe and healthy families, environments and communities.

## Therapeutic Child Care Center *Napa County*

Napa County Health & Human Services opened an on-campus Therapeutic Child Care Center (TCCC) in March 2001. TCCC serves 40 children from birth to age five. The center focuses on supporting children and families in forming strong and loving attachments, and in reaching the best possible development in their social-emotional health, thinking skills, language, movement and muscle activities, and much more. In addition, services to support optimal nutrition, physical health, mental health, and dental health are provided. Enrollment in TCCC is completely voluntary.

Children, aged 0–5, are eligible if the child, parent, or legal guardian is in any of the following categories:

- Women & Men in the Agency's Drug & Alcohol Recovery Programs
- Women & Men in the Agency's Mental Health Programs
- Families involved with Child Protective Services (CPS) or Family Preservation
- Children dismissed from other community child care settings due to behavioral or mental health issues
- Women & Men in CalWORKs (Welfare-to-Work)

TCCC is open year-round, Monday through Friday from 7:30 am to 5:30 pm. Costs vary for each family and are based on the child's age and available subsidies. CalWORKs child care vouchers are accepted.

Enrolled families receive child care services from the Los Niños Child Development & Family Program, a program of the Napa County Council for Economic Opportunity. Mental health services are provided by experienced, licensed psychologists. Child development and special education services are provided through a contract with the Napa County Office of Education and the Napa Infant Program. When needed, the services of a public health nurse, mental health counselor, social worker, eligibility worker, registered dietician, community aide, and

child psychiatrist are available. Enrollment at the TCCC includes breakfast, lunch, and snacks for the child. Parents are also welcome at mealtime. All children and families are asked to participate in an initial and on-going program study. Families complete an assessment and various surveys at admission and at least every six months. In addition, those enrolled may be videotaped for assessment and educational purposes.

## Emergency Response

### Social Workers Outstationed with Police

#### *Solano County*

Solano County Department of Health and Social Services, Child Protective Services Agency and Fairfield, Vacaville and Vallejo Police Departments have developed an agreement to locate CPS social workers at each city's police station. This allows the county and cities to work together to provide child protective services and public safety services to children.

Three full-time Social Worker IIIs are part of the CPS Emergency Response Unit. The social workers take referrals from their respective police officers and go out on joint investigations. This joint effort has improved communication, cooperation and mutual recognition of each department's special knowledge, skill and abilities. More importantly, it has positively enhanced the protection and services provided to the children of Solano County.

### Receiving Center

#### *Contra Costa County*

Receiving Centers are designed to support children through the trauma of removal from their birth families and to ease the transition between placements for children disrupting from foster care and group home placements. A Receiving Center is not a placement. The facilities are not licensed and children cannot legally remain there beyond 24 hours. Children receive health evaluations by county public health nurses, mental health assessments by county mental

health specialists, short-term care and supervision, crisis support, behavioral management and assessment as well as counseling services. The child's daily living needs are addressed in that they receive snacks, are bathed and, if need be, deloused, and their clothing is washed. Interviews are held with the child to determine basic likes and dislikes, important people in the child's life, etc. Social work staff have the opportunity to do a full assessment of potential relatives/caregivers so that an initial emergency placement with strangers may be avoided.

### Family Violence Response Team

#### *Santa Cruz County*

The Human Resources Agency (HRA) operates a coordinated Family Violence Response Team (FVRT). In collaboration with Defensa de Mujeres and Women's Crisis Support, the Santa Cruz County Sheriff, the cities of Watsonville, Santa Cruz, and Capitola Police Departments, the Santa Cruz County District Attorney's Office, and Santa Cruz County Probation, this highly successful team provides immediate intervention to children who witness domestic violence.

Working together since the spring of 1997, the collaborating agencies meet bi-weekly for case review and bi-monthly for administrative and operations direction setting. Under the project model, law enforcement regularly reports on all domestic violence calls that involve "willful infliction of corporal injury" where children are present in the home. Those cases in which children are at immediate risk continue to receive an immediate response by a CPS social worker. In all other cases, law enforcement phones in a report to CPS within 24 hours and CPS, in turn, responds to every family in order to assess risk to the children, work with families to develop safety plans, develop case plans when appropriate, and refer families to appropriate services.

Once CPS refers a family, Defensa de Mujeres or Women's Crisis Support provides ongoing support services to the family. The available services include domestic violence counseling, shelter, assistance with temporary restraining orders, parenting support groups, children's play groups, the development of family safety plans, referral to

substance abuse services and mental health counseling, and other family support services as needed. Adjunct services are provided through referrals to a variety of community partners such as Victim Services, the Parents' Center, and Fenix. Services for batterers are coordinated through the county's probation officers.

### **Redwood Children's Center**

#### *Sonoma County*

The Redwood Children's Center (RCC) is a multi-disciplinary interview center for children who are suspected of having been sexually assaulted. A team comprised of a forensic interview specialist, a member of the District Attorney's staff, mental health staff, nursing staff and law enforcement works on each case. The forensic specialist interviews the child in a room equipped with recording equipment.

The child is interviewed only once. Law enforcement, the attorneys, the nurse and mental health staff observe from a separate area and have access to the interviewer via an unobtrusive radio device in the ear of the interviewer. This allows all parties to hear the child's statement and ask for clarification or additional information to ensure that all of their questions are addressed at one time. The video and audio tapes become evidence used by the DA in deciding whether charges are appropriate. At the end of the interview, a decision about the need for a physical exam is made. If appropriate, the exam is completed at RCC with equipment designed especially for children. Photos and other documentation of the assault are gathered and given to the DA as evidence. While the child is interviewed, mental health staff work with the family to assist them in understanding what has happened and to deal with their feelings. They also help the family follow through with counseling for the child who has been victimized.



## **Court-Related Services**

### **Beyond the Bench**

#### *Monterey County*

Since 1997 Monterey County Department of Social Services has worked creatively with the judicial dependency system to improve working relationships and outcomes for children. A monthly "Brown Bag Lunch" is held in the courtroom to share information, cross-train, improve services for families, and discuss court practices and the Judge's expectations. Under the leadership of the Judge and child welfare manager, a monthly agenda is developed. Invited participants include the Judge, county counsels, CASA, all the child welfare social workers, supervisors and managers, the parent and child attorneys, and Children's Mental Health staff. The Brown Bag Lunch is open to any other interested child welfare partners.

Recent topics have included a presentation from Children's Mental Health staff on their role in dependency cases, a brief overview of voluntary relinquishments, a panel presentation on community substance abuse services, a discussion by the judge on court reports, case plans and Behavioral Health assessments, and an open dialogue on how different partners (CASA, Child Welfare and Children's Mental Health) can improve collaboration. The informal lunchtime venue promotes openness and equality and encourages communication and problem solving. For social workers, it also breaks down some of the tension and anxiety of the juvenile court process.

The January 2002 Brown Bag Lunch brought together additional participants from the community college, adult school, and substance abuse services community to brainstorm ideas on how to start a local Mentoring Mom program for Family Reunification parents. This is an example of innovative practices originating from the Beyond the Bench Team.



## **Court Services**

### *Marin County*

All ongoing staff prepare their own court reports. Promising practice includes the use of a Court Officer, with extensive child welfare experience, to interact with the court on a regular basis, review and finalize all court reports and notices, present the department's position at court reviews, and chair a Juvenile Court Task Force that includes judges and members from Juvenile Probation, parents and children's attorneys, CASA, Juvenile Mediation and Superior Court Administrative Services. There are two juvenile Court Commissioners assigned to the juvenile cases in Marin County, resulting in consistency and broad knowledge of dependency law. All children's attorneys, as well as any court appointed attorney, must complete a training in dependency law offered by the Marin County Bar Association. Marin County also utilizes a Juvenile Mediation Program for contested trials in any juvenile matter.

## **Peninsula Conflict Resolution Center Juvenile Dependency Mediation**

### *San Mateo County*

Beginning in October 2001, San Mateo County contracted with the Peninsula Conflict Resolution Center (PCRC) for the Juvenile Dependency Mediation Program. Dependency mediation is the objective mediation of a neutral facilitator for clients who face the potential of having their child(ren) removed from their custody due to neglect or abuse.

PCRC provides the following services: civic engagement services related to issues for children 0-5 years of age and their families; facilitation of professional and community group meetings; and facilitation of the Family and Community Advisory Committee.

As part of the foster home recruitment and retention strategies, San Mateo County initiated a series of forums with foster parents to understand and resolve issues of mutual concern. PCRC facilitated these forums. The program is a joint funded effort, with support from the Haas and Irvine Foundations, the Children and

Families First Commission, and the Peninsula Community Foundation/Peninsula Partnership for Children and Youth and Families. PCRC supervises two staff members who work with volunteer facilitators to convene and facilitate six to eight dialogue sessions per month composed of eight to twelve attendees per session, and 60 to 70 sessions per year. PCRC provides facilitation services to the Parent Advisory Group, simultaneous Spanish translation during parent meetings, and outreach services in the community.

## **Court Mediation**

### *Contra Costa County*

Court Mediation Services involve the use of a skilled, neutral mediator to assist families, the staff of Child and Family Services, and attorneys in developing a mutually acceptable settlement of the issues regarding child welfare and placement. Mediation is a collaborative process. Its goal is to resolve the issues of a case in a non-adversarial manner.

Except for cases filed pursuant to Welfare and Institutions code sections 300(d), (e), (f), and (I), and cases where family reunification services will not be offered pursuant to Welfare and Institutions code section 362.5(b), mediation will be considered for contested hearings that include jurisdiction hearings, dispositions, and review hearings.

Alternatives to lengthy litigation are sought as a means of resolving cases in a timely manner, while at the same time protecting the child and preserving the rights of the parents. The department mediation representative brings the case file to the mediation session fully prepared to mediate all issues identified. Court representatives follow-up on mediation.

## **Family Maintenance**

### **Another Road to Safety**

#### *Alameda County*

The Alameda County Department of Children and Family Services' Another Road to Safety (ARS) program serves low-to-moderate risk



families who are diverted from Children's Protective Services (CPS) to a community-based, intensive family support service delivery program. Family-focused, strength-based services are provided through contracts with local community-based organizations (CBOs).

To qualify for ARS services, families must live in one of the two target communities and be screened by CPS, using the state Structured Decision-Making Tool. The risk level must be assessed as low to moderate and not warranting formal court-ordered intervention. These are families that might otherwise be screened out or enter the system if alternative support resources and services were not available.

The primary intervention is provided by paraprofessional Family Advocates with support from a multidisciplinary team of consultants including Mental Health, Substance Abuse and Child Development Specialists. At the first home visit, the Family Advocate conducts a thorough family assessment that reflects both risk factors and family strengths and begins to develop an individual service plan. Both the assessment and the service plan are shared with family members and modified to include their input.

Family advocates conduct weekly home visits for up to nine months, with additional sessions provided as needed. They offer in-home parent support and education services tailored to family needs, child health and developmental screening, and active referrals to providers. The in-home services attempt to stabilize a family in any way possible. Case Managers are authorized to purchase basic-needs items for families (i.e. utilities, cribs, and car seats) that support child and family well being. The focus is to improve parenting practice, support the healthy development of youth in order to prevent future abuse and neglect, and to create healthy and safe families and communities. The goal of ARS is to link families with community resources that can stabilize and strengthen them to the extent that they will not enter the CPS system.

## **Matrix**

### *Napa County*

Matrix is an established non-profit organization helping families and professionals work together to improve the lives of children with special needs or disabilities. It is an information and resource center where parents gain life-long skills and knowledge to help their children live, learn, and participate fully in their communities. Matrix is also a place for families to find emotional support from other families who have "been there."

Matrix provides newsletters and information about special education, regional centers, mental health, health care, and technology; workshops about special education and disability issues for parents and professionals; Parent-to-Parent programs and support groups for sharing information and emotional support; one-on-one consultation to assist parents in problem solving; and a comprehensive library of books, videos, and reference materials. Matrix is a partner in the Northern California Coalition, a Parent Training and Information Center funded by the U.S. Department of Education. It is sponsored by the Marin Community Foundation and other private foundations, corporations, and individuals.

## **Family Conferencing**

### *Santa Clara and Santa Cruz Counties*

Santa Clara County has conducted family conferences since 1997. A family conference is a meeting involving family members, family friends and support people, service providers, the assigned social worker, the social work supervisor and a trained facilitator. The objectives of the meeting are: a) to gain a mutual understanding about concerns related to an aspect of planning for a child; b) to share child welfare system information with the family; c) to identify resources and actions to better serve the child and family, and most importantly; d) to learn about the family members' perceptions about problems and to receive the family's recommended solutions. Conferences always operate with the child as the primary focus of attention and planning. The effectiveness of the approach stems from its demonstrated respect for family members' concern and knowledge, family history

and family traditions. Conferences may result in recommendations about such matters as safety, placement, custody and visitation. The Family Conference Institute grew out of early positive experiences with this effective approach to decision making and planning. The Institute conducts conferences for Department of Family and Children's Services families, as well as families served by other Social Services Agency Departments, such as the Department of Aging and Adult Services and the Department of Employment and Benefit Services. The Institute trains family conference facilitators from within the Department and Agency, as well as from other county departments and community-based organizations.

Since the Family Conference Program began in March 1998, Santa Cruz County has conducted approximately 100 conferences per year, 40% in Spanish. Hundreds of adult family members, children, and service providers have participated in Family Conferences. The idea of coming together to develop a plan is often met with initial anxiety and resistance. Although the experience is overwhelming, family members leave the conference feeling that it was productive and worthwhile.

The presence of neutral facilitators whose role, in part, is to help monitor communication in the initial phases seems to help participants relax. The conference begins with a meeting of all the participants to discuss ideas. Families are then given time alone to develop their plan. When finished, the family invites the service providers back to discuss it. The final conference phase focuses on fine-tuning the plan.

Many social workers quickly discovered the benefits of conferencing. Several social workers noted that they accomplished in the course of a few hours what would otherwise have taken several days. The outcomes of conferences have included avoiding court involvement by developing solid safety plans that enable the social worker to close the case, return children to their home after foster care; place children with relatives or previously non-custodial parents; and develop permanent plans, such as adoption.

Last year Santa Cruz County was visited by several judges and social workers from Minnesota. In addition, Santa Cruz County has received training requests from Tulare and Monterey Counties, as well as Arizona, North Carolina, and Texas, as they set up their own Family Conference Programs.

## **Children's Faith Initiative**

### *San Francisco County*

In February 2001 the San Francisco Department of Human Services entered into a contract with Kevan L. Carter for the development and implementation of a Children's Faith Initiative. The Initiative is funded entirely by a grant from the Stuart Foundation. The Department is engaging the faith-based community in a variety of efforts targeted at assisting families involved with the Child Welfare and CalWORKs systems and other vulnerable families that might benefit from accessing support services.

The main goal of the Children's Faith Initiative is to engage at least 10 faith-based organizations in the development and implementation of a plan that may include, but not be limited to, strategies already devised by DHS, the Stuart Foundation, and the local faith-based community. These strategies include increasing the involvement of the faith-based community in recruiting foster and adoptive parents; creating a faith-based children and family service directory; establishing a Parental Academy to serve children and families involved with or at risk of involvement with the child welfare system.

In addition to the services discussed above, the consultant publishes a Children's Faith Initiative newsletter detailing collaborative activities. The consultant also sits on the Family-to-Family Foster Parent Recruitment Sub-Committee.

## Family Reunification

### Incarcerated Parent-Child Welfare

#### *San Francisco County*

Historically, reasonable efforts to honor the rights and support the relationships of incarcerated parents and their children have been neglected by those charged with child welfare responsibilities. Penal Institution work daunts even the most skilled in the child welfare field. The resultant neglect of the provision of court-ordered parent contacts, provision of service referrals, and family placement investigation did not go unnoticed.

In 1999, San Francisco Department of Human Services (DHS) contracted with *Friends Outside*, the world's largest inmate advocacy organization, to provide case management services to all incarcerated parents of San Francisco's dependent children. *Friends Outside* now employs two full-time Case Management Specialists. One Case Manager, housed within the Department, liaisons with Child Welfare Staff and visits all of the parents in the state prison system. The inmates are referred to programs by the Case Manager. The other Case Manager is housed at the San Francisco Jail to supervise visits and make in-jail program referrals.

An example of one of the numerous successes of the program is the diversion of a child, at the time of initial removal from the parent, to a grandparent that is identified by the incarcerated parent.

As Katherine Feinstein, now judge of the San Francisco Juvenile Court, has stated: "While 'Use a Gun, Go to Prison' may well be an appropriate legal maxim, 'Go to Prison, Lose Your Child' is not."

### Resource and Intensive Services Committee (RISC)

#### *Santa Clara County*

The Resource and Intensive Services Committee (RISC) is an interagency placement decision-making committee composed of representatives from the Department of Family and Children's

Services, Juvenile Probation, Mental Health and the County Office of Education. RISC was formed to: a) consolidate responsibility for placement decision-making about wrap-around, group home and institutional placements into a single entity; b) to support integration of resources and planning for all of these services; and c) to maintain a single consistent payment system that is fair, logical and timely. RISC meets every Friday morning to authorize all referrals for the following placement and services:

- RCL Level 13/14 Group Home Placements
- Wrap-around Services (level 13/14 and level 10/11)
- Matrix
- Intensive Treatment Foster Care Services
- Out-of-State Group Home Placements
- Starlight Community Treatment Facility

### Visitation Center

#### *San Mateo County*

The Human Services Agency contracts with the Family Service Agency of San Mateo so that social workers can refer families to the Visitation Center for supervised visits with children placed out of their parents' custody. Visits are held at the Family Visitation Center site at the Family Service Agency in Redwood City and at Seton Hospital in Daly City. The Juvenile Court orders supervised visitation for families where the parent poses a physical risk to the child or where the parent may be emotionally abusive to the child. The program also allows families to have visits away from the Family Visitation Centers as determined by the social worker in consultation with the visitation supervisor and with the family.

The Family Visitation Center has further enhanced its program by hiring a Child Development Specialist to supervise visits between parents and children who are considered high risk for abuse or neglect. The role of the Child Development Specialist is to intervene if the parents' behavior poses a risk to the child and to give the parents feedback on how the visit is going, pointing out strengths and areas for improvement.

## Shared Family Care

### *Contra Costa County*

Shared Family Care (SFC) refers to a situation in which an entire family is temporarily placed in the home of a host family who is trained to mentor and support the biological parents as they develop skills and supports necessary to care for their child(ren) and move towards independent living.

SFC can be used for: a) *prevention*—making it unnecessary to separate a parent from his or her child; b) *reunification*—providing a safe environment in which to reunite a family that has been separated; or c) *decision-making*—helping parents make the decision to terminate their parental rights.

By providing services to the family as a whole, the Shared Family Care project preserves a family's ability to live together while ensuring the safety of the children. The program allows parents to develop improved parenting skills, deal with their own personal issues, learn how to make sound decisions and handle daily stresses while living together with the children as a family. Skills learned in the SFC program increase the likelihood of families living independently and having a positive connection to the community.

The Shared Family Care program operates countywide in Contra Costa, through offices located in the eastern, central and western parts of the county.

*By providing services to the family as a whole, the project preserves a family's ability to live together while ensuring the safety of the children.*

## Kinship Care

### Relative Placement Sibling Supplement Program

#### *Santa Clara County*

The Relative Placement Sibling Supplement Program is a county-funded program to provide one-time-only financial assistance to relative caregivers to purchase items necessary to facilitate placement of sibling groups of three or more children. These items may include (but are not limited to):

- Fire and water safety
- Medicine storage
- Major appliances
- Utility installation fees
- School clothes
- Beds/furniture
- Crisis counseling
- Deposits for new housing

In calendar year 2001, 54 children in 17 sibling group relative placements were served.

### Kinship Network

#### *San Francisco County*

The Kinship Support Network at Edgewood Center provides case management, family support, and guidance and other support services to San Francisco relative caregivers and their children. Kinship Support Network community workers meet with relative caregivers in their homes and at the Family Center to assess family needs, develop an individualized family case plan and provide on-going in-home case management. Other supportive services include: the health team which provides comprehensive mental health, physical and developmental assessments with on-going education and referrals to community-based health clinics; individual therapy for children; grandparent support groups; tutoring services; recreation services; and respite for relative caregivers.





Most recently, the Kinship Support Network Relative Assessment Team has been developed in an effort to effectively locate appropriate relative caregivers, reduce placement drift and create strong relative placements for children that cannot be raised by their biological parents. The Team includes two social workers, a senior community worker, and a relative search assistant. Team members are co-located to facilitate collaboration and communication with team and DHS child welfare workers.

The Team also assists in engaging and supporting relative caregivers in preparation, transition, and follow-up of a child placement and provide ongoing case management and permanency placement planning.

### **Training for Kinship Care**

#### *Napa County*

Napa Valley College offers a training course on Kinship Care for grandparents and other relatives who find themselves parenting a family member's child. The course covers the relative's rights and responsibilities in caring for the children in their charge. It presents information on support and services that are available to relative caregivers. Further, since the process of bringing a relative's child into the home can be traumatic, classes cover issues of emotional support that are important to the caregiver. Information is also provided about financial, medical, and educational services available to the relative in caring for their children.

Participants become aware of workshops, conferences, and support groups that will help relative caregivers with issues such as visitation, grieving and loss in children, behavior management, effects of pre-natal exposure to drugs or alcohol, and many other topics.

## **Permanency Services**

### **Specialized Training for Adoptive Parents**

#### *Monterey County*

Monterey County Family and Children's Services provides the Specialized Training for Adoptive

Parents (STAP) program for children adopted or placed in permanent homes who would otherwise remain in long-term foster care. STAP program goals are:

- to reduce the number of children in out-of-home care by decreasing the number of children in guardianship and long-term foster care;
- to increase the number of successful adoptive placements; and
- to prevent adoptive placement disruptions.

These outcomes are realized by establishing an intensive adoptive parent support system for pre- and post-adoptive families; enhancing current recruitment efforts to increase the concurrent homes available for children; and maintaining and supporting children and their families while assessing the benefits of adoption and the importance of permanency for children.

STAP is one facet of a continuum of services available to families and children. These services are a result of several departmental, inter-agency, private non-profit and collaborative contracted service strategies. The STAP target population are children who come into placement that are prenatally exposed to substances, who are HIV positive, and who have suffered from neglect and/or abuse as a result of parental substance abuse. These children would benefit from adoption or otherwise remain in foster care. There are no age limitations.

Services provided are divided into three parts: recruitment, training and respite. Recruitment includes supporting current adoptive families during and after the adoption process. Many adoptive families return to the agency for subsequent adoptive and foster placement provided they receive consideration and support during their initial experience. Monterey County enjoys a healthy reputation for post-adoption support, and seeks to enhance its post-adoption activities by providing additional support services during the initial adoption process. In this manner, retention is considered one of the best recruitment strategies.



Core to the entire STAP program is a network of Mentor Parents. Primary training is provided through direct one-on-one instruction.

Interactive parent education is provided through a contract with the Salinas Adult School, that certifies and trains parent educators in the Parents As Teachers curriculum. Respite has been identified as an essential need for successful parenting of special needs children. As part of their individualized plan, each STAP parent, in conjunction with the Mentor Parents and the STAP coordinator, will identify their projected need for respite services.

## Project Destiny

### *Alameda County*

Alameda County has implemented the Title IV-E waiver demonstration project, intensive services component (for federally eligible youth); and State SB 163 (for non-federally eligible youth) in a model named Project Destiny. The goal of Destiny is to help children, who would otherwise grow up in an institution, to be able to grow up inside a family. Destiny utilizes a "wrap-around" and "team-approach" approach to service provision.

Family, community members, professionals and the child, determine what is needed to meet the needs of the child in the family. The family is given as much latitude to determine their own needs as possible. A guiding principal is "no decision about me, without me." Thus, the role of the professional is to ensure that all factors related to the care of a child within a given family are considered, that a process is in place to become aware of these factors (e.g., facilitate the team), and that specified roles are assigned to the members of the team and the assigned tasks are completed.

The role of the CWW is to participate in the team planning process, to be the voice of what the Court would likely expect, and to ensure child safety.

Destiny is a collaboration between the public and private sector. The project has contracted with three private agencies (Seneca, Lincoln, Fred Finch) to provide the primary case management

and to hold fiscal responsibility for Project Destiny cases.

## Ruth E. Smith Foster Care Demonstration Project

### *San Francisco County*

In June 1998 the Family & Children Services Division applied for and was awarded a Title IV-E Waiver to develop a five-year demonstration project to serve families in the Bayview Hunters Point, Visitation Valley, and Potrero Hill communities. The Project was subsequently named in honor of the late Ruth E. Smith who served many years as an advocate for families involved with Family & Children Services (FCS). The major components of the demonstration project are family mentoring, family conferencing, youth mentoring, the availability of family emergency funds, and 24-hour response for families via hotline.

Family mentors support and guide families involved with FCS to help strengthen the family systems and meet FCS requirements. The mentors are available to families 24 hours a day. Youth mentors will work with youth ages 12 and older around stabilizing their living situations, assisting with educational needs and preparing for adult life. Flexible foster care funds will address family needs that are identified as necessary to stabilize the families and decrease the risk of abuse and neglect. The 24-hour response allows mentors to support families and children during the time a crisis occurs and when help is most needed.

Participating community-based organizations include S.L.U.G. (San Francisco League of Urban Gardeners), Potrero Hill Neighborhood House, and T.U.R.F. (Together United Recommitted Forever). Project goals include:

- Reduce out-of-home placements
- Reduce length of stay for children who are placed out-of-home
- Improve the stability of placements
- Strengthen life skills of participating children
- Support parents and strengthen families.

## Annual Adoption Day

### *Alameda County*

As part of its participation in National Adoption Awareness month, Alameda County Adoptions hosted its 2nd Annual Adoption Day in 2001. The Department of Children and Family Services worked in collaboration with Alameda County Juvenile Court and finalized the adoption of 87 children in one day. Planning for the event involved massive organization and coordination on the part of adoption child welfare staff and Juvenile and Superior Court staff.

Both agency and court staff volunteered to work evenings and weekends in preparation for the event. The Saturday event was divided into two sessions. Each session included presentations and proclamations by the Alameda County Board of Supervisors, and remarks by the Presiding Judge, the Agency and Department Directors, and the Adoption Program Manager. The courthouse was decorated with balloons, flowers, and signs to welcome and celebrate families. Food was catered and served throughout the day. Local media was invited, and CNN filmed a short segment which aired on CNN after Thanksgiving. Donations of stuffed animals were presented to the adopted children and their siblings. Additionally, the Juvenile Court prepared and presented individual certificates of "family membership" to each adopted child. The Department of Children and Family Services purchased picture frame/photo albums for each adopted child, with their adoptive name engraved on the front, along with the date.

Eighteen judges from Juvenile and Superior Court also volunteered to work. The Alameda County Juvenile Court's Presiding Judge, Brenda Harbin-Forte, trained judges in the Finalization Hearing process. Finalization Hearings ran straight through the day, in 15-minute intervals, simultaneously in three different Departments in the same courthouse. Four adoptions were heard each hour in each Department. Siblings were finalized together. Juvenile Court and Superior Court Clerks also volunteered to work on the event and were cross-trained. Clerks processed the legal documents for the families immediately following each hearing.

The 2nd Annual Adoption Day was a huge success. It was a positive and joyful day both for the children and families, and all the staff. For the next event, the goal is to complete as many as 300 adoptions.

## Matrix

### *Santa Clara County*

Twelve children receive Matrix program services from a community-based agency in partnership with the Department of Family and Children's Services. Matrix is a strength-based program designed to transition resistant and hard-to-place children out of the Children's Shelter and into placements in the community. The program uses a collaborative, team-based and outcome-driven approach to support and enhance the developmental process of each youth. All systems, formal and informal, involved with the youth are engaged to promote collaborative efforts to meet the youth's developmental needs. A balance between self-sufficiency and interdependence with the youth's natural community is sought. The program is designed to meet the unique needs of each youth through coordinated wrap-around services (for the child with the family or foster parents), transitional residential and foster care, and emancipation programs.

## Self-Sufficiency Services for Youth

### *"Passages" Program*

#### *Santa Cruz County*

In Santa Cruz County approximately 450 children are in the foster care system. Every year 30 children emancipate from that system with the expectation that they will have the skills and abilities that they need to live healthy, productive, and independent lives. Unfortunately, many leave care without jobs or a high school education. These youth are at high risk of becoming homeless or involved with the criminal justice system. The goal of the "Passages" program is to break the well-documented cycle of abused youth that fail in school, become delinquent juveniles, become homeless, or the

next generation of incarcerated adults. The goal is to challenge, nurture, support, inspire, and develop youth into becoming self-confident, self-directed, and independent young men and women.

The Santa Cruz County Human Services Agency (HRA), in collaboration with the Health Services Agency, the Probation Department, the Redevelopment Agency, and various community-based organizations, works together, in a phased program, to provide the constellation of services necessary to address the needs of emancipating and emancipated youth. HRA is working with two community-based organizations that oversee the administration and operation of the program and administer funds granted to the program. Phase I includes two houses that serve approximately eight youth 16–18 years old. All programs are located in safe neighborhoods that are easily accessible to public transportation, the community college, markets, and job opportunities. Phase I residents are required to devote up to 25% of their income/wages as rent and a portion of this money will be put into individual savings accounts for each participant to use to secure permanent housing upon leaving the program. The Phase II house serves five young adults, 18–21 years old, who have aged out of the foster care system. Phase II residents will be charged up to 75% of their income/wages for rent/savings so that they will be able to achieve complete self-sufficiency when they exit the program.

#### Phase I and Phase II Services

- Supported Transitional Housing—Semi-independent living experiences in fourplex apartments provided concurrently with intensive “real world” training in life skills such as: budgeting, shopping, meal preparation, shopping priorities, home maintenance, etc.
- Individual/intensive case management for each youth in the program, addressing areas such as: long-term self-sufficiency, educational plans, vocational training, healthy living, emotional support and well-being, and obtaining future housing.
- Individualized educational planning focused on realistic self-sufficiency goals and objectives.

- Assistance with job placement and job maintenance activities.
- Individual and group therapy services provided on an as needed basis.

### Independent Living Skills Program

#### *Alameda County*

Alameda County Independent Living Skills Program (ILSP) celebrates its 15th annual graduation in 2002. The ILSP has been recognized state-wide as one of the best and most extensive programs of its type. ILSP conducts SAT training every Fall and pays for youths to take the exam. In the Fall of 2001 forty high school seniors took the SAT training and the exam. Every January, there is a financial aid workshop at which every youth fills out their financial aid application. In any given year, Alameda County reaches out to over 1000 youth between the ages of 15½ and 21. The program now has 46 youth enrolled in four-year colleges and 43 youth enrolled in community college. There is an active alumni group that provides services to younger students and participates in various events. Over 30 ILSP graduates now have earned bachelors or higher degrees and seven are currently working for Children and Family Services as either full-time county or contract employees.

The county program also hosts weekly emancipation classes during the school year and runs a job readiness and placement program. Through the support of the public health nurse and other ILSP staff, youth are aided in nutritional planning, financial planning, and making and keeping medical and mental health appointments. For the last three years, ILSP has funded a computer-training program for eligible ILSP seniors including the provision of a computer and a printer for 75 youth per year.

Currently ILSP is working to establish a master-lease contract with an Oakland apartment complex to house 28 youth in two-bedroom apartments. At present, ILSP had youth placed in dormitories at California State University, Hayward and other four year colleges as well as shared and subsidized housing. ILSP is working to establish more housing options for emancipated youth.

## **ILSP/Building Foundations 4 Success** *San Francisco County*

The San Francisco Independent Living Skills Program helps youth in foster care and out-of-home placement prepare for independent living as adults. Eligible participants are youth (14 to 21) who reside or have resided in foster care, group care, kin care, probation, private placement, and other out-of-home placements. Emancipated foster youth are also eligible.

Services include life skills workshops, vocational services, college club, tutoring, mentoring, computer classes, aftercare, ombudsman services, transitional services, peer support services and foster youth services. *Building Foundations 4 Success* provides activities throughout the year like a snow trip, computer camp, Santa Cruz trip, and dinner nights. There are also resources to help youth succeed on their own. Youth are referred to the program by social workers or probation workers. The services are provided in a teen center open Monday through Friday from 8:00 a.m. to 8:00 p.m. The teen center is a safe place for youth to hang out and work on their goals for independent living. The center provides snacks, computers, materials, and resources.

## **Transitional Housing Program** *Contra Costa County*

The Transitional Housing Program (THP) in Contra Costa County is a collaborative effort between FamiliesFirst (a local community-based organization) and the Contra Costa County Employment and Human Services Department's (EHSD) Independent Living Skills Program. The program supports the learning of critical living skills in the least restrictive environment, namely their own apartment. In an effort to help youth remain in the communities in which they have become established, the program is leasing four apartments in Contra Costa County: two in west county, one in central county, and one in east county.

The Transitional Living Program is staffed by two half-time social workers and one full-time support counselor. In addition, a FamiliesFirst supervisor oversees day-to-day program operation. The social worker is responsible for all case

management. The social worker and support counselor hold weekly apartment meetings with the youth, as well as make at least one additional face-to-face contact per week. Further, telephone contact is made several times per week along with random, surprise visits. Staff are available to the youth via pager at all times.

## **System-Wide Services**

### **Continuous Quality Improvement Plan** *Napa County*

The Children's Services Continuous Quality Improvement Plan (CQI) is a component of the Health & Human Service Agency's overall CQI program. Its basic purpose is to facilitate the achievement of the agency's goals and objectives by improving the processes that are used to obtain them via Teamwork, Quality and Measurement (TQM).

In order to be sustained, quality must rest upon a firm foundation of teamwork and the systematic measurement of processes that are used to obtain organizational objectives. Towards this end, the agency has developed a framework for the implementation of CQI teams and has implemented a number of activities that are designed to capture and provide the teams (and management) with information that can be used to make decisions.

The hub of the Agency's CQI efforts is the Quality Improvement Team. QI teams exist at a number of levels in the agency. Each of the Division's main programs: Child and Family Behavioral Health and Child Protective Services (including Emergency Response and ongoing Services) has a QI team. These teams meet quarterly and send a representative to the Divisional QI meeting. Each team consists of no more than 6-8 full-time staff. Larger teams are not uncommon, but studies show that teams with more than 8-10 members may have trouble reaching consensus and achieving goals. The team's membership consists of every occupational group in the program. Each member serves for one year and is either selected from a list of volunteers or randomly drawn from a list of program or divisional staff.



## **Ombudsperson Services**

### *San Francisco County*

The existence of ombudsman services in San Francisco stems from the efforts of the Department of Human Services and interested client and community representatives to 1) improve client services, 2) to develop a more responsive partnership within the community served by Family and Children Services Division, and 3) to allow the Department to become more responsive to the client community. In order to move away from a historically poor relationships between many segments of the community related to child protective and child welfare services, an effort was made to involve the community in the business of the Department.

To address the concerns and complaints related to the services provided for children and youth through Family and Children's Services Division, an independent contractual agreement was made to provide ombudsperson services. An Ombudsperson acts as a neutral, objective intermediary to work impartially between the client community and the Department to arrive at equitable and reasonable solutions to a range of conflicts that may arise between clients and department representatives.

The intent of the program is to try to resolve complaints in an informal manner through conciliation or collaborative problem solving. Then, if unable to resolve, more formal measures such as investigation and interview are used to collect information and develop increasingly more complex and formal measures. The intended outcome of Ombudsman Services is to enhance the provision of quality child welfare services to clients. An Advisory Group meets bi-monthly to support the work of the Ombudsperson, to provide advice on current and prevailing issues within the community and ways to connect with specific communities and the community at large. The Advisory Group is recruited from a diverse cross section of children and youth, family and parent advocates, emancipated youth, birth, foster, and adoptive parents as well as community and department representatives in the City and County of San Francisco.

## **Family & Community Advisory Committee**

### *San Mateo County*

The Family and Community Advisory Committee (FCAC) was established by the Children's Collaborative Action Team (CCAT) in November 1999 with 12 parent and caretaker members from throughout the county. The goals are to provide parent input to the Answers Benefiting Children (ABC) long-term planning process, to operate a Citizen's Review Panel, and to provide parent involvement in other county initiatives. For San Mateo County, the FCAC provides a springboard for greater parent participation in all aspects of program planning and development. Training parents to be informed consumers, as well as supporting parent advocates throughout the county, helps ensure that service providers and policy makers understand and respond to the needs of families.

FCAC members participate in other committees related to children and families. Members attend and represent FCAC and are introduced to new resources. During FCAC meetings, parents report back and discuss how FCAC can participate in community collaboratives. Currently FCAC members actively participate in the Citizens Review Panel, the San Mateo County Child Abuse Prevention Council, Children's Report Awards and Recognition Team, ABC Long-term Planning, Children & Youth System of Care Wrap-around Pilot Project, Children's Collaborative Action Team (CCAT), Adolescent's Collaborative Action Team (ACAT), Child Abuse Awareness Month Committee, Family to Family Oversight Committee, Daly City Peninsula Partnership, and Redwood City Family Centers.

In addition, FCAC members represent the committee at the San Mateo Citizens Review Panel, at the statewide Family Partnership Conference in Sacramento and at the State Stakeholders Summit. FCAC members helped develop recommendations that were adopted and implemented by CCAT on the new child abuse "warm line" and the allocation of \$165,000 of funds collected from birth certificate fees to home visiting, early childhood education, and treatment services to San Mateo County residents.



## District Dispo Review Team

### *Contra Costa County*

In Contra Costa County, Children and Family Services Divisions are located in three different geographical locations: currently in Hercules serving the western area of the county, in Martinez serving the central part of the county, and in Antioch serving the eastern part of the county.

Each District (Division) Manager oversees approximately eight direct reports and between 80 and 120 staff members, including child welfare services workers, casework assistants, clerical staff, and administrative support staff.

Each District Dispo Team meets weekly to review active cases and referrals that meet *specific disposition criteria*. The Dispo Team is comprised of the Division Manager, the ER and Court Supervisors, a Continuing Service Supervisor, and the Court Representative. Currently, cases are reviewed by the Dispo Team in the following situations:

- When a worker wants to offer voluntary family maintenance
- The worker and supervisor feel a need to have a higher level of decision and/or oversight in a case
- When a worker wants to close a voluntary family maintenance case of a child under three years old (or close out a referral of a child under three)
- Any high profile, sensitive or difficult case that should have Division Manager level oversight.
- When a worker and supervisor need to consult with the team for case planning purposes

The Dispo Team serves as a consultation team. When cases are reviewed by the team there is better coordination between the ER/Court and Continuing Services workers and supervisors. It also provides for better monitoring of the status of the voluntary family maintenance program.

## Wrap-around Programs

### *Santa Clara County*

Over two hundred Santa Clara County children receive Wrap-around services from two community-based agencies in partnership with the Department of Family and Children's Services. Wrap-around services take the level of funding equivalent to a child's placement in a residential community care facility at rate classification levels 10 and 11 and 12–14, and invest it in highly individualized services designed to successfully maintain emotionally troubled and behaviorally challenged children with their own families or foster families. Services may include individual counseling, family therapy, psychotropic medication and monitoring, in-home support counselors, respite care, school liaison and advocacy, case management, immediate crisis intervention, behavioral modification services, and unique to these programs, any other highly tailored service that supports a child's successful adjustment in the family home setting. The goal is to wrap these services around children and families.

Santa Clara County has also partnered with the Kinship Center in Monterey to develop a post-adoption Wrap-around program.



## APPENDIX A: National Overview of Child Welfare Services

### The National Picture

Child abuse and neglect is a wide spread issue in the United States and currently poses many challenges to child welfare systems across the country. The following statistics clearly demonstrate the national picture:

- It is estimated that 2.8 million children were reported as suspected victims of child abuse or neglect in 1998. Of these reports, over 900,000 were confirmed.<sup>1</sup>
- Nation-wide only about half of child abuse and neglect cases are investigated and on average only 1/3 find abuse or neglect. Of the abused or neglected children, only about 1/2 receive post-investigative services.<sup>2</sup>
- Twice as many children are victims of neglect (55%) as are victims of physical abuse (25%), 12% are victims of sexual abuse, 6% are victims of emotional maltreatment, and 13% are victims of other classifications.<sup>3</sup>
- Black and Native American children are significantly over-represented in the child welfare system—double their proportion in the national population.<sup>4</sup>
- Young children are most at risk for abuse and neglect. Infants represent the largest proportion of victims—almost 40% of victims are under 5.<sup>5</sup>

The number of children in 1999 receiving Child Welfare Services in the United States include:<sup>6</sup>

- 297,000 children who entered foster care
- 581,000 children in foster care
- 127,000 children waiting for adoption
- 46,000 children adopted from system
- 64,000 children in foster care whose parents had their parental rights terminated
- 251,000 children exiting foster care system

In order to fully understand the child welfare system, it is important to get an historical overview of the process of opening and managing a child welfare case and the legislation that has shaped the process. Then the challenges facing the system and to goals for improving it can be identified.

### The National Policy Response

The *Social Security Act of 1935* provided the legislative foundation for a federally supported foster care system under Title IV-B and Title IV-E.<sup>7,8</sup> In 1974 Congress passed the *Child Abuse Prevention and Treatment Act (CAPTA)*.<sup>9</sup> This legislation provides funds to states to support prevention, assessment, investigation, prosecution, and treatment. It also mandated that states provide for the reporting of known or suspected child abuse and neglect cases. However, implementation proved challenging with problematic reporting laws, an overly

broad scope of intervention, insufficient funding, and lack of worker training, among other issues, while enlarging the pool of children coming to the attention of the child welfare system.<sup>10</sup>

In the 1970's, Family Preservation was emphasized when the number of children in foster care increased despite the shrinking birthrate. Congress held hearings on the issue and found that, while some children clearly needed that level of protection, many others were being removed too quickly, primarily because services to support them in their homes were unavailable. Consequently, the *Adoption Assistance and Child Welfare Act of 1980* was passed requiring states to make "reasonable efforts" to prevent the unnecessary removal of children from their homes, to reunite them if removed, or find permanent adoptive homes. Despite efforts to keep families together and prevent children from floundering in foster care, change was slow and difficult to implement in existing state and local bureaucracies. In fact, just a year later funding was cut and agencies were faced with high turnover rates, declining numbers of foster families, children with multiple needs, and few services available to help youth prepare for independence.

The *Family Preservation and Family Support Services Act of 1993* was passed by Congress to address the rising number of children placed outside the home that had skyrocketed during the 1980s and early '90s.<sup>11</sup> This legislation included entitlement grants to states to implement placement prevention programs. A year later most states had some type of placement prevention program in place, though often with less intensive services than offered through the original family preservation models. However, legislative support for family preservation began to wane in some parts of the nation, especially in relationship to a new wave of concern about child safety. Consequently, more children were entering foster care who once would have been maintained in their homes. In 1995 Congress amended the Social Security Act. The amendment authorized the Department of Health and Human Services to grant waivers to allow states and localities to experiment with using some Title IV-E funds, traditionally restricted to serving children in out-of-home care, as an unrestricted block grant, increasing states' fiscal flexibility and responsibility.

Two years later, Congress passed the *Adoption and Safe Families Act of 1997* that reauthorized the Family Preservation and Family Support program and set aside funds for court improvements.<sup>12</sup> Attempts were also made to clarify the "reasonable efforts" requirement by describing situations in which states were not required to follow the provision; compelled states to initiate or engage in proceedings to terminate parental rights for children who have been in foster care for the last 15 out of the past 22 months; dedicating financial incentives to increase adoption; and reducing time-to-permanency hearings from 18 to 12 months after the child enters foster care.

In the US, over half of the children in the foster care system come from homes eligible for welfare and the proportion of the foster care caseload with children from welfare-eligible families has risen significantly from 11% in 1970 to 53% in 1996. As a result *The Personal Responsibility and Work Opportunity Reconciliation Act of 1996*, commonly referred to as welfare reform, has the potential to impact the

child welfare system.<sup>13</sup> Since the likelihood of being referred to child welfare is correlated with low-income status and poverty factors, the implementation of welfare reform may also impact the number of families who are reported to the child welfare system.

## The National Challenges

The current child welfare system is largely reactive to, and motivated by, crises and criticism, in addition to changes in leadership and mission.<sup>14</sup> Child Welfare policies are frequently influenced by individuals and organizations outside the system and are not connected to the research on best practices. As a result, the present child welfare system is faced with a multitude of challenges. Among these challenges are the huge backlogs of uninvestigated child abuse and neglect reports, children who languish for years in foster care, long waiting lists for treatment of serious emotional problems<sup>15</sup>, and increased severity of problems.<sup>16</sup> These issues have been exacerbated by recession in the late 1980s and early '90s and social changes, such as the increase in drug abuse and single parenting, which increased the number of families coming to the attention of child welfare agencies.<sup>17</sup> Despite these challenges, over 30 states froze or cut child welfare spending in the early '90s.

While the challenges seem great, there has been movement toward the improvement of the child welfare system. Efforts are being made to shorten the length of stays in out-of-home care and increase kinship care. The number of children adopted or securing permanence through guardianship has increased and time to adoption has been cut in half in many states.

## The Responses to the Challenges

Currently, there are many initiatives throughout the United States to improve the child welfare system. Individual states are working internally to design new and innovative programs, while various foundations and organizations have developed and implemented programs in many states and localities. Some of these innovations are highlighted here.

The child welfare system in Alabama has undergone a transformation following years of litigation rising out of one particular case in which an institutionalized child was kept from his father.<sup>18</sup> Prior to this case, Alabama's system mirrored the problems seen throughout the country—large numbers of uninvestigated abuse and neglect reports, children spending years in foster care, and long waiting lists for mental health treatment. The State responded to 30,000 reports of child abuse and neglect each year and had 4,600 children in care in 1998. Through this litigation, which ended with a settlement in 1991, the state's system was transformed "from offering only stop-gap measures that dissolve the home life of the people it serves to one that truly values children and families" (p. iii). This settlement resulted in an agreed-upon set of principles that Alabama has used in a unique county-by-county implementation process. Many of these localities have seen significant improvement in protecting children and preserving families. Alabama achieved these remarkable results by focusing on the children's need for stability and family integrity as their primary outcome

measure; developing partnerships with families, foster parents, communities, and service providers; retraining staff; and creating individualized case plans that involve all invested parties.

In other regions of the country, non-profit organizations are engaged in improving the child welfare system. The Seattle-based Casey Family Program provides planned, long-term out-of-home care for children in 14 states.<sup>19,20</sup> The program serves almost 1,600 children, youth, and families and provides an array of permanency planning services, such as adoption, foster-adopt, long-term foster care, kinship care, guardianship, and family reunification, and have developed a variety of national and community partnerships and advocacy efforts.

The Annie E. Casey Foundation's Family-to-Family Initiative was implemented in 1992 to expand the family-centered approach that is designed to meet individual needs through community-based culturally sensitive services capable of meeting the needs of the children currently in group homes and institutions.<sup>21</sup> The Initiative has worked to encourage participating states to reconceptualize, redesign, and reconstruct their foster care systems. Sites selected to participate were those identified with a history of placing a large number of children in out-of-home placements. To assist the grantees, the foundation has developed a range of tools that include ways to recruit, train, and support foster families; a model for making decisions about child protection placements; a self-evaluation model; and a model to deal with burnout and increase resiliency among child welfare staff. The Family-to-Family Initiative is currently being implemented in California in San Francisco, Santa Clara, and Los Angeles. With additional support from the Stuart Foundation, the Initiative is also being implemented in Contra Costa, San Mateo, San Luis Obispo, Stanislaus, and Santa Barbara Counties.<sup>22</sup> Updated information is available at [www.aecf.org](http://www.aecf.org).

While all these efforts differ, there are some commonalities associated with reforming the child welfare system, especially the use of formal and informal services and supports needed by all types of families.<sup>23</sup> Promising practices include the use of neighborhoods as a base for services that are guided by explicit and high-quality standards along with continuous staff training, consultation, and supervision. These promising practices evolve over time to adapt and incorporate new tools to address the needs for both prevention and services to those with the highest need. These reform efforts acknowledge that changes need to happen outside the child welfare system with agencies related to poverty, substance abuse, domestic violence, and parental isolation. Reform efforts are strongly tied to local visionaries and supported by a wide range of organizations that include foundations, universities, advocates, professional organizations, and federal and state governments.





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- <sup>1</sup> Administration for Children and Families, US Department of Health and Human Services, ACF Press Room: HHS News, *HHS Reports New Child Abuse and Neglect Statistics* (Washington, DC, April 10, 2000)
- <sup>2</sup> Children's Bureau, Administration for Children and Families, US Department of Health and Human Services, *Child Maltreatment 1997: Reports from the States to the National Child Abuse and Neglect State System* (Washington, DC: Author 1999).
- <sup>3</sup> Children's Bureau, 1999
- <sup>4</sup> Children's Bureau, 1999
- <sup>5</sup> Children's Bureau, 1999
- <sup>6</sup> US Department of Health and Human Services AFCARS Report (Updated June 2001). Available: [www.acf.dhhs.gov/programs/cb/publications/afcars/june2001.htm](http://www.acf.dhhs.gov/programs/cb/publications/afcars/june2001.htm)
- <sup>7</sup> Bazelon Center for Mental Health Law. (1998, May). *Making Child Welfare Work: How the R.C. Lawsuit Forged New Partnerships to Protect Children and Sustain Families*. Washington, DC: Judge David L. Bazelon Center for Mental Health Law.
- <sup>8</sup> Geen, R. & Tumlin, K. C. (1999, October). *State Efforts to Remake Child Welfare: Responses to New Challenges and Increased Scrutiny*. The Urban Institute.
- <sup>9</sup> Administration for Children and Families. (2002, February). *About the Federal Child Abuse Prevention and Treatment Act*. National Clearinghouse on Child Abuse and Neglect Act. [www.calib.com/nccanch/pubs/factsheets/about.cfm](http://www.calib.com/nccanch/pubs/factsheets/about.cfm).
- <sup>10</sup> Pecora, P. J., Whittaker, J. K., Maluccio, A. N., Barth, R. P., & Plotnick, R. D. (1992). *The Child Welfare Challenge: Policy, Practice, and Research*. New York: Aldine De Guyter.
- <sup>11</sup> Geen & Tumlin, 1999.
- <sup>12</sup> Geen & Tumlin, 1999.
- <sup>13</sup> Geen & Tumlin, 1999.
- <sup>14</sup> Malm, K., Bess, R., Leos-Urbel, J., & Geen, R. (2001, October). *Running to keep in place: The continuing evolution of our nation's child welfare system*. The Urban Institute.
- <sup>15</sup> Pecora, et al., 2000.
- <sup>16</sup> Geen & Tumlin, 1999.
- <sup>17</sup> Geen & Tumlin, 1999.
- <sup>18</sup> Bazelon, 1998.
- <sup>19</sup> The Casey Family Program. 2000. *How are the children doing? Part II*. Seattle, WA: The Casey Family Program.
- <sup>20</sup> States include: Arizona, California, Colorado, Hawaii, Idaho, Louisiana, Montana, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Washington, and Wyoming. For more information please visit <http://www.casey.org/research>.
- <sup>21</sup> Annie E. Casey Foundation. *A Model for Public and Private Child Welfare Partnerships, Part I: Collaboration for Change*. Family-to-Family Publications.
- <sup>22</sup> For more information about the Family-to-Family Initiative please visit <http://www.aecf.org>.
- <sup>23</sup> Shorr, L. B. (1997). *Common Purpose: Strengthening Families and Neighborhoods to Rebuild America*. New York: Anchor Books.

## APPENDIX B:

# Contacts for Bay Area Child Welfare Services

**Alameda County  
Social Service Agency**  
Patsy Pinkney Phillips, Division Director  
Support Services Division  
(510) 268-2684

**Alameda County  
Social Service Agency**  
Erika Shore, Division Director  
Family Services Division  
(510) 268-2690

**Contra Costa County Employment  
and Human Services Department**  
Danna Fabella, Director  
Children & Family Services  
(925) 313-1583

**Marin County Health and Human  
Services Department**  
Heather Ravani, Program Manager II  
(415) 499-7153

**Monterey County Department  
of Social Services**  
Robert Taniguchi, Assistant Director  
(831) 755-4470

**Napa County  
Health and Human Services Agency**  
Nancy Schulz  
Assistant Behavioral Health Care Manager  
CPS Programs  
(707) 253-4867

**San Francisco City and County  
Department of Human Services**  
Janice Anderson-Santos, Deputy Director  
Family and Children's Services Division  
(415) 558-2660

**San Mateo County  
Human Services Agency**  
Stuart Oppenheim  
Northern Regional Director  
Child Welfare Director  
(650) 301-8710

**Santa Clara County  
Social Service Agency**  
Lisle Smith Cohen  
Social Services Program Manager III  
Department of Family and Children's  
Services  
(408) 441-5851

**Santa Cruz County  
Human Resource Agency**  
Francine Nickell, Director  
Family & Children's Services Division  
(831) 454-4393

**Solano County  
Health and Social Service Division**  
Laura R. Fowler, Deputy Director  
Child Welfare Services  
(707) 421-74444

**Sonoma County  
Human Service Division**  
Carol Bauer, Director  
Family, Youth & Children's Services  
(707) 565-4300



# BASSC

## Bay Area Social Services Consortium

BASSC is a partnership between county social service agencies, university social work programs, and foundations established in the Bay Area of Northern California in 1987.

### Administrative Offices

University of California at Berkeley, School of Social Welfare

(510) 642-6659 • (510) 642-7066 • FAX (510) 642-1895

[www.bassc.net](http://www.bassc.net)

[mjaustin@uclink4.berkeley.edu](mailto:mjaustin@uclink4.berkeley.edu)

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