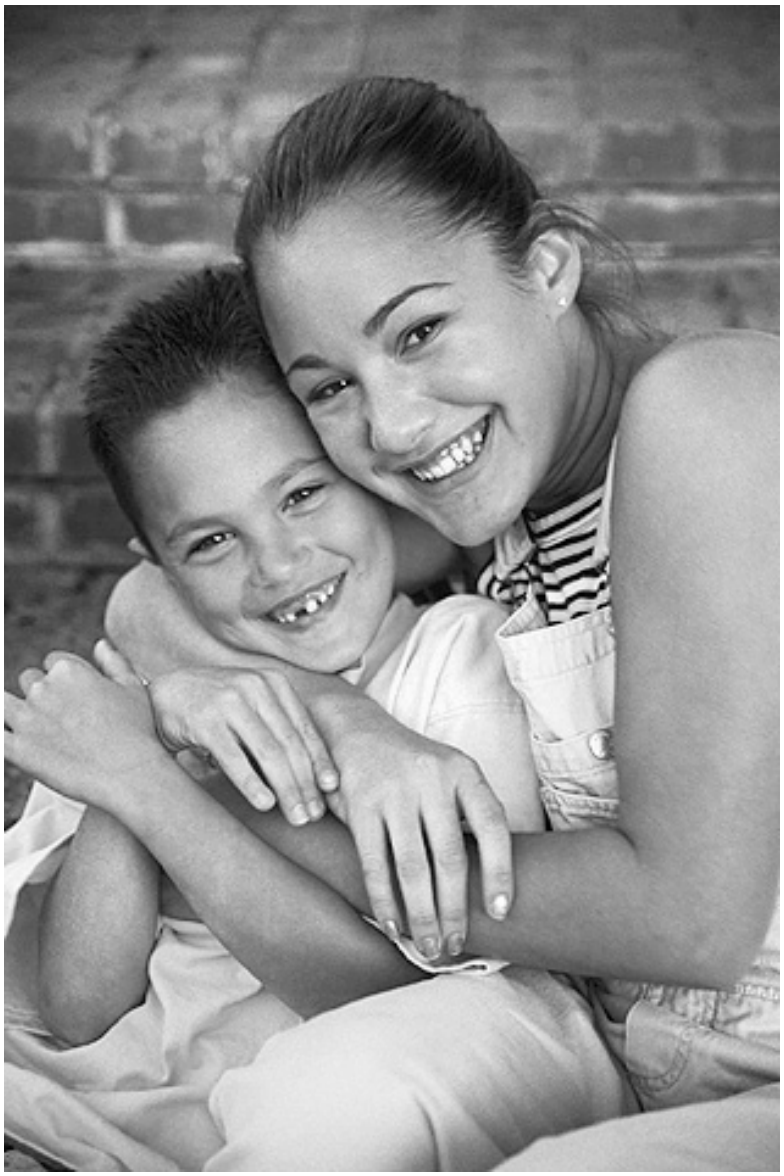
Child Welfare Services System Improvements

11 County Pilot Implementation Evaluation

Initial Assessment Phase

July 2003 to June 2006



Prepared by the Child and Family Policy Institute of California under contract with the California Department of Social Services, Children and Family Services Division

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Executive Summary

In 2003 California initiated a multiyear project with 11 counties to implement and test key child welfare improvement strategies. This initial implementation assessment reports on the financial and human resource investments that the 11 counties have made to bring these improvements to life. The report reviews the strategic planning phase of this effort as well as the collective and individual activities of the 11 counties. The report provides preliminary data (where available) on the families and children served by the pilot counties and chronicles the counties' successes and lessons learned in carrying out this work. As a primarily process evaluation, this initial phase lays the foundation for the full evaluation to come and provides interim recommendations needed to assist pilot counties in fully implementing and testing the improvements. Considerations are also presented for expansion of system improvements to additional counties.

Background

Over the last decade, California has undertaken a variety of reforms in service of its vision to promote positive outcomes for children and families in the core areas of safety, permanency and well-being. In 2000, the California Legislature created a statewide Child Welfare Services Stakeholders Group to review the state's child welfare system and make recommendations for improvement and change. The stakeholders worked together over a three-year period to forge a blueprint for overhauling California's system. Their recommendations were captured in their final report, the Child Welfare Services (CWS) Redesign Plan. Several other child welfare initiatives came into play during this same time period. Key among these were the Federal Child and Family Services Review (CSFR) in 2002 and the implementation of the new CWS Outcomes and Accountability System in 2004 (AB 636 / 2001).

In part as a result of the first Federal CFSR and subsequent State Program Improvement Plan (PIP), but primarily as a result of the state-initiated CWS redesign and the new Outcome and Accountability System, California embarked on a multiyear process to implement and evaluate promising new strategies. Underlying the pilot programmatic changes is the need to continually improve outcomes at the county level to assist the State preparing for and complying with the next Federal Child and Family Services Review (CFSR) scheduled to occur in 2007.

Piloted CWS System Improvements

In 2003, the California Department of Social Services (CDSS) selected 11 pilot counties to participate in the strategic planning and development of CWS system improvement activities. State-county workgroups were formed to develop guidelines and protocols for counties to use in implementing and testing these improvements. Targeted activities and deliverables were specified for these three key improvement areas:

1) Standardized Safety Assessment — Development of a standardized safety assessment process to ensure the consistent evaluation of safety, risk and protective capacity throughout the life of a case.
2) Differential Response — Development of a broader set of responses to reports of child abuse and neglect received by emergency response hotlines so that families are offered help before situations require emergency intervention and the removal of children from their homes.

3) Permanency and Youth Transition — Development of strategies that increase stability, build permanent relationships, and help children and youth who come into contact with the child welfare system develop life skills.

These three targeted improvement areas complement and support one another. The Standardized Safety Assessment System establishes the standards, tools and practice application to improve California's safety outcomes. The new Differential Response intake system provides a more customized response to families through case planning and development, and provides enhanced community services to support the specific needs of children and families. Permanency and Youth Services are aimed at increasing permanence and stability for children in the CWS system as well as supporting foster youth as they transition to adulthood.

All three reforms underscore the principle of fairness and equity for all children and families touched by the CWS system by seeking to reduce system bias in decision-making and reversing the disproportionate representation of Native American and African American children in the CWS system in California. Moreover, all three reforms are rooted in the desire to generate more positive and lasting results for California's most vulnerable children by building on family strengths, developing community support, and directly engaging family members and youth in decision-making about their lives.

Funding and Goals

In FY 2003-04, CDSS set aside approximately $7.1 million to help the 11 chosen counties begin planning for the multi-year pilot implementation process. This money was allocated among them based on size for purposes of capacity building, strategic planning and coordinating infrastructure. The development of implementation frameworks by state-county workgroups occurred primarily in FY 2004-05 and the 11 counties began testing and evaluating the systems in 2005 and 2006. The Legislature appropriated approximately $13.7 million in both FY 2004-05 and 2005-06 to support county implementation activities as well as state-level planning, training, curriculum development, technical assistance, technology, and evaluation (although counties were not able to use all of the original allocation 2004-05 due to funding sources and timing).

CWS System Improvements have been operational in all 11 pilot counties since June 30, 2005. Pilot counties are also participating in assessment activities that will provide the basis for a complete evaluation of the improvements in fiscal year 2007-08. Of their own initiative, pilot counties have also leveraged additional $7.7 million in non-state funding in support of CWS system improvements since 2003. On average, about 25% of total pilot county expenditures were from outside sources, including non-CWS federal and county funding and foundation grants.

As the state approaches the next Federal CFSR, the pilot county improvements — which impact both system and practice — will be key to the ongoing effort to improve statewide child welfare program outcomes. The continued implementation and evaluation of the CWS System Improvements is an important issue for two additional reasons. First and foremost, it provides a systematic foundation for change and improving outcomes for children and families. Secondly, strategic implementation will help determine a county's ability to make improvements without unnecessarily straining existing resources or delivery systems.

Evaluation Methodology

This report represents the first phase of a multiyear evaluation process that will assess the implementation of all three improvements across the 11 pilot counties. The goal of this initial evaluation is to provide clear information about the planning and implementation activities conducted to date, baseline information about the children and families served (where available), and qualitative data on successes, challenges and barriers.

During this first phase of the evaluation, the Child and Family Policy Institute of California (CFPIC) employed a number of data collection methods. To assess planning activities, CFPIC reviewed the minutes and final reports from each of the three state-county workgroups and distilled critical information and pivotal activities. Information regarding the basic implementation activities was gleaned from the individual county reports submitted to the State. These reports contained the benchmark activities for all 11 counties and specific activities of the reporting county. CFPIC reviewed these reports and identified activities that all counties completed and noted the unique approaches for individual counties. Qualitative data about the experiences of the pilot counties during the strategic planning and implementation process, as well as some anecdotal information about the children and families served, was collected through a survey instrument distributed to multiple levels of program management.

The report also includes preliminary quantitative data where available. County outcome data from the State's new Outcome and Accountability System does not necessarily correlate with pilot county activities since many were directed to target populations and not implemented countywide (with the notable exception of the Standardized Safety Assessment). Other data sources available included safety assessment data captured and reported by the Children's Research Center and the SPHERE Institute, both technical assistance contractors working with the pilot counties. Quantitative data for the Team Decision Making meetings was captured through the Family to Family program database and reported by the county managers.

In advance of this evaluation, many of the counties have planned for, or initiated, rigorous county-specific evaluation systems. The results of county-specific evaluations are included in this report where available, and will be included as appropriate in the full 11 County Pilot Implementation Evaluation scheduled in fiscal year 2007-08.

Early Implementation

Standardized Safety Assessment System

In 2004-05, pilot counties participated in a series of workgroups to develop a Standardized Safety Assessment System for California. The state and 11 pilot counties worked with independent contractors to develop and field-test tools within the guidelines and structure established by the workgroup. Ultimately, two sets of safety assessment tools were developed for use at key decision-making junctures in each and every child welfare case:

- Structured Decision Making (SDM)
- Comprehensive Assessment Tool (CAT)

Many counties chose to include community partners in the planning and implementation of the new tools. All 11 counties worked towards ensuring the application of the safety assessment tools

throughout the CWS system, primarily through expanded training opportunities for staff and community partners.

Pilot counties were also asked to complete the following tasks to assist in validating the Standardized Safety Assessment System:

- Develop criteria for evaluating the effectiveness of the assessment system
- Identify gaps and make adjustments to assessment tools
- Identify resources necessary for statewide implementation

Successes

Preliminary data indicates that during the first nine months of implementation the 11 pilot counties conducted at least 185,000 assessments using the new Standardized Safety Assessment tools. The seven counties using the SDM tool (Humboldt, Los Angeles, Placer, Sacramento, San Luis Obispo, Tehama, and Trinity) tracked 172,693 assessments and the four counties using the CAT tool (Contra Costa, Glenn, San Mateo, and Stanislaus) tracked 11,892 assessments. Actual assessments conducted can be assumed to be higher since initial technical issues prevented a complete capture of data. This preliminary information provided in this report is an indication of the type of analysis that will be provided in greater depth during the next phase of this multi-year evaluation.

Pilot counties reported that the new assessment system allowed them to make better and more consistent decisions regarding the safety and risk of children. Social workers commented that it also improved their access to case information that they needed to make decisions about the effective delivery of services to children and families. Moreover, counties reported that the new assessment process shifted the focus of social worker visits and meetings to objective safety factors, improving relationships with both families and community partners.

Challenges

Throughout the implementation planning process, pilot counties encountered challenges regarding staff processes and resources. They reported a need for a longer training and adjustment time for implementing the new assessment system. Pilot counties encountered barriers in the process of implementation that could not be resolved and will require changes in statute, regulation, policy and practice in order to ensure effective statewide implementation of this system. Chief among these was the need to have the safety and risk assessment tools integrated into the CWS/Case Management System (CWS/CMS) along with regulations promulgated to address safety and risk assessments at key decision points in a child's case.

Recommendations

- Fully integrate Statewide Standardized Safety Assessment into the CWS/CMS to enable effective and accurate evaluation of practice changes.
- Provide, in collaboration with independent technical assistance contractors, ongoing staff training to ensure consistent and effective use of the new Safety Assessment tools.
- Reduce caseload sizes and/or create manageable workloads to enable social workers to use tools effectively so that accurate and appropriate safety assessments are conducted.

Differential Response

Differential Response is an approach to ensuring child safety by expanding the ability of child welfare agencies to respond to reports of child abuse and neglect received on Emergency Response hotlines. It allows county welfare agencies to respond more broadly when families are showing signs of trouble (and before abuse occurs). Counties may partner with community-based organizations to help families in need. With Differential Response, social workers seek to engage families in developing solutions and may provide referrals to needed services.

During 2004-05, pilot counties participated in a series of state-county workgroups to develop a guidelines for implementing Differential Response at the local level. The workgroups identified and defined three response pathways:

- *Path 1*: Community Response — for situations where family problems do not rise to the level of statutory definitions of abuse and neglect.
- *Path 2*: CWS with Community Response — for situations where family problems meet statutory definitions of abuse and neglect but the child is not in imminent danger and the family demonstrates strengths that make mitigating changes likely.
- *Path 3*: CWS Response — for situations where the child is not safe and at moderate to high risk for continuing abuse or neglect.

The workgroup also Identified criteria for evaluating program effectiveness and conducted an analysis of confidentiality requirements for Path 1 referrals.

Pilot counties were required to complete the following tasks to implement Differential Response at the local level:

- Select high-need geographical areas for implementation
- Partner with Family Resource Centers and/or other community-based organizations (CBOs)
- Develop contracts for the provision of services
- Develop and deliver training for county and CBO staff
- Test effectiveness
- Fully implement Differential Response in a targeted area

All 11 counties were creative in identifying and optimizing available resources, maximizing ongoing relationships with community partners, and leveraging existing county initiatives with similar goals. These activities resulted in targeted staff and community partner trainings and facilitated the piloting of Path 1 and Path 2 in the counties.

Successes

Preliminary data indicates at least 1,999 families have been served through Path 1 and 4,615 families in Path 2, providing families with an additional 6,614 contacts with community services. In addition, some counties were able to provide information about re-referral rates that document the success of this strategy. Two counties with independent evaluation systems that tracked re-referral rates found that less than 1% of families that received Path 1 or 2 services were subsequently reported for additional incidences of suspected abuse or neglect. Some data was also available regarding demographic characteristics of families that received services through Differential Response. This preliminary information presented here is an indication of the type of analysis that will be provided in greater depth during the next phase of this multi-year evaluation.

Pilot counties reported many examples of successes in using Differential Response, especially where partnerships were developed to address family needs related to employment and substance abuse. Counties reported that Differential Response allowed them to engage families in meaningful ways and that families were more responsive to their interventions. Counties developed new or stronger relationships with community partners during implementation, enabling them to leverage additional resources in support of children and families.

Challenges

Pilot counties reported barriers in the process of implementing Differential Response that could not be resolved at the local level. Counties recommended statutory changes to address confidentiality issues that prevent them from sharing critical information with community partners. Counties worked hard to educate other agencies and the community about Differential Response and how it integrates with the CWS system. Budgetary constraints also made it difficult for some counties to implement Differential Response countywide.

Recommendations

- Provide ongoing training and mentoring for social work staff and community partners.
- Increase coordination and collaboration between early intervention and prevention programs in the community and Differential Response through county System Improvement Plans.
- Clarify confidentiality rules in statute, specifying when and under what circumstances information can be exchanged between CWS agencies and community partners.
- Explore legislation that would make Differential Response a standard child welfare practice as a means of encouraging participation and enabling better information sharing.
- Consider creating a flexible funding structure that will enable better access and utilization of a variety of funding streams to support Differential Response efforts.
- Reduce caseload sizes and/or create manageable workloads that will enable social workers or non-case carrying staff to employ critical program elements such as team decision making meetings and collateral contacts.

Permanency and Youth Transition

During 2004-05, pilot counties participated in a state-county workgroups to develop protocols to implement strategies to improve stability and permanency for children and youth in foster care. Workgroups identified the following key strategies for use in this improvement area:

- *Team Decision Making (TDM):* A process that is based on the belief that a child's well being is best served when the family, community and child welfare agency collaborate to make decisions about the child's placement.
- *Family Participation in Case Planning:* A case planning process that actively engages families in defining their strengths and identifying resources that will address the problems that resulted in the disruption of their family.
- *Youth Inclusion in Case Planning:* A case planning process where social workers involve youth in addressing issues related to permanency and transition to adulthood at each interaction with them, focusing on establishing reunification, adoption, guardianship or other permanent life long connection with a trusted, caring adult.

Pilot counties were required to complete the following tasks as part of implementing and testing strategies at the local level:

- Develop a county implementation plan for each strategies with a targeted subset of cases.
- Identify and train Team Decision Making facilitators.
- Train staff in engaging families in decision-making.
- Train staff and community partners in youth inclusion.

With the support of Family to Family (F2F), a public-private partnership that provides technical assistance on proven child welfare strategies, all 11 pilot counties enthusiastically embraced Team Decision Making, training staff and community partners in its use. In addition, counties sought to maximize opportunities to engage youth in program planning at key decision point and began increasing their participation in emancipation planning. Counties developed a wide variety of innovative strategies to improve permanency opportunities for older youth and help them prepare for adulthood.

Successes

Pilot counties optimized compatible initiatives that enabled them to have greater success in program implementation. F2F helped the pilot counties implement Team Decision Making (TDM) and established a TDM database that enabled the counties to document 5,484 TDM meetings that included extensive participation of families, youth and community partners. This baseline data will provide the foundation for the second phase of this evaluation.

Counties reported numerous successes in establishing lasting relationships for youth struggling in long-term foster care, whether that be through reunifying with their own family, establishing permanency with other important adults in their lives, or strengthening community connections. Pilot counties quickly discovered the value of using community partners to make the initial connections that engaged families. They also reported numerous benefits from privately funded technical assistance programs, such as the California Permanency for Youth Project and Youth Transition Action Teams.

Challenges

Pilot counties reported that while Team Decision Making meetings were highly effective, they required training and new skill sets that took time to develop. Counties identified numerous needs for increased funding of services and staff that could dedicate time to developing youth mentors, parent leaders, and alternative placements opportunities. They also noted some challenges in the area of court timelines that impeded some of their efforts. Some counties reported difficulties in developing support for emancipation conferences as well as other practice changes that would have optimized the use of staff and volunteers.

Recommendations

- Recruit more foster homes for adolescents and develop training to educate the community about the unique needs of teens and permanence programs.
- Provide ongoing supervisor and staff coaching, training and mentoring to promote understanding and implementation of Permanency and Youth Transition program elements.
- Expand current training requirements for children's attorneys to include permanency issues of older foster youth.
- Institutionalize federal-state-county sharing of fiscal responsibility to ensure expanded services.
- Expand Independent Living Program funding to provide services to youth between 14 to 24 years of age.

- Provide training and specialized rates with cost-of-living increases for foster parents who care for adolescents.
- Secure funding for transition-related programs, such as housing, employment and education.
- Reduce caseload sizes and/or create manageable workloads to enable social workers to employ critical program elements such as family and youth engagement and team decision-making.
- Provide funding for non-case carrying staff, such as community workers and educational liaisons, to implement Permanency and Youth activities such as team decision-making, family conferencing, supervised visits, mentorships and leadership development opportunities.

Expansion to Additional Counties

In their role as "learning laboratories," the 11 pilot counties made general observations about what might be helpful as improvements are expanded to other California counties. Pilot counties identified issues and offered guidance related specifically to community collaboration, culture shift and systems change, training, and workload. The following is a representative sample of their observations, organized by category.

Community Collaboration

- Outreach to the community is crucial and the process of building collaboration takes patience. Building a trusting relationship with partners takes time.
- Consistent communication with all community partners, staff and media is critical. This includes establishing clear roles and expectations for agency and staff and ensuring that the county and community have the same understanding and definition of words and practices.
- Combining CWS and CalWORKs under one county management structure can be effective.

Culture Shift and System Change

- "Redesigning" child welfare systems to improve outcomes for children and families requires a fundamental cultural shift at the staff level. Be prepared that this takes time.
- The Breakthrough Series model of Plan-Do-Study-Act (PDSA) has been a invaluable tool in trying new strategies, building on accomplishments, and changing practice from the bottom up.
- Including a cross-section of participants in the planning and implementation phases of system change helps drive the process. When a group of individuals are motivated, interested, and feel they have permission to contribute, change can be accomplished quickly and relatively easily.
- Multiple initiatives, such as the Mental Health Services Act and Family to Family, need to be integrated and leveraged to support mutual goals.

Training

- Staff need clear messages, constant motivation, consistent supervision and specific and continuous education and training to shift behavior patterns and learn to do their work differently.
- Training *all* staff in engagement, motivation and solution-focused questions creates a foundation for increased staff effectiveness with families and improved outcomes overall.

Workload

- Sending a social worker out for an in-person meeting generally meets with better success, although it adds significantly to the workload for Emergency Response staff.
- Workload must be kept in mind and factored into the equation as the state works to achieve practice changes on a broader scale.

Evaluation

- Data sets for measuring outcomes of CWS Improvements need to be standardized at the state level to effectively evaluate impacts across counties. High level evaluation support is essential to assist counties in achieving the intended goals.

Implementation Roadmaps

To assist other counties in implementing CWS System Improvements, a focus group of leaders from the 11 counties developed structured outlines that they termed “Roadmaps to Implementation.” These roadmaps, combined with the wealth of information included throughout this report, provides a clear, detailed picture of what other counties need to consider as they begin to replicate the efforts that have gone into the CWS improvements to date.

Final Note

In September 2003, CDSS asserted that through its work the Stakeholders Group had “reclaimed the original vision” of:

> *Every child living in a safe, stable, permanent home, nurtured by healthy families and strong communities.*

Just over two years later, following focused planning and the dedicated work by thousands of county staff, community partners and families, the 11 pilot counties have begun to realize this vision. This report takes the first step toward providing the information necessary to measure the success of the implementation strategies in improving safety, permanence and well-being outcomes for children and youth in foster care.

I. Background

California's child welfare system is undergoing a series of interrelated reforms designed to improve outcomes for children and families. Efforts over the last several years have resulted in increased consensus and direction on how best to improve services to children and families where abuse and neglect maybe present.

In 2003, the California Department of Social Services (CDSS) selected 11 counties to begin piloting three strategies to improve CWS that had been identified by stakeholders statewide. The idea was for these counties to become laboratories for child welfare practice, developing and testing the strategies as well as evaluating outcomes in the areas of Safety Assessment, Differential Response, and Permanency and Youth Transition.

After three years of strategic planning and implementation CDSS has initiated a multi-year evaluation of the process and outcomes of the CWS System Improvements in the 11 pilot counties.

The goals of the overall evaluation are to assess

- the general implementation process of the three CWS system improvements;
- the implementation process from the perspective of community, service systems, agency, staff, partners and clients;
- the combined effects of the system improvements, including barriers and challenges; and
- the specific outcomes related to data collected for families and children impacted by the three system improvements.

The information collected will be utilized to establish a framework for evaluating the effectiveness of the three CWS system improvements, identify baseline performance data, and establish on-going performance information.

Implementation of system reform is a long-term process. Success is dependent on extensive strategic planning and development, training of staff and leadership, and the development monitoring mechanisms to track progress. Moreover, practice changes often take months and sometimes years to result in tangible, measurable outcomes for children and families.

CDSS is committed to documenting and evaluating this process. In the interest of keeping the Legislature informed about the current status of system reforms among the 11 pilot counties, and because capturing statistical data will require a longer period of time before yielding meaningful results, the CWS System Improvements Evaluation will consist of two phases:

- INITIAL ASSESSMENT PHASE: The initial phase (this report) assesses the development and initial implementation process, capturing baseline data where available and providing anecdotal information gleaned from planning documents and survey reports. CDSS and the 11 pilot counties identified a set of recommendations needed to improve implementation within the pilot counties as well as to expand improvements to additional counties.
- FULL EVALUATION: The second phase will build on the information gathered in the initial phase, utilizing in-depth research activities. Both survey and data analysis methodologies will be employed in this portion the evaluation. The survey portion will rely on county-specific information and the data collection portion will include data retrieval from statewide systems.

This report covers the initial phase of the evaluation and contains the following information:

- Description of strategic planning and implementation activities
- Descriptions of families served in pilot counties (numbers served and baseline demographic data where available)
- Successes reported
- Lessons learned, challenges and barriers encountered
- Recommendations for full implementation of improvements in pilot counties
- Recommendations for expanding improvements to additional counties

This initial assessment phase is meant to aid decisionmakers in determining needed changes in practice, statute and regulations as the state moves toward taking CWS system improvements to scale statewide.

A. History and Development

The child welfare system improvements that are the subject of this report grew out of a carefully planned strategy to address concerns about the entire CWS system in California. In 2000, the Governor signed legislation establishing the Child Welfare Services Stakeholders Group, a diverse group of 60 stakeholders who were concerned about the future of the state's most vulnerable children and their families. The Stakeholders Group was charged with reviewing the state's CWS system and making recommendations for improvement and change. Over a three-year period, the Stakeholders Group forged a blueprint for overhauling the system based on promising strategies, concluding its work with the release of its Final Stakeholders Report in 2003. That report, also referred to as CWS Redesign, provides broad, high-level recommendations for programmatic and systemic modifications that are intended to lead to new ways of delivering services that should result in better outcomes for children and families.

On September 25, 2003, the Administration issued a press release announcing that the Redesign offered a "comprehensive blue print for change" and that it should serve as "a strategic plan for local communities, along with the state's executive, judicial, and legislative branches to improve the lives of children and families who come into contact with the CWS System." Thus began a multiyear state and county process to plan, develop, implement, test and evaluate promising CWS system improvements.

Pilot Counties

In Fall 2003, all 58 counties in California were requested to complete a Redesign Implementation Readiness Matrix and invited to submit a Statement of Interest to serve as a pilot county. The Readiness Matrix asked counties to assess themselves in the areas that were the focus of the Stakeholders report, specifically identified as:

- Community Capacity Development
- Interagency Cross Coordination
- Differential Response, Safety Assessments and Standardized Practice
- Permanency for Children and Youth
- Workforce Capacity Development
- Accountability
- Evidence Based Practice
- Funding
- County Specific Initiatives and Infrastructure

Selection Criteria

In their Statement of Interest, counties were asked to address specific selection criteria developed by representatives from CDSS, the County Welfare Directors Association (CWDA), the Foundation Consortium for California's Children and Youth, and other stakeholders. The criteria were as follows:

- Participation in the Federal Child and Family Service Review (CFSR)
- Desire and commitment to be an early implementing county
- Participation on CDSS workgroups (e.g., Stakeholders, Program Improvement Plan, Outcomes and Accountability System (AB 636), Consolidated Home Study Workgroup)

- Involvement in related initiatives (e.g., Family to Family, CalWORKS/CWS Partnership Project, Wraparound, Citizen's Review Panel)
- Participation in the CWDA Children's Committee
- Commitment and ability to work effectively with CDSS and other state agencies
- Existence of strong community partnerships
- Engagement of local stakeholders (e.g., California Youth Connection, Citizen's Review Panels)
- Innovative funding strategies
- Engagement with funding partners (e.g., foundations, First 5 Commissions)
- Ability to staff and infuse local resources
- Geographic considerations

Eleven counties were ultimately selected using the above criteria. These counties are Contra Costa, Glenn, Humboldt, Los Angeles, Placer, Sacramento, San Luis Obispo, San Mateo, Stanislaus, Tehama, and Trinity.

Expectations of Pilot Counties

In December 2003, CDSS sent a letter to these counties detailing expectations of their participation, describing state responsibilities, and announcing the availability of funding to support their participation. Pilot counties were expected to perform the following activities:

- Work in partnership with CDSS to develop the policies, procedures and tools necessary for implementation.
- Provide peer-to-peer support to other counties as they begin implementation of aspects of CWS Redesign.
- Work to implement the eight key components outlined in the CWS Redesign:

    1. Community Capacity Development
    2. New Intake Structure—Differential Response
    3. Permanency for Children and Youth
    4. Developing Workforce Capacity
    5. Interagency System Coordination
    6. Role of the Courts and CWS
    7. Expand and Restructure Funding
    8. Accountability for Outcomes

Expectations of CDSS

Expectations of CDSS were described as follows:

- Provide state-level coordination and logistical support to all pilot counties
- Provide facilitation in guiding workgroup discussions
- Work with the State Interagency Team to align other state agencies
- Bring forward implementation barriers and challenges identified by pilot counties to State Interagency Team
- Work with the Foundation Consortium and any other avenues to explore funding enhancements for all counties involved in early implementation of the CWS Redesign

A Shift Toward Outcomes and Accountability

Due to other child welfare reform efforts at both the state and national level, the anticipated work of the pilot counties became important for additional reasons. In 2000, the same year that California's Stakeholders Group was convened, the federal government completed its final rules under the Adoptions and Safe Family Act. These rules authorized the U.S. Department of Health and Human Services to establish "a new results-oriented child and family services review process that will serve as the Federal government's key tool for finding out how State child welfare programs are doing at ensuring children's safety, permanency and well-being." California's program was reviewed in September 2002. Every state, including California, failed its initial review and was required to develop a Program Improvement Plan (PIP) to outline strategies for improvement in performance in the three primary areas of safety, permanence, and well-being. Many of the programmatic strategies that were developed by the Stakeholders Group were identified as promising strategies in California's PIP. These strategies were given continued attention and support as the underpinnings of California's child welfare performance improvements.

With California's state-supervised, county-administered child welfare system, it was evident that statewide improvements in California would require a structured approach at the county level. In 2002, the California Legislature adopted the CWS System Improvement and Accountability Act (AB 636), which provided a context for each county to address its own performance in a manner that mirrored, and many ways improved upon, the federal system. Under the state's new outcomes and accountability system, each county receives quarterly data correlated with a set of agreed upon outcome measures and is required to develop a System Improvement Plan (SIP) that identifies programmatic strategies to improve performance over time. The 11 pilot counties that are testing improvement strategies from the Stakeholders' Redesign Plan are using these as the basis for their SIPs and formalizing these strategies in a way that will make them accessible to the rest of the state. See Appendix A.

B. Pilot Funding

Beginning in FY 2003-04, monies were appropriated to support the planning, training, technical assistance, development and early implementation of the concepts contained in the CWS system redesign. It was initially assumed that the pilot counties — in their role as "learning laboratories" — would test all eight components of the Redesign Plan. Budget constraints resulted in revisiting these commitments. The result was that early implementation activities became more focused on specific outcomes and proceeded at a somewhat slower rate. Table 1 illustrates the distribution of the funding that has been appropriated to date to support these activities.

Table 1. CDSS CWS Improvements Pilot Allocations

Year	*County Allocation*	*State Allocation*	*Total State Appropriation*[a]
2003 – 2004	3,050,000	4,086,448	**$ 7,136,448**
2004 – 2005	13,002,000[b]	818,338	**$ 818,338**[b]
2005 – 2006	14,102,000	743,000	**$ 14,845,000**
2006 – 2007[c]	13,002,000	743,000	**$ 13,745,000**

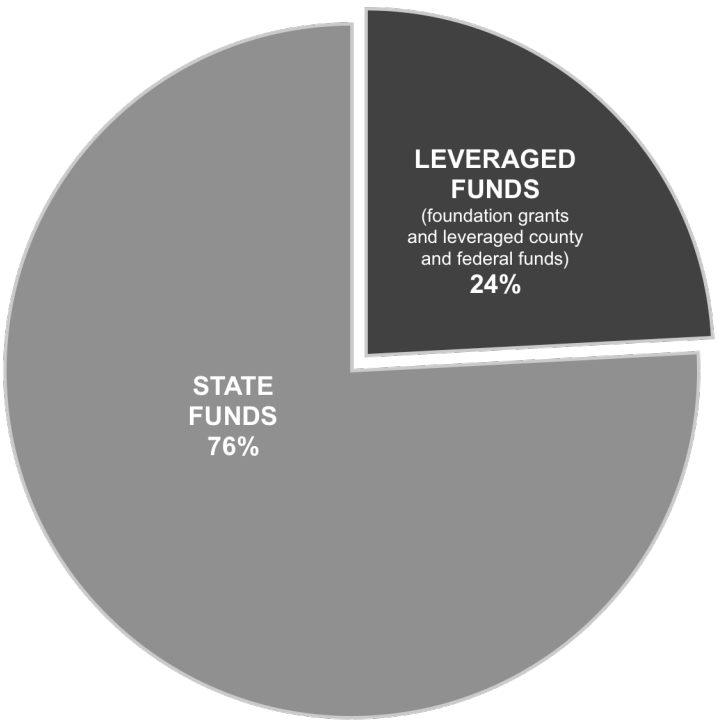
[a] Consists of state and federal funds.

[b] The allocation amounts for 2004-05 reflect the original allocation to the counties. Due to funding sources and timing, counties were not able to use the total allocation.

[c] Proposed appropriation

State funding enabled counties to leverage additional funding to support the development and implementation of CWS system improvements at the local level, as depicted in Figure 1. One-quarter of total county expenditures between 2003-2006 were from sources outside of the original state appropriation. These sources included foundation grants and additional funding leveraged through other county and federal programs.

Figure 1. Additional Funds Leveraged and Expended by Pilot Counties for CWS System Improvements, 2003-2006



Source: CFPIC survey. Pilot counties reported total CWS System Improvement expenditures of $31.8 million, including $7.7 million in leveraged foundation grants and county and federal non CWS funds.

C. Strategic Planning Process

Although significant resources were identified for the pilot counties to provide a laboratory environment for full implementation of the Redesign, it was agreed that it would be impossible to do all that was originally expected of the pilot counties with the limited resources and time allotted to this process. Working with staff from the pilot counties, CDSS developed a matrix of the activities that could reasonably be accomplished in FY 2004-05. CDSS, CWDA and the 11 pilot counties agreed to move forward with the following child welfare improvement activities:

- develop a comprehensive statewide system to assess safety, risk and family protective capacity throughout the life of a CWS case;
- develop and test a differential response screening process; and
- develop an individualized, inclusive, team-based case planning process for supporting family restoration and transition planning to be applied throughout the life of a child welfare case.

The matrix outlined the specific activities and expectations required of the 11 counties and CDSS, including the identification of statutory, regulatory and financial requirements, as well as the commitment to affecting the changes necessary to move CWS improvements forward for all counties.

State-County Workgroups

Initially, the principal investment for the 11 pilot counties was participation in workgroups dedicated to developing a strategic plan or “roadmap” for implementing the improvement in the targeted areas. Until strategic planning was completed, counties could not begin to effectively provide services in the context of the CWS systemic improvement. Because of the high-level nature of the Stakeholders’ work, a great deal of focused activity was required to translate the vision into a roadmap that could lead to improvements in all 11 counties, and eventually to counties statewide.

As workgroups were formed around each of the three improvement activities, the three CWS system improvements became formally designated as:

1. Standardized Safety Assessment System
2. Differential Response
3. Permanency and Youth Transition

Each workgroup was co-chaired by a representative from a pilot county and a representative from CDSS. Each county also committed at least one representative to each workgroup. Staff support was provided by CDSS.

CWS Systems Improvement Plan

The first product of the state-county workgroups was the CWS Systems Improvement Plan. This multiyear workplan established specific time frames and defined deliverables for each system improvement area. The template informed the strategic planning efforts of the workgroups, as well as the implementation activities of the counties and the state. Table 2. Key Elements of CWS System Improvement Planoutlines the key elements of this workplan.

Strategic Planning Reports

By the end of FY 2004-05, the workgroups had completed their tasks and produced their final strategic planning reports. This enabled the pilot counties to proceed with implementation of system improvements in FY 2005-06. See Appendix B.

Table 2. Key Elements of CWS System Improvement Plan

ACTION STEP 1:

Develop a Standardized Safety Assessment System

DELIVERABLE: A comprehensive statewide system to assess safety, risk and family protective capacity throughout the life of a child welfare case.

FY 2004-05

CDSS and 11 counties will:

- Finalize system to assess safety, risk and family protective capacity.
- Establish statewide criteria and elements to be included in system.
- Train county CWS staff.
- Test the process in each county.
- Fully implement in each county.
- Evaluate the applicability and effectiveness of the protocol in the 11 counties.
- Identify changes in practice, statute, and regulation, as well as resources needed, to rollout statewide.

CDSS will:

- Facilitate county development of a safety, risk, and family protective capacity assessment system.
- Begin planning for including in CWS/CMS.

ACTION STEP 2:

Develop Differential Response Protocol for Three Paths of Service Delivery

DELIVERABLE: A screening process that includes differential response

FY 2004-05

CDSS and 11 counties will:

- Finalize a screening system that utilizes the safety, risk and family protective capacity assessment system and establishes criteria for each differential response path.
- In partnership with the Department of Justice, complete an assessment of confidentiality laws and regulations necessary to implement differential response.
- Develop criteria for evaluating the effectiveness of the differential response approach.
- Develop plans in each county for initial implementation in selected geographic areas and/or with targeted client groups.

- Develop community partnership capacity to respond to referrals of selected families.
- Train staff and selected community partner staff.
- Implement differential response in selected geographic areas and/or with targeted client groups within each county.

CDSS will:

- Facilitate county development of a screening system.
- Lead assessment of confidentiality laws and regulations and issue guidance to counties.
- In consultation with counties, develop a case tracking methodology for use by counties and community partners.
- Provide all counties with access to all available federal funding.
- Investigate other strategies for making state and federal funding available for community services.
- Form partnerships with foundations to bring additional resources to community partners.
- Facilitate evaluation.

FY 2005-06 AND BEYOND

CDSS and 11 counties will:

- Evaluate the effectiveness of the small sub-county test and prepare a report that assesses the appropriateness for countywide rollout including:
  - Statutory and regulatory issues.
  - Fiscal, resource, and policy barriers.
  - Recommended system and policy changes.
- Based on findings from targeted implementation, determine to what extent and in what manner differential response should be further rolled out in the 11 counties.
- Implement differential response countywide in each of the 11 counties.
- Evaluate the effectiveness of the countywide implementation of the differential response approach in the 11 counties and prepare a report that identifies the following:
  - Statutory and regulatory issues.
  - Recommended changes.
  - Fiscal, resource, and policy barriers to statewide rollout
- Recommendations on whether, how, and in what context differential response should be rolled out in additional counties.

CDSS will:

- Continue to investigate other strategies for making state and federal funding available for community services.
- Continue to form partnerships with foundations to bring additional resources to community partners.
- Facilitate evaluation.

ACTION STEP 3:

Improve Permanency Outcomes

***DELIVERABLE*:** An individualized, inclusive, team-based case planning process for supporting family restoration and transition planning that can be applied throughout the life of a CWS case.

FY 2004-05

CDSS and 11 counties will:

Expand team decision-making

- Finalize team decision-making protocols in each of the 11 counties.
- Implement a team decision-making protocol in a targeted sub-set of cases in each of the 11 counties.

Enhance family participation in case planning

- Finalize protocols to enhance family participation in case planning in each of the 11 counties.
- Implement a family participation protocol in a targeted sub-set of cases in each of the 11 counties.

Increase youth inclusion in case planning

- Finalize protocols to include youth in case and transition planning in each of the 11 counties.
- Implement a protocol for including youth in case and transition planning in a targeted sub-set of cases in each of the 11 counties.

CDSS will:

- Coordinate communication between the 11 counties to advise counties of the protocols being developed, facilitate sharing of issues and solutions, and advance understanding of these promising practices as they develop.

2005-06 AND BEYOND

CDSS and 11 counties will:

- Continue to rollout team decision-making, family case planning, and youth inclusion in case planning practices to additional sub-sets of each pilot county's caseload.
- Prepare a Lessons Learned report for each of the three deliverables (team decision-making, family participation in case planning, and youth inclusion in case planning), which includes:
  - Pros and cons of each approach implemented in the 11 counties.
  - Fiscal, resource, and policy barriers for each model
  - Recommendations on whether, how, and in what context the models should be rolled out in additional counties.

CDSS will:

- Continue to coordinate communication between the 11 counties.
- Facilitate development of the Lessons Learned report.

D. Evaluation Methodology

The Child and Family Policy Institute of California (CFPIC) employed a number of data collection methods during the initial evaluation phase. To assess planning activities, CFPIC reviewed the minutes and final reports of each of the three state-county workgroups, and distilled critical information and pivotal activities. Information regarding basic implementation activities was gleaned from the individual county reports submitted to the state. These reports contained the benchmark activities for all 11 counties and specific activities of the reporting county. CFPIC reviewed these reports and identified activities that all counties completed and noted the unique approaches for individual counties. Qualitative data about the individual experiences of the pilot counties during the strategic planning and implementation process, as well as some anecdotal information about the children and families served, was collected through a survey instrument developed and administered by CFPIC and distributed to multiple levels of program management. See Appendix C.

Quantitative data specific to pilot county implementation activities available at the time of this report included:

- County quarterly data reports, as captured through the C-CSFR (AB 636) but applicable only in cases where system improvements were implemented countywide rather than targeted to specific populations
- County-initiated evaluation systems, where available
- Standardized Safety Assessment System, as captured and reported by the individual contractors assisting the counties with Standard Decision Making (SDM) and the Comprehensive Assessment Tool (CAT).
- Team Decision Making meetings, as captured through the Family to Family Initiative's TDM database and reported by the county TDM managers

The next phase of the Pilot Implementation Evaluation will focus on further development of data collection mechanisms and analytical tools specific to pilot county activities.

State Outcomes-Based Evaluation Capabilities

All counties in California are developing outcomes-based evaluation programs as part of the state's Outcomes and Accountability System (AB 636). The 11 pilot counties are among the most sophisticated in California in assessing performance in terms of the indicators and measures defined under AB 636. However, this outcome data can only be correlated with CWS system improvements where improvements were implemented countywide and not limited to targeted subpopulations. The next phase of the Pilot Implementation Evaluation will provide this level of performance measurement for targeted populations.

County-Initiated Evaluation Systems for CWS Improvement Pilots

In anticipation of evaluation needs, several of the 11 pilot counties initiated their own evaluation systems to track and analyze CWS improvements. Not all counties have the resources to sustain local evaluations, however. Many small counties, in particular, lack the infrastructure needed to maintain an evaluation unit or retain qualified personnel to conduct evaluation. (NOTE: A county-initiated evaluation system was not a requirement of pilot counties.)

Humboldt County is implementing a System Improvement infrastructure that will have a centralized Research and Evaluation Unit. This unit will design, collect and analyze data regarding access, service fidelity, client outcomes, and program outcomes. In addition, the unit is working on a process to link local, state and contractor CWS data systems to provide early information on service outcomes from AB 636 data, Structured Decision Making, Differential Response, and Permanency and Youth Transitions (the county has implemented six evidence-based practices to improve outcomes for youth). The unit will also be responsible for reviewing literature for additional practices responsive to research and evaluation findings.

San Luis Obispo County has a strong data evaluation team that provides ongoing reports and analysis by management and supervisor teams, particularly around recurrence of maltreatment and re-entries into care.

County Data Resources

Standardized Safety Assessment System Data

As part of developing a Standardized Safety Assessment System, the pilot counties are utilizing either Structured Decision Making (SDM) or the Comprehensive Assessment Tool (CAT). Independent research organizations are assisting the pilot counties with the development of data collection systems that can generate specific reports (the Children's Research Center for SDM and the SPHERE Institute for CAT). Much of this data is captured in this report.

Differential Response Data

The smaller pilot counties were able to track performance related to Differential Response in the context of their county-wide AB 636 measures since Differential Response can be offered to all families within the county,

The larger counties do not receive sufficient resources to offer Differential Response services to all eligible families and therefore must target this service to subpopulations. However, the larger counties that are utilizing SDM for safety assessment have a tracking tool that enables them to provide information on families that have been referred to one of the three response pathways. This information is provided in this report.

Other counties are developing county-specific evaluation systems for Differential Response, as described below.

Contra Costa County is using a county-specific evaluation system for Differential Response that includes a database to track outcomes for Path 1 and Path 2 families. The following data is being collected for subsequent analysis in these areas:

- Family strengths, needs and current services
- Feedback from community-based agencies regarding engagement, length and frequency of services, and services provided (e.g., parenting education, linkages to other services)

Contra Costa is also developing a client satisfaction survey to administer to clients participating in the program.

Placer County has a multilevel system for evaluation of the system improvements. These levels include extrapolation and exploration of cases using the University of Berkeley (UCB) data

collection system; tracking of Differential Response referrals, Team Decision Making meetings and Family Team Meetings for recurrence of maltreatment and reentry into foster care; and implementation of the Placer County Child Outcome Screen.

Sacramento County has contracted with LPC Consulting Associates Inc. to conduct a county-specific evaluation. LPC is scheduled to deliver a detailed evaluation design in March 2006, complete with research questions, a detailed work plan, data collection tools, interview questions and focus group questions.

Stanislaus County is using outcome-based contracts with the Family Resource Centers. All Family Resource Centers are evaluated using short-term performance measures, such as percentage of families assessed and services provided. It also will be evaluating Family Resource Centers on long-term outcomes, such as subsequent child abuse and neglect and entry into foster care.

Permanency and Youth Transitions

All 11 pilot counties are participants in the Family to Family Initiative, which has developed a database process for Team Decision Making (TDM). Each of the counties has provided TDM meeting data for this report. No other data was available at the time of this report to specific to enhanced family participation and youth inclusion.

II. CWS System Improvement Frameworks

The state-county workgroups resulted in conceptual frameworks for guiding implementation strategies. These frameworks are intended to provide consistency in the implementation of CWS system improvements among the 11 pilot counties and to establish a foundation for additional counties to implement changes in the future. Pilot counties are using these frameworks as the basis for tailoring approaches to local needs and to test specific changes with targeted populations.

The specificity provided within each framework reflects both the requirements of the implementation area (Safety Assessment, for example, required the development of very specific protocols) as well as the unique processes of each workgroup. Out of the workgroup process, two fundamental approaches emerged to guide collective improvement of child welfare outcomes in California:

- **Seeing Families as Part of the Solution**. By engaging families in identifying solutions to their problems, child welfare agencies promote voluntary participation in community services and support. This is a shift away from the adversarial way in which child welfare agencies traditionally have interacted with families and is particularly important for families where there are problems but not sufficient risk to the child to warrant court-ordered intervention.
- **Community Partnerships.** Acknowledging that government can't do it alone, child welfare agencies are expanding partnerships with government agencies and community organizations that offer vital services to support families. This means that in communities across California there will be more organizations offering a coordinated set of resources to support children and families in need.

1. Standardized Safety Assessment System Framework

California's Standardized Safety Assessment System is a standardized approach to evaluating a child's safety from the time a report of child abuse and neglect is received and at key decision points throughout a child's involvement with the child welfare system. It is a framework and a set of guidelines for county social workers to use in determining if a child is safe from physical, sexual and emotional abuse, neglect and exploitation. Strategic planning efforts resulted in two structured sets of tools counties may use to implement the Standardized Safety Assessment System: Structured Decision Making (SDM) and the Comprehensive Assessment Tool (CAT).

Guidelines. The Standardized Safety Assessment System provides guidelines for areas that must be reviewed at key decision points in a child welfare case. Review areas include:

- Current and prior maltreatment
- Child strengths and vulnerability
- Cultural and language considerations
- Home and social environment
- Ability to meet child's needs
- Domestic violence

- Drug or alcohol abuse
- Child's permanency needs
- Caregiver protective capacity
- Mental health and heath care needs

Goals. The goal of the safety assessment system is to address the ongoing need for safety of the child. Table 3 shows the safety and assessment goal at the key decision points in the case. SDM and CAT have developed specific tools for addressing the safety assessment goals at each of the decision points.

Table 3. Safety and Assessment Goals at Key Decision Points in a Child Welfare Case

ASSESSMENT JUNCTURE	*SAFETY AND ASSESSMENT GOAL*
Child Abuse Hot Line Report	Appropriate responses to child abuse and neglect reports
Initial Safety Determination	Child safety
Placement	Child's placement meets child's needs in the least restrictive setting
Referral Disposition	Appropriate services are provided
Case Planning	The child is in a safe and permanent home
Reunification	The child is in a safe and permanent home
Case Closure	The child is in a safe and permanent home

Standardized Safety Assessment System Tools

As mentioned previously, the counties and state agreed during the 11 county pilot implementation planning process that they would work in the context of two sets of Standardized Safety Assessment System tools: Structured Decision Making (SDM) and the Comprehensive Assessment Tool (CAT). Each of these systems is described below.

Structured Decision Making (SDM)

SDM is an assessment approach that has been developing in California since 1998 and is currently being used in many counties. SDM consists of several tools, including response priority, safety assessment, risk assessment, family strengths and needs assessment, contact guidelines, reassessment risk and needs, and reunification assessment. The goal of SDM is to provide child welfare workers with tools to help make critical case assessments and decisions.

The technical assistance contractor for SDM is the Children's Research Center (CRC), a division of the National Council on Crime and Delinquency, an organization dedicated to the improvement of decision-making systems in the field of corrections and, for the last 12 years, in the child welfare field. According to CRC, what distinguishes SDM from previous methods of assessing risk is the use of a research-based risk assessment. Such assessment is way to assist workers in classifying child protective services cases according to the likelihood of future maltreatment. The

risk assessment was developed by testing each factor to determine whether it was statistically related to subsequent child maltreatment. Only those factors that proved to be associated with subsequent maltreatment were included in the model. Using such a model, child protection workers are able to accurately and consistently classify families according to the likelihood of subsequent maltreatment. Scarce treatment resources can then be allocated according to maltreatment risk, thereby improving case outcomes.

Comprehensive Assessment Tool (CAT)

The CAT began in January 2005 when four California counties (Contra Costa, Glenn, San Mateo, and Stanislaus) obtained permission from the CDSS to build a new safety and risk assessment tool that corresponded to the recommended content in the Standardized Safety Assessment System. The technical assistance contractor, the SPHERE (Social Policy and Health Economics Research and Evaluation) Institute, worked in collaboration with the four county CWS agencies and CDSS to develop new methods of gathering and reporting data that document and support safety and risk assessment decisions throughout the life of a child welfare case.

The CAT is an evidenced-based system that includes five safety and risk assessment tools for use at seven critical decision points as identified in the Standardized Safety Assessment System. The CAT organizes information so that social workers can collect and analyze it easily as they make decisions throughout the life of a case. The tools capture data that are analyzed in the aggregate and supports development and implementation of systemic risk management practices.

2. Differential Response System Framework

Differential Response is an evolution of child welfare practice that has been adopted successfully by more than a dozen other states and represents a growing movement to provide services to children and families at the earliest signs of trouble. Known as “Alternative Response” in other states and usually limited to two pathways, California’s approach centers on providing a broader set of responses to reports of child abuse and neglect by child welfare and community agencies.

By providing earlier and more meaningful responses to emerging signs of family problems, child welfare agencies can mobilize resources to help families before troubles escalate. This is a real change from the traditional child welfare system of providing a “one size fits all” response to child abuse reports where the overwhelming majority of hotline reports receive a risk assessment but no further services because they do not meet legal or statutory criteria for intervention and response. In 2003, for example, an analysis by the CWS Stakeholders Group revealed that 92 percent of hotline calls did not result in any substantive services being provided to families despite clear indications that these families were in need of some kind of assistance.

What Differential Response means for California is that more children and families will get the support they need to help keep children safely in their homes.

At the heart of Differential Response are key principles that guide its practice and application:

- Children are safer and families are stronger when communities work together.
- Identifying family and children at risk and stepping in early leads to better results than waiting until a family is in real crisis.
- Families can more successfully resolve issues when they voluntarily engage in solutions, services and supports.

Three Response Pathways

Differential Response offers multiple paths for ensuring child safety, all of which include engaging families whenever possible to help identify solutions to the challenges that they may be facing and that are posing risks to a child's safety and well-being.

Path 1: Community Response. This path is chosen when allegations do not meet statutory definitions of abuse or neglect, yet there are indications that a family is experiencing problems that could be addressed by community services. Under California's traditional child welfare system, more than one-third of all cases are re-referrals from the previous year, indicating that there are continued challenges facing these families and their children. With Differential Response, these families are linked to services in the community through expanded partnerships with local organizations.

Path 2: CWS and Community Response. This path is chosen when reports meet statutory definitions of abuse and neglect, and assessments indicate that with targeted services a family is likely to make needed improvements to improve child safety. Assessments determine a child's risk is low to moderate. In this situation, families work with representatives of county child welfare agencies, other county agencies and community based organizations to identify their risks and strengths and to participate in services for improving child and family well-being. The focus of this path is on a family's willingness to make needed improvements. If a family situation deteriorates and a child's safety is in danger, child welfare officials intervene as needed.

Path 3: CWS Response. This path is most similar to the child welfare system's traditional response and, like Path #2, is chosen when reports meet statutory definitions of abuse and neglect. This is the path chosen when children are not safe and includes situations where the risk is moderate to high for continued abuse or neglect. Actions may be taken with or without the family's consent, court orders may be involved and criminal charges may be filed. With Differential Response, social workers seek to engage families more fully and work with other county agencies to provide focused services so that there is the best possible opportunity to make needed improvements.

3. Permanency and Youth Transition Framework

The ultimate goal of all child welfare intervention is to provide a stable, safe and permanent home for every child who has been abused or neglected and enters foster care. The focus of Permanency and Youth Transition strategies is to ensure that this goal is actively addressed throughout the time a child is in foster care regardless of age.

Achieving permanency is more likely when families and youth take an active role in defining, securing and stabilizing critical relationships. Permanency and Youth Transition can be described as all of the following:

- An individualized planning process that includes the child or youth, their families and important friends and community members.
- An approach that seeks to restore or establish a new family for the child or youth in foster care.
- Strategies that support the critical transition of youth who leave foster care at age 18.
- A priority throughout the life of a CWS case.

The goals and outcomes desired of this improvement area are to :

- Maintain children safely in their homes whenever possible.
- Achieve permanency and stability for children in their living situations.
- Preserve family relationships and connections, as appropriate.
- Decrease the rate of children re-entering foster care.
- Increase the percentage of children who have two or fewer placements.

Three Core Strategies

Strategies that build lasting relationships and life skills for children and youth in foster care are at the heart of Permanency and Youth Transition improvements. Three core strategies are identified in the framework:

Team Decision Making — A process that is based on the belief that a child's well being is best served when the family, community and child welfare agency collaborate to make decisions about the child's placement.

Family Participation in Case Planning — A case planning process that actively engages families in defining their strengths and identifying resources that will address the problems that resulted in the disruption of their family.

Youth Inclusion in Case Planning — A process where social workers engage youth to discuss the issue of permanency and transition at each interaction with them, focusing on establishing reunification, adoption, guardianship or other permanent life long connection with a trusted, caring adult.

III. Early Implementation

All 11 pilot counties have invested a great deal of financial and personnel resources to bring the CWS system improvements to life. This section illustrates the scope of the work that the counties undertaken, their unique responses to local implementation issues, the challenges they have faced, and the lessons they have learned while piloting systemic changes. Preliminary quantitative data are also presented where available. This very early data generally reflect the first nine months of county implementation (July 2005 – March 2006).

1. Standardized Safety Assessment System

A. Pilot County Implementation Activities

All pilot counties participated in a series of workgroup meetings over the course of a year to develop the Standardized Safety Assessment System. As a result, consistent with the Standardized Safety Assessment Matrix, each of the participating counties developed and field-tested Structured Decision Making (SDM) or the Comprehensive Assessment Tool (CAT) at each of the following key decision points:

- Intake (Determine Response)
- Screening (Initial Safety Determination)
- Placement
- Referral Disposition
- Case Planning (Initial or Changed)
- Reunification
- Case Closure

Each of the 11 pilot counties also:

- Developed criteria for evaluating the effectiveness of the system.
- Developed and implemented training for staff.
- Identified gaps and made adjustments to tools.
- Developed policies and protocols for implementation.
- Identified resources necessary for statewide implementation.

Specific County Achievements

Each pilot county enhanced these baseline implementation activities to address the unique needs of local communities. Many counties chose to include community partners in the planning and implementation of the new assessment tools. All of the counties worked towards ensuring the application of the safety assessment tools throughout their CWS system, primarily through expanded training opportunities for staff and community partners. Following are some of the county-specific activities that were undertaken to facilitate the effective implementation of the Standardized Safety Assessment System.

All SDM Counties

Humboldt, Los Angeles, Placer, Sacramento, San Luis Obispo, Tehama and Trinity

- Worked to increase use of all SDM tools.
- Trained staff on SDM.
- Introduced community partners to Standardized Safety Assessment and SDM.
- Deployed new hotline tools.
- Implemented a new web-based hotline screening tool.
- Participated in regular meetings and discussions with the Children's Research Center to provide feedback to the SDM Core Team.

- Provided data on SDM hotline tool use for a special topic report produced by Children's Research Center.
- Began using SDM tools in all Team Decision Making and family meetings for case planning.
- Began using SDM terms and concepts in court reports as well as investigative and case narratives (e.g., identifying what safety factor involved and how mitigated).

Specific SDM Counties

HUMBOLDT

- Trained three additional SDM trainers.
- Provided SDM case review for supervisors.

LOS ANGELES

- Implemented SDM case review process beginning September 2005 and trained all Supervising Children's Social Workers and Assistant Regional Administrators on the process.
- Formalized reporting processes to increase consistency and accuracy of SDM tool completion.
- Participated in study by University of Southern California School of Social Work (funded by the California Social Work Education Center) to evaluate SDM implementation in Los Angeles County.

SACRAMENTO

- Conducted small tests of change for the new SDM intake hotline tool in August 2005.
- Involved staff and community partners in daily staffing of Differential Response referrals to familiarize with the new SDM tools.
- Conducted quality assurance reviews on the use of new hotline tools.

SAN LUIS OBISPO

- Piloted and implemented SDM tool in CalWORKs with high-risk families in two offices.
- Created database to track utilization of CalWORKS SDM tool.
- Established use of Safe Measures to track utilization of SDM.
- Trained community partners in Standardized Safety Assessment and SDM.

All CAT Counties

Contra Costa, Glenn, San Mateo and Stanislaus

- Implemented CAT throughout its CWS system.
- Created an implementation subcommittee to work on identified issues and recommend solutions to the Leadership Team.
- Began development of policy and procedures for using CAT at Team Decision Making meetings.
- Developed training curriculum for the CAT and trained staff on its use.
- Trained community partners in the CAT.
- Worked with SPHERE Institute on implementation and evaluation of the system.
- Participated in the four-county workgroup to refine and evaluate CAT system.

B. Preliminary Quantitative Findings

All 11 pilot counties utilized either the SDM or CAT tools in developing their Standardized Safety Assessment System. As mentioned earlier, counties utilizing SDM received assistance from the Children's Research Center while counties utilizing the CAT received technical assistance from the SPHERE Instituter. This technical assistance enabled counties to report baseline data for the initial phase of the Pilot Implementation Evaluation.

The next phase of the Pilot Implementation Evaluation will present a more unified picture of outcomes and family characteristics across all 11 counties. The preliminary information provided here is an indication of the type of analysis that will be provided in greater depth during that phase.

Structured Decision Making (SDM)

The Children's Research Center reported data on the number of safety assessments completed in the seven SDM counties (Humboldt, Los Angeles, Placer, Sacramento, San Luis Obispo, Tehama, and Trinity). Table 4 shows that in these seven counties, at least 172,693 assessments were conducted in the first few months of implementation. Table 5 provides information about the family characteristics of the individuals who have benefited from this modified tool.

Table 4. Number of Assessments Conducted at Key Decision Points Among Counties Using the SDM

ASSESSMENT JUNCTURE	*TOOL USED*[a]	*Humboldt*	*LA*	*Placer*	*Sacto*	*SLO*	*Tehama*	*Trinity*	*TOTAL*
Determine Response	Hotline	1,115	36,516	1,635	7,657	1851	507	145	**49,426**
Initial Safety Determination	Safety	524	37,813	1,831	9,130	690	192	63	**50,243**
Referral Disposition	Risk	220	10,804	271	2,420	140	95	38	**13,988**
Case Planning	FSNA	90	12,627	37	1,526	108	42	9	**14,439**
	CSNA	153	25,003	61	2,869	184	69	13	**28,352**
Reunification	Reunification	57	8,624	11	728	98	49	2	**9,569**
Case Closure	Risk reassessment	76	5,355	3	1,139	83	16	4	**6,676**
Total		**2,235**	**136,742**	**3,849**	**25,469**	**3,154**	**970**	**274**	**172,693**

Source: Children's Research Center

[a] TOOLS USED:

FSNA: Family Strengths and Needs Assessment

CSNA: Child Strengths and Needs Assessment

Table 5. Demographic Information on All Cases Open in the SDM Hotline Early Implementation Counties (August 15, 2005 to February 15, 2006)

	Total Cases		*Humboldt*		*Los Angeles*		*Placer*		*Sacramento*		*SLO*		*Tehama*		*Trinity*	
	80704	%	645	%	68977	%	831	%	8752	%	1017	%	405	%	77	%
Child Age at Case Open																
0 – 5 years	35752	**44%**	320	**50%**	30143	**44%**	329	**40%**	4297	**49%**	402	**40%**	197	**49%**	27	**35%**
6 – 12 years	26794	**33%**	231	**36%**	22418	**33%**	324	**39%**	3300	**38%**	391	**38%**	142	**35%**	27	**35%**
13 – 18 years	17997	**22%**	94	**15%**	16279	**24%**	178	**21%**	1147	**13%**	225	**22%**	66	**16%**	23	**30%**
Over 18	81	**0%**	0	**0%**	69	**0%**	0	**0%**	0	**0%**	0	**0%**	0	**0%**	0	**0%**
Missing	81	**0%**	0	**0%**	69	**0%**	0	**0%**	9	**0%**	0	**0%**	0	**0%**	0	**0%**
Race/Ethnicity																
Native American	726	**1%**	155	**24%**	345	**1%**	40	**5%**	149	**2%**	6	**1%**	19	**5%**	6	**8%**
Asian	2260	**3%**	5	**1%**	1862	**3%**	12	**1%**	368	**4%**	2	**0%**	1	**0%**	0	**0%**
African American	26471	**33%**	19	**3%**	23452	**34%**	25	**3%**	2941	**34%**	35	**3%**	14	**4%**	0	**0%**
Hispanic	35187	**44%**	42	**7%**	32902	**48%**	137	**17%**	1724	**20%**	301	**30%**	53	**13%**	4	**5%**
White	15495	**19%**	410	**64%**	9933	**14%**	597	**72%**	3527	**40%**	672	**66%**	315	**78%**	67	**87%**
Other	484	**1%**	14	**2%**	414	**1%**	21	**3%**	35	**0%**	1	**0%**	3	**1%**	0	**0%**
Unknown	81	**0%**	0	**0%**	69	**0%**	0	**0%**	9	**0%**	0	**0%**	0	**0%**	0	**0%**
Primary Language																
English	64725	**80%**	633	**98%**	53319	**77%**	789	**95%**	8376	**96%**	928	**91%**	384	**95%**	76	**99%**
Spanish	14527	**18%**	5	**1%**	15175	**22%**	33	**4%**	175	**2%**	84	**8%**	16	**4%**	0	**0%**
Unknown	323	**0%**	5	**1%**	276	**0%**	9	**1%**	35	**0%**	3	**0%**	5	**1%**	1	**1%**
Other	1130	**1%**	1	**0%**	207	**0%**	0	**0%**	166	**2%**	2	**0%**	0	**0%**	0	**0%**

Source: Children's Research Center.

Comprehensive Assessment Tool (CAT)

The SPHERE Institute reported data on the number of safety assessments completed in the four CAT counties (Contra Costa, Glenn, San Mateo, and Stanislaus). Table 6 shows that in these four counties 11,892 assessments were tracked since CAT implementation began. Due to initial technical issues in configuring the data collection system, not all assessments were captured. The actual number of assessment conducted is likely to be closer to 13,000. Table 7 provides information about the demographic characteristics of the individuals who have benefited from this new system.

Table 6. Available Data on Assessments Conducted at Key Decision Points Among Counties Using the CAT (July 2005 – March 2006)

ASSESSMENT JUNCTURE	*TOOL USED*[a]	*Contra Costa*	*Glenn*	*San Mateo*	*Stanislaus*	*TOTAL*
Determine Response	RDA	3,292	360	678	na	**3970**
Initial Safety Determination	ER	1,589	14	721	1117	**3427**
Placement	PA	43	na	1	41	**85**
Referral Disposition	ER	1,589	14	721	1117	**3427**
Case Planning	CS/CSS	155	na	46	11	**212**
Reunification	CS/CSS	356	na	97	107	**560**
Case Closure	CC	121	na	31	59	**211**
TOTAL		**7,145**	**388**	**2295**	**2452**	**11,892**[b]

Source: SPHERE Institute

na = not available due to initial technical issues that have since been resolved

[a] TOOL USED:

RDA: Referral Disposition assessment tool

ER: Emergency Response assessment tool

PA: Placement assessment tool

CS/CSS: Continuing Services assessment tools (household and child)

CCA: Case Closure assessment tool

[b] Reflects assessments that were captured by data collection tools. Actual assessments conducted were higher.

Table 7. Demographics of Assessments Conducted in Counties Using the CAT (July 2005 – March 2006)

		ASSESSMENT JUNCTURE				
DEMOGRAPHIC	***GROUP***	***Initial Safety***	***Placement***	***Referral Disposition***	***Case Planning***	***Case Closure***
CHILD AGE	0 to 5	2600	36	2600	344	89
	6 to 12	2905	21	2905	254	58
	13 to 18	1739	28	1739	270	61
	Over 18	7	0	7	1	3
	Missing	304	0	304	5	0
ETHNICITY	Multi-racial	311	1	311	31	6
	Asian/Pacific Islander	379	2	379	50	5
	Black	1310	23	1310	250	52
	Native American	36	3	36	15	1
	Hispanic	2521	20	2521	214	70
	White	2669	36	2669	311	77
	Other	24	0	24	0	0
	Unknown	107	0	107	1	0
	Missing	198	0	198	2	0
LANGUAGE	English Only	5597	57	5597	437	106
	Spanish Only	297	4	297	19	11
	Bilingual	293	7	293	11	6
	Other	35	0	35	1	0
	Unknown	61	0	61	2	0
	Missing	1272	17	1272	404	88

Source: SPHERE Institute

C. Qualitative Findings

The Child and Family Policy Institute of California developed and administered a survey to all 11 pilot counties to collect qualitative data about the experience of developing, planning, testing, and delivering the new Standardized Safety Assessment System. The counties provided feedback with regard to the impact of the new assessment system on staff, communities and families, as well as lessons learned during implementation.

Successes Reported

The counties reported that the Standardized Safety Assessment System allowed them to make better and more consistent decisions regarding the safety of children. They also found that it allowed ready and easy access to case information that was needed to make decisions about the effective delivery of services to children and families. Pilot counties reported that the new process had a positive impact overall, resulting in improved relationships with community partners and families.

Decisions Made More Consistently

“The new system assures that the same standards are assessed for each case regardless of age, gender, ethnicity, etc. It provides a method for staff to address the same issues consistently in their court reports, case staffing and Team Decision Making meetings.” *Manager*

“We have found that the new Safety Assessment system has improved services and outcomes for staff by providing a consistent guide for responding to families in crisis.” *Manager*

Decision Making Improved

“The assessment tool helped me see the whole situation and focused my mind toward a decision about referral disposition.” *Social Worker*

“I review the screening tool on each referral I assign. I appreciate the additional factual information and find it easy to scan the form for key pieces of information.” *Supervisor*

“Social workers are gathering more information at intake and completing a more well-ballanced assessment.” *Manager*

“Social workers have more confidence about returning children when the safety reassessment tool confirms recommendations for reunification.” *Manager*

Access to Information Improved

“I initially thought that this was just going to be more paperwork. As I have gotten more familiar with using the assessment tools, I am more comfortable knowing that everyone is now basing decisions on the same things. It has made things more unified.” *Social Worker*

“Our community partners that are mandated reporters and routinely call in are getting used to the new assessment questions and are now able to look for some of this information before they make their CPS referrals.” *Supervisor*

“When I am called upon to intervene in a case, I am able to gain a quick, concise understanding of the case situation by reviewing the completed assessment. *CWS Director*

Responses and Service Delivery Improved

"The assessment questions regarding parental capacity and child vulnerability have helped staff to work with families to formulate specific interventions that the family can use to eliminate safety issues." *Social Worker*

"Using the standardized safety tool provides more thorough assessments at screening. This directly impacts children and families by ensuring the best possible response to referrals. It also provides us with a structure for discussions during case consultations with community partners." *Screening Supervisor*

Relationships Improved

"We appreciate the open discussion and being involved in the completion of risk and safety assessment." *Family Member*

"The county's new safety assessment process has had a positive effect on the lives of the families that we serve." *Community Partner*

"Shared training opportunities are resulting in stronger relationships between community partners and staff as well as promoting a better understanding by the community of the safety assessment system and the child protection decision-making process." *Manager*

"At a recent Team Decision Making meeting, the Standardized Safety Assessment made the concerns and worries about safety and risk very concrete to families, case workers and other agencies involved. It focused the discussion on specific solutions to the safety and risk concerns that were identified. In most cases, favorable outcomes and open, honest discussions occur." *TDM Facilitator*

"Our courts love it!" *Manager*

Lessons Learned

Throughout the strategic planning and implementation process, pilot counties encountered challenges regarding internal staff processes as well as resource limitations. Counties reported that time and training are critical for successful implementation. They have shared these and other observations with one another, discussing the barriers they have faced and possible solutions. The following represents an aggregate reporting of the issues that the counties have addressed. The lessons learned and the barriers and challenges encountered reported below were not experienced by every county rather they are a collection of the individual experiences and perceptions.

- Including worker level at meetings from the beginning eliminates misunderstandings and facilitates staff engagement.
- Linking tools to existing activities such as team decision-making and disposition hearings allows for greater buy-in.

Challenges and Barriers

- Integrating the practice of using the Safety Assessment System tools requires a strong foundation and enhanced training capacity in knowledge and utilization of the System.
- Significant time and energy is needed to engage staff and facilitate a shift in thought and practice.
- Significant resources are necessary for working with staff, supervisors and operation managers to develop the tools and implement a system for the quality use of the safety assessment system.

D. County Recommendations

Some of the challenges and barriers encountered by the pilot counties could not be immediately resolved. All pilot counties reviewed the barriers and challenges encountered and agreed with the following recommendations proposed for consideration.

Considerations for the Legislature

- Reduce caseload sizes and/or create manageable workloads to allow sufficient time for social workers to utilize the tools completely and effectively in order to make quality assessments.

Administrative Considerations

- Fully integrate the Statewide Standardized Safety Assessment into CWS/CMS in order to have effective and accurate evaluation of practice changes.
- Provide ongoing training and technical assistance through independent Safety Assessment contractors to ensure accurate implementation of the new tools and to maintain quality assurance with the ongoing application of the tools.
- Continue the implementation of an evaluation process to determine validity and reliability of assessment tools.
- Continue ongoing supervisor and staff training, coaching and mentoring.
- Develop public awareness and education materials at the state level to provide clear and consistent information about the program.

2. Differential Response

A. Pilot County Implementation Activities

All counties participated in a series of workgroups over the course of a year to develop the Differential Response system by:

- Establishing the criteria for each response path.
- Conducting an analysis of confidentiality requirements for Path 1 (Community Response) referrals.
- Identifying the criteria for evaluating effectiveness.
- Selecting high-need geographical areas for implementation.
- Partnering with Family Resource Centers and other community-based organizations (CBOs).
- Developing and delivering training for county and CBO staff.
- Testing effectiveness.
- Fully implementing Differential Response in targeted area.

Specific County Achievements

Each pilot county enhanced these baseline implementation activities to address the unique needs of local communities. Counties were creative in identifying and optimizing available resources, maximizing ongoing relationships with community partners, and leveraging existing county initiatives with similar goals. These activities resulted in targeted staff and community partner trainings and facilitated the piloting of Path 1 (Community Response) and Path 2 (CWS with Community Response) in the counties. In addition, individual counties engaged in the following specific activities to achieve their goals in the area of Differential Response.

CONTRA COSTA

- Hired community engagement specialists to link Path 1 families with community case management services.
- Funded 14 community-based case management positions with a capacity to serve up to 210 families.
- Provided ongoing monitoring of Differential Response services contracts to ensure quality and consistency of services.
- Provided Differential Response services for a total of 202 families (over 400 children) in 2005, linking them to critical resources and prevention services through case management services they would not otherwise have received.
- Continue to provide ongoing training and support to staff and community providers by:
  - conducting monthly case review meetings
  - conducting joint ER / provider meetings
  - working with Consultation and Response Team
  - initiating CalWORKS Linkages
- Developed a database to track Differential Response outcomes for Path 1 and Path 2 families. Feedback data is currently being entered for subsequent analysis.

- Enhanced family engagement efforts by encouraging a transition visit with county staff to introduce families to the community case managers. About 88% of Path 1 cases and 84% of Path 2 cases had a warm hand-off.
- Continue to provide Differential Response presentations to Work Force Services and other programs/groups, such as the Women, Infants and Children (WIC) Supplementary Nutrition Program and Service Integration Teams.
- Collaborating with other home visiting programs, such as Welcome Home Baby and Public Health, to avoid duplication and improve coordination of services.
- Provision of Peer Technical Assistance and/or presentations to other counties on Differential Response and Redesign.
- Outstationed an Emergency Response social worker to increase communication and coordination with school personnel and parents.
- Modified Promoting Safe and Stable Families plan to coordinate with Differential Response.

GLENN

- Established the Community Action Partnership as the primary agency handling the Path 1 responses through Family Resource Centers.
- Improved engagement rate as evidenced by increased participation at Family Resource Centers.
- Expanded Differential Response from an initial test group of children ages 0-5 to countywide.
- Established AmeriCorps members as part of the Path 1 and 2 response teams. Members are based at Family Resource Centers and work directly with the Community Action Partnership and other agencies to link families to services outside of the child welfare system.

HUMBOLDT

- Established an Alternative Response team with county public health.
- Established an AmeriCorps program outstationed at eleven Community Resource Centers to provide intensive services to families, including referrals and linkages to services, in-home support, transportation and access to basic services. AmeriCorps members also provide foster parent and volunteer recruitment education on a regular basis in a variety of venues.
- Initiated a workgroup under Mental Health Services Act umbrella for Differential Response, including representatives from the Children's Research Center.
- Initiated Team Decision Making in the Emergency Response unit for children who have been removed from their homes or who are at imminent risk of removal.

LOS ANGELES

- Piloted Differential Response in the Compton area through partnerships with community mental health, domestic violence and substance abuse programs.
- Incorporated Differential Response pilot into the Point of Engagement program, a multi-disciplinary approach that includes the family and provides a seamless and timely transfer of responsibility from front-end investigations to service delivery.
- Referred 2,605 children for Path 1 or 2 response. Only 68 of these children (less than 0.3%) were subsequently re-referred for incidences of abuse or neglect.

- Implemented a contract with the Children and Families Research Consortium to begin evaluation of the Points of Engagement service delivery model.

PLACER

- Trained core county and Family Resource Center staff in Differential Response.
- Phased in Differential Response based on "small tests of change" starting with Emergency Response referrals occurring on one day per week in the south county region. The county and Family Resource Center staff jointly reviewed cases to determine appropriate Path 1 cases. Differential Response was then expanded to four days per week in two additional regions.

SACRAMENTO

- Utilized "small tests of change" to implement and spread Differential Response activities with staff.
- Established ongoing team building between CPS and Differential Response community partner.
- Worked with community partner to establish roles and responsibilities of joint assessment.
- Worked closely with Differential Response workgroup and community partner to develop protocol for path responses.
- Utilized input from Parent Leaders to shape protocols and engagement practices.
- Worked with public health nurse to spread Differential Response through existing joint visits with Emergency Response staff in non-Differential Response sites.
- Implemented Path 1 and 2 initially in high-risk community together with community partner, and initiated the process of implementing Differential Response with a second target community.
- Continued to conduct Differential Response presentations to internal and external partners to develop buy-in and build partnerships.
- Developed a contract for evaluating all Differential Response activities that included an ACCESS Database to track information.
- Provided ongoing support and technical assistance to other counties.

SAN LUIS OBISPO

- Facilitated Path 1 and 2 workgroups to help develop a closer relationship with schools.
- Assigned Path 2 workers by school area.
- Developed information for mandated reporters regarding Differential Response.
- Trained workers on engagement practices for non-court ordered Family Maintenance cases.
- Used SDM language in all contacts with families (i.e., identifying safety factors with family as part of Differential Response assessment).
- Initiated the use of "special project codes" in the CWS/Case Management System (CWS/CMS) to identify contributing factors that bring families into contact with CWS.

- Examined recurrence of maltreatment populations for commonalities using Safe Measures to monitor social worker compliance. Results of commonalities showed 1-5 year-olds with substance abuse were the most common occurence.
- Contracted with a community-based organization to make presentations and conduct trainings on Differential Response for agencies and the community at large.

SAN MATEO

- Developed Family Assessment Screening Tool (FAST) for community partners to use to evaluate family needs, Differential Response services delivered, and level of family engagement.
- Created a web-based referral system (CARE) to track Differential Response referrals, record pre- and post-FAST scores, service plans and narratives.
- Completed development of 40-hour training curriculum in Differential Response for county and community partner staff.
- Completed a community capacity assessment, a study of existing team-based case planning processes, and an analysis of re-entry factors.
- Created informational “marketing” packet for community distribution along with other various communication and public education tools.
- Implemented Differential Response in two zip code areas and analyzed resulting data.
- Hired and trained agency staff to facilitate multidisciplinary teams with partner agencies.
- Completed the first phase of expansion to a larger geographic area.

STANISLAUS

- Established a Child Safety Team and subsequent Differential Response workgroup.
- Held community forums for potential community and agency partners and educators.
- Established an AmeriCorps program with members outstationed at Family Resource Centers to provide neighborhood-based support and services to families referred through Differential Response.
- Implemented Path 1 and 2 for all substance-exposed and high-risk infants countywide with county public health.
- Implemented Path 1 with StanWORKS integrated services social workers for Welfare to Work families in the Turlock region.
- Geographically assigned Emergency Response social workers to facilitate relationships with community partners.
- Provided training to all Family Resource Center staff participating in Differential Response on topics such as mandated reporting, confidentiality, child abuse and neglect, family engagement, and strength-based assessment.
- Implemented Path 1 in 14 geographic communities through eight Family Resource Centers in partnership with the Children and Families Commission (First 5).
- Implemented Path 2 with Family Resource Center partners in 14 communities effective May 2006.
- Established and implemented a multidisciplinary team for Differential Response to enable the sharing of information pertaining to Path 1 and 2 referred families.

- Prepared to expand Path 1 and 2 to four additional regions and with teen populations.

TEHAMA

- Established Differential Response team with Family Resource Centers, county public health, county mental health, and community partners.
- Developed and funded AmeriCorps positions at Family Resource Centers and as parent partners.
- Funded community-based organizations and public agency partners to provide Path 1 community response.

TRINITY

- Established AmeriCorps staff in nine schools to provide referrals to services for Path 1 Emergency Response and to partner with CWS on Path 2 Emergency Response.

B. Preliminary Quantitative Findings

Preliminary data are available regarding the numbers and characteristics of families receiving Differential Response services. As discussed earlier, this information is limited to what each pilot county can access through its available data systems. The next phase of the Pilot Implementation Evaluation will present a more unified picture of outcomes and family characteristics across all 11 counties. During that phase counties and technical assistance contractors will work together to develop an evaluation system that will allow pilot counties to capture the types of information that they consider critical for understanding the impact of their Differential Response system. The preliminary information provided here is an indication of the type of analysis that will be provided in greater depth during that phase.

Table 8 shows that at least 1,999 families were served in Path 1 and nearly 4,615 in Path 2, providing families with an additional 6,614 community contacts since pilot implementation began. Table 9 provides a snapshot of the ages and ethnicities of the children who have been served by Differential Response.

Table 8. Preliminary Data Regarding the Number of Families Served Through Differential Response Pathways in Pilot Counties

COUNTY	Dates [a]	Target Population	DIFFERENTIAL RESPONSE [b]		
			Path 1	Path 2	Path 3
Contra Costa	5/05-3/06	Targeted zip codes [b]	120	135	903
Glenn	3/05-4/06	Countywide	67	69	109
Humboldt	12/05-4/06	Children age 0-8	84	76	76
Los Angeles [c]	7/05-3/06	Compton	42	2,563	1,409
Placer	7/05-2/06	Targeted zip codes [b]	352	na	na
Sacramento	4/05-12/05	Targeted zip codes [b]	33	82	215
San Luis Obispo	1/04-12/05	Countywide	336	3,570	919
San Mateo	5/05-10/05	Targeted zip codes [b]	16	98	16
Stanislaus	7/03-3/06	Substance exposed and/or high risk infants and specific geographic communities	812	630	641
Tehama	9/05-3/06	Countywide	107	147	347
Trinity	9/05-3/06	Countywide	30	88	122
Total			1,999	4,615	2,260

na = not available

[a] Dates reflect the period for which preliminary data was available for that county.

[a] Target zip codes represent geographic areas with high need

[c] Los Angeles County numbers represent children, not families

Table 9. Preliminary Demographic Information Regarding Children Served Through Differential Response in Pilot Counties

	CHILDREN'S AGES				*ETHNICITY*					
COUNTY	0 - 5	6 - 9	10 -13	14 -18	API	Black	Hispanic	Native American	White	Other
Contra Costa	70%	17%	8%	5%	4%	18%	26%	na	28%	24%
Glenn	41%	25%	14%	20%	2%	2%	24%	na	46%	26%
Humboldt [a]		42%	0%	0%	1%	3%	7%	24%	64%	1%
Los Angeles	na	na	na	na	0%	41%	54%	3%	2%	3%
Placer	29%	27%	24%	20%	3%	4%	6%	na	64%	23%
Sacramento	32%	24%	23%	21%	6%	33%	21%	na	30%	10%
San Luis Obispo	40%	38% [b]		22%	0%	3%	30%	1%	66%	0%
San Mateo	30%	28% [c]	30% [c]	11%	10%	32%	29%	1%	27%	1%
Stanislaus	34%	26%	24%	16%	1%	5%	37%	na	49%	12%
Tehama	na	na	na	na	na	1%	14%	na	79%	6%
Trinity	50%	33% [b]		17%	na	na	na	na	na	na

na = not available

[a] Humboldt's target population for Differential Response is 0-8 years.

[b] San Luis Obispo and Trinity data combine ages 6-13.

[c] San Mateo age group data is 6-10 (not 6-9), 11-15 (not 10-13), and 16-17 (not 14-18).

Some counties also were able to provide information about re-referral rates that document the success of this strategy. Los Angeles County, for example, reported that less than 0.5% of families who received community services through Differential Responses were subsequently re-referred for incidences of abuse and neglect. Similarly, Placer County found that out of 240 children referred to Differential Response between March 2004 and June 2005, only three children (less than 1%) had a recurrence of maltreatment referral that resulted in opening a CWS case for ongoing services. In comparison, for the same time period, 8% of all children who had been evaluated out without investigation of possible child abuse and who were *not* referred to Differential Response ended up having a subsequent referral for maltreatment that resulted in ongoing CWS cases being opened. Table 10 indicates the cost effectiveness of Differential Response, both in the cost per child for services and in keeping children united with their family and out of the child welfare system.

Table 10. Average cost per child per month for various child welfare services

Differential Response	$200
Case management	$615
Mental health services	$700
Adoption Assistance Program	$700
Foster care	$1100
Group home (RCL 9-12)	$5400
Group home (RCL 13-14: includes Day Treatment and Mental Health support)	$11,200

Source: Placer County

C. Qualitative Findings

The Child and Family Policy Institute of California developed and administered a multi-management level survey to the 11 pilot counties to collect qualitative data about the experience of developing, planning, testing, and delivering the new Differential Response System. The counties provided feedback with regard to the impact of Differential Response on staff, communities and families, as well as lessons learned during implementation.

Successes Reported

Pilot counties reported that Differential Response allowed them to respond to family issues that they previously had no means to address. Families were more responsive to interventions. Community partnerships were strengthened through joint efforts, resulting in more resources for families. Typical survey comments and success stories are provided below.

Support Services Received

"These are families that social services would have never contacted due to the nature of the report. Now some are receiving domestic violence services. Considering they would have never been contacted by us or the Alternative to Violence program, I would say the program is a complete success." *Manager*

"A single mother of three teenaged sons lost her job and was suffering from depression. She stopped paying her Section 8 rent, there was no food in the house, the family's savings were gone, and the children were hungry and worried about becoming homeless. A Path 2 responder helped the family apply for food stamps and cash assistance. She also helped the family acquire first and last month's rent through a Family Self Sufficiency Team multi-disciplinary process, and they were able to lease another apartment. The mother is now employed part time at Target as a cashier, and the children are able to focus on their schoolwork."

"A Path 1 referral for lice and school attendance was responded to by a Family Resource Center. The family disclosed to the community worker problems with substance abuse and agreed to services with the Family Resource Centers, as well as was connected with substance abuse treatment in the community."

"A 21-year-old mom with 4-year-old daughter and a long history of domestic violence, drug abuse, prostitution and physical abuse accepted services and referrals, turning her life completely around. She is now in a stable relationship, working full-time, and has become a parent spokesperson for Family to Family. She has recently participated in a Parent's Anonymous training and has become a very willing and capable parent leader in our community."

"At the beginning of the Differential Response pilot, we assumed that we would be seeing families that were already engaged in Family Resource Center services. We found that the Path 1 families are typically not engaged in any services, so we are providing early services to a whole new segment of the community." *Manager*

Families Engaged

"This has been a very different, positive experience for our family, and was much better than the first time we had a visit from CPS." *Parent*

"Families are less defensive and tend to be more open to looking at their own situation and improving it." *Social Worker*

"I find that families are more willing to work with me when I bring a community partner with me." *Social Worker*

"Families are more comfortable receiving services at Family Resource Centers located in their own neighborhoods. The community partners are able to engage families that we would typically find reluctant to participate in services." *Manager*

"Our agency had a terrible reputation for years but due to the extra effort of Differential Response, Team Decision Making and preventive measures, families are more inclined to trust and engage with CWS when they are faced with turmoil in their lives." *Manager*

"My experience with CWS was actually pleasant and informative. I'm glad to see more support instead of blame." *Parent*

"I did not know what to do or where to turn. I thought this was going to be a joke because nobody helped me before. [Now] I don't feel so stressed. I still have problems, but I understand how to look at the good and not take my worries out on my kids." *Parent*

Community Partnerships Strengthened

"Differential Response gives us a chance to really make a difference, bring a sense of hope and meet basic needs that really help to reduce some of the stressors that lead to abuse." *Community Partner*

"The use of Path 1 and 2 also has helped strengthen working relationships between CPS and community partners." *Manager*

"Everything that we have implemented in Differential Response has been a collaborative effort with our community partners, from creating our brochure to establishing procedures. We share in the ownership of the success of Differential Response." *Manager*

Resources Leveraged

"Differential Response provides resources for families who do not require Child and Family Services intervention but could use help resolving their situations." *Manager*

"Speaking as a community partner, Differential Response has allowed our Direct Services Program to expand services to capture the Path 1 referrals. In the past, Path 1 referrals may or may not have received any intervention services. Working with these families gives us the opportunity to provide some assistance and possibly prevent them from getting into the system. We are all working together instead of alone and families are reaping the benefits of mutual case plans, team meetings, etc." *Community Partner*

Lessons Learned

Throughout the strategic planning and implementation process, pilot counties learned that early and ongoing inclusion of community partners and families is critical for success of Differential Response. Counties reported barriers in the areas of confidentiality and limited resources. Many noted that internal staff processes, such as training and the utilization of human resources in the community, offer possible solutions to the problems that they have encountered.

Relationship with Families and Partners

- Employing a transition visit between CWS and the community agency increased the likelihood of family engagement with Differential Response services.
- Strong community partnerships improve the overall buy-in to the Differential Response model, which ultimately can increase the availability of local community resources for families.
- Involving community partners at the beginning and establishing ongoing communication assists in shaping the program and addressing concerns and issues as they arise, which is critical to the success of the program.
- Working with Family Resource Centers is proving to be successful in keeping families out of CWS system. Many counties found that the families referred through Differential Response have never received either community or county services.
- Maximizing existing or establishing strong working relationships with other agencies and departments, such as alcohol and drugs, probation, mental health, public health and schools, is essential providing a more seamless and expanded service array to children and families.
- Utilizing AmeriCorps workers as Path 1 partners and outstationing them at schools has vastly improved community partnerships.

Information Sharing

- Sharing information among service providers is critical. Many counties utilize a universal release of information that allows the sharing of information, while other use a multi-disciplinary approach where information sharing is authorized in statute.

Staff and Training

- Training for county and community staff around Differential Response must be ongoing and include team building and information sharing.
- Involving staff from the beginning is essential for maximum buy-in.
- Constant management oversight, direction and attention are essential to the effective implementation of Differential Response. Start-up daily staffings and monthly management meetings between child welfare agencies and community organizations are a necessity.
- Workload must be kept in the forefront and factored into how to achieve practice changes and to determine what the impact of the changes are as we progress in implementation.
- The geographic assignment of social workers enhances delivery of community-based services and team work.
- School-linked social workers are able to intervene earlier and work more closely with families from the beginning.
- Integrating CalWORKS and CWS for staff so that self-sufficiency issues and child abuse prevention is considered by both staffs.

Capacity and Resources

- Positive outcomes for children and families are dependent upon how well the various county services work together to meet the needs of CWS children and families. Many of these families need mental health, substance abuse, financial support and educational/vocational services. It is important for all county children, adult and family service systems to work together to provide the broad scope of services needed by these children and families.
- Many state and federal initiatives have common overlapping goals including: transformation to family/client-centered approaches; improvement in cultural competency and relevancy of services; development and inclusion of parents and consumers in the planning and delivery of services; moving from a "patient treatment system" to a "consumer engagement and recovery- oriented system." Each are important and relevant to the effective implementation of Differential Response in communities.

Challenges and Barriers

The challenges listed below are an aggregate of individual county experiences and perceptions. While not every county experienced each of the issues raised below, the list is reflective of the major issues counties have faced during the development and implementation of the Differential Response.

Information Sharing

- Some counties have strict definitions from their county counsel in regard to confidentiality. Often that interferes with efforts to refer families to community-based organizations.

Capacity, Resources and Training

- Community-based organizations are nearing capacity and they will be challenged to provide and sustain services as Differential Response expands. Although they are willing without funding our community partners are unable to afford to help with increased Differential Response responsibilities.
- Adequate funding is required to engage community services and to support reasonable caseloads for social workers if we are to implement Differential Response as envisioned and prevent additional referrals of abuse and neglect.
- Mental health and substance abuse services are limited yet crucial to integrate into Differential Response.
- Additional training is needed for community partner/providers in order to support new practices. This has an extensive impact on staff and department resources.
- Training for county staff and community partners around Differential Response must be ongoing and have focus on team building and information sharing.
- Constant oversight by program staff and management, as well as clear direction and communication is required to effectively implement Differential Response.
- Clarifying expectations for both community and agency staff as well as a clear definition of both their roles in working with families is needed in order to communicate and partner effectively.

D. County Recommendations

Pilot counties encountered barriers in the process of implementation that could not be resolved and may require changes in statute, regulation, policy and practice. All pilot counties reviewed the barriers and challenges encountered and proposed the following recommendations for consideration.

Considerations for the Legislature

Information Sharing

- Clarify confidentiality rules in statute, specify when and under what circumstances information can be exchanged between CWS agencies and community partners. (Currently most counties are using different interpretations regarding confidentiality.)

Program Institutionalization

- Explore legislation that would include Differential Response as a standard child welfare practice.

> Both Minnesota and Missouri have redesigned their child welfare systems to allow for an assessment track that does not include allegation findings or mandatory reporting to the child abuse central index. Data from these states has shown that by eliminating the adversarial focus on the non-severe cases, families were more trustful of the agency, more willing to cooperate with their social worker, more involved in the development of their community service plan, and more likely to stay connected to the community provider during the agreed upon service period. A similar system was described by the California CWS Stakeholders Group and is a critical element in a fully implemented differential response model.

Capacity, Training and Resources

- Continue fiscal planning and secure funding for prevention and pre-placement activities to ensure sustainability of Differential Response activities in community based organizations
- Consider creating a flexible funding structure in order to better access and utilize a variety of funding streams to support Differential Response efforts.
- Reduce caseload sizes and/or create manageable workloads to allow sufficient time for social workers to employ critical program elements (including Standardized Safety Assessments, Team Decision Making meetings, and collateral contacts).

Administrative Considerations

Capacity, Training and Resources

- Provide ongoing supervisor and staff coaching and mentoring.
- Research and provide training on evidenced-based and promising practices related to reunification case management and transition into adulthood.
- Comprehensively evaluate successful engagement strategies and techniques.

- Increase coordination and collaboration between early intervention and prevention programs in the community and the county Differential Response Program, including development of strategies that improve the exchange of information among community partner.
- Provide training for community partners and social work staff on relationship between Differential Response and prevention and early intervention.
- Explore flexible funding structures to leverage additional resources through foundation grants (e.g., Stuart Foundation, Annie E. Casey Foundation).
- Develop and implement an outcome tracking system for community-based service providers.
- Develop public awareness and education materials for Differential Response at the state level to provide clear and consistent information about the program.

3. Permanency and Youth Transition

A. Pilot County Implementation Activities

All counties participated in a series of workgroups over the course of a year to develop the program elements to facilitate Permanency and Youth Transition.

All 11 counties completed the following tasks and activities:

- Participated in workgroup to develop protocols for implementation of Team Decision Making.
- Identified a target subset of cases.
- Identified and trained Team Decision Making facilitators.
- Participated in workgroup to develop protocols.
- Trained staff in family engagements.

In addition, pilot counties worked on integrating the three core strategies of the Permanency and Youth Transition Framework into the ongoing management of their child welfare cases over the past year, as described below.

Team Decision Making (TDM)

- Developed policies, procedures and protocols for implementation.
- Phased in TDM randomly, by region or by utilizing the model for each new case.
- Recruited and trained facilitators and community members to participate in the TDM process.

Enhanced Family Participation

- Examined current family engagement practices.
- Developed best practices recommendation and protocols and piloted procedures.
- Trained staff and recruited and trained parent leaders and relative specialists to serve as family engagement advocates.

Youth Inclusion in Case Planning

- Developed variety of partners in permanency programs and accompanying forms.
- Convened team meetings to develop plans for permanency for youth.
- Hosted multiple trainings to address issues related to youth and attended by staff and community partners.

Specific County Achievements

Pilot counties enhanced baseline implementation activities to address the unique needs of local communities. Counties enthusiastically embraced Team Decision Making, actively training staff and engaging community partners and families in planning and implementation. In addition, counties maximized opportunities to engage youth in both program planning and emancipation planning. Staff were hired and trained to help implement a wide variety of programs aimed at improving permanency opportunities for older youth. Specific county achievements are highlighted below.

CONTRA COSTA

- Expanded TDM meetings to children with multiple placements.
- Initiated implementation phase of exit TDM meetings for hard-to-serve youth.
- Increased efforts to address racial disproportionality by expanding front-end TDM meetings to all African American children under age 5 countywide.
- Developed policies for front-end TDM meetings, including a domestic violence protocol.
- Trained 12 volunteer staff TDM facilitators to accommodate expansion.
- Incorporated the use of the Standardized Safety Assessment into TDM meetings.
- Contracted with community-based organizations and a domestic violence agency to participate in TDM meetings.
- Focused on family engagement through cross-training of social workers, attorneys and the court.
- Identified target families for a parent mentor program using the Parent Partner Leadership Team.
- Expanded Parent Partner program to provide two full-time and 12 part-time parent partners.
- Inititated Engaging Families through Fairness and Equity training curriculum.
- Developed CWS Orientation for families entering the child welfare system.
- Conducted regular Strengths-Based Family Engagement Training.

GLENN

- Established bustnout.com (aka, fosteryouth.net) in northern California. This website is a resource for children in transition to adulthood and allows them to access information from remote sites.
- Implemented TDM meetings for initial removals and risk of removal.
- Initiated expansion of TDM meetings for placement changes.
- Expanded emancipation conferencing to include community partners and signifcant adults for all youth beginning at age 15.
- Developed Youth Transition Action Teams (YTAT) and worked with a variety of other teams to insure services to youth in transition.
- Hired a former foster youth to work in the employment resource center to assist other youth.
- Utilized AmeriCorps volunteers to assist with both youth inclusion and family participation.

HUMBOLDT

- Developed a Family to Family Core Leadership Monthly Planning Group.
- Implemented TDM meetings for placement disruptions, family reunification and emergency response.
- Convened bi-monthly partners meeting.
- Developed AB 490 subcommittee with Foster Care Community Partners group to addreess issues of foster youth and education.
- Engaged family and youth participation in TDM meetings.
- Invited youth to participate in plan development meetings, resulting in increased involvement.
- Involved youth for CWS staff training project.
- Implemented the California Permanency for Youth Project (CPYP) for youth who have been identified as having the highest need for establishing permanent connections.
- Partnered with local California Youth Connections chapter to increase agency and community awareness of the needs of foster youth.

- Developed a plan for Youth Transition Action Teams (YTAT) to improve outcomes in the areas of relational permanence, employment and higher education.
- Engaged youth in subcommittees of the Mental Health Services Act, Family to Family, CPYP and YTAT.

LOS ANGELES

- Completed 1,677 TDM meetings for initial removals or children at imminent risk of removal, preventing the removal of 1,212 children. Of the 465 children who were removed, more than half were placed with relative caregivers.
- Utilized the TDM meetings to include families in case planning.
- Requested authorization from Board of Supervisors to hire 39 additional facilitators to conduct TDM-type conferences at 30 days and 4 months from removal to engage families in case planning, visitation and reunification planning efforts.
- Established the Permanency Partners Program (P3) to work intensively with youth in long-term foster care to identify and formalize life-long connections with adults who have been important in their lives.
- Served 488 youth with P3 services and tracked success indicators (number of reunifications, adoptions or legal guardianships). Of the youth referred to P3 that had a plan of Long-Term Foster Care, 169 youth (34%) are now in the various stages of moving through the court system to obtain legal permanency, including 54 youth with a case plan goal of adoption, 80 youth with a case plan goal of Legal Guardianship, and 35 youth with a plan of returning home.
- Held 132 emancipation conferences with youth, family members, caregivers and community partners to make emancipation and transitional living plans for youth approaching age 18.

PLACER

- Established Family Team Meetings to develop and implement service plans and resolve difficult situations. These meetings include parents, youth and significant others identified by all parties.
- Developed a placement matching protocol in partnership with foster and emancipated youth. This protocol engages the youth in identifying goals and priorities along with significant people in their lives who might be appropriate for permanent placement.
- Initiated an effort with the Independent Living Program to identify and hire youth mentors who can assist other youth and provide county staff with input regarding relevant services and approaches.
- Developed the Placer Permanency Partnership, comprised of youth mentors, parent partners, Sierra Adoptions Agency, local foster family agencies, local group home operators, the Independent Living Program, and the county Children's System of Care. This group is planning a "county convening" of leadership to educate and engage the community in developing more opportunities for permanent families and relationships for transition-aged youth.

SACRAMENTO

- Utilized Parent Leaders at the planning level for Team Decision Making.
- Utilized Parent Leaders to observe and/or participate in TDM meetings to support parents.

- Trained key partners in TDM, including foster parents, foster family agencies, the juvenile court, and attorneys.
- Implemented TDM in Family Reunification through small tests of change.
- Assessed readiness of additional programs for TDM implementation.
- Utilized Parent Leader input to develop three publications to assist families in understanding the CWS system and their role in case plan development.
- Incorporated Parent Leaders into the Parent Orientation to encourage participation in case planning.
- Partnered with Parent Leaders and community partners to provide division-wide Family and Youth Engagement training to all social work staff.
- Used small tests of change to review Structured Decision Making tools with families during the case planning process in Family Reunification.
- Employed a former foster youth as co-chair of the Redesign Youth Transition workgroup.
- Developed two Youth Leader positions within the division.
- Planned a convening for foster youth in collaboration with the Redesign Youth Transition workgroup, Youth Leaders and community partners to educate and engage youth regarding Family to Family, transition planning and leadership issues.
- Conducted small tests of change using the Ansell Casey Life Skill Tool.
- Established a youth-led advisory group for current and former foster youth.
- Hired and trained four facilitators to conduct TDM meetings.

SAN LUIS OBISPO

- Added two additional TDM facilitators.
- Utilized SDM in TDM's to clarify safety and risk concerns for the group, and to help guide decisions,
- Expanded icebreaker meetings.
- Established Case Plan Workgroup to identify key decision points for engaging families.
- Secured a technical assistance grant from California Permanency for Youth Project.
- Dedicated staff to identifying relatives or other adults to provide permanent connections for youth 10 and older.
- Hired contract staff to identify permanent connection.
- Created local California Youth Connections chapter.

SAN MATEO

- Identified and trained three dedicated TDM facilitators.
- Conducted a comprehensive analysis of all team-based case planning activities with the goal of restructuring these activities to better engage families and involve more community partners.
- Developed new client information materials to better engage families.
- Focused on strengthening social worker and foster parent relationships through variety of workshops.
- Created a foster parent liaison and advocate.
- Established a foster parents' bill of rights.
- Created an Adolescent Services Unit combining the Independent Living Program, Employment Services specialists, and Permanency Planning social workers.

STANISLAUS

- Implemented TDM meetings for all changes of placement in 2003 and for all removal decisions in 2004.
- Convened permanency TDM meetings for Family Reunification families at nine months.
- Expanded coordinated case planning meetings to engage CalWORKS Linkages families served through the Turlock office.
- Trained all social workers and community partners in family engagement.
- Developed and implemented family engagement meeting protocols.
- Established a permanency social worker position to search for relatives and potential life-long connections for all youth in foster care.
- Expanded Internet searches for relatives and extended family members to be considered for placement and/or as a potential life-long connection for youth.
- Developed protocol and implemented Emergency Connected for Life meetings, a youth-driven meeting to explore other options for permanency and/or life-long connections prior to court hearings when the recommendation is long-term foster care.
- Implemented Connected for Life meetings and transition case planning for 16- to 18-year-old foster youth.

TEHAMA

- Trained five TDM facilitators.
- Implemented TDM meetings for all placement changes.
- Created a Permanency and Youth Task Force.
- Created a Youth Transition Action Team.
- Initiated implementation of emancipation conferences for all teens age 16 and older.
- Trained Foster Youth Liaisons in 18 school districts.

TRINITY

- Developed Family to Family Core Leadership Monthly Planning Group.
- Completed Family to Family training for TDM facilitators.

B. Preliminary Quantitative Findings

Due to their involvement with the Family to Family (F2F) Initiative and its strong focus on self-evaluation, the 11 pilot counties were able to provide information from the F2F Team Decision Making database to document their implementation of this critical strategy. The TDM chart below is an indication of the type of information that can be made available regarding all of the Permanency and Youth Transition initiatives. The next phase of Pilot Implementation Evaluation will present a more unified picture of outcomes and family characteristics across all 11 counties in these various strategies. During that phase, pilot counties and technical assistance contractors will work together to develop an evaluation that will allow them to capture the types of information that they believe is critical for understanding the impact of the new system.

Table 11 illustrates the utilization of Team Decision Making among the 11 pilot counties. Based on early data reports, at least 5,484 TDM meetings have been held, revealing the extensive participation and engagement of families, youth, and community partners.

Table 11. Preliminary Data on the Number and Type of Team Decision Making (TDM) Meetings Held in Pilot Counties

				PARTICIPATION RATES			
COUNTY	*Start Date* [a]	*# of Meetings*	*Focus*	*Parent*	*Youth*	*Community Partners*	*Service Providers*
Contra Costa	4/1/2004	660	All Placements	55%	41%	40%	88.85%
Glenn	7/1/2005	31	All Placements	84%	55%	23%	
Humboldt	7/1/2005	27	All Placements	30%	73%	43%	
Los Angeles	4/1/2004	3,094	All Placements	80%	60%	50%	
Placer	7/1/2005	21	Reunification Cases	89%	35%		42%
Sacramento	11/21/2005	83	Reunification Cases	82%	44%	38%	73%
San Luis Obispo	4/1/2004	578	All Placements	78%	47%	9%	62%
San Mateo	8/1/2004	380	All Placements	84%	40%	22%	
Stanislaus	4/1/2004	545	All Placements	50%	27%	11%	
Tehama	7/1/2005	37	All Placements	74%	64%	17%	94%
Trinity	4/1/2004	28	All Placements	95%	67%	100%	

Source: TDM database

[a] Date from which data collection began. Later dates reflect a later implementation date. Some counties began conducting TDM meetings before data collection began.

C. Qualitative Findings

The Child and Family Policy Institute of California's survey of the 11 pilot counties collected qualitative data about their experiences of developing individualized, inclusive, team-based case planning in support of family restoration and transitional youth planning. The counties provided feedback with regard to the impact of new strategies on staff, communities and families, as well as lessons learned during implementation.

Success Stories

The following stories illustrate the positive results that come from engaging families and youth in the process of developing individual case plans. In each of these cases, youth and family members/caregivers were struggling to restore relationships. Through team meetings, enhanced family engagement and youth inclusion in case planning, all found viable options to sustain critical relationships and achieve permanency.

STORY 1: Team Decision Making meeting results in renewed reunification

A 16 year old female who was in long-term foster care had been struggling in placement for months. Reunification services had been terminated and the county was working hard to find placements that could meet her high needs. After running away from a therapeutic foster home, the youth alternated between living at a therapeutic group home, juvenile hall, and being on the run. A TDM meeting was held with the youth, the youth's family (including her mother), service providers who had worked closely with the youth throughout her years in foster care, child welfare staff, her Court Appointed Special Advocate volunteer, and her former foster parent. The team had numerous concerns about the youth's safety, including drug use, history of suicide attempts, current depression, and a medical condition that recently required hospitalization. Together, the group came up with a safety plan that allowed her to be reunified with her mother. Although there are still challenges, the youth is thriving in her current placement back with her mother and siblings. The safety plan included bringing service providers into the home and involving the extended family in supporting the youth and her mother.

STORY 2: Family conference brings hope of restoring lost relationships

A recent Family Group Decision Making conference was focusing on how to stabilize the placement of a youth with his legal guardians. After hearing the concerns of the family, it was clear that the youth was acting out his grief over the loss of relationships with his siblings and other family members. The loss of family connections turned out to be the primary reason for most, if not all, of the concerns shared by the family. The representative from the Permanency Partners Program (P3) shared with the family that this program was designed, in part, to reconnect youth with estranged family members. This revelation provided a tremendous boost for everyone at the conference. The relief, excitement and joy of the family was evident as the P3 rep talked about work the program will do to help reestablish life-long connections.

The family conference provided an opportunity for the P3 rep to meet the family and to experience the family's heartfelt concerns. Likewise, the family had a chance to hear the P3 rep respond thoughtfully and meaningfully to their needs. The family and the P3 rep began to build rapport and connection, and relate equally, as they shared in a solution-oriented process that empowered the family. Very cool...

STORY 3: Mother's voice in decision-making leads to services and court compliance

A mother was reunited with five children who had been in placement for many years after she was given a voice in her case through the Team Decision Making process. Two of the youth had been missing for several months. Through the plan developed during TDM meetings, and the resulting services that were put into place, the mother successful reunited with her children and complied with all court orders. The family's case has been closed.

STORY 4: Meeting results in a foster parent and biological parent working together to support permanent connections for youth

In a TDM meeting, a foster mother was feeling attacked and criticized for her relationship with the teenage foster youth in her home. It was believed that the foster mother wanted the youth to stay in her home and was thus thwarting reunification between the youth and biological father. During the meeting, the foster parent's strengths were listed — one being her bond to the youth and her genuine concern for the welfare of the youth. Part of the action plan was for the youth to maintain contact with the foster parent through phone calls and visits. The father and foster parent aligned and agreed to work together for the best interest of the youth. At the end of the meeting, the foster mother looked the social worker in the eye and said "thank you for the meeting — it was very good!" The foster mother later reported that she was very excited about the outcome of the TDM meeting and was supportive of reunification. The meeting also helped create a positive relationship between the foster parent and county social worker, where previously there had been a communication gap.

STORY 5: Including youth in case planning leads to better school achievement

Utilizing youth permanence strategies and TDM meetings, an adolescent was placed in a less restrictive level of care in the home of the foster mother he requested, a person with whom he had a loving and trusting relationship. He is now getting B's and C's and has become involved in school athletics. He told his social worker, "When you really listen to me, I do well because I'm in the place I want to be."

STORY 6: Youth-driven permanency effort results in unexpected guardianship

A social worker told this story of how youth-driven permanency practices integrated with Family to Family values has benefited children and families: "At the boy's insistence, I had the opportunity of taking this 12-year-old around his neighborhood looking for a family he wanted to stay with that would be willing to care for him. He had lived in the apartment complex for seven years so he knew many people. As it turned out, three families agreed to placement and he chose one that has taken guardianship of him. The boy's father has mental health issues that preclude the boy from living with him, but the father is familiar enough with the neighborhood that he visits there frequently. The boy has ended up with the best of all worlds."

Successes Reported

The counties reported numerous successes related to including families and youth in case planning. Not only did this new approach improve outcomes for children and youth, it offered opportunities to overcome barriers in establishing permanency and enhanced and strengthened their relationships with families, youth and members of the community.

Family Satisfaction Increased

"Parents and foster children have responded positively to the inclusion, and have been active in participation. Foster youth, in particular, have voiced their appreciation of being asked, on a regular basis, to have a say in their own planning." *Social Worker*

"Families are reporting satisfaction with the process of being invited to the meeting and having an opportunity to be heard and contribute." *Supervisor*

"In a TDM meeting I was facilitating, the foster mother talked about specific behavior problems that the child was having in her home. As the foster mother worked on the behavior problem, a gap was bridged between the biological mother and the foster parent, the foster family agency staff, and the child's therapist. At the end of the meeting, the mother — with tears in her eyes — thanked everyone for letting her be part of the meeting. She finally felt included and connected with what was going on with her child." *TDM Facilitator*

"With all of the people sitting around the table, I feel like I'm finally getting the help I need. I like what you had to say and I'm going to be calling you for assistance. You signed your name next to what you are going to do and I need you to come through. I want to keep the boys and I think things will be better now that I know where the help is." *Relative Caregiver*

"I want to thank you so very much for all of your work in locating me and family and letting us know where my eight grandchildren are. They are my late daughter's children. If it hadn't been for you and your dedication to finding families of the children in foster care, we would still not know where six of the eight children were. Because of you and your program, my other daughter and I now have wonderful contact with all of them plus their fantastic foster parents. On Christmas this year for the first time, I was able to talk to the children at the three homes they are in. We cannot thank you and your program enough for what you have given us." *Excerpt from a letter by a maternal grandmother*

"I feel that TDM respected me by including me in the decision for my family." *Parent*

"I was anxious at the start of the meeting. Now I feel like a burden has been lifted. I'm encouraged and motivated to put all ideas and plans into action." *Foster Parent*

"I appreciated how the focus was kept on the current situation of my teen's son safety instead of the past." *Parent*

"This is the first time anyone has asked me what I'm good at." *Parent*

Staff Supported

"Staff feel more comfortable bringing the family together during the case planning process and making decisions." *Manager*

"We continue to receive earnest requests by staff as well as community members and other participants to expand TDM phase-in areas." *Manager*

"Our staff has been amazed by the success of TDM meetings for the children and families they work with. To date, we have had 66 social workers and 34 supervisors participate in TDM meetings." *Manager*

"Since November 2005, we have had attendance by 18 foster parents, 5 relative caregivers, 18 foster family agency social workers, 39 mental health providers, 19 public health nurses and 18 educators in our TDM meetings." *Manager*

"This is why I became a social worker." *Social Worker*

Community Partnerships Strengthened

"Community partners (such as the court, Court Appointed Special Advocates, and foster parents) say 'it's a miracle' and are featuring the TDM practice their newsletters." *Manager*

"Court has begun to embrace our process and we are seeing an increase in court-ordered referrals to the program. Additionally, we have partnered with one of our residential treatment facilities to share resources and work collaboratively towards finding permanency for youth." *Manager*

Barriers Removed

"Through the TDM process multiple barriers that may have been obstacles to placement have been able to be addressed. Potential resources such as furniture and first and last month rent have been tapped into through our STOP funds." *Social Worker*

"We now have two full-time staff to work specifically with youth to achieve success in finding significant adults in their lives." *Manager*

"The emergence of Team Decision Making within the CWS community is showing that good foster families can be recruited and supported within high need communities." *Social Worker*

Lessons Learned

Throughout the implementation and planning process, pilot counties learned how to implement a myriad of programs and strategies that facilitated Permanency and Youth Transitions. They discovered the value of community partners, engaging families and making initial connections as well as the benefits of private agencies that provide technical assistance for particular programs. In addition they found that while Team Decision Making works very well, it requires training and a new skill set that takes time to develop. Finally, they encountered some challenges in the area of court timelines, which impeded some of their efforts.

Relationships with Families and Partners

- Employing community partners to give presentations throughout the community about family and youth involvement improves reception and perception of CWS.
- Hiring Parent Partners as permanent CWS staff has markedly increased our ability to engage parents and assist them in successfully completing their case plans.
- TDM's have helped strengthen relationships and communication between DSS, birth parents, foster parents, service providers and community by bringing them together and sharing the responsibility for decisions and plans for the family.
- Contested court hearings dropped off after working to be more inclusive. What worked? Regularly including the Foster Parent Association in TDM meetings and conferences, conducting cross-agency trainings, and inviting community partners to serve on committees.
- Engaging the youth in their placement and permanency decisions takes time – but it has decreased behavior problems and resulted in a reduction of youth in long term care.
- TDM meetings can prevent changes in placement in the majority of cases where problems arise.
- Social workers are learning to listen better to families and youth and building on their assessed strengths to develop more individualized and effective case plans.
- Technical assistance grants with private organizations, such as California Permanency for Youth Project, can provide permanency case managers to identify and facilitate permanent connections for youth.

Challenges and Barriers

The challenges and barriers encountered that are listed are an aggregate of individual county experiences and perceptions. While not every county experienced each of the issues raised below, the list is reflective of the major issues counties have faced during the development and implementation of Permanency and Youth Transition improvement activities.

Services and Capacity

- The amount of available services for youth transitioning out of care is insufficient to address the need.
- Caseload size makes it difficult to implement some of the recommended practices
- The court process continues to impede ability to achieve timely permanence. We often are unable to achieve initial jurisdiction until 12 months after a detention hearing much less termination of parental rights.

D. County Recommendations

Pilot counties encountered barriers in the process of implementation that could not be resolved and may require changes in statute, regulation, policy and practice. All pilot counties reviewed the barriers and challenges encountered and proposed the following recommendations for consideration.

Considerations for the Legislature

Program and Court Reform

- Require emancipation and transition issues be addressed in any multidisciplinary team meeting (e.g.,TDM, conferences or permanency staffing) for all emancipating youth
- Expand current training requirements for children's attorneys to include a focus on permanency issues of older foster youth.

Services, Resources and Capacity

- Institutionalize Federal/State/County sharing of fiscal responsibility to ensure expanded services. (Current statutes provide Transitional Living Programs to children emancipating from foster care. However, the current funding structure requires primary County funding, which prohibits some counties from participating in these programs.)
- Increase ILP funding to provide services to children from 14 to 24 years of age.
- Provide specialized rates with cost of living rate increases and training for foster parents who care for adolescents.

Administrative Considerations

Monitoring, Training and Supervision

- Recruit more foster homes for adolescents and develop training to educate about the unique needs of teens and permanence programs.
- Provide ongoing supervisor and staff coaching and mentoring.
- Develop tracking system to follow youth through aftercare.
- Implement education monitoring and tracking activities to ensure that youth get credit for their educational experience.
- Develop Permanency and Youth Transition public awareness and education materials at state level to provide clear and consistent information about the program for communications with staff and community partners, with a focus on the need for strong leadership and involvement of former foster youth, foster parents and birth parents.

IV. Expansion of CWS System Improvements to Additional Counties

General Observations and Lessons Learned from Pilot Counties

The 11 pilot counties undertook implementation of CWS system improvements as learning laboratories for the other 47 counties. In this role, the pilot counties outlined what other California counties might need in order to begin the implementation of the three Improvements. Pilot counties identified issues and offered guidance related to community collaboration, culture shift and systems change, training, and workload. Both general observations about systems change as well as specific issues are listed below.

Community Collaboration

- Outreach to the community is crucial and the process of building collaboration takes patience. Building a trusting relationship with partners takes time.
- Combining CWS and CalWORKs under one management structure can be effective.
- Presenting information in friendly format; clear and specific guidelines for communicating with partners.
- We realize that the outreach to our partners is not a one-time event but is a task that must be addressed on a daily basis.
- Meeting quarterly with contractors to establish/clarify outcomes-based contracts.
- Consistent communication with all your community partners, staff and media is critical. This should be done very early on to make sure a consistent clear simple message is presented.
- Establishing clear roles/expectations for agency and staff and ensuring the county and community have the same understanding and definition of words and practices.
- Barriers to including a cross-section of participants have been staff vacancies and resource issues.
- In consultation with County Counsel, develop a multidisciplinary team process for Differential Response partners.

Culture Shift and System Change

- “Redesigning” CWS services requires a big cultural change at the staff level. As we train staff (including our county partners) we find that the culture is slowly changing.
- Cultural shifts are required for both CW staff and community partner staff. Using the Plan-Do-Study-Act (PSDA) methodology and involving staff, community, parents and youth, small tests of change by staff are beginning to inform practice decisions from the bottom up (see Figure 2 under More Lessons Learned below).
- Introducing the PDSA model at the supervisor/manager level has expanded interest and utilization throughout other areas.
- Initiatives or “strategies” are always connected to the Vision, Mission and Guiding Principles of the department. Outcomes help staff see more clearly their impact on families.

- Strategic planning goals in Standardized Assessments, Differential Response and Permanency are being met with high involvement through Children's Services Network and other committees, resulting in a broad cross-section of community partners.
- The most valuable tool we have come across is the use of the PDSA process (see Figure 2 under More Lessons Learned below).. This methodology has allowed us to include all necessary voices in being a part of the change. It can sometimes occur more slowly, but is productive in the long run. It is also important to have clear and ongoing processes for communication at all levels.
- The most important lesson learned over the past year and a half is the importance of including a cross-section of participants in the planning and implementation phases of system change.
- The most positive and exciting lesson learned is that change can be accomplished quickly and relatively easily when a group of staff are motivated, interested, and feel they have permission. The Breakthrough Series model of PDSAs has been a great tool in changing practice, trying new strategies, and building on accomplishments (see Figure 2 under More Lessons Learned below).
- Several parallel competing initiatives can undermine implementation
- Integrating multiple initiatives, such as the Mental Health Services Act and Family to Family with CWS improvements, needs to be accomplished at a larger continuous quality improvement framework and explained to staff.

Training

- Staff need very specific training to shift their behavior. Facilitated Family Team meetings and Differential Response are slowly shifting the culture. Consistent and continuous education and re-education is needed in order for staff to do their work differently.
- Constant motivation with focus on vision and values.
- Consistent supervision and accountability required.
- Value current practice and build on strengths.
- Over time staff have bought into new ways of interacting with families and community.
- Keeping staff informed and involved is critical.
- Even with a participatory committee structure, staff can be left out of the communication process.
- Clear and consistent communication by all levels of staff is critical.
- Training all staff in engagement, motivation and solution-focused questions is creating a foundation for staff effectiveness with families.
- We are finding better success in engagement and obtaining permission by sending out the social worker for a face to face. This adds to the workload for Emergency Response social workers.

Workload

- Sending a social worker out for an in-person meeting generally meets with better success, although it adds significantly to the workload for Emergency Response staff.

- Workload must be kept in mind and factored into the equation as the state works to achieve practice changes on a broader scale.

Evaluation

- Data sets for measuring outcomes of CWS Improvements need to be standardized at the state level to effectively evaluate impacts across counties. High level evaluation support is essential to assist counties in achieving the intended goals.

Roadmaps to Implementation

A focus group of leaders from the 11 counties met to discuss how new counties might best approach the task of implementing the targeted CWS improvement strategies. They offered structured guidance to the potential activities of the other counties and consolidated their input into three specific outlines that they termed "Roadmaps to Implementation." These roadmaps, which are in outline form, combined with the wealth of information included throughout this report regarding barriers and lessons learned, provide a clear, detailed picture of what counties must undertake to begin to replicate the efforts that have gone into the CWS improvements implementation to date. See Appendix D.

MORE LESSONS LEARNED

Breakthrough Series Collaborative on Differential Response

In 2003, 43 county child welfare agencies opted to participate in the California Breakthrough Series Collaborative on Differential Response — a large-scale training and technical assistance effort initiated by CDSS and the Foundation Consortium. A Breakthrough Series Collaborative (BSC) is a method for achieving system change that was introduced in the child welfare field nationally by Casey Family Programs. In a BSC, small-scale practice changes are rapidly tested to achieve system-wide improvements in a short period of time. These small-scale tests of change often go through multiple cycles of modification, and those that prove successful on a small scale are then spread throughout a larger segment of the organization.

Also known as the Plan-Do-Study-Act (PSDA) method, it is a common model used for continuous quality improvement (see Figure 2). While most organizations spend a great deal of time planning for changes, this method encourages organizations to systematically test (do) the changes and then study the results before acting or adjusting the next plan. *In a BSC teams are told to never plan more than they can do or test by next Tuesday.* (See Appendix E.)

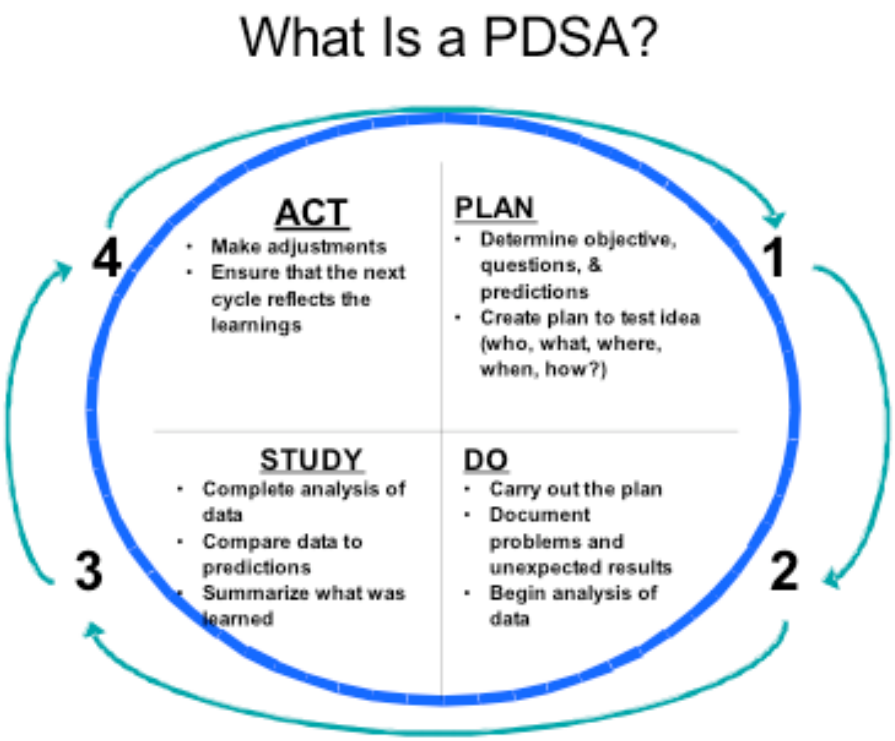
Over the course of two years, a 16-member team of national experts on Differential Response provided intensive support to teams from participating counties. County teams tested more than 300 small changes, primarily in the areas of broader response, family engagement and community partnering. They shared their tests of change with other teams through conference calls, an Internet site and in-person meetings. While dozens of practice changes resulted from the BSC, some of the most innovative and widely adopted include:

- Asking the person making a report of child abuse and neglect about the family's strengths as a way of engaging the family more positively in an initial home visit.

- Calling lower-risk families before making an initial home visit to show respect and begin developing a relationship.
- Inviting community-based providers or parent mentors to join child welfare workers in an initial home visit to decrease anxiety and link families to services more quickly.
- Having community-based specialists make in-person visits to engage Path 1 families and offer services.
- Holding an in-person "transition" visit with the family, child welfare staff and community provider after the initial assessment determines that the community provider will take the lead in service delivery.

California's BSC on Differential Response ended in December 2005. A report of the lessons learned and most promising practices is anticipated in Spring 2006.

Figure 2. Depiction of the Plan-Do-Study-Act model.



Source: CFPIC

V. Conclusion

In September 2003, CDSS asserted that through its work the Stakeholders Group had "reclaimed the original vision: 'Every child living in a safe, stable, permanent home, nurtured by healthy families and strong communities." Just over two years later, following focused planning and dedicated work by thousands of county staff, community partners and families, the 11 pilot counties have begun to realize that vision.

Safety

Due to the work of the 11 pilot counties, children in their communities are safer because of the intensive efforts that have been dedicated to the establishment of a Standardized Safety Assessment System. As a result, at least 185,000 safety assessments have been conducted by social workers in the 11 counties under the new system. Planning efforts built upon an assessment system that had previously focused only on the initial contact with CWS. Children's safety is now addressed throughout the time that they are involved with the CWS system.

Healthy Families and Strong Communities

The 11 pilot counties eagerly embraced Differential Response as a means towards truly transforming the traditional CWS System. They experimented with new ways to expand the service array available to families so that they could receive help before problems became crises. They expanded the safety net that was available in their communities by engaging in extensive outreach to community-based organizations who could partner with them to help children and their families. With very few additional resources available to augment the capacity of these community partners, pilot counties have nevertheless been able to refer at 6,614 families to community based agencies and demonstrated a reduction in the repeat incidence of child maltreatment.

Stability and Permanency

By identifying family as the core unit of permanency and stability for children, the 11 pilot counties focused on programs and processes that reinforced these values. They planned and implemented programs that engage families and youth in the process of identifying the best solutions for the problems that they face and the homes they need. Strategies such as Team Decision Making, Family Participation in Case Planning and Youth Inclusion in Case Planning, are ensuring that children are maintained in their homes whenever possible and, when they cannot, family relationships and connections are promoted and preserved. In their early implementation of these strategies, pilot counties have already engaged families and youth in at least 5,484 Team Decision Making meetings, which are resulting in a demonstrated reduction in the number of removals and, where children have been removed, an increase in placement stability. These concepts are now embedded in the value systems of county CWS agencies in a way that augurs well for the future of California's most vulnerable children and families.

Final Notes

This report illuminates the excellent and hard work undertaken by the 11 pilot counties and provides early indications of promising performance on specific CWS outcomes. These initial results reinforce the fundamental value of the CWS improvement activities and the need to continue support for full implementation in the 11 pilot counties and extension into the remaining 47 California counties. The thorough and thoughtful planning undertaken in partnership between the state and the counties has provided the context for these promising results.

These successes, however, are not without challenges and barriers remain that prevent permanent and expanded implementation of the improvements. All counties reported that the new programs and processes — while undeniably beneficial to families — required extensive staff training and additional staff to effectively operate. This workload issue cut across all three improvements. In addition, the counties all noted that community partners were engaged and excited about these new approaches but needed resources in order to fully support the families that were being referred to them for services.

Finally, the counties found the issue of changing the culture and the system required time and the investment of both staff and financial resources. All reported that without the necessary resources to staff and support change internally as well as externally with community partners and families, their programs will struggle to sustain the new approaches.

In prefacing the issuance of the Stakeholders Report the CDSS director lamented that “the hasty reactions to tragic events, coupled with genuine good ideas and best practices, have resulted in a patchwork of limitations and inflexibility.” By engaging stakeholders and sustaining momentum past conceptualization into imple mentation, the state and counties have successfully developed a roadmap towards the true realization of a rational, purposeful, strategic approach to ensuring the safety, permanence and well-being of children in the CWS system.

System Improvement Plans (SIPs)

11 County Report

Outcome Indicators, Process Measures & Systemic Factors

Counties were instructed to develop their SIPs focusing on 3 to 5 outcomes or systemic factors and identify strategies for improvement.

OUTCOMES

Outcome 1: **Children are, first and foremost, protected from abuse and neglect.**

Outcome Indicators 1A and 1B* – Recurrence of Maltreatment
Outcome Indicator 1C – Rate of Child Abuse and/or Neglect In Foster Care
Outcome Indicator 1E – Rate of Abuse and/or Neglect Following Permanency

Outcome 2: **Children are safely maintained in their homes whenever possible and appropriate.**

Outcome Indicator 2A – Rate of Recurrence of Abuse/Neglect in Homes Where Children Were Not Removed
Process Measure 2B* – Percent of Child Abuse/Neglect Referrals with a Timely Response
Process Measure 2C*—Timely Social Worker Visits With Child

Outcome 3: **Children have permanency and stability in their living situations without increasing reentry to foster care.**

Outcome Indicators 3A and 3E – Length of Time to Exit Foster Care to Reunification
Outcome Indicators 3A and 3D – Length of Time to Exit Foster Care to Adoption
Outcome Indicators 3B and 3C – Stability of Foster Care Placement
Outcome Indicators 3F and 3G – Rate of Foster Care Re-Entry

Outcome 4: **The family relationships and connections of children served by the CWS will be preserved, as appropriate.**

Outcome Indicator 4A — Siblings Placed Together in Foster Care
Outcome Indicator 4B* — Foster Care Placement in Least Restrictive Settings
Outcome indicator 4E — Rate of ICWA Placement Preferences

Outcome 8: **Youth emancipating from foster care are prepared to transitionto adulthood.**

Outcome Indicator 8A — Children Transitioning to Self-Sufficient Adulthood

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* For the 11 county pilot project (see table below), these imeasures were defined specifically as follows:

1B = Percent recurrence of maltreatment within 12 months
2B = Percent of child abuse/neglect referrals with a timely response (Immediate Response Compliance).Percent of child abuse/neglect referrals with a timely response (10-Day Response Compliance)
2C = Percent change for measure 2C from first month reported (April 2003) to most recent month reported (Sept 2005)
4B = Initial Placement: Group Home

SYSTEMIC FACTORS

Systemic Factor A – Relevant Management Information Systems
Systemic Factor B – Case Review System
Systemic Factor C - Foster/Adoptive Parent Licensing, Recruitment and Retention
Systemic Factor D – Quality Assurance System
Systemic Factor E – Service Array
Systemic Factor F – Staff Provider Training
Systemic Factor G – Agency Collaborations
Systemic Factor H – Local Systemic Factors

Targeted Strategies

Caregiver Approval, Recruitment, Training, Support *includes:*
- Relative Selection Process
- Family to Family
- Visitation

Case Monitoring and Case Review *includes:*
- Safe Measures
- Practice Review

Case Plan and Services Assessment *includes:*
- Receiving Centers
- Voluntary Family Maintenance
- Multi-Disciplinary Team
- Referrals

Court Process *includes:*
- Training/ Research
- Streamlining Processes

Data Collection /Quality Assurance *includes:*
- Self Analysis
- Research Programs
- Assess Data Sharing
- Assess Practice

Data Entry *includes:*
- Clean up data
- Enhance Data

Early Intervention / Prevention *includes:*
- Differential Response
- Referrals to Family Resource Centers
- Community Engagement and Training
- Public Awareness Campaign

Family and Youth Engagement *includes:*
- Independent Living Programs
- Team Decision Making
- CA Permanency for Youth Project
- Family Finding
- Parent Training

Internal Staff Processes / Training includes:
- Case Sharing
- Review of Regulations
- Best Practices Research
- Supervisory Oversight / Support
- Social Worker Documentation
- Staff Recognition

Organizational Structure / Staffing *includes*:
- Staffing Ratios
- Resources for Staff
- Workload Shift

Safety Assessment *includes:*
- Standardized Decision Making
- Comprehensive Assessment Tool
- Development of Policies
- Enhancement of Tools
- Evaluation and Expansion

Service Array, Interagency Collaboration, Community Agency Partnerships *includes:*
- Linkages
- Wrap-around
- Ameri-corps
- Family Resource Centers
- Alcohol and Drug Programs
- Mentoring
- Expansion of Foster Family Agencies
- Law Enforcement
- Health and Education Passport

APPENDIX A:

INITIAL SIP DATA
for the 11 County Pilot Implementation of CWS System Improvements

Indicators and Factors → | **Strategies Employed →**

COUNTY	IMPROVEMENT GOAL	Outcome Indicator or Process Measure *	Systemic Factor *	State Performance Measure Change	POSITIVE STATISTICAL DIRECTION	Federal / Other Related Measure Change	POSITIVE STATISTICAL DIRECTION	Caregiver Recruitment, Training & Support	Case Monitoring & Review	Case Plan/Service Assessment	Court	Data Entry	Intervention / Prevention / Differential Response	Family & Youth Engagement	Internal Staff Processes & Training	Organizational Structure/Staffing	Quality Assurance/Data Collection	Safety Assessment	Service Array, Interagency Collaboration & Community Partnerships		Target Populations
Contra Costa	Increase timely response	2B		4.2%	✓	86.2%	✓			*		*	*					*			All
Contra Costa	Increase timely visits	2C		17.1%	✓	N/A			*									*			All
Contra Costa	Decrease time to exit	3A		not available		N/A		*			*			*						*	All
Contra Costa	Decrease first entries	1		not available		N/A							*	*			*	*	*	*	Children of color
Glenn	Decrease recurrence of maltreatment	1A/1B		-5.0%	✓	3.1%			*				*					*			All
Glenn	Increase least restrictive placement	4B		not available		N/A		*										*		*	Children in care
Glenn	Improve Management Information Systems		A						*								*				All
Humboldt	Decrease recurrence of abuse and neglect	2A		0.0%		N/A								*	*			*			All
Humboldt	Increase timely visits	2C		-5.9%		N/A							*		*					*	All
Humboldt	Increase least restrictive placement	4B		not available		N/A		*							*			*			All
Humboldt	Improve tribal placements		G2									*			*	*	*			*	All
Los Angeles	Decrease recurrence of maltreatment	1A/1B		-6.1%	✓	-15.4%	✓	*				*		*		*	*	*	*		All
Los Angeles	Decrease abuse and neglect in foster care	1C		N/A		not available						*	*		*					*	All
Los Angeles	Decrease time to adoption	3A/3D		not available		not available		*						*	*	*					All
Los Angeles	Increase reunification	3A/3E		not available		not available				*			*	*				*		*	All
Los Angeles	Improve Management Information Systems		A									*			*		*				All
Los Angeles	Improve availability of services		E									*			*		*				All
Placer	Decrease recurrence of maltreatment	1A/1B		-1.9%	✓	-25.6%	✓						*			*		*			All
Placer	Decrease recurrence of abuse and neglect	2A		-22.1%	✓	N/A			*			*									All
Placer	Decrease re-entries	3F/3G		not available		not available								*	*	*				*	All
Placer	Improve Management Information Systems		A						*	*		*			*						All
Placer	Improve family and youth participation		B3											*	*		*			*	All
Placer	Improve availability of services		E														*				All
Sacramento	Decrease recurrence of maltreatment	1A/1B		6.1%		-17.2%	✓					*	*	*					*		All
Sacramento	Decrease recurrence of abuse and neglect	2A		7.1%		N/A									*				*	*	All
Sacramento	Increase timely response	2B		1.6%	✓	4.6%	✓								*	*			*		All
Sacramento	Decrease re-entries	3F/3G		not available		not available				*				*	*						All
Sacramento	Increase least restrictive placement	4B		not available		N/A				*				*	*			*		*	Older youth
Sacramento	Improve Management Information Systems		A						*		*			*	*						All
Sacramento	Improve case review system		B											*							All
Sacramento	Improve foster home recruitment and retention		C					*													All
San Luis Opispo	Decrease recurrence of maltreatment	1A/1B		-31.5%	✓	-50.7%	✓						*	*					*	*	All
San Luis Opispo	Decrease abuse and neglect in foster care	1C		N/A		not available							*		*					*	All
San Luis Opispo	Decrease recurrence of maltreatment	2A		-34.7%	✓	N/A			*							*					All
San Luis Opispo	Increase timely response	2B		-2.1%		23.4%	✓						*			*			*		All
San Luis Opispo	Decrease re-entries	3F/3G		not available		not available		*						*	*				*		All
San Luis Opispo	Increase youth in Independent Living Program	8A		N/A		N/A						*			*					*	All
San Luis Opispo	Improve court services		B1							*						*				*	All
San Mateo	Decrease recurrence of maltreatment	1A/1B		7.1%		36.5%		*													All
San Mateo	Decrease re-entries	3F/3G		not available		not available								*	*		*			*	All
San Mateo	Increase least restrictive placement	4B		not available		N/A		*						*			*				All
Stanislaus	Decrease recurrence of maltreatment	1A/1B		3.1%		-17.4%	✓						*							*	All
Stanislaus	Decrease abuse and neglect in foster care	1C		N/A		not available		*	*					*	*						All
Stanislaus	Decrease recurrence of maltreatment	2A		4.8%		N/A			*			*			*			*			All
Stanislaus	Increase reunification	3A/3E		not available		not available		*													All
Tehama	Increase timely response	2B		15.8%	✓	53.3%	✓					*			*						All
Tehama	Increase timely visits	2C		14.2%	✓	N/A									*				*	*	All
Tehama	Increase least restrictive placement	4B		not available		N/A		*						*	*						All
Tehama	Improve Management Information Systems		A										*	*	*						All
Trinity	Decrease recurrence of maltreatment	1A/1B		-56.3%	✓	-100.0%	✓							*	*					*	All
Trinity	Increase timely response	2B		0%-->100%	✓	0.0%			*	*		*			*						All
Trinity	Decrease re-entries	3F/3G		not available		not available		*					*	*	*					*	All
Trinity	Increase least restrictive placement	4B		not available		N/A		*						*							All
Trinity	Improve case review system		B												*				*	*	American Indian

* See "Outcome Indicators, Process Measures & Systemic Factors" on previous page.
Not available = The Q3 05 data extract received by UC Berkeley contained incorrect values for the new County of Removal attribute.
N/A = not applicable

Standardized Safety Assessment Matrix Glossary

Approved Final Version
11.14.05

Introduction:

The following is a glossary of terms used in the Standardized Safety Assessment Matrix (SSAM) as defined by the California Safety Assessment Workgroup. The terms have been taken from State statutes, Division 31 Regulations, California Stakeholder documents developed for the Redesign/Child Welfare Improvement process, and other child welfare publications when available. The terms in this document have been numbered to correspond with the numbering in the Matrix. The items noted in brackets are provided as training tips to trainers. The Global Terms at the end of the document are intended to provide clarity to the broad, general, commonly used terms imbedded in the SSAM.

It is important to note that this glossary was developed to promote consistency in the interpretation of the terms used in the SSAM. The terms in this glossary are intended to be general and not tied to a specific tool used for conducting a safety assessment (Structured Decision Making Tool (SDM) or the Comprehensive Assessment Tool (CAT)). Therefore, these terms are not intended to supercede or conflict with specified definitions prescribed by the safety assessment tool used by a particular county. Should there appear to be a discrepancy in definitions, defer to the tool instructions. Should there be a significant conflict please contact CDSS' Operations and Evaluation Branch (916-651-1881).

The primary premise of the Standardized Safety Assessment Matrix is that safety assessments will be done at multiple decision points through out the life of a child welfare case.

Standardized Safety Assessment Matrix Terms

1) **Current and prior maltreatment**: Maltreatment refers to an act of omission or commission by a parent or any person who exercises care, custody, and ongoing control of a child which has resulted in, or has placed the child at risk of, developmental, physical or psychological harm.

   [The social worker will gather information provided by reporting parties and collateral contacts (when appropriate) about that person's knowledge of current maltreatment of a child. The social worker will also gather information about any previous incidents of child maltreatment involving the child or family.]

2) **Current and prior CWS history:** The information gathered by the social worker from reviews of the CWS/CMS and other available documentation to determine whether or not the child and family have current or past involvement with the public child welfare agency.

3) **Child strengths and vulnerability:** The child's strengths refer to the child's behaviors and attitude that support their own safety, permanency, and well-being including health, education, and social development. The child's vulnerability refers to the child's susceptibility to suffer abuse or neglect based on age, health, size, mobility, social/emotional state, and the ability of the caregiver to provide protection.

   [Key characteristics indicating increased child vulnerability include developmental disability, mental illness, (including withdrawn, fearful or anxious behavior) and lack of self protection skills, children with substance abusing parents, homeless children, and children experiencing chronic neglect.]

4) **Cultural and language considerations:** The consideration and exploration of the family's cultural framework in the assessment and the development of safety plans and case plans.

   [This includes social work intervention, services and assessments that are culturally competent and linguistically sensitive, including the provision of services in the language of the client population served.]

5) **Perpetrator access:** The perpetrator's relationship to the child; including frequency and intimacy of their contact with the child.

6) **Violence propensity / capability:** A pattern of aggressive, coercive, threatening or potentially harmful behavior or history on the part of a parent or household member.

[The presence of family violence in the home, social isolation, and prior criminal convictions may indicate safety and/or risk concerns for the child. These include concerns about the child witnessing domestic violence.]

7) **Social environment:** The social interactions of those living in or having significant contact in the home that support or compromise the child's health and safety.

[This includes the degree to which communications, interactions and relational networks within the home or surrounding the child, support or compromise the child's health and safety. Also included are the current and historical conditions within the home which are associated with the caregiver's capability to rely on an appropriate social network, ability to solve problems, and ability to communicate effectively. Positive aspects of the social environment may mitigate risk to the child.]

8) **Caregiver protective capacity:** The ability and willingness to utilize internal and external resources to mitigate or ameliorate the identified safety and risk concerns, and to support the on-going safety of the child.

[Such capacities include, but are not limited to, attachment to the child, parental caretaking skills, awareness of and ability to interpret the child's needs, positive motivation to nurture or meet the child's needs, willingness to seek and use help, and willingness/ability to act protectively when the child is threatened with harm. Protective capacity elements are the focus of both safety plans and case plans for change-oriented intervention. They point to the inherent capacities of the family or the resources that could be mobilized to contribute to the ongoing protection of the child as well as to the ability or motivation of the parents to change.]

9) **Home environment:** The physical condition of the home including safety hazards and health concerns.

10) **Ability to meet child's needs:** The ability of the caregiver to provide a safe, stable home and meet the basic needs of children in their care.

[This includes the ability to respond to a child's age and condition by providing care in a way that supports the child's health, mental health, education, development, and physical and emotional well-being.]

11) **Caregiver-child interaction:** The verbal and non-verbal communication and behavior between a caregiver and child which reflect the quality of the relationship and the degree to which it is reciprocal.

[This includes behaviors that are associated with the degree to which a child's parent/caregivers demonstrate an awareness of the child's emotional state,

empathy, bonding, and appropriate responses to the child. This includes behaviors that are associated with child discipline.]

12) **Ability to locate:** The determination of where the child(ren) and/or family are located.

[This includes information gathered as part of the hotline information gathering process and that is essential to facilitate the ability of the responding ER social worker to locate the child. Specifics regarding hard-to-find locations should be gathered as part of this assessment.]

13) **Safety interventions*:*** The actions, services, arrangements, circumstances intended to mitigate the threat of, or repeat abuse or maltreatment of the child.

[This includes the development of a safety plan for providing services to promote the health and safety of the children in the family. The safety plan addresses what threats of severe harm exist; how they will be managed including by whom, under what circumstances, with what specified time requirements, etc.]

14) **Pre-Placement Preventative Services:** Those services designed to help children remain with their families by preventing or eliminating the need for removing the child from the home.

[These services are emergency response services and family maintenance services. Div 31-002 (p) (8).]

15) **Child's immediate and ongoing needs:** The identified developmental, behavioral, cultural and physical needs of a child including their immediate and ongoing needs for safety and security/permanency.

[This includes ensuring that children and families receive sufficient support and services when and where they need them in order to maintain all aspects of their functioning that may be compromised by risk factors associated with abuse and neglect. Immediate and ongoing safety, permanency and well-being needs include medical, dental, mental health and developmental needs; housing, food, clothing, education and emotional support (i.e. healthy family and peer relationships).]

16) **Level of care to meet child's needs:** The assessment and determination of the appropriate services and placement type that best meets the child's physical and emotional needs.

[This includes considerations of placing the child in the least restrictive, most family-like setting; that addresses the child's personal characteristics and cultural background; maintains the child's connections to family and siblings whenever possible, allows the child to remain in current school if possible, allows for

reasonable visitation, reunification and permanency planning; and provides for any special needs of the child. Based on Div 31-400 in general.]

17) **Substitute care provider's willingness / ability to provide care, ensure safety:** The substitute care provider's ability and commitment to the care and safety of the child.

[This includes the willingness to accept the child into their home and provide for the child's daily care and maintenance.]

18) **Substitute care provider's strengths and willingness to support the child's case plan:** The active participation of the caregiver in activities that promote and support the child's safety, permanency, and well-being including health, education and social development.

19) **Sibling placement:** The efforts made in all out of home placements, including those with relatives, to place siblings together in order to maintain the continuity of the family unit.

[Sibling is defined as a person related to the child by blood, adoption, or affinity through a common legal or biological parent. Welfare & Institutions Code Section 16002(a)(b)]

20) **Child's permanency needs:** The maintenance and/or establishment of enduring family attachments. This includes a broad array of individualized permanency options for all children and youth, including Reunification, Adoption, Legal Guardianship and alternative permanent living arrangements, to promote their safety, permanence and well-being.

[Permanency is both a process and a result that includes involvement of the child/youth as a participant or leader (when possible) in finding a permanent connection with at least one committed adult, who provides:

- a safe, stable and secure parenting relationship,
- love,
- unconditional commitment,
- lifelong support in the context of reunification, a legal adoption, or guardianship, where possible,
- and in which the child/youth has the opportunity to maintain contacts with important persons, including brothers and sisters.

A broad array of individualized permanency for all children and youth to promote their safety, permanence and well-being options exist: reunification and adoption are an important two among many that may be appropriate. California Permanency for Youth Task Force.]

21) **Visitation:** The formalized face to face contact between a child and a parent(s)/guardian, siblings, grandparents, or others deemed appropriate by the county or juvenile court, to promote the continuity of parent-child relationships and permanency. (Div 31-002 (v)(1)(B))

[The duration, frequency, location and supervision of the contacts will be based on the safety goals of the case plan, the child's developmental needs and the parents' strengths and needs. Regular and frequent contacts between parent and child and/or between the child and his or her siblings help to maintain family relationships, empower parents, minimize children's separation trauma and provide an opportunity for family members to learn and practice new skills and interactive behaviors.]

22) **Caregiver willingness to change:** The caregiver's motivation to change those conditions and/or those ineffective/inappropriate behaviors that were identified in the initial assessment that threaten child safety.

23) **Contributing factors requiring intervention:** Refers to the circumstances that required child welfare services intervention.

24) **Current and previous social services:** Any social services currently or previously provided by a public child welfare agency or any social services agency.

[These services may include CalWORKS, mental health services, counseling services, family resource services, etc. This information is used by the social worker in determining the response type; and through out the life of the case including in completing the safety assessment; determining whether family maintenance services are appropriate; determining the appropriate placement type if removal is necessary; determining the permanency goals for the child, and in determining the closure of the case.]

25) **History of criminal behavior:** Caregiver's previous or current illegal activity as defined by federal and state law that may impact the caregiver's protective capacity.

[Typical sources include self-report, drug test results and law enforcement records.]

26) **Basic needs:** The fundamental needs of a child and family for food, shelter, clothing, medical care, and the child's need for supervision.

27) **Medical/Dental Care:** The needs of a child and family for basic medical care, including routine examination, diagnosis or treatment, and hospital care under the general or special supervision or advice of, or to be rendered by, a licensed

physician. The needs of a child and family for basic dental care, including routine examination, diagnosis or treatment by a licensed dentist.

28) **Mental health / coping skills:** Emotional and psychological well-being, including the ability of an individual to use his or her cognitive and emotional capabilities to handle day to day stressors of life and function effectively in society.

29) **Child Development:** The child's language, cognitive, social/emotional, sensory and motor development.

[The social worker will note any diagnosed developmental problems or apparent need for developmental testing.]

30) **Educational needs:** The level of the child's academic performance which takes into account the child's age relative to assigned grade level, the child's performance as recorded, monitored, and measured by the child's educational institution, and any barriers that are identified that may interfere with the child's successful academic performance.

31) **Parenting skills:** The skills a parent demonstrates regarding their capacity to effectively care for, guide and discipline the child(ren) in their custody.

32) **Child's relationship with peers and adults:** The quality of connectedness (defined as close and positive attachment) by the child to significant adults or peers in his or her life.

[This quality is measured by the degree in which these relationships meet or enhance the child's emotional, developmental, social, mental, and/or educational needs. These significant relationships may include immediate family, friends, professionals, or extended family members but can include anyone who has an impact on the child's life and cannot be measured solely by frequency of contact with the child.]

33) **Substance abuse:** The abuse of alcohol and other drugs (AOD) by the parent, caregiver, or the child.

[Considering substance abuse in making safety assessments will include the severity and impact of the AOD use on each member of the family. Some cases will require differentiating between substance use, abuse or dependence for the adult or adolescent family members.]

34) **Domestic Violence:** A pattern of assaultive and coercive behaviors used against intimate partners (including physical, sexual, and psychological attacks, as well as economic coercion).

[Refer to the legal definitions in Family Code Section 6211. Also recommend using the National Council of Juvenile and Family Court Judges' "Effective Interventions in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice (Green book Project).]

35) **Delinquent Behavior:** Behavior by a person under the age of 18 that is persistently or habitually in conflict with the reasonable orders of his guardians and/or is in violation of any laws of this state or the United States. (Welfare & Institutions Code Sections 601, 602)

36) **Subsequent referrals:** Reports received by the child welfare agency regarding new allegations after the initial report of child maltreatment.

37) **Caregiver's compliance / progress toward case plan objectives:** The parent(s) progress in achieving the objectives of the change-oriented interventions specified in the case plan.

[This includes the frequency and extent of the parent's participation in case plan activities, and the degree to which the parent demonstrates that these activities have resulted in change consistent with case plan objectives. Compliance is not the sole basis for considering preservation/restoration, but is one element in assessing the parent's success in achieving the objectives of the case plan and preparation to act as a responsible parent.]

Global Terms

Caregiver: Parent(s), guardian(s), or other adult fulfilling the parental role and entrusted with the responsibility to care for the child(ren).

Caregiver's personal history of abuse: The information gathered and utilized by the social worker in the assessment process to determine whether the caregiver has ever been a victim of child abuse or neglect him/herself, and whether that history impacts the caregiver's protective capacity.

Case Plan*:* The written document which is developed based on an assessment of the circumstances which required child welfare services intervention; and in which the social worker identifies a case plan goal, the objectives to be achieved, the specific services to be provided, and case management activities to be performed. [Div 31-002(c)(2)]

Definitions of physical abuse, sexual abuse, emotional abuse, neglect and/or exploitation: Penal Code 11165 et seq.

External Resources: The formal or informal resources outside the individual or the family, (i.e. community connections, support of friends, church, or community organizations, etc.) that strengthen their capacity to mitigate risk and to support the on-going safety of a child.

Internal Resources: Those resources that exist within each individual in the family and the family as a whole (i.e. emotional and psychological strengths, etc.) that strengthen their capacity to mitigate risk and to support the on-going safety of a child.

Perpetrator: The person alleged to have committed the abuse and/or against the child.

Risk: The likelihood that a child will be abused, neglected or exploited.

Risk Assessment: The process utilized by a social worker to determine the likelihood that a child will be abused, neglected or exploited.

[This could include the use of a variety of tools and/or experience, training and professional judgment, as well as other research-based tools (including evidence-based decision making tools) to:

- facilitate the interviewing of children, families, and community members,
- gather and evaluate information from collateral contacts,
- gather and evaluate psycho-socio information regarding the parent,
- review and evaluate past history (including use of CWS/CMS data).

Risk elements are the focus of the case plan for change-oriented interventions - they indicate what has to be addressed as the child protection system works with the family to change the conditions that put the child at risk, as well as potential future safety

challenges. The assessment of risk also incorporates the elements of protective capacity.]

Safety: A child is currently free from physical abuse, sexual abuse, emotional abuse, neglect, and/or exploitation.

Safety Assessment: The process utilized by a county social worker to determine if a child is currently safe from physical abuse, sexual abuse, emotional abuse, neglect, and/or exploitation.

[This could include the use of a variety of tools and/or experience, training and professional judgment, as well as other research-based tools (including evidence-based decision making tools) to make that determination. The safety assessment is conducted as part of the initial CPS intervention and continues throughout the life of the case. *A safety assessment is not the same thing as a risk assessment.]*

Substitute care provider: A foster parent or relative/non-relative extended family member who is responsible for a child's care during his or her placement in out-of-home care.

[The non-relative extended family member may be a person who has an established familial or mentoring relationship with the child.]

Recommended Statewide Safety Assessment System April 4, 2005

DECISION POINTS FOR ASSMNT	DETERMINE RESPONSE	INITIAL SAFETY DETERMINATION	PLACEMENT	REFERRAL DISPOSITION	CASE PLANNING: (INITIAL/CHANGE)	REUNIFICATION	CASE CLOSURE
Purpose	Determine the appropriateness of the Child Abuse Report for a response. Determines the urgency of the response needed & the Response Team (who will respond).	Ensuring the safety of the child. Begin to identify risk factors of concern in the family.	Ensure the safety of the child by providing the least-restrictive alternative to their home environment.	Determine if a family needs continued public child welfare services, community services or has no current service needs. Examine why problems may be present, and what may be causing the symptoms and behaviors that may result in maltreatment and begins the process of helping the family.	To identify the best possible strategies for changing the conditions/behaviors that lead to harm or the risk of harm to the child.	To determine if it is safe to return a child to his or her home.	To safely terminate public CWS involvement.
Desired Outcome	Determine appropriate response to concern(s) expressed by reporter and/or collateral contacts.	To ensure the immediate safety of the child.	The placement meets the child's needs in the least restrictive setting which is safe and consistent with the case plan goals.	Appropriate level of service is determined.	Child is in a safe and permanent home.	Child is in a safe and permanent home.	Child is in a safe and permanent home.
Present System	No uniform assessment standards or tools. For example, counties are currently using SDM Response Priority tool and/or ER protocol.	No uniform assessment standards or tools. For example, counties can use SDM Safety Assessment, local protocol, or variation.	No uniform assessment standards or tools.	No uniform assessment standards or tools. For example, counties can use SDM Risk Assessment, Fresno Model, or variation.	No uniform assessment standards or tools. For example, for initial Case plan, counties can use SDM Family Strengths and Needs Assessment tool and/or CWS/CMS Case Plan.	No uniform assessment standards or tools. For example some counties use the SDM Family Strengths and Needs Assessment tool. Some counties use Reunification Risk Assessment to determine if it is safe for a child to return to their family's home.	No uniform assessment standards or tools. For example, counties use SDM Risk Reassessment, local protocol, or variation.
Proposed System for Pilot Counties	Propose uniform standards to assess Safety and Risk and Protective Capacity.	Propose uniform standards to assess Safety, Risk, and Protective Capacity.	Propose uniform standards to assess Safety, Risk, and Protective Capacity.	Propose uniform standards to assess Safety, Risk, and Protective Capacity.	Propose uniform standards to assess Safety, Risk, and Protective Capacity.	Propose uniform standards to assess Safety, Risk, and Protective Capacity.	Propose uniform standards to assess Safety, Risk, and Protective Capacity.

Recommended Statewide Safety Assessment System April 4, 2005

DECISION POINTS FOR ASSMNT	DETERMINE RESPONSE	INITIAL SAFETY DETERMINATION	PLACEMENT	REFERRAL DISPOSITION	CASE PLANNING: (INITIAL/CHANGE)	REUNIFICATION	CASE CLOSURE
Standard Areas For Review	1. Current and Prior Maltreatment. 2. Current and Prior CWS history. 3. Child's strengths and vulnerability. 4. Cultural and language considerations. 5. Perpetrator access to child. 6. Violence Propensity. 7. Social Environment. 8. Caregiver Protective Capacity. 9. Home Environment. 10. Ability to meet child's needs. 11. Caregiver / child interaction. 12. Ability to locate.	1. Current and prior maltreatment. 3. Child's strengths and vulnerability. 4. Cultural and language considerations. 5. Perpetrator access to child. 6. Violence propensity. 7. Social environment. 8. Caregiver protective capacity. 9. Home environment. 10. Ability to meet child's needs. 11. Caregiver / child interaction. 13. Safety interventions. 14. Pre-placement preventive services.	2. Current and prior CWS history. 3. Child's strengths and vulnerability. 4. Cultural and language considerations. 15. Child's immediate and ongoing needs. 16. Level of care to meet child's needs. 17. Substitute Care provider's willingness and ability to provide care and ensure safety. 18. Substitute care provider's strengths and willingness to support child's case plan. 19. Sibling placement considerations. 20. Child's permanency needs. 21. Visitation.	1. Current and prior maltreatment. 2. Current and prior CWS history. 3. Child's strengths and vulnerability. 4. Cultural and language considerations. 5. Perpetrator access to child. 6. Violence Propensity. 7. Social Environment. 8. Caregiver Protective Capacity. 9. Home Environment. 10. Ability to meet child's needs. 11. Caregiver / child interaction. 12. Ability to locate. 13. Safety interventions. 22. Caregiver willingness to change.	1. Current and prior maltreatment. 3. Child's strengths and vulnerability. 4. Cultural and language considerations. 7. Social Environment. 20. Child's permanency needs. 21. Visitation. 23. Contributing factors requiring intervention. 24. Current and previous social services. 25. History of criminal behavior. 26. Basic needs. 27. Medical / Dental Care. 28. Mental Health / Coping Skills. 29. Child Development. 30. Education needs. 31. Parenting Skills and practices. 32. Child's relationships with peers and adults. 33. Substance abuse. 34. Domestic violence. 35. Delinquent behavior.	1. Current and prior maltreatment. 2. Current and prior CWS history. 3. Child strengths and vulnerability. 4. Cultural and language considerations. 5. Perpetrator access to child. 6. Violence propensity. 7. Social Environment. 8. Caregiver protective capacity. 9. Home Environment 10. Ability to meet child's needs. 11. Caregiver / child interaction. 20. Child's permanency needs. 21. Visitation. 36. Subsequent referrals. 37. Caregiver's compliance / progress toward objectives within case plan.	1. Current and prior maltreatment. 3. Child's strengths and vulnerability. 4. Cultural and language considerations. 5. Perpetrator access to child. 6. Violence Propensity. 7. Social Environment. 8. Caregiver protective capacity. 9. Home Environment. 10. Ability to meet child's needs. 11. Caregiver / child interaction. 12. Ability to locate. 20. Child's permanency needs. 36. Subsequent referrals. 37. Caregiver's compliance / progress toward objectives within case plan.
Statutory/ Regulatory Authorities	WIC 16501.(f) (Div 31)	Div 31-125			WIC 16501.1(a)-(e) et seq Div 31-2-1 specifically 31-201.1.13.133.1		WIC 16501.1(a)-(e) et seq Div 31-2-1 specifically 31-201.1.13.133.1

The Child Welfare Improvement Activities Differential Response Guidelines

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Table of Contents

CHILD WELFARE IMPROVEMENT ACTIVITIES
DIFFERENTIAL RESPONSE

INTRODUCTION

Differential Response is one of three key efforts underway to improve California's child welfare system. It works hand-in-hand with two other primary efforts: an improved approach to assessing a child's safety once a report has been filed and expanded efforts to ensure that all children have permanent, loving homes and relationships in their lives. Collectively, these three initiatives – Differential Response, Safety Assessment, and Permanency and Youth Transition constitute an approach to child welfare in California that focuses on effective practice.

A. What is Differential Response?

Differential Response is an approach to ensuring child safety by expanding the ability of child welfare agencies to respond to reports of child abuse and neglect. Its focus includes a broader set of responses for working with families at the first signs of trouble, including innovative partnerships with community based organizations that can help support families that are in need, and before further crises develop. What Differential Response means for California is that more children and families will receive the support they need to help keep children safely in their homes.

B. Responding Differently to Reports of Child Abuse and Neglect

Differential Response is an enhancement in child welfare practice that has been adopted successfully by more than a dozen other states and represents a growing movement to provide services to children and families at the earliest signs of trouble. While adapted by each state to meet its own needs, California's approach to Differential Response centers fundamentally on providing a broader set of responses to allegations of child abuse and neglect by child welfare and community agencies.

By providing earlier and more meaningful responses to emerging signs of family problems, child welfare agencies can mobilize resources to help families before troubles escalate. This is a real change from the traditional child welfare system of providing a "one size fits all" response to child abuse allegations where the overwhelming majority of child welfare referrals received an assessment but nothing further. In 2003, for example, a majority of hotline calls did not result in services being provided to families despite clear indications that these families were in need of help.

California's child welfare system previously has permitted only a standardized response to allegations of child abuse and neglect, irrespective of the alleged severity of the circumstances involved. In contrast, Differential Response offers multiple paths for ensuring child safety, all of which include engaging families whenever possible to help identify solutions to the challenges that they may facing and that are posing risks to a child's safety and wellbeing.

- **Path #1: Community Response**
  This path is chosen when allegations do not meet statutory definitions of abuse or neglect, yet there are indications that a family is experiencing problems that could be addressed by community services. Under California's traditional child welfare system, one-third of all cases are re-referrals from the previous year, indicating that there are continued challenges facing these families and their children. For counties practicing Differential Response, these families are linked to services in the community through expanded partnerships with local organizations.

- **Path #2: Child Welfare Services and Community Response**
  This path is chosen when allegations meet statutory definitions of abuse and neglect, there is low to moderate risk, and assessments indicate that with targeted services a family is likely to make needed improvements to improve child safety and mitigate risk. In this situation, social workers team with staff from other county agencies and community organizations to provide a multidisciplinary approach in working with families. The focus of this "path" is on a family's willingness to make needed improvements. If a family situation deteriorates and a child's safety is in danger, child welfare officials intervene as needed.

- **Path #3: Child Welfare Services Response**
  This path is most similar to the child welfare system's traditional response. It is the path chosen if the report indicates the child is not safe. It includes situations where the risk is moderate to high for continued child abuse or neglect. Actions may be taken with or without the family's consent to improve child safety and mitigate risk. Court orders may be involved and law enforcement can be involved. With Differential Response, social workers work with families to engage them in solutions and to provide focused services so that there is the best possible opportunity to make needed improvements.

C. How does Differential Response fit into the Continuum of Child Welfare Services/System?

Differential Response occurs within the first 60 days* of receiving a hotline referral through hand off to either a community agency (Path 1), a combination of CWS and Community response (Path 2) or primarily handled by CWS (Path 3). As illustrated by the map on page 12 (Attachment A), Differential Response refers only to the selection of paths 1 – 3, and is distinguished from the delivery of services that follows the path selection.

D. Differential Response

The document that follows, entitled **Differential Response** explains and clarifies how Differential Response can be implemented in your county. An expanded description of the paths includes the phases of activity that are necessary to implement each path. Six appendices also accompanying this document include:

Attachment A: California Differential Response Path Assignment Map

Attachment B: Path One Phases of Activity

Attachment C: Path Two Phases of Activity

Attachment D: Path Three Phases of Activity

The remaining attachments complement Attachments A – D by providing guidelines and tools for implementing community capacity building and partnerships as well as inputting information on CWS/CMS.

Attachment E: Guidelines to Implement Differential Response: Community Capacity Building/Partnerships. The Guidelines provide suggested program and policy protocols for building partnerships with community and county agencies. The Guidelines also have a series of appendices including an explanation of the Breakthrough Series Collaborative (BSC)

Attachment F: Differential Response Implementation Log (DRIL)
The DRIL is a checklist document to assess the county's status and future steps in building the community and county agency capacity for implementing Differential Response

Attachment G: Final Recommended Guidelines for Implementation of the Paths System in CWS/CMS. These guidelines ensure reliable tracking outcomes by recommending that counties use consistent terms when inputting information into the CWS/CMS computer system.

**Please note that, in accordance with ACL 05-07, the move from 30 to 60 days to create a case plan will not be in effect until 90 days after CWS/CMS modifications have been made.*

DIFFERENTIAL RESPONSE

This section provides guidelines for implementing Differential Response. The narratives (Attachments B-D) follow the steps illustrated in the California Differential Response Path Assignment map (Attachment A).

Background

Differential Response is a strategy that creates a new intake and service delivery structure that allows a child welfare agency to respond in a more flexible manner (with three response paths rather than one) to referrals of child abuse or neglect. The response is based on the perceived safety and risk presented, as well as to the needs, resources and circumstances of the family.

The new structure of Differential Response:

- Depends on the existence of community partnerships.
- Responds to families in a non-adversary manner, engaging them in the necessary change processes.
- Addresses the commitment to prevention and early intervention.
- Depends on the presence of a network of community based public and private services that can address the needs of vulnerable children and families, including creating networks where they do not exist, such as in rural areas. *(for more information, see attachment E "Guidelines for Building Community Capacity and Partnerships" and attachment F "Differential Response Implementation Log" [DRI])*
- Is sensitive to and respects the family's culture and community values.
- Addresses fairness and equity issues by creating three paths of response that better matches needs and services in a timely way.
- Will require maximizing collaboration, use of existing funds more flexibly and, ultimately, to achieve its full promise, additional funding.
- At the social work practice and community services level, requires:

    - Ability to determine the appropriate Response and Service Delivery path, customizing the Response and Service Delivery to what each separate referral entails and what different families bring to the situation within the three Response and Service Delivery paths.
    - Comprehensive assessments of safety, risk and protective capacity as well as family strengths and needs.
    - That the planning process is focused on the changes needed to assure the ongoing protection of children.

Differential Response provides for a flexible, customized approach within identified Response and Service Delivery paths to reports of child abuse or neglect based on an assessment of safety, risk, and protective capacity, and the ascertainment of facts to determine the strengths and needs of the child and his or her family. Differential Response involves more than the choice of a Response path. It also focuses on *engaging* families both to recognize behaviors that put or keep their children at risk and to change those behaviors through the assistance of supports and services. The focus of the Response and Service Delivery will not be primarily on the investigation of allegations, but more on the *assessment* of safety, risk, and protective capacity. The assessment will lead to the identification of both needs and strengths of the child and family. This focus is not intended to supplant the charge of CWS to investigate and assess allegations when necessary.

CWS and/or its partners will use assessment information to engage the family in developing a plan for change-oriented services. The expectation is that a larger proportion of referrals will actually be opened for services and more services will be delivered to the child and family without involving out-of-home placement. When placement is necessary, decisions regarding reunification or alternative permanency arrangements will be made more quickly and parents and extended family members will participate actively in those decisions. The choice of response and service delivery paths in each county will depend on local considerations such as community capacity and county policies and procedures. However, regardless of the agency or partnership conducting the face-to-face assessment, the critical question will be, “What will it take to keep this child safe?”

Differential Response is characterized by the actions CWS takes on the referral during the first sixty days. Generally, this comprises the time from the referral to the CWS Hotline through service delivery determination.

Referrals to Child Welfare Service

The Differential Response process begins when the CWS Hotline screener receives a referral. Based on the information provided by the referral, the hotline screener will determine which path is the most appropriate to address the presenting problem (See Attachment A: California Differential Response Path Assignment).

Path One

The first path – Community Response– is selected when a family is referred to CWS for child maltreatment but as a result of the Hotline/Precontact activities, the allegations do not meet statutory definitions of abuse or neglect, yet there are indications that a family is experiencing problems that could be addressed by community services. Traditionally, these referrals were often “evaluated out” and did not receive Child Welfare Services. However, it is clear that the family is experiencing problems or stressors, which could be addressed by community services. In the current system, these referrals may or may

not receive a referral to a community agency and no measures are taken to assure that referral connections have been made. Some of the specific services the partner agency will provide include engaging the family in an assessment of family needs and providing feedback to CWS concerning family participation, per County agreements. This feedback will include whether or not the family engaged in services. (See Attachment B: Path One Phases of Activity)

Mandated Reporting:

If at any time the partner agency has a reasonable suspicion of child abuse or neglect, then the partner agency has a duty to file a report pursuant to the California mandated reporting law.

Path Two

The second response path is called the CWS and Partners Response path and involves families in which the children are at low to medium risk of abuse and neglect. Safety factors may not be immediately manifested in all cases, but risk is present. This path focuses on voluntary involvement in services through engagement of families, but in the interests of protecting the child, the authority of the juvenile court may be utilized. The ideal in this path is a teamwork approach between CWS and interagency and community partners.

The CWS and Partners Response path will involve an initial face-to-face assessment by CWS, either alone or with one or more interagency and community partners who are enlisted based on the information gathered at screening. The initial face-to-face will focus on assessing the safety of the child, and engaging the family in a process of recognizing the risks to their child as well as the family's protective capacity resources. Facts will be ascertained and documented related to the allegations of maltreatment, the levels of safety, risk, protective capacity, and next steps. If any safety factors are present, an immediate safety plan will be developed to assure the safety of the child.

Exploring protective capacity will help the family and the social worker to develop a safety plan that may, but will not always, prevent separation of the child from the immediate custody of the parent or guardian. At this important first meeting with the family the immediate service and support needs will also be identified and assistance will be initiated. A comprehensive assessment process will be initiated with the family and significant support people with whom the family identifies, including the identification of significant support persons.

CWS and relevant interagency and community partners will meet with family members, including the children where appropriate, and other members of their support system to participate in a comprehensive assessment of safety, risk, protective capacity, family strengths and family needs. The team will also explore strategies to support changes that will diminish risk and enhance safety and protective capacity. From this meeting a

plan will emerge that will reflect the shared responsibilities and commitments as well as the specific services and time frames for re-evaluation. (See Attachment C: Path Two Phases of Activity)

Mandated Reporting:

If at any time the partner agency has a reasonable suspicion of child abuse or neglect, then the partner agency has a duty to file a report pursuant to the California mandated reporting law.

Path Three

The third response path is the Child Welfare Services response path. This path always involves the likelihood that the children are unsafe, risk is moderate to high for recurring child maltreatment and actions must be taken to protect the child, with the family's agreement whenever possible. Criminal charges may also be filed against the adults who are causing the harm. CWS will be responsible for the first face-to-face visit and other community partners may be included depending on the circumstances. Law enforcement may also be involved. The safety of the children will be assessed. Facts will be ascertained regarding any pattern of maltreatment, and the safety, risk and protective capacity factors, as well as family strengths and needs. If indicated, efforts will be undertaken to help the family members recognize the seriousness of the concerns and to engage them in a commitment to a change process. The level of risk may require the involvement of the court to assure that actions are taken to protect the children. Efforts will be made to engage the family in order to preserve the connections of the child to family members.

A safety plan will be developed to address any identified safety factors. This could involve out of home placement of a child or other means of assuring safety, such as the removal of an offending adult from the home, or introducing a protective relative or other responsible adult into the home. CWS will initiate a comprehensive assessment and arrange for any immediate support services needed.

Engagement and ascertaining of facts will be the focus of all assessments. However, this focus is not intended to supplant the charge of CWS to investigate and assess allegations when necessary. The recommendations and provision of services will be customized based on the individual child and the family

Service Delivery:

The service delivery determination is based on any presenting safety and/or risk factors. It is these factors which determine who will be delivering the service. As indicated in the California Differential Response Path Assignment, for families experiencing low risk factors, the community partner will provide services to the family; however, CWS will address any identified risk and/or safety factors. For families experiencing high risk factors and/or safety factors, CWS will take the lead; in this

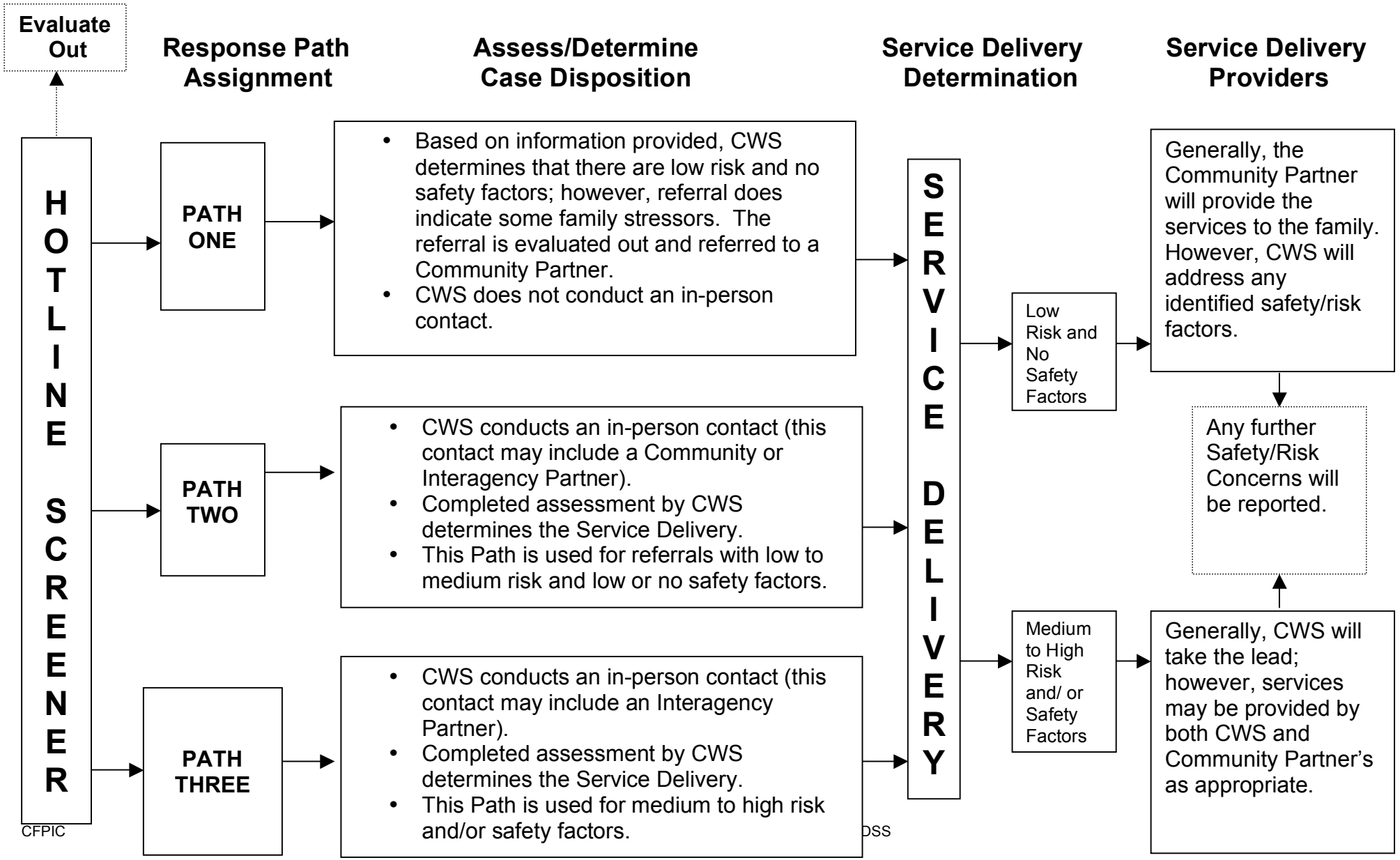
situation, services may be provided by both CWS and Community Partner's as appropriate.

Mandated Reporting

If at any time the partner agency has a reasonable suspicion of child abuse or neglect, then the partner agency has a duty to file a report pursuant to the California mandated reporting law.

ATTACHMENT A

California Differential Response Path Assignment



ATTACHMENT B

PATH ONE
PHASES OF ACTIVITY

Depending on which path is chosen by the CWS Hotline screener, each path is distinguished by phases of activities which help families move through the system. The phases of activity for path one are as follows:

I. Hotline/Pre-contact

II. Initial and Follow Up Contact with Family by Community Partner Agency

Specific tasks accompany each phase of activity as outlined below:

I. Hotline/Pre-contact

The specific activities of the Hotline Screener or other assigned staff include:

A. Receiving referral.

B. Gathering additional information.

C. Conducting an initial screening for safety concerns based on that information.

D. Making Path decisions:
   1. Path of Response
   2. Response Time

E. The County uses their county specific protocols to refer families to community services.

The CWS agency is required to complete all of the above activities in order to ensure that there are no safety concerns that might require further CWS involvement and to ensure that the family has the opportunity to receive services from a community partner in a timely manner.

II. Initial and Follow Up Contact with Family by Community Partner Agency

Prior to making the first visit and initiating the assessment process the Community Partner agency will perform the following tasks:

Task 1: Refer Family to Community Services

When CWS Agency makes a referral to a community partner, the County must use the confidentiality protocols developed by their County.

Task 2: Determine Who Will Make First Visit

Teams are an important element of Child Welfare System Improvement Activities. Partner agencies should determine whether a team approach will be effective in making the first contact with the family; if so, they will need to determine who the members of the team will be and engage those team members to meet with the family.

Task 3: Prepare for the Face-to-Face Meeting

a) Review and organize Information that has been gathered, including cultural aspects.

b) Determine key questions and issues to explore in the face-to-face meeting.

c) Collect (or supplement) information that has been received from other service providers.

d) Decide who should participate on the Response and Service Delivery Team and confirm availability; attempt to enlist team members whose culture is compatible with that of the family.

e) Decide time, location, and method of face-to-face assessment meeting.

The Community Partner agency will arrange to visit the family as soon as possible per agreements developed with the CWS Agency**.** The community partner agency will provide the specific activities that are essential for engaging families in the services that are necessary to assist them in providing a nurturing and safe environment for their children.

<u>Mandated Reporting</u>

If at any time the partner agency has a reasonable suspicion of child abuse or neglect, then the partner agency has a duty to file a report per California mandated reporting law.

ATTACHMENT C

PATH TWO
PHASES OF ACTIVITY

The phases of activity for Path Two are as follows:

I. Hotline/Pre-contact
II. Initial Contact with Family
III. Comprehensive Family Assessment and Planning
IV. Service Delivery
V. Resolution

Each phase of activity includes specific tasks which are outlined below.

I. Hotline/Precontact

The specific activities of the Hotline Screener or other assigned staff include:

A. Receiving the referral.

B. Gathering additional information.

C. Conducting an initial screening for safety concerns based on that information.

D. Making Path decisions, specifically:
   1. Path of Response
   2. Time of Response
   3. Response Team, if necessary based on the nature of the referral

E. Coordinating with law enforcement; the nature of the referral may require a cross-report to law enforcement.

II. Initial Contact with Family

This phase involves the initial face-to-face activities carried out by CWS alone or with Interagency and/or Community Partners, and the family. The specific activities include the following:

A. Making contact with the family.
B. Conducting a fact finding interview.
C. Assessing safety, risk, and protective capacity.
D. Creating a safety plan if necessary.
E. Initial determination of family needs.

Task 1: Assemble Team

Teams are an important element of Child Welfare Improvement Activities. The CWS agency will determine whether a team approach will be effective in making contact with the family; if so, they will need to determine who the members of the team will be and engage those team members to meet with the family. Response teams will be used whenever possible for all Path 2 families, beginning with the first visit when appropriate. Each team will be, to the extent possible, ethnically, racially and culturally compatible with the family. Depending on the nature of the referral the team may include law enforcement.

Task 2: Prepare for the Face-to-Face Meeting

a) Review and organize Information that has been gathered, including cultural aspects.

b) Determine key questions and issues to explore in the face-to-face meeting.

c) Collect or supplement information from other service providers who may have had contact with the family.

d) Decide who should participate on the Response and Service Delivery Team and confirm availability.

e) Decide time, location, and method of face-to-face assessment meeting.

Task 3: Comprehensive Family Assessment and Planning

a) Introduce self, members of the Face-to-Face Assessment Team (if any) to family members.

b) Clarify reason for visit and how it will be conducted; include confidentiality issues.

c) Advise parents of rights and responsibilities.

Task 4: Safety Assessment

a) Continue engaging the family as facts related to safety, risk, and protective capacity are discussed.

b) Use observation and interviewing methods designed to help people tell their story and share information about safety concerns, family strengths and mitigating circumstances.

Task 5: Create Safety Plan

When safety issues are identified, a safety plan will be made if the family is to receive community based child welfare services. The plan may have the child remaining in the home under the care of the parents or guardians; it may have the child remaining in the home under the care of others who can safeguard the child's safety; or, it may have the child being placed in another home. In all of these circumstances it will be necessary to create a plan to ensure the child that all safety considerations are identified and addressed.

Task 6: Further fact gathering

Once it is determined that the family is open to services it is important to continue to engage the family in "telling their story" so that a preliminary sense of the family's strengths and needs can be obtained. This will assist in ensuring that an assessment team can be assembled to assist the family in fully addressing their needs and the safety of the child.

Task 7: Initiate Comprehensive Family Assessment

Based on the facts obtained from the referral and the family, a comprehensive family assessment should be initiated. It is important to obtain the family's permission to include the community team members in the assessment process. Team Decision Making, Family Group Conferencing, and other family engagement models can be used in the development of the family assessment.

III. Comprehensive Family Assessment and Planning

This phase encompasses the specific activities that are essential for engaging families in the services that are necessary to assist them in improving the circumstances that might pose a safety risk to the child. There are two components to this phase, assessment and planning, which are described on the following pages.

Assessment

Task 1: Assembling the team:

Based on information in the original referral to the CWS agency and gathered in the initial face-to-face visit some specific needs of the family can be identified. To the extent possible, with the family's permission, it is important to bring specialists from other disciplines who can help with the family's assessment, such as mental health counselors, drug and alcohol assessment specialists, and public health nurses. Team Decision Making and Family Group Conferencing processes are ideal ways to convene such teams.

Task 2: Involving family members and supports

The assessment process should include as many members of the family and the family's support network as feasible.

Task 3: Family engagement

It is critical to ensure that the family members understand they are part of the assessment process and why an assessment is being made. In other words, what is done *with* them, not *to* them. This is best accomplished by:

a) Reviewing the information received in the CWS referral (excluding the identity of the reporter).

b) Reviewing information gathered in the initial face-to-face visit.

c) Reflecting information that the family members have provided regarding their own sense of what they need in order to provide a safe and nurturing home for the child.

Task 4: Assessing family strengths, safety, risk and protective capacity

The comprehensive assessment should begin with understanding the family's strengths as the basis for anticipating how specific needs may be addressed.

Task 5: Determine level and type of service delivery needed

The members of the team should be able, with the family, to identify the types of services and the intensity of such services that will be needed by the family. Specific services will be delineated in the service plan based on the broad parameters identified in the comprehensive family assessment. Although the goal in Path 2 is to use a voluntary approach to services, a court petition may be necessary based upon the family's circumstances as revealed through the assessment process.

Task 6: Discussion of permanency needs

While the primary goal is to keep families together and it is assumed that this is the case in moderate-to-low risk circumstances, it is possible that the child may need to leave the home as the only means to ensure the child's safety. At the time of the assessment it is important to clarify the possibility that the child may not remain at home and to explore other temporary or permanency options, a discussion of the permanency needs of the child will help the agencies, the family and the family's supports reach consensus about options they may need to explore.

Planning

Plans entail the following activities:

a) Setting goals.
b) Involving partners.
c) Extensive youth and family participation.
d) Plans for safety and change.
e) Identification of case management roles and responsibilities.
f) Identification of specific services needed and identification of service providers.
g) Customized for each family.

Task 1: Involve partners in formulating plan

As in the Assessment process, it is important to ensure that the plan is formulated with the participation of specialists in areas of family need, such as drug and alcohol treatment, mental health treatment, developmental services, and health services. Those specialists can help identify the most appropriate levels and types of treatment required to address the family's needs.

Task 2: Involve youth and other family members, including extended family and family supports in formulating plan

The members of the family and their extended support network are best able to help the family understand the need for the specific services that are recommended in the plan and the importance of their participation in those services. It may be necessary to exclude some family members from this facet of the planning if their presence would present concerns for the safety of the child, other family members, CWS workers or interagency and community partners.

Task 3: Set specific outcomes and objectives

Child Welfare System Improvement Activities are focused on providing change oriented services. Clearly stated outcomes and objectives in the service plan will help clarify why it is important to engage in services and what behavioral changes are expected as a result of participation in those services.

Task 4: Provide timelines for the accomplishment of objectives and attainment of outcomes

a) The service plan should be time-limited and specific time lines should be agreed upon.
b) Dates for reassessment and updating the service plan should be set at reasonable intervals and as required by mandates.

Task 5: Case Management responsibilities and expectations are articulated

In Path 2, depending on the information gathered at the initial face-to-face visit and during the comprehensive family assessment, if CWS determines that there are no safety concerns and only low-to-moderate risk, the community partner agency may assume responsibility for service delivery and resolution. In that event, the CWS agency

can close its referral, initiating procedures to receive a report from the community partner agency confirming that the family has been contacted and that services have been accepted or declined.

IV. Service Delivery by Community Partner

Interagency and community partners, working with CWS workers, will have identified the services best suited and most accessible to effect family change and provide safety for the child. Service delivery entails the following considerations:

A. The need for services customized for the individual child and family.

B. The need for services that will strengthen and support the family.

C. The need to focus on areas that require change in order to ensure child safety.

D. Assistance regardless of where the child is residing (in home or out of home).

E. The use of alternative dispute resolution techniques to resolve conflicts that may present problems within the family and potential risk to the child's safety.

F. The need to provide on-going services and assistance to any child approaching or anticipating the time of transition to adulthood.

Note: If Child Welfare Services is providing service delivery, refer to Path 3 for specific tasks.

Task 1: Implement Service Plan

a) Assist in arrangements for services, including contacting agencies and transportation.

b) Identify any problems in implementation and work with family and others to resolve them.

c) Provide direct services as appropriate.

d) Maintain regular contact with key family members, particularly the child.

e) Coordinate schedules and arrangements for counseling and other services.

f) Regularly assemble teams for decision making; adjust team membership as appropriate.

g) Regularly reassess family strengths and needs; adjust service plan as needed.

h) Acknowledge achievements and successes.

V. Resolution

The final phase in working with families is the completion of the service plan. The specific activities are:

A. Ensure that the family is linked to accessible community resources that can provide continuing support and services where risk and safety issues are addressed.

Task 1: Plan strategy for closure

a) Convene teams as appropriate.

b) Confirm that there are no safety factors that should be addressed prior to closure.

c) Prepare a transition plan to maintain gains that have been made and to address potential challenges that may arise.

<u>Mandated Reporting</u>

If at any time the partner agency has a reasonable suspicion of child abuse or neglect, then the partner agency has a duty to file a report per California mandated reporting law.

ATTACHMENT D

PATH THREE
PHASES OF ACTIVITY

The phases of activity for path three are as follows:

I. Hotline/Precontact
II. Initial Contact with Family
III. Comprehensive Family Assessment and Planning
IV. Service Delivery
V. Resolution

Each phase of activity include specific tasks which are outlined below:

I. Hotline/Pre-contact

The specific activities of the hotline screener or other assigned staff include:

A. Receiving referral.

B. Gathering additional information.

C. Conducting an initial screening for safety concerns based on that information.

D. Making path decisions, specifically:

1. Path of Response
2. Time of Response
3. Response Team, including law enforcement if this is necessary based on the nature of the referral.

E. Coordinating with law enforcement; the nature of the referral may require a cross-report to law enforcement.

II. Initial Contact with Family

This phase involves the initial face-to-face activities between CWS and the family. The specific activities include the following:

A. Making Contact with the family.
B. Conducting a fact finding interview.
C. Assessing safety, risk, and protective capacity.
D. Creating a safety plan if necessary.

E. Initial determination of family needs.

Task 1: Assemble team

Teams are an important element of the Child Welfare Improvement Activities. However, in the CWS Response and Service Delivery Path the CWS agency may determine that a team approach is not appropriate due to the nature of the allegations and the need to conduct a specific investigatory interview. In this case, CWS or CWS with law enforcement will make the first visit. If CWS determines that a team approach will be effective in making the first contact with the family, CWS will need to select who the members of the team will be and engage those team members to meet with the family.

Task 2: Prepare for the face-to-face meeting

a) Review and organize Information that has been gathered.

b) Determine key questions and issues to explore in the face-to-face meeting.

c) Collect or supplement information from other service providers who may have had contact with the family.

d) Contact all members of the Response Team and confirm availability.

e) Decide time, location, and method of face-to-face assessment meeting.

Task 3: Comprehensive family assessment and planning

a) Introduce self, members of the Face-to-Face Assessment Team (if any) to family members.

b) Advise parents of rights and responsibilities, including confidentiality.

c) Clarify reason for visit and how it will be conducted.

Task 4: Safety assessment

a) Continue engaging the family as facts related to safety, risk, and protective capacity are organized.

b) Use observation and interviewing methods designed to help people tell their story and share information about safety concerns, family strengths and mitigating circumstances.

Task 5: Create safety plan if necessary

When safety issues are identified, a safety plan must be made. The plan may have the child remaining in the home under the care of the parents or guardians, it may have the child remaining in the home under the care of others who can safeguard the child's safety, or it may have the child being placed in another home. In all of these circumstances it will be necessary to create a plan to ensure that when the child is in the home under the care of the parents or guardians; all safety considerations are identified and addressed.

Task 6: Further fact gathering

Once safety issues and/or high risk factors have been confirmed, it is important to continue to engage the family in "telling their story" so that a preliminary sense of the family's strengths and needs can be achieved. This will assist in ensuring that an assessment team can be assembled to assist the family in fully addressing their needs and strengths, as well as the safety of the child.

Task 7: Initiate Comprehensive Family Assessment

Based on the facts obtained from the referral process and the family, a comprehensive family assessment can be initiated. It is important to obtain the family's permission to include community team members in the assessment process. Team Decision Making, Family Group Conferencing and other family engagement models can be used in the development of the family assessment.

III. Comprehensive Family Assessment and Planning

This phase encompasses the specific activities that are essential for engaging families in the services that are necessary to assist them in improving the circumstances that might pose a safety risk to children. There are two components to this phase, assessment and case plan.

When a court petition has been filed or a voluntary services agreement has been completed there are specific time frames in WIC 300 et seq and Division 31 that must be adhered to for the completion of assessments and plans.

Assessments are thorough and comprehensive and they address the following:

a) Safety
b) Risk

c) Protective Capacity
d) Family Strengths
e) Level and type of services needed
f) Permanency needs

Assessments embody the principles of:

a) Family engagement.
b) Thorough fact finding.

The two components to this phase, assessment and planning are described below:

Assessment

Task 1: Assembling the team

Based on information in the original referral to the CWS agency and gathered in the initial face-to-face visit some specific needs of the family can be identified. To the extent possible, with the family's permission, it is important to bring specialists from other disciplines who can help with the family's assessment, such as mental health counselors, drug and alcohol assessment specialists, and public health nurses. Team Decision Meeting and Family Group Conferencing processes are ideal ways to convene such teams.

Task 2: Involving family members and supports

The assessment process should include as many members of the family and the family's support network as feasible.

Task 3: Family Engagement

Whenever possible it is critical to ensure that the family understands they are part of the assessment process and why an assessment is being made —that it is done *with* them, not *to* them. This is best accomplished by:

a) Reviewing the information received in the CWS referral. (excluding, of course, the identity of the mandated reporter)

b) Reviewing information gathered in the initial face-to-face visit.

c) Reflecting information that the family members have provided regarding their own sense of what they need in order to provide a safe, nurturing home for the children.

Task 4: Assessing family strengths, safety, risk and protective capacity

The comprehensive assessment should begin with understanding the family's strengths as the basis for understanding how to address their specific needs and participate in the steps necessary to protect the child in the home and work toward family restoration.

Task 5: Determine level and type of service delivery needed

The members of the team should be able, with the family, to identify the types of services and the intensity of such services that will be needed by the family. Specific services will be delineated in the case plan based on the broad parameters identified in the comprehensive family assessment.

Planning

Plans may include the filing of a dependency petition and will entail the following activities whenever possible:

a) Setting goals.
b) Involving partners.
c) Extensive youth and family participation.
d) Plans for safety and change.
e) Identification of case management roles and responsibilities.
f) Identification of specific services needed and identification of service providers.
g) Customized for each family.

Task 1: Involve partners in formulating plan

As in the Assessment process, it is important to ensure that the case plan is formulated with the participation of specialists in areas of family need, such as drug and alcohol treatment, mental health treatment, developmental services, and health services. Those specialists can help identify the most appropriate levels and types of treatment to address the family's needs.

Task 2: Involve youth and other family members, including extended family and family supports, in formulating plan

The members of the family and their extended support network are best able to help the family understand the need for specific services that are recommended in the plan and the importance of their participation in those services. It may be necessary to exclude some family members from this facet of the planning if their presence would present concerns for the safety of the child, other family members, CWS workers or interagency and community partners.

Task 3: Set specific outcomes and objectives

Child Welfare Improvement Activities are focused on providing change oriented services. Clearly stated outcomes and objectives in the case plan will help clarify why it is important to engage in services and what behavioral changes are expected as a result of participation in those services.

The involvement of specialty services in the family assessment and development of the case plan helps ensure that the specific services written in the case plan will address change-oriented needs of the family.

Task 4: Provide timelines for the accomplishment of objectives and attainment of outcomes

a) The case plan should be time-limited and specific time lines should be agreed upon.

b) Dates for reassessment and updating the case plan should be set at reasonable intervals and as required by mandates.

IV. Service Delivery

In Path 3, depending on the information gathered at the initial face-to-face visit and during the comprehensive family assessment, if CWS determines that there are no safety concerns and only low-to-moderate risk, the community partner agency may

assume responsibility for service delivery and resolution as described in Path 1 and Path 2. In that event, the CWS agency can close its referral or case, initiating procedures to receive a report from the community partner agency confirming that the family has engaged in services. If it is determined that there is high risk and/or safety concerns, CWS will be the lead agency in providing case management services to the family.

Although CWS is responsible for arranging for the delivery of services, community agencies and other public agencies are usually the primary providers of the specific services, and are responsible for working directly with certain family members. CWS and the partner agencies must address the following issues:

A. The need for services that will strengthen and support the family.

B The need to focus on areas that require change in order to ensure child safety and to enhance protective capacity.

C Assistance regardless of where the child is residing. (in home or out of home)

D. The need to be aware of, to understand and to implement any court orders relating to the family, including juvenile and criminal court orders.

E. The use of alternative decision making techniques to resolve issues that may present within the family and pose potential risk to the child's safety and in addressing plans for permanency for the child. (for example: mediation, Team Decision Making and Family Group Conferencing)

F. The need to focus on reunification and family restoration if the child or others have been removed from or left the residence; the need to identify and include other family members or non-relative extended family in the planning and implementation of case plans.

G. The need to work towards a permanent arrangement for any child who has left, or will soon be leaving the home.

H. The need to provide on-going services and assistance to any child approaching or anticipating the time of transition to adulthood.

Task 1: CWS and family sign case plan

If CWS services are to be provided, Division 31 regulations require that the CWS Social Worker, the Social Worker Supervisor, and the family sign the plan.

Task 2: Conform to Division 31 and court requirements if necessary

Division 31 and the Welfare and Institutions Code 300 et seq contain specific case plan requirements. If a court petition is filed or if voluntary services are provided under the terms of a service contract between CWS and the family, the plan that is developed must conform to the requirements that exist in regulation and statute.

Task 3: Case management responsibilities and expectations are articulated

CWS will be responsible for case management in Path 3 cases, although partner agencies will be called upon to provide services and to report to CWS, and, in dependency cases, to the court, on the participation of the family members included in the case plan. CWS responsibilities should be written in the case plan and include:

a) Regular visitation with the family.
b) Linking the family with direct service providers.
c) Periodic reassessment.
d) Ensuring that timelines are adhered to.
e) Monitoring progress in achieving objectives and outcomes.
f) Working with family to determine appropriate time for the termination of services.

If CWS determines that there are no safety concerns and only low-to-moderate risk, the Community Partner agency may assume responsibility for service delivery and resolution as described in Path I. In that event, the CWS agency can close its referral or case, initiating procedures to receive a report from the Community Partner Agency confirming that the family has been contacted and that services have been accepted or declined.

Task 4: Implement case plan

a) Assist in arrangements for services, including contacting agencies and ensuring transportation.

b) Identify any problems in implementation and work with family and others to resolve them.

c) Maintain regular contact with family members and the child. (at a minimum pursuant to Div. 31)

d) Provide direct services as appropriate.

e) Coordinate schedules and arrangements for counseling and other services.

f) Regularly assemble teams for decision making; adjust team membership as appropriate.

g) Regularly reassess family strengths and weaknesses; adjust case plan as needed.

h) Regularly reassess safety, risk and protective capacity.

i) Acknowledge achievements and successes.

V. Resolution

The final phase in working with families is oriented towards the completion of service plans and interaction between agencies and the family. In order for CWS to complete its involvement in a case, the following considerations must be addressed:

A. If the child is to remain at home, or be returned to the home, a strategy to ensure that families are linked to community resources for continuing services and support.

B. Permanency and well-being outcomes:
   1. Enhanced family capacity
   2. Family restoration
   3. Adoption
   4. Guardianship
   5. Kinship Care

C. Lifelong connections for youth.

D. Successful youth transition.

Task 1: Plan strategy for closure

a) Convene teams as appropriate.

b) If the child is to remain at home, or be returned to the home, confirm that there are no safety factors that should be addressed prior to closure.

c) Prepare a transition plan to maintain gains that have been made and to address potential challenges that may arise.

d) Identify community services and facilities that can provide assistance after closure of the case.

e) Confirm permanency outcomes for the child.

Task 2: Implement steps for closure: child at home

a) Refer to community agencies for continuing support.

b) Confirm that family and child have information about, and knowledge of resources and facilities in the community.

Task 3: Case Management responsibilities and expectations are articulated

CWS will be responsible for case management in the CWS cases, although partner agencies will be called upon to provide services and to report to CWS, and, in dependency cases, to the court, on the participation of the family members included in the case plan. CWS responsibilities should be written in the case plan and include:

a) Regular visitation with the family.
b) Linking the family with direct service providers.
c) Periodic reassessment.
d) Ensuring that timelines are adhered to.
e) Monitoring progress in achieving objectives and outcomes.
f) Working with family to determine appropriate time for the termination of services.

If CWS determines that there are no safety concerns and only low-to-moderate risk, the Community Partner agency may assume responsibility for service delivery and resolution as described in Path I. In that event, the CWS agency can close its referral or case, initiating procedures to receive a report from the Community Partner Agency confirming that the family has been contacted and that services have been accepted or declined.

Task 3: Implement steps for alternative permanent plan: child placed out of home

a) Refer to appropriate sources for assistance. (e.g. relatives, adoption assistance)
b) Determine best plan for permanency.
c) Recognize and consider needs of child for contact with siblings and other family members.
d) Report to court as required.
e) Regularly monitor case and progress toward permanence.
f) Seek additional court orders as needed.

ATTACHMENT E

GUIDELINES TO IMPLEMENT DIFFERENTIAL RESPONSE COMMUNITY CAPACITY BUILDING/PARTNERSHIPS

I. Initial Guidelines for Community Capacity Building/Partnerships

A. Establish a **Core County Leadership Team** comprised of agencies and groups beyond the boundaries of the traditional Child Welfare Services (CWS) system in order to sustain the focus, momentum and energy of differential response and other efforts geared toward improving child welfare services. Suggested members include board of supervisor representatives, the business community, community leaders, Community Based Organizations (CBO), private foundations, interagency partners and the CWS director and deputy director. Its purpose is to coordinate and champion the implementation effort in your location.

B. Within CWS, establish a **CWS County Team** focused on differential response as the new intake structure whose members include CWS, partner agencies and CBO staff. This team determines the nature and scope of the policy, program and practice issues in implementing differential response and will address cultural competence as well as fairness and equity issues.

C. The **CWS County Team** undertakes an assessment of existing resources, gaps in core services, and patterns of access in order to identify what has to be developed and ways to make needed changes in patterns of utilization and access. The end product is consistent with the demographic characteristics of county residents and includes and engages contracted private providers and community partners.

D. The **CWS County Team** establishes availability and access to a continuum of core services to address the needs of vulnerable children and families, including:

1. Health care for medical check-ups including the assessment and treatment of potential injuries to children.
2. Mental health services for children and parents.
3. Assessment and treatment services for alcohol and drug problems.
4. Developmental assessment and services for children.
5. Domestic violence counseling and shelter services for women and children.
6. Assistance with housing.
7. Availability of foster homes and out of home care facilities for children who cannot remain at home and/or need specialized therapeutic services due to abuse and neglect.

8. In-home safety services and mentoring services. (e.g. Shared Family Care)
9. Emergency assistance related to food, clothing, shelter.
10. Community-based family support services.
11. Early childhood developmental programs.

E. To aid decision making for assessment and case planning, the **CWS County Team** develops and implements core standards for team composition and team member participation. Multidisciplinary teams are composed of members from the following disciplines depending on resources in the community and needs of the case:

1. Child welfare
2. Extended family members (including non-formal community resources)
3. Alcohol and drug programs (including advocates, sponsors, etc.)
4. CalWORKs
5. Education
6. Mental health
7. Health services
8. Juvenile court
9. Domestic violence

F. The State via the State Interagency Workgroup supports these efforts through agreements with statewide public agencies offering needed services.

G. The **Breakthrough Series Collaborative** (BSC) provides a process for the counties to test and implement the changes proposed in these guidelines for implementing differential response via a PDSA. PDSA stands for Plan, Do Study, and Act, and by applying a PDSA, the counties can test and implement a potential change in practice, program and/or policy. Some of the suggested actions in this guidelines document will be referenced therefore with the acronym **PDSA** to alert readers to the potential testing of a particular suggested activity. Additionally, some of these PDSA's can be located on the extranet. (User Name: bscca ….Password: dr2004!)

(See Appendix 1, pages 42 – 46)

H. **Engagement Strategies and a Less Adversarial Approach**: It is important to develop and implement ways to communicate the change in focus from the substantiation of allegations to a face-to-face, less adversarial engagement of family members and others involved with the family. There is a greater effort to ascertain facts and jointly, together with the family, determine a course of action to reduce/alleviate risk and strengthen family functioning. This focus is not intended to supplant the charge of CWS to investigate and assess allegations when necessary.

I. Implementation of differential response is one way to ensure **fairness and equity**, which is the modification of policies, procedures and practices and the expansion of the availability of community resources and supports to ensure all children and families (including those of diverse backgrounds and those with special needs) will obtain similar benefit from child welfare interventions and attain equally positive outcomes regardless of the community in which they live. Differential response by creating three paths better matches needs and services in a timely way.

II. Guidelines for Building Workforce and Service Capacity

A. **Increasing workforce and service capacity** are essential steps to achieve differential response. This may be achieved by identifying and redirecting current resources to meet families' needs, or by increasing funding to provide joint response and service delivery for families beset by chronic mental health, substance abuse and domestic violence issues.

In addition, the longer range goals of expanding workforce capacity, partnering with family placement resources, supporting manageable workloads and building workforce skills through integrated learning systems are all important tasks to consider when addressing capacity issues.

B. **Expand Workforce Capacity**: Although the workforce will be fortified by new partnerships at the community level, there is still a need for sufficient recruitment and retention to secure enough personnel to meet the demand for services. Because the capacity issue is bigger than any single county can address alone, there are several state level action steps that are outlined below in addition to implementation steps at the local level to increase workforce capacity.

1. State Level Strategies:

a) Encourage California's institutions of higher education to expand their enrollment of social work preparation programs.

b) Promote expansion of federal Title IV-E work student stipend program.

c) Encourage schools of social work to develop or expand accelerated degree programs such as "advance standing."

d) Create statewide child welfare recruitment program.

e) Support the expansion of high school human services academies.

2. Local Level Strategies:

    a) Encourage public and private agencies to continue to adequately recruit and train staff to provide culturally competent services.

    b) Conduct job previews for CWS social workers that demonstrate the challenges, rewards, complexities and level of skill required to perform this work.

    c) Streamline the hiring process.

    d) Offer recruitment bonuses. This can be one way to attract new recruits to the field of CWS.

    e) Encourage career ladders within the CWS department.

    f) Create entry level opportunities via internships and Americorps staff.

(See Appendix 2, pages 47 – 48 for suggested activities to implement each of the above tasks)

C. Partner with **Resource Families**: Effective partnerships with Resource Families (foster and kinship families) are essential to the success of differential response. Resource families play multiple roles. They are partners in the care of the child, in identification of needs and in assuring, with CWS support, that the child receives needed services. They often have valuable input into helping parents, CWS and other partners make decisions about permanency. They also play a major role in helping the child adjust to the changes in their lives and in facilitating visitation with parents. They offer insights to the team that advance decision-making on the case plan and to help prepare the child for returning home, adjusting to another permanent home or transitioning into adulthood. As integral members of the child welfare workforce, they need to be engaged in all aspects of planning for the youth in their care and be appropriately recognized for the critical roles they play in helping achieve positive outcomes for children.

1. Make the terms of the partnership clear.
2. Revise Resource Family training & development to align with differential response.
3. Create a supportive environment. **PDSA**
4. Recognize families for all the roles they play.
5. Utilize technical assistance opportunities.
6. Encourage kin to ask for help. **PDSA**
7. Connect kin families to community resources. **PDSA**

8. Rely on fact-based assessment, thorough family history and relationship development with kin caregivers to determine the supports that will be most effective for each family.

9. Anticipate and plan supports to address family system issues.

(See Appendix 3, pages 49 – 50 for suggested activities to implement each of the above tasks)

D. **Support Manageable Workloads**: For differential response to be embraced as relevant and useful, it must be viewed by the existing child welfare workforce as a solution to the current stress on the system. CDSS recognizes the need to reduce high caseloads and workloads in order to improve caseworker practice and create a beneficial service environment for children and families

The following strategies are useful in addressing workload issues:

1. Leverage flexible funding strategies to provide workload relief
   - Allow flexibility in assignment of case related activities. **PDSA**

2. Leverage partnerships to reflect workload needs within the new CWS intake system. **PDSA**
   - Re-structure staff time to align with goals of differential response. **PDSA**

3. CDSS recognizes the need to reduce high caseloads and workloads in order to improve caseworker practice and create a beneficial service environment for children and families.

(See Appendix 4 on page 51 for suggested actions to implement each of the above tasks)

E. Build Workforce Skills through **Integrated Learning Systems**. The scope of knowledge, skills and experience required to carry out differential response cannot be delivered as a one-time training or series of workshops. Instead, it needs to be delivered as an integral and ongoing part of the educational process for each member of the child welfare team. This learning needs to occur through multiple means both at entry into the workforce and throughout one's career. Training alone is not enough. Sufficient resources, relevant information and proven intervention practices with children and families are all balanced to ensure workforce members demonstrate competence in helping children and families reach desired outcomes. Training is accompanied by strong, supportive supervision that is responsive to the variations culture brings to learning. Workforce excellence depends on the skills of each discipline joining CWS to serve children and families being developed and supported. Training the workforce is a shared responsibility of each community partner based on agreements negotiated through the partnership's governance structure.

1. Establish leadership support for workforce learning.
2. Assess current learning culture of your organization. (See Sample Assessment of the Current Learning Culture, page 56)
3. Assess the learning strengths and needs to perform differential response at all levels of staff and partners.
4. Set learning objectives at organizational, team and individual levels and create a realistic, staged training plan to support differential response.
5. Build on statewide and regional training resources to meet learning objectives.
6. Provide multi-disciplinary learning opportunities and on-the-job reinforcement. **PDSA**
7. Evaluate progress toward meeting learning objectives and assess results of engagement in learning opportunities.
8. Set performance expectations and reward demonstration of learning. **PDSA**

(See Appendix 5, pages 52 – 57 for suggested activities to implement each of the above tasks)

III. Expected Qualification for Staff of Partner Agencies

A. CWS ensures that caseworkers and community partners will be trained in an overview of child welfare services, including:

1. Mandated reporting laws.
2. The understanding that CWS will focus on ascertaining facts related to safety, risk and protective capacity of the family. This focus is not intended to supplant the charge of CWS to investigate and assess allegations when necessary.
3. Confidentiality laws that are pertinent to child welfare, particularly geared towards community partners on their unique roles.
4. Community partners understanding their boundaries.
5. Strength-based and family engagement training.

B. Criteria for Partner Agencies :

1. Participate in community partnership activities that already exist in the community.

2. Meet with other agencies so there is shared information on all the services provided to the community.
3. Access local information and referral resources to work with the families.
4. Conjointly participate in application for grants in partnership with CWS and other county departments.
5. Provide feedback to CWS about family participation in services, per County agreement.
6. Engage the family in an assessment of family needs. **PDSA**
7. Certified as a non profit agencies (or have a Memorandum of Understanding (MOU) if not) Main agency however, needs to be certified as a non profit agency.
8. Experienced in case management services.
9. Quality assurance strategies.
10. Able to fulfill a performance based contract.
11. Employ staff who are reflective of the community.
12. Services which are culturally and linguistically appropriate to the community being served.

IV. Building Capacity with Partner Agencies to Sustain and Support Services

A. The **CWS County Team** undertakes an assessment of existing resources, gaps in core services, and patterns of access in order to identify what has to be developed and ways to make needed changes in patterns of utilization and access (See Initial Guidelines for Community Capacity Building/Partnerships, page 33)

B. The **CWS County Team** determines the network of community resources to be used for direct referrals from Intake to Community Services response path

C. The CWS Team will make a determination of the qualifications and skills of the community partner agencies

D. The **CWS County Team** works within community partnership structure to designate a community agency or agencies with responsibility to:

1. Report back to CWS whether or not the family actually was connected to services, per County agreement.
2. Re-refer to CWS if the family situation rises to a level of a mandated report.

3. The **CWS County Team will:**

   a) Develop a protocol for referral and initial community response.

   b) Arrange for the appropriate services from the array of community services and resources.

   c) Develop a network of community support for the designated community agency(s).

E. Building community capacity with partner agencies to sustain and support services (**Path 2 and 3**):

1. The **CWS County Team** develops and implements county-wide guidelines for if and when a community partner will accompany CWS for the initial face-to-face and the process for identifying and communicating the obligations and roles of case specific team partners including functions related to:

   a) Completing the family assessment of needs
   b) Providing services to a family
   c) Coordinated case management:

      i. Shared accountability for outcomes. **PDSA**
      ii. Leveraging resources to achieve common goals. **PDSA**

V. <u>Building Trust and Engaging Service Providers to Participate as Team Members for Assessing, Planning and Providing Services to Families</u>

A. The **CWS County Team** develops greater clarity and agreement with contracted public-private partners and community providers on their role, responsibility and contribution to mutually agreed outcomes. This process can be facilitated by all participants:

1. Recognizing and agreeing to federal and state regulations that mandate CWS' bottom-line legal and fiscal accountability:

   - Measuring CWS responsiveness to community feedback via pre and post surveys

2. Developing clear definitions of how CWS, public-private partners and community conceptualize "teams" in terms of discipline and affiliation, and flow across the CWS system. This process, in turn will help to create a team culture defined by shared experience, traditions, values and belief systems related to child safety and well being.

B. Shifting the organizational culture toward differential response: Although the degree of change needed to implement differential response may look very different in each child welfare organization across California, it is CWS personnel

and their partners in each location who will ultimately transform the system. When this element is fully implemented, the culture of each organization embraces the value and new directions of differential response. All policies, practices, structures and functions would be aligned and consistent with the objectives of differential response.

1. Decide why participating in a differential response strategy is better than the status quo.
2. Decide what scope of change is needed in your location. (See Sample Assessment of the Current Learning Culture page 56)
3. Keep organizational change effort focused on the results it will achieve for children and families.
4. Share information and support with community partners to facilitate changes necessary for them to engage effectively. **PSDA**
5. Align the organization's mission, vision and guiding principles with differential response.
6. Make agency policy, procedures and other operational materials consistent with differential response. **PDSA**
7. Align management structure and staff assignments to support differential response. **PDSA**
8. Help staff and partners gain first hand experience of why and how differential response strategies work. **PDSA**
9. Seek out feedback throughout change process and adjust to improve results. **PDSA**

(See Appendix 6, pages 58 – 61 for suggested activities to implement each of the above tasks)

Appendix 1: California Breakthrough Series Collaborative on Differential Response

Background

The California Department of Social Services, the Foundation Consortium for California's Children and Casey Family Services joined forces to sponsor a Breakthrough Series Collaborative (BSC) dedicated to the implementation of Differential Response in 43 California counties. The Breakthrough Series Collaborative (BSC) is a quality improvement method that uses small-scale changes in practice to make larger systems change manageable, practical and possible.

Each county is responsible for identifying a five-person Core Team to work together, make changes and implement new systems over the course of two years. Teams are guided and mentored by experts as they study, test, and implement the latest knowledge and evidence available. All participating teams attend three Learning Sessions and are expected to test changes and measure the impact of these changes between the Learning Sessions.

The Work During the BSC

Each team works individually, guided by the faculty and co-chairs. They began the Collaborative by collecting baseline data and determining their primary goals and priorities.

This Collaborative will have a total of three in-person workshops called "Learning Sessions." The Learning Sessions bring together the faculty and co-chairs with members of all teams. They serve as forums to provide instruction about the rapid-cycle change model for improvement and the framework for change. Each Learning Session also provides the teams with an opportunity to share information, report on their progress and what they've learned, and do some collaborative problem solving with their colleagues in other counties. The most critical part of each Learning Session is the time each team spends together, planning for real changes within its system, coached and facilitated by the experts in Differential Response and the Breakthrough Series Methodology.

Between each Learning Session, the teams are involved in testing and making actual changes within their systems. This is the time for each team to test different approaches that were discussed during the prior Learning Session and to document the results. These periods of intense work are supported by the faculty, frequent conference calls, and ongoing communication between teams and experts via a project Extranet. The teams submit monthly reports to track progress and share knowledge between the Learning Sessions.

A key component of the BSC model is ensuring that these changes are ultimately spread. The teams' Senior Leaders must be strongly committed to the Collaborative and are responsible for facilitating the spread of this work within their organizations and throughout the field.

Framework Components

The Collaborative teams are addressing the following seven Differential Response framework components:

1. Intake Structure: Intake structure provides three pathways of service response to child abuse and neglect reports.
    - Assessments will be made at the point of intake to determine which track is most appropriate for the family being referred: community response, CWS low to moderate response, or high-risk CWS response.
    - Teams are in place to provide further assessment as needed following intake, especially for priority populations: the homeless, families with children ages 0 to 5, and families struggling with chronic neglect and/or substance abuse.
    - Information regarding prior referrals, actions taken with regard to those referrals, and outcomes of prior CPS involvement is utilized for decision making at intake.
    - In the community response track, identified community agencies will serve as referral agencies, engaging the families, arranging appropriate services.
    - There will be a structure in place that allows for and facilitates changes from one response track to another.

2. Assessment: Standardized approach to assessment of safety, risk, protective capacity, and needs.
    - The assessment process accurately determines the safety, risk and protective capacity of children's needs and strengths of the families at key decision points in the life of the case.
    - County protocols are clear about who (CWS, a community-based service provider or a team of people from multiple agencies) should conduct standardized assessments based on the particular circumstances of the case.
    - Decision making and forms reflect the new assessment procedures.
    - CWS, other public agencies and community partners understand the assessment approach and how to implement it.
    - Systems are in place to capture and share assessment information across agencies.

3. Family Engagement: Engaging families to achieve better outcomes: using a voluntary engagement process when possible.
    - A key to engaging families is a shift in focus from substantiating abuse and neglect to addressing the needs of families. This focus is not intended to supplant the charge of CWS to investigate and assess allegations when necessary.

- Child welfare social workers and community-based service providers build a relationship with the families that include communication, honesty, respect, information, and clear objectives.
- Child welfare staff and partners offer change oriented services based on family need and level of risk rather than on substantiation of child abuse and neglect.
- Families understand the assessment and referral process and give permission for voluntary referral to community-based services.
- The wisdom of families and the people they trust will be used in the assessment, safety, and case planning processes.
- Use team decision-making approaches to engage families and community partners in the assessment, case planning and service delivery processes.
- Requirements for reporting substantiated reports to the Child Abuse Central Index are consistent with the goals of differential response and cross-agency information sharing, while also meeting current regulations.

4. Community Partnering: Close partnering and clear communication among child welfare, other public agencies and community-based organizations to address child safety, permanency and well-being.

   - The roles and obligations of CWS and its community partners are clear with regard to referrals, assessments, service provision and case management.
   - Ongoing communication mechanisms are in place among community agencies, CWS, and other public agencies to provide relevant information regarding the families they are serving.
   - All relevant stakeholders understand the goals, processes, risks and benefits of differential response, and the implications for organizational culture, philosophy and service delivery.
   - CWS and its public and private partners will work together in an ongoing way to strengthen service coordination and integration, based on shared goals and common populations being served.
   - CWS and its public and private partners make effective use of resources to capitalize on each discipline's expertise and resources.

5. Service Array: Establishing availability and access to a network of integrated, culturally appropriate resources and opportunities to address the needs of vulnerable children and families.

   - The network will include formal and informal supports and services to meet identified needs.
   - Each community will have a clear understanding of existing resources, patterns of access to services, and gaps in core services.

- Service and resource gaps will be addressed through capacity development and coordinated case management strategies.
- CWS will develop performance-based contracts with community agencies.

6. Staffing: Child welfare and community agency staff have the time, resources and support they need to engage, assess, and serve families well.
   - Child welfare partners have thorough knowledge of the network of community resources available to support families.
   - Child welfare partners receive cross-agency training that includes skills and knowledge development in culturally appropriate assessment, engagement of families, and family-based practice.
   - A well-articulated system of coordination among CWS staff and the network of service providers are in place to support better utilization of existing services.
   - Staff at all organizational levels—administrative, supervisory and direct service—understand and support each others' roles in the differential response process.

7. Monitoring Outcomes: Tracking for improved outcomes for children and families.
   - Family-specific data about safety, risk, protective capacity, and utilization of services is systematically collected throughout the life of the child welfare case and used for continued improvement.
   - Cases are reviewed on a regular basis to ensure appropriateness of track assignments and track changes, and their implications.
   - There is a system of review by key stakeholders of differential response procedures to ensure desired outcomes are reached.
   - Data are collected and analyzed to monitor the effect of practice changes on the disproportionate representation of families of color in the CWS and inequities of service provision.
   - Collect data to identify the costs and benefits of differential response.
   - Collect non-identifying, aggregate data on utilization and impact of services on the community response track, to assess and improve effectiveness.

Desired outcomes as a result of Differential Response implementation were defined by a group of experts in January 2004. The following measures are being tracked monthly by all participating teams:

1. Decrease in the number and percentage of re-referrals of families to CPS.
2. Increase in number and percentage of families actually receiving services within 30 days of intake.
3. Increase in the number and percentage of referrals in which families are assigned to a response track.

4. Increase in the number and percent of families who feel helped and supported by the agency.
5. Increase in the number and percent of families who participate in their own assessment and case planning.

Appendix 2: Suggested Activities to Expand Workforce Capacity

State Level Action Steps

1. Support the expansion of high school human services academies:

    - This requires ongoing collaboration with both the State Department of Education and local school districts to increase the number of "Human Service Occupations Programs" in California high schools and vocational centers. Such programs prepare students for entering into postsecondary education or directly into a human services career. This provides a direct path to entry-level human service positions from high school by providing job training, academic instruction in practice principles and methods as well as internships relevant to child welfare settings.

2. Promote expansion of federal Title IV-E work student stipend program.

    - Explore extending IV-E program participation to private sector agencies as an employee benefit of partnership with CWS. Private agency staff could gain additional skills, contribute their increased expertise to the multi-disciplinary team and continue to work within their organization. This increases team competence while avoiding adverse impact on the workforce of community-based partners.

3. Encourage schools of social work to develop or expand accelerated degree programs such as "advance standing.

    - Another priority for the state leadership team is to ensure schools of social work not only update curriculum to reflect the new direction of child welfare prompted by differential response, but also accelerate preparation of current and new students for the roles that are in immediate demand.

4. Create statewide child welfare recruitment program.

    - To fill roles required by differential response, consider looking to other disciplines for recruits who may possess many of the family engagement, assessment and other skills needed (e.g., family therapy, counseling, psychology, public health nursing, etc.

5. Encourage California's institutions of higher education to expand their enrollment of social work preparation programs:

    - One priority must be to ensure that sufficient space is available in schools of social work and other disciplines to meet the demand for direct service and management roles in both the public and private sector to carry out differential response. Such a priority can coordinate with national efforts by other organizations such as National Association of Social Workers, Child Welfare

League of America and the National Association of Public Child Welfare Administrators to advocate for increasing the supply of professionals in the field of child welfare.

Local Level Action Steps

1. Encourage public and private agencies to continue to adequately recruit and train staff to provide culturally competent services.

   - Recruit bilingual staff reflective of the cultural and linguistic composition of the client population. Stronger partnerships with CBOs may facilitate this recruitment.

2. Conduct job previews.

   - To promote faster more accurate match between new job candidates and positions across the child welfare workforce more efficient and effective hiring practices are needed. Provide hands on opportunities to test out applicant skills and abilities through viewing a video tape and answering questions, conducting a mock client assessment or simulating a team decision-making activity.

3. Streamline the hiring process.

   - Create timelier hiring by limiting or eliminating cumbersome application processes. Use innovative techniques such as on-line job applications, post job openings weekly and create 5-day windows for applications submissions.

4. Offer recruitment bonuses.

   - With the human service skill set in high demand across the social service job market, bonuses can be one way to attract new recruits to the field. This however should be done without adversely impacting the capacity of the partnerships and alliances necessary for differential response to be successful. Consider coordinating recruitment efforts across systems that will be working in partnership to meet the child welfare needs within the community as a whole.

Appendix 3: Suggested Actions to Partner with Resource Families

1. Make the terms of the partnership clear.

    - An effective working partnership between the agency and the Resource Family is essential to help youth reach positive outcomes while in care. Misunderstandings or disagreements about the expectations, roles and responsibilities within these partnerships can drain the time, energy and enthusiasm of all members of the service team. Clarity about the nature of the partnership creates an environment of trust, support and mutual respect. Agency expectations of the family as a member of the service team as well as what the family can expect in return from the agency in terms of supports, compensation, services and guidance are critical for success.

2. Revise Resource Family training & development to align with differential response.

    - Resource families need to receive sufficient, high quality pre-service and in-service training to build their capacity in the skill areas essential for success in implementing differential response. Training should be designed to meet both child-specific and interdisciplinary team learning objectives. Training must be accompanied by supportive elements and services such as on-site child care, accessible locations and times and better use of technology. Skill development areas for resource families include:

        1. Provide a safe and nurturing environment for children in their care.
        2. Meet developmental needs of children in care.
        3. Support birth family work.
        4. Promote child and birth family outcomes.
        5. Support child and family cultural needs.
        6. Work in partnership with child welfare intervention team.
        7. Care for self and their own family.
        8. Value life-long learning.

3. Create a supportive environment.

    - Despite formal training and preparation that Resource Families may receive as part of their licensing requirements, significant stress can arise from the realities of caring for a particular youth. To be an integral part of the team, caregivers must have as much complete and accurate information about the child prior to placement as possible. This includes being supported to have direct contact with the child's parent or other primary caregiver to learn about the child and his or her needs. In addition, detailed facts about the child and his/her history, anticipated reactions to placement outside their home and projected length of stay are important to provide.

4. Recognize families for all the roles they play. Resource Families play many critical roles that continue after a child is returned home. These include:

    - Ongoing support and facilitation with the birth family once the child is reunified.
    - Mentoring or training other Resource Families.
    - Recruiting new families to provide care.
    - Advocating for child welfare issues at the community and policy level.
    - Often providing a permanent emotional connection for the child into adulthood.
    - Families feel more supported when they are recognized for the valuable services they provide to youth, the child welfare program and the community as a whole in caring for youth who are not their own.

5. Utilize technical assistance opportunities

    - The CDSS will work with counties to determine where additional support services may be needed for caregivers and identify resources that can provide support services for caregivers in counties.

6. Special consideration for kinship families.

    - Encourage kin to ask for help.
        1. Helping kin families learn what kinds of help are normal for families to receive, what services are available in the community and how the agency can help connect or pay for such services is critical.
    - Connect kin families to community resources.
        1. Utilize the planning mechanism of the community and neighborhood based partnership for your county to ensure appropriate services and supports are available to meet the needs of kin caregivers.
    - Rely on fact-based assessment, thorough family history and relationship development with kin caregivers to determine the supports that will be most effective for each family.
    - Anticipate and plan supports to address family system issues
        1. Kin caregivers often need support and or counseling to help them constructively work with birth parents, and express their feelings about assuming a parental role with their related children.

Appendix 4: Suggested Actions to Support Caseload Standards

1. Leverage flexible funding strategies to provide workload relief.
   - Several flexible funding strategies could promote creative workload solutions. These include contracted administrative support, coordinated foster family payment for mental health and substance abuse services, funding for multi-disciplinary teams, reinvestment of foster care savings and performance based contracting.

2. Allow flexibility in assignment of case related activities.

   - Currently, several time-consuming tasks are done by the assigned caseworker, rather than the person on the team who can most efficiently and effectively perform the task. Some of this is driven by habit and some is due to current child welfare regulations. Sharing responsibility with the community for child protection and promoting relationship consistency for children suggests opportunities to distribute case management responsibilities differently in certain circumstances.

3. Leverage partnerships to re reflect workload needs within the new CWS intake system.

   - As differential response is implemented and stronger partnerships are formed between the county child welfare agency and community based organizations, private agencies and others; consider the role of case manager as a more flexible assignment. Certain circumstances may require CWS to retain case management authority and responsibility, such as court involvement and/or the severity of the client or family condition.

4. Re-structure staff time to align with goals of differential response.

   - In order to create the time and space to implement differential response, a thorough examination of current practices needs to occur. The goal of this review is to identify and eliminate unnecessary activities that detracts from caseworkers' ability to engage with families and children to promote positive outcomes—the ultimate goal of the reform.

     CDSS recognizes the need to reduce high caseloads and workloads in order to improve caseworker practice and create a beneficial service environment for children and families. Setting and enforcing caseload standards is only one piece of a much larger puzzle that must be solved to achieve workload manageability. Factors such as case complexity, experience and skill of worker/team, intervention effectiveness, workplace/partnership efficiencies and external demands all influence workload and ultimately the outcomes desired for children and families. It will be important to ensure that differential response implementation efforts influence as many of these factors as possible to create and maintain reasonable workloads.

Appendix 5: Suggested Actions to Build Workforce Skills Through Integrated Learning Systems

1. Establish leadership support for workforce learning. Learning is essential to sustain change over time and promote the team based approach woven throughout differential response. This will require leadership within CWS and its partners to encourage mastery of the knowledge base, the techniques and skills necessary for each segment of the workforce.

    - Invite training directors and educational leaders of other systems and disciplines within the child welfare workforce (e.g., mental health, AoD, law enforcement, courts, schools) to join county and 8 leadership teams.

    - County and State leadership teams design ways to educate management level leaders from CWS and all partner systems about the rationale and benefits of differential response. This will help strengthen leadership endorsement of workforce preparation and support, including a willingness to commit the resources, systems and structures for workforce excellence.

    - County and State leadership teams negotiate agreements to leverage resources across systems, such as funding, curricula, educational materials and trainers.

2. Assess current learning culture of your organization.

    - To emphasize learning as a priority, it helps to know the strengths and limitations of your current environment. Leaders must have a clear picture of the current reality before true accountability for learning can occur. An assessment tool can be used to gauge the developmental stage of your county's learning culture and use the information to shape the desired learning system changes. (See Sample Assessment of the Current Learning Culture, page 56)

3. Assess the learning strengths and needs to perform differential response at all levels of staff and partners at each operational level of the workforce: direct service, program management and policy administration needs to be prepared for differential response with appropriate skills and knowledge. The unifying principle of teamwork inherent in differential response encourages CWS staff and its partners to demonstrate the capabilities essential to achieving positive outcomes for children and families.

    - Conduct ongoing dialogue within the county leadership teams to identify and address the training implications for differential response.

    - **CWS County Teams** determine the new roles and expectations for practice and management specific to their county's implementation of differential response.

- Set learning objectives at organizational, team and individual levels and create a realistic, staged training plan to support differential response.

- Focus strengths and needs assessment on the members of the workforce (e.g., CWS staff, community-based organizations, resource families) who will be performing the functional roles.

- **CWS County Teams** assess current strengths and limitations of each workforce segment in the CORE SKILLS (see Appendix 4 on page 51) as well as advanced expertise in various aspects of differential response.

- Identify learning gaps that exist for each segment of the workforce (e.g., CWS staff, community partners and resource families) to prepare for setting training priorities to meet county needs.

4. Set learning objectives at organizational, team and individual levels and create a realistic, staged training plan to support differential response. Learning for the workforce needs to be guided by what knowledge and skills across CWS and its partners will best achieve the desired outcomes for children and families. The following suggested actions create a tighter link between what the entire workforce learns and the results for which the system is ultimately held accountable:

   - County teams utilize Accountability & Outcomes framework via the Self Assessment and System Improvement Plans and 3-Year county-based planning process to promote the learning objectives of each county environment.

   - Engage county-based multi-disciplinary partnership via the **Core County Leadership Team** to identify learning priorities that will meet demands of service population.

   - Evaluate client outcome data and peer review results to prioritize learning objectives for intervention and management teams.

   - Survey individuals and teams to identify what they need to learn over time.

5. Build on statewide and regional training resources to meet learning objectives. California already has a strong infrastructure for training that is regionally based through the University of California campuses, California State University system, the Regional Training Academies and the community college system. Building on this existing context will serve to expand and leverage the strengths of the current system.

   - Meet learning needs locally by pooling resources and leveraging other regionally based mechanisms to deliver knowledge base (e.g., community colleges, family support centers).

- Work with local training and education entities to coordinate access to training resources and serve as clearinghouse for materials, curricula and trainers to promote learning in all sectors of child welfare workforce.
- The CDSS will work with counties, the California Social Work Education Center (CalSWEC) and the Regional Training Academies (RTAs) to develop requirements and competencies for child welfare workers and supervisors with the goal of strengthening case practice.
- The CDSS will ensure that the contracts with the regional training academies include provisions requiring the academies to develop common core curricula to ensure training in comprehensive family needs assessments, including assessing educational and mental health needs of all children both in-home and out-of-home, and that training is consistent statewide.
- The CDSS will provide training to child welfare and probation supervisors on enhanced case planning practice, including involvement of all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children's needs; assessing all in-home children's educational needs and assessing all in-home children's mental health needs.
- The CDSS will conduct focused training regarding Indian Child Welfare Act (ICWA) requirements and cultural considerations of Native American children for both county staff and tribal ICWA workers. This training will include training for Indian tribes on their rights and responsibilities regarding intervention on Indian Child Welfare Act cases.

6. Provide multi-disciplinary learning opportunities and on-the-job reinforcement. The complex problems faced by vulnerable children and families often exceed the expertise of a single discipline. Thus, multiple professionals—social workers, teachers, nurses, counselors, physicians, public administrators, psychologists and others—must work collaboratively, understand each other's roles and expertise, be able to communicate and learn from each other, share resources and plan together with families. The following suggested actions encourage all team members to be provided with regular and ongoing occasions to learn.

   - Ensure training plan includes pre-service education for professionals and para-professionals to work effectively in a multi-disciplinary service environment.
   - Meet common training needs to perform collaborative functions of child welfare through multi-disciplinary cross-training events.
   - Use the configuration of the service team to form groups with similar learning objectives or establish "learning partners" within the same unit.
   - Plan relevant learning opportunities for these groups to attend together and/or share what they learned with each other. Such alliances promote peer support for learning desired skills that are immediately applicable to the direct service environment.

- Provide time for learning to occur, to integrate new concepts and to practice new techniques.
- Support learners within their own organization to reinforce their learning through multiple means (e.g., coaching, mentoring, supervision, interdisciplinary teams). "Teachable moments" in team meetings or in supervisory sessions can be powerful reinforcement of key concepts introduced in more conventional training settings.

7. Evaluate progress toward meeting learning objectives and assess results of engagement in learning opportunities. Regular data collection, customer feedback, analysis and evaluation of results can reveal how effective the learning system is in helping workforce members meet their learning objectives. These evaluative efforts need to be grounded in a client-focused perspective. Below are some suggested actions to that end:

   - Incorporate ways to track achievement of learning objectives, including supervision meetings, performance reviews, team evaluations and informal conversations.
   - Involve workforce members in the evaluation process. Ask learners what training they found most useful and what improvements could make a particular training or event a more powerful learning experience.
   - Utilize the county-based multi-disciplinary partnership via the **Core County Leadership Team** to evaluate and improve the local learning system.
   - Track and analyze community needs to adjust learning objectives toward better serving client populations.

8. Set performance expectations and reward demonstration of learning. The need to learn is not a sign of inexperience, but a necessary part of striving for excellence. Learning is essential at all stages of career, voluntary or client involvement in the system. Rather than a sign of ignorance, learning becomes a symbol of curiosity, growth and renewal. Motivation to learn and job satisfaction can increase when workforce members are clear about performance expectations and their accomplishments are recognized in meaningful ways. The following suggested actions promote this approach:

   - Define performance expectations and develop mechanisms to evaluate performance at individual, team and community levels.
   - Utilize "systemic" performance evaluation methods that include customer, peer and management feedback on learner's performance.
   - Develop ways to acknowledge and reward demonstration of learning.

Sample Assessment of the Current Learning Culture*

Using the response options below, write the number that best describes your answer in the blank after each statement. Tally to reach a total score.

Response Options:
1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always

1. There is freedom for people to speak their minds; different views are encouraged. ____
2. Overall quality of the work environment is improving. ____
3. Systems, structures and procedures are adaptive and flexible. ____
4. Differences in learning styles are recognized and respected. ____
5. People are encouraged and provided the resources to become self-directed learners. ____
6. Teams as well as individuals are recognized and rewarded for innovation. ____
7. Mistakes are viewed as opportunities for growth throughout the system. ____
8. Mistakes are reframed in "lessons learned" sessions in order to produce clear, specific and long term system changes. ____
9. There is a willingness to change existing patterns that pose organizational barriers to execution of daily work. ____
10. The general stress level is manageable and does not hinder learning. ___
11. Continuous improvement is expected, treated receptively and practiced at all levels in the organization. ____
12. Cross-functional learning is encouraged; people are given the opportunity to understand the function of other different yet related jobs and partner organizations. ____

Total Score _____

Your total score determines the developmental stage of your learning culture and the key task for your organization to address as indicated on the next page.
12 to 24: Focus on creating a safe environment to foster learning.

25 to 42: Build on current foundation to reinforce learning.

43 to 60: Lead by example and share your lessons learned with other counties and partner organizations.

**Developed by Leslie Ann Hay*

Skills for Direct Service Teams

- Assessment using standard approach to of safety, risk and protective capacity.
- Collaboration and decision-making in a team environment.
- Family-centered practice.
- Fairness and equity in practice decisions.
- Comprehensive child and family assessment.
- Outcome-oriented case planning.
- Customized service responses and interventions.
- Collaboration among multiple disciplines.
- Continuity and permanence for all youth.
- Concurrent planning.
- Applying evidence-informed practice.

Skills for Program Management and Policy Administration Staff

- Applying flexible funding strategies.
- Managing organizational change.
- Supervising multi-disciplinary teams.
- Fostering the desired parallel process throughout the organization.
- Promoting evidence-informed practice.
- Supporting on-going workforce learning.
- Providing leadership to ensure fairness & equity.
- Adopting an outcomes orientation to accountability.

Appendix 6: Shifting Organizational Culture Towards Differential Response

1. Decide why participating in differential response is better than the status quo. Answering the "why are we doing this?" question is an essential part of building commitment to lasting change.

    - Engage your county leadership team to determine why this activity makes sense for your county and what the expected benefits for families, workforce members and the agency will be.
    - Identify reasons for engaging in differential response activities are compelling for all who have a stake in the outcome—children and families, staff, Board of Supervisors, partners and the community.
    - Assess the current learning culture in your organization and determine what key organizational culture shift will promote implementation of differential response. (See Sample Assessment of the Current Learning Culture pages 56)

2. Decide what scope of change is needed in your location. With the diversity that exists across California's child welfare enterprise, how differential response looks and the degree of change that will be made in each county will fall along a continuum.

    - Select relevant aspects of differential response for implementation that maximize your location's ability to reach improved outcomes for children and families.
    - Build on the strengths of your county's current reality using your Outcomes and Accountability System Self Assessment Plan.
    - Utilize your **Core County Leadership Team** to establish agreed upon results for children and families that the differential response effort needs to accomplish.
    - Plan the degree of change in organizational structure, staff roles, supervisory responsibilities, case management processes, hiring, training and promotional expectations for staff that can be accomplished within available and potential resources.

3. Keep organizational change effort focused on the results it will achieve for children and families. The success of differential response revolves around improving outcomes for children and families. The purpose of the organizational change is to create a culture that helps achieve this result.

    - Prioritize organization's time and energy to resolve organizational structure and process-related issues that improve outcomes for children and families.
    - Consistently emphasize and reinforce the benefit to children and families of shifting the organizational culture.

- Know the realities of the client population in your particular county and be aware of biases regarding class, race, gender, and economic disparity that may influence which organizational culture changes are made.
- Be accountable for the impact of organizational change efforts on the children and families your workforce serves and adjust accordingly.

4. Share information and support with community partners to facilitate changes necessary for them to engage effectively. Strong partnerships simultaneously attend to the organizational change demands within the agency and assist Community-Based Organizations (CBOs) and other county partners involved in safety, permanency and well-being to make necessary shifts within their own organizations.

   - Use the contracting process to reinforce the new expectations and principles of the Improvement activity.
   - Formalize communication by appointing management team members (or a special liaison from the agency to the community) to help CBOs and other partners make the changes needed to support the Improvement activity.
   - Share internal marketing materials with CBOs and partners.
   - Provide education and training opportunities about differential response to CBOs and partners.

5. Align the organization's mission, vision and guiding principles with differential response. Your mission, vision and guiding principles creates an operational framework for the organization's approach to "doing business." These underpin the actions and decisions of people at all levels of the organization—line staff, supervisors and management. It also sets the tone for how your organization interacts with clients, families and partners.

   - Engage stakeholders in a process to ensure that the mission, vision and guiding principles of the organization are congruent with the Improvement activity.
   - Involve families, advocacy groups, staff, agency management, partnering agencies, and County Board of Supervisors representatives to validate the mission, vision and guiding principles.

6. Make agency policy, procedures and other operational materials consistent with differential response. Putting differential response into practice will require changes in behavior across the workforce. Examples of topics that may require revisions to agency policies, procedures or other operational materials include: infusing fairness and equity at all levels of decision-making; applying a standard approach to assessment of safety, risk and protective capacity; and consistent use of multi-disciplinary teams.

   - Align protocols that guide decisions and actions of the workforce with the expectations of differential response.

- Ensure consistency with differential response in decision-making protocols and other operational guides related to policy administration, staff supervision, assessment, planning, intervention, service delivery and case management.
- Communicate the new policies and protocols to all workforce members who have a role to play in carrying out these operations.

7. Align management structure and staff assignments to support differential response. Bringing the entire structure and function of the organization into alignment with differential response will be a critical step in moving from where you are now to where you want to be in the future.

    - Critically examine how the current structure of the workforce within your organization including the functional roles that are played. Consider if this is the most effective configuration to implement differential response in your location.
    - Take a strengths-based approach to uncover underutilized strengths, skills and talents in the workforce that may have been hidden by the current structure.
    - Make necessary structural alignments. Examples of structural alignments may include: reassignment or reclassification of staff and job description revisions to reflect the differential response approach to serving children and families; co-location of staff and partner agencies to promote family engagement, prevention and early intervention; and collaborative management structures to reflect multi-disciplinary nature of differential response pathways.

8. Help staff and partners gain first hand experience of why and how differential response strategies work. Rather than telling people about the benefits of differential response, it can be far more powerful to show them. With significant innovation already at work in California, there are opportunities to learn first hand about successful differential response strategies. Examples include:

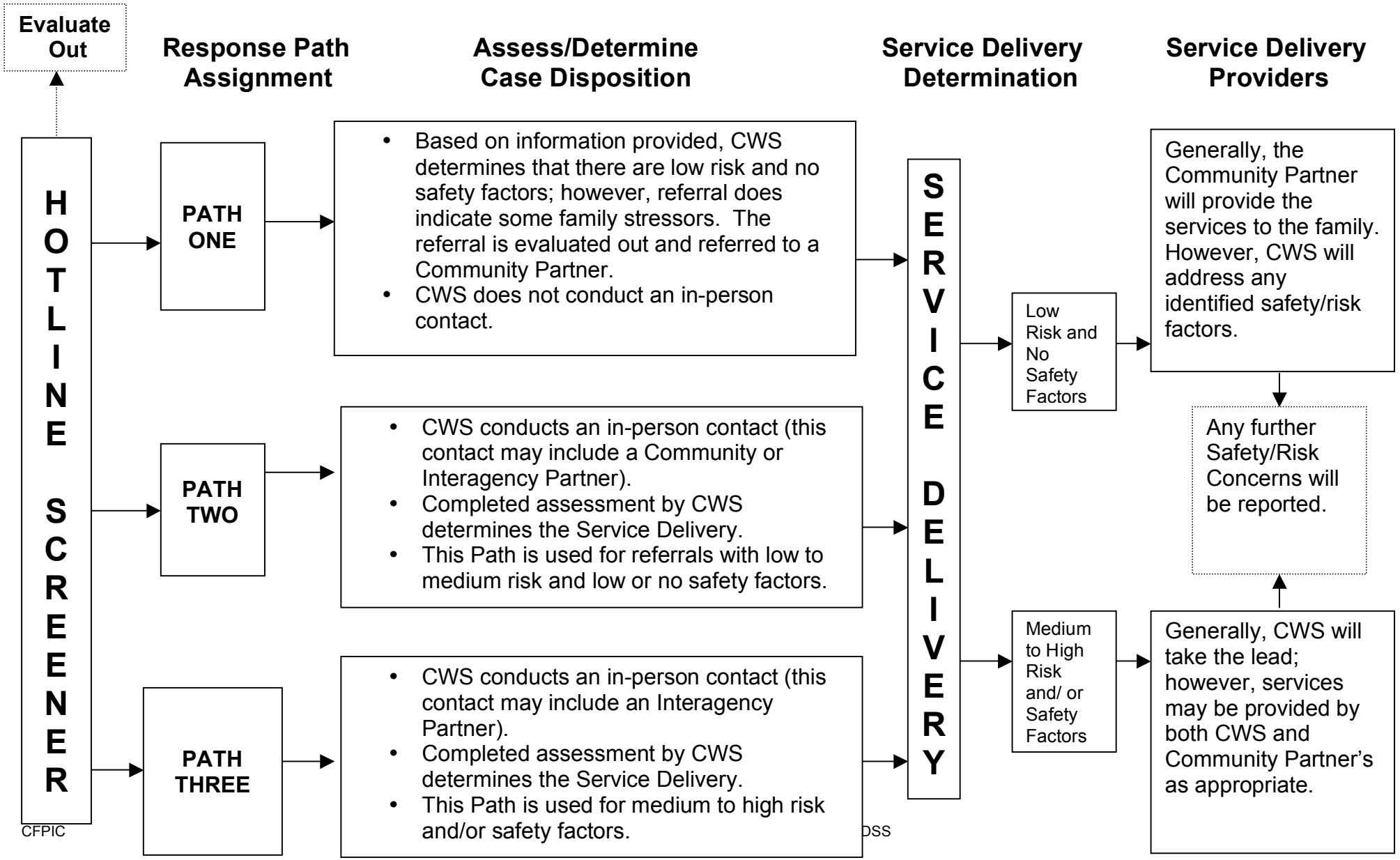
    - Have staff observe or shadow multi-disciplinary teams in action and hear from families about the benefits of the team approach.
    - Develop a communication vehicle, such as a newsletter, website or practice digest publication to focus on differential response progress, success stories and challenges.
    - Video tape a panel discussion with “early implementers” about lessons learned to share with other counties.
    - Create time at staff meetings to share learning, insights and challenges so that efforts to put the differential response strategies into practice are recognized.

9. Seek out feedback throughout change process and adjust to improve results. Set the expectation from the management level that changing the organizational culture matters and what is learned in the process is valuable.

- Early in the process, identify expected outcomes and performance indicators, tell people what they are and use them to monitor and measure progress.
- Utilize continuous internal feedback (e.g., formal meetings, informal encounters between management and staff, staff gatherings, performance evaluations) to reinforce guiding principles and ensure that staff are performing in the new ways expected of them. When people are not making the change, be sure to engage with them to explore why and what steps are needed for improvement.
- Regularly solicit external feedback from families, community based organizations, juvenile court and other partners to determine how effective the differential response strategies are for them and ask for their suggestions on how to improve. Examples of methods to collect this feedback include client satisfaction tools, focus groups or individual interviews.

ATTACHMENT A

California Differential Response Path Assignment



ATTACHMENT B

PATH ONE
PHASES OF ACTIVITY

Depending on which path is chosen by the CWS Hotline screener, each path is distinguished by phases of activities which help families move through the system. The phases of activity for path one are as follows:

I. Hotline/Pre-contact

II. Initial and Follow Up Contact with Family by Community Partner Agency

Specific tasks accompany each phase of activity as outlined below:

I. Hotline/Pre-contact

The specific activities of the Hotline Screener or other assigned staff include:

A. Receiving referral.

B. Gathering additional information.

C. Conducting an initial screening for safety concerns based on that information.

D. Making Path decisions:
   1. Path of Response
   2. Response Time

E. The County uses their county specific protocols to refer families to community services.

The CWS agency is required to complete all of the above activities in order to ensure that there are no safety concerns that might require further CWS involvement and to ensure that the family has the opportunity to receive services from a community partner in a timely manner.

II. Initial and Follow Up Contact with Family by Community Partner Agency

Prior to making the first visit and initiating the assessment process the Community Partner agency will perform the following tasks:

Task 1: Refer Family to Community Services

When CWS Agency makes a referral to a community partner, the County must use the confidentiality protocols developed by their County.

Task 2: Determine Who Will Make First Visit

Teams are an important element of Child Welfare System Improvement Activities. Partner agencies should determine whether a team approach will be effective in making the first contact with the family; if so, they will need to determine who the members of the team will be and engage those team members to meet with the family.

Task 3: Prepare for the Face-to-Face Meeting

a) Review and organize Information that has been gathered, including cultural aspects.

b) Determine key questions and issues to explore in the face-to-face meeting.

c) Collect (or supplement) information that has been received from other service providers.

d) Decide who should participate on the Response and Service Delivery Team and confirm availability; attempt to enlist team members whose culture is compatible with that of the family.

e) Decide time, location, and method of face-to-face assessment meeting.

The Community Partner agency will arrange to visit the family as soon as possible per agreements developed with the CWS Agency**.** The community partner agency will provide the specific activities that are essential for engaging families in the services that are necessary to assist them in providing a nurturing and safe environment for their children.

<u>Mandated Reporting</u>

If at any time the partner agency has a reasonable suspicion of child abuse or neglect, then the partner agency has a duty to file a report per California mandated reporting law.

ATTACHMENT C

PATH TWO
PHASES OF ACTIVITY

The phases of activity for Path Two are as follows:

I. Hotline/Pre-contact
II. Initial Contact with Family
III. Comprehensive Family Assessment and Planning
IV. Service Delivery
V. Resolution

Each phase of activity includes specific tasks which are outlined below.

I. Hotline/Precontact

The specific activities of the Hotline Screener or other assigned staff include:

A. Receiving the referral.

B. Gathering additional information.

C. Conducting an initial screening for safety concerns based on that information.

D. Making Path decisions, specifically:
   1. Path of Response
   2. Time of Response
   3. Response Team, if necessary based on the nature of the referral

E. Coordinating with law enforcement; the nature of the referral may require a cross-report to law enforcement.

II. Initial Contact with Family

This phase involves the initial face-to-face activities carried out by CWS alone or with Interagency and/or Community Partners, and the family. The specific activities include the following:

A. Making contact with the family.
B. Conducting a fact finding interview.
C. Assessing safety, risk, and protective capacity.
D. Creating a safety plan if necessary.
E. Initial determination of family needs.

Task 1: Assemble Team

Teams are an important element of Child Welfare Improvement Activities. The CWS agency will determine whether a team approach will be effective in making contact with the family; if so, they will need to determine who the members of the team will be and engage those team members to meet with the family. Response teams will be used whenever possible for all Path 2 families, beginning with the first visit when appropriate. Each team will be, to the extent possible, ethnically, racially and culturally compatible with the family. Depending on the nature of the referral the team may include law enforcement.

Task 2: Prepare for the Face-to-Face Meeting

a) Review and organize Information that has been gathered, including cultural aspects.

b) Determine key questions and issues to explore in the face-to-face meeting.

c) Collect or supplement information from other service providers who may have had contact with the family.

d) Decide who should participate on the Response and Service Delivery Team and confirm availability.

e) Decide time, location, and method of face-to-face assessment meeting.

Task 3: Comprehensive Family Assessment and Planning

a) Introduce self, members of the Face-to-Face Assessment Team (if any) to family members.

b) Clarify reason for visit and how it will be conducted; include confidentiality issues.

c) Advise parents of rights and responsibilities.

Task 4: Safety Assessment

a) Continue engaging the family as facts related to safety, risk, and protective capacity are discussed.

b) Use observation and interviewing methods designed to help people tell their story and share information about safety concerns, family strengths and mitigating circumstances.

Task 5: Create Safety Plan

When safety issues are identified, a safety plan will be made if the family is to receive community based child welfare services. The plan may have the child remaining in the home under the care of the parents or guardians; it may have the child remaining in the home under the care of others who can safeguard the child's safety; or, it may have the child being placed in another home. In all of these circumstances it will be necessary to create a plan to ensure the child that all safety considerations are identified and addressed.

Task 6: Further fact gathering

Once it is determined that the family is open to services it is important to continue to engage the family in "telling their story" so that a preliminary sense of the family's strengths and needs can be obtained. This will assist in ensuring that an assessment team can be assembled to assist the family in fully addressing their needs and the safety of the child.

Task 7: Initiate Comprehensive Family Assessment

Based on the facts obtained from the referral and the family, a comprehensive family assessment should be initiated. It is important to obtain the family's permission to include the community team members in the assessment process. Team Decision Making, Family Group Conferencing, and other family engagement models can be used in the development of the family assessment.

III. Comprehensive Family Assessment and Planning

This phase encompasses the specific activities that are essential for engaging families in the services that are necessary to assist them in improving the circumstances that might pose a safety risk to the child. There are two components to this phase, assessment and planning, which are described on the following pages.

Assessment

Task 1: Assembling the team:

Based on information in the original referral to the CWS agency and gathered in the initial face-to-face visit some specific needs of the family can be identified. To the extent possible, with the family's permission, it is important to bring specialists from other disciplines who can help with the family's assessment, such as mental health counselors, drug and alcohol assessment specialists, and public health nurses. Team Decision Making and Family Group Conferencing processes are ideal ways to convene such teams.

Task 2: Involving family members and supports

The assessment process should include as many members of the family and the family's support network as feasible.

Task 3: Family engagement

It is critical to ensure that the family members understand they are part of the assessment process and why an assessment is being made. In other words, what is done *with* them, not *to* them. This is best accomplished by:

a) Reviewing the information received in the CWS referral (excluding the identity of the reporter).

b) Reviewing information gathered in the initial face-to-face visit.

c) Reflecting information that the family members have provided regarding their own sense of what they need in order to provide a safe and nurturing home for the child.

Task 4: Assessing family strengths, safety, risk and protective capacity

The comprehensive assessment should begin with understanding the family's strengths as the basis for anticipating how specific needs may be addressed.

Task 5: Determine level and type of service delivery needed

The members of the team should be able, with the family, to identify the types of services and the intensity of such services that will be needed by the family. Specific services will be delineated in the service plan based on the broad parameters identified in the comprehensive family assessment. Although the goal in Path 2 is to use a voluntary approach to services, a court petition may be necessary based upon the family's circumstances as revealed through the assessment process.

Task 6: Discussion of permanency needs

While the primary goal is to keep families together and it is assumed that this is the case in moderate-to-low risk circumstances, it is possible that the child may need to leave the home as the only means to ensure the child's safety. At the time of the assessment it is important to clarify the possibility that the child may not remain at home and to explore other temporary or permanency options, a discussion of the permanency needs of the child will help the agencies, the family and the family's supports reach consensus about options they may need to explore.

Planning

Plans entail the following activities:

a) Setting goals.
b) Involving partners.
c) Extensive youth and family participation.
d) Plans for safety and change.
e) Identification of case management roles and responsibilities.
f) Identification of specific services needed and identification of service providers.
g) Customized for each family.

Task 1: Involve partners in formulating plan

As in the Assessment process, it is important to ensure that the plan is formulated with the participation of specialists in areas of family need, such as drug and alcohol treatment, mental health treatment, developmental services, and health services. Those specialists can help identify the most appropriate levels and types of treatment required to address the family's needs.

Task 2: Involve youth and other family members, including extended family and family supports in formulating plan

The members of the family and their extended support network are best able to help the family understand the need for the specific services that are recommended in the plan and the importance of their participation in those services. It may be necessary to exclude some family members from this facet of the planning if their presence would present concerns for the safety of the child, other family members, CWS workers or interagency and community partners.

Task 3: Set specific outcomes and objectives

Child Welfare System Improvement Activities are focused on providing change oriented services. Clearly stated outcomes and objectives in the service plan will help clarify why it is important to engage in services and what behavioral changes are expected as a result of participation in those services.

Task 4: Provide timelines for the accomplishment of objectives and attainment of outcomes

a) The service plan should be time-limited and specific time lines should be agreed upon.
b) Dates for reassessment and updating the service plan should be set at reasonable intervals and as required by mandates.

Task 5: Case Management responsibilities and expectations are articulated

In Path 2, depending on the information gathered at the initial face-to-face visit and during the comprehensive family assessment, if CWS determines that there are no safety concerns and only low-to-moderate risk, the community partner agency may assume responsibility for service delivery and resolution. In that event, the CWS agency

can close its referral, initiating procedures to receive a report from the community partner agency confirming that the family has been contacted and that services have been accepted or declined.

IV. Service Delivery by Community Partner

Interagency and community partners, working with CWS workers, will have identified the services best suited and most accessible to effect family change and provide safety for the child. Service delivery entails the following considerations:

A. The need for services customized for the individual child and family.

B. The need for services that will strengthen and support the family.

C. The need to focus on areas that require change in order to ensure child safety.

D. Assistance regardless of where the child is residing (in home or out of home).

E. The use of alternative dispute resolution techniques to resolve conflicts that may present problems within the family and potential risk to the child's safety.

F. The need to provide on-going services and assistance to any child approaching or anticipating the time of transition to adulthood.

Note: If Child Welfare Services is providing service delivery, refer to Path 3 for specific tasks.

Task 1: Implement Service Plan

a) Assist in arrangements for services, including contacting agencies and transportation.

b) Identify any problems in implementation and work with family and others to resolve them.

c) Provide direct services as appropriate.

d) Maintain regular contact with key family members, particularly the child.

e) Coordinate schedules and arrangements for counseling and other services.

f) Regularly assemble teams for decision making; adjust team membership as appropriate.

g) Regularly reassess family strengths and needs; adjust service plan as needed.

h) Acknowledge achievements and successes.

V. Resolution

The final phase in working with families is the completion of the service plan. The specific activities are:

A. Ensure that the family is linked to accessible community resources that can provide continuing support and services where risk and safety issues are addressed.

Task 1: Plan strategy for closure

a) Convene teams as appropriate.

b) Confirm that there are no safety factors that should be addressed prior to closure.

c) Prepare a transition plan to maintain gains that have been made and to address potential challenges that may arise.

<u>Mandated Reporting</u>

If at any time the partner agency has a reasonable suspicion of child abuse or neglect, then the partner agency has a duty to file a report per California mandated reporting law.

ATTACHMENT D

PATH THREE
PHASES OF ACTIVITY

The phases of activity for path three are as follows:

I. Hotline/Precontact
II. Initial Contact with Family
III. Comprehensive Family Assessment and Planning
IV. Service Delivery
V. Resolution

Each phase of activity include specific tasks which are outlined below:

I. Hotline/Pre-contact

The specific activities of the hotline screener or other assigned staff include:

A. Receiving referral.

B. Gathering additional information.

C. Conducting an initial screening for safety concerns based on that information.

D. Making path decisions, specifically:

1. Path of Response
2. Time of Response
3. Response Team, including law enforcement if this is necessary based on the nature of the referral.

E. Coordinating with law enforcement; the nature of the referral may require a cross-report to law enforcement.

II. Initial Contact with Family

This phase involves the initial face-to-face activities between CWS and the family. The specific activities include the following:

A. Making Contact with the family.
B. Conducting a fact finding interview.
C. Assessing safety, risk, and protective capacity.
D. Creating a safety plan if necessary.

E. Initial determination of family needs.

Task 1: Assemble team

Teams are an important element of the Child Welfare Improvement Activities. However, in the CWS Response and Service Delivery Path the CWS agency may determine that a team approach is not appropriate due to the nature of the allegations and the need to conduct a specific investigatory interview. In this case, CWS or CWS with law enforcement will make the first visit. If CWS determines that a team approach will be effective in making the first contact with the family, CWS will need to select who the members of the team will be and engage those team members to meet with the family.

Task 2: Prepare for the face-to-face meeting

a) Review and organize Information that has been gathered.

b) Determine key questions and issues to explore in the face-to-face meeting.

c) Collect or supplement information from other service providers who may have had contact with the family.

d) Contact all members of the Response Team and confirm availability.

e) Decide time, location, and method of face-to-face assessment meeting.

Task 3: Comprehensive family assessment and planning

a) Introduce self, members of the Face-to-Face Assessment Team (if any) to family members.

b) Advise parents of rights and responsibilities, including confidentiality.

c) Clarify reason for visit and how it will be conducted.

Task 4: Safety assessment

a) Continue engaging the family as facts related to safety, risk, and protective capacity are organized.

b) Use observation and interviewing methods designed to help people tell their story and share information about safety concerns, family strengths and mitigating circumstances.

Task 5: Create safety plan if necessary

When safety issues are identified, a safety plan must be made. The plan may have the child remaining in the home under the care of the parents or guardians, it may have the child remaining in the home under the care of others who can safeguard the child's safety, or it may have the child being placed in another home. In all of these circumstances it will be necessary to create a plan to ensure that when the child is in the home under the care of the parents or guardians; all safety considerations are identified and addressed.

Task 6: Further fact gathering

Once safety issues and/or high risk factors have been confirmed, it is important to continue to engage the family in "telling their story" so that a preliminary sense of the family's strengths and needs can be achieved. This will assist in ensuring that an assessment team can be assembled to assist the family in fully addressing their needs and strengths, as well as the safety of the child.

Task 7: Initiate Comprehensive Family Assessment

Based on the facts obtained from the referral process and the family, a comprehensive family assessment can be initiated. It is important to obtain the family's permission to include community team members in the assessment process. Team Decision Making, Family Group Conferencing and other family engagement models can be used in the development of the family assessment.

III. Comprehensive Family Assessment and Planning

This phase encompasses the specific activities that are essential for engaging families in the services that are necessary to assist them in improving the circumstances that might pose a safety risk to children. There are two components to this phase, assessment and case plan.

When a court petition has been filed or a voluntary services agreement has been completed there are specific time frames in WIC 300 et seq and Division 31 that must be adhered to for the completion of assessments and plans.

Assessments are thorough and comprehensive and they address the following:

a) Safety
b) Risk

c) Protective Capacity
d) Family Strengths
e) Level and type of services needed
f) Permanency needs

Assessments embody the principles of:

a) Family engagement.
b) Thorough fact finding.

The two components to this phase, assessment and planning are described below:

Assessment

Task 1: Assembling the team

Based on information in the original referral to the CWS agency and gathered in the initial face-to-face visit some specific needs of the family can be identified. To the extent possible, with the family's permission, it is important to bring specialists from other disciplines who can help with the family's assessment, such as mental health counselors, drug and alcohol assessment specialists, and public health nurses. Team Decision Meeting and Family Group Conferencing processes are ideal ways to convene such teams.

Task 2: Involving family members and supports

The assessment process should include as many members of the family and the family's support network as feasible.

Task 3: Family Engagement

Whenever possible it is critical to ensure that the family understands they are part of the assessment process and why an assessment is being made —that it is done *with* them, not *to* them. This is best accomplished by:

a) Reviewing the information received in the CWS referral. (excluding, of course, the identity of the mandated reporter)

b) Reviewing information gathered in the initial face-to-face visit.

c) Reflecting information that the family members have provided regarding their own sense of what they need in order to provide a safe, nurturing home for the children.

Task 4: Assessing family strengths, safety, risk and protective capacity

The comprehensive assessment should begin with understanding the family's strengths as the basis for understanding how to address their specific needs and participate in the steps necessary to protect the child in the home and work toward family restoration.

Task 5: Determine level and type of service delivery needed

The members of the team should be able, with the family, to identify the types of services and the intensity of such services that will be needed by the family. Specific services will be delineated in the case plan based on the broad parameters identified in the comprehensive family assessment.

Planning

Plans may include the filing of a dependency petition and will entail the following activities whenever possible:

a) Setting goals.
b) Involving partners.
c) Extensive youth and family participation.
d) Plans for safety and change.
e) Identification of case management roles and responsibilities.
f) Identification of specific services needed and identification of service providers.
g) Customized for each family.

Task 1: Involve partners in formulating plan

As in the Assessment process, it is important to ensure that the case plan is formulated with the participation of specialists in areas of family need, such as drug and alcohol treatment, mental health treatment, developmental services, and health services. Those specialists can help identify the most appropriate levels and types of treatment to address the family's needs.

Task 2: Involve youth and other family members, including extended family and family supports, in formulating plan

The members of the family and their extended support network are best able to help the family understand the need for specific services that are recommended in the plan and the importance of their participation in those services. It may be necessary to exclude some family members from this facet of the planning if their presence would present concerns for the safety of the child, other family members, CWS workers or interagency and community partners.

Task 3: Set specific outcomes and objectives

Child Welfare Improvement Activities are focused on providing change oriented services. Clearly stated outcomes and objectives in the case plan will help clarify why it is important to engage in services and what behavioral changes are expected as a result of participation in those services.

The involvement of specialty services in the family assessment and development of the case plan helps ensure that the specific services written in the case plan will address change-oriented needs of the family.

Task 4: Provide timelines for the accomplishment of objectives and attainment of outcomes

a) The case plan should be time-limited and specific time lines should be agreed upon.

b) Dates for reassessment and updating the case plan should be set at reasonable intervals and as required by mandates.

IV. Service Delivery

In Path 3, depending on the information gathered at the initial face-to-face visit and during the comprehensive family assessment, if CWS determines that there are no safety concerns and only low-to-moderate risk, the community partner agency may

assume responsibility for service delivery and resolution as described in Path 1 and Path 2. In that event, the CWS agency can close its referral or case, initiating procedures to receive a report from the community partner agency confirming that the family has engaged in services. If it is determined that there is high risk and/or safety concerns, CWS will be the lead agency in providing case management services to the family.

Although CWS is responsible for arranging for the delivery of services, community agencies and other public agencies are usually the primary providers of the specific services, and are responsible for working directly with certain family members. CWS and the partner agencies must address the following issues:

A. The need for services that will strengthen and support the family.

B The need to focus on areas that require change in order to ensure child safety and to enhance protective capacity.

C Assistance regardless of where the child is residing. (in home or out of home)

D. The need to be aware of, to understand and to implement any court orders relating to the family, including juvenile and criminal court orders.

E. The use of alternative decision making techniques to resolve issues that may present within the family and pose potential risk to the child's safety and in addressing plans for permanency for the child. (for example: mediation, Team Decision Making and Family Group Conferencing)

F. The need to focus on reunification and family restoration if the child or others have been removed from or left the residence; the need to identify and include other family members or non-relative extended family in the planning and implementation of case plans.

G. The need to work towards a permanent arrangement for any child who has left, or will soon be leaving the home.

H. The need to provide on-going services and assistance to any child approaching or anticipating the time of transition to adulthood.

Task 1: CWS and family sign case plan

If CWS services are to be provided, Division 31 regulations require that the CWS Social Worker, the Social Worker Supervisor, and the family sign the plan.

Task 2: Conform to Division 31 and court requirements if necessary

Division 31 and the Welfare and Institutions Code 300 et seq contain specific case plan requirements. If a court petition is filed or if voluntary services are provided under the terms of a service contract between CWS and the family, the plan that is developed must conform to the requirements that exist in regulation and statute.

Task 3: Case management responsibilities and expectations are articulated

CWS will be responsible for case management in Path 3 cases, although partner agencies will be called upon to provide services and to report to CWS, and, in dependency cases, to the court, on the participation of the family members included in the case plan. CWS responsibilities should be written in the case plan and include:

a) Regular visitation with the family.
b) Linking the family with direct service providers.
c) Periodic reassessment.
d) Ensuring that timelines are adhered to.
e) Monitoring progress in achieving objectives and outcomes.
f) Working with family to determine appropriate time for the termination of services.

If CWS determines that there are no safety concerns and only low-to-moderate risk, the Community Partner agency may assume responsibility for service delivery and resolution as described in Path I. In that event, the CWS agency can close its referral or case, initiating procedures to receive a report from the Community Partner Agency confirming that the family has been contacted and that services have been accepted or declined.

Task 4: Implement case plan

a) Assist in arrangements for services, including contacting agencies and ensuring transportation.

b) Identify any problems in implementation and work with family and others to resolve them.

c) Maintain regular contact with family members and the child. (at a minimum pursuant to Div. 31)

d) Provide direct services as appropriate.

e) Coordinate schedules and arrangements for counseling and other services.

f) Regularly assemble teams for decision making; adjust team membership as appropriate.

g) Regularly reassess family strengths and weaknesses; adjust case plan as needed.

h) Regularly reassess safety, risk and protective capacity.

i) Acknowledge achievements and successes.

V. Resolution

The final phase in working with families is oriented towards the completion of service plans and interaction between agencies and the family. In order for CWS to complete its involvement in a case, the following considerations must be addressed:

A. If the child is to remain at home, or be returned to the home, a strategy to ensure that families are linked to community resources for continuing services and support.

B. Permanency and well-being outcomes:
   1. Enhanced family capacity
   2. Family restoration
   3. Adoption
   4. Guardianship
   5. Kinship Care

C. Lifelong connections for youth.

D. Successful youth transition.

Task 1: Plan strategy for closure

a) Convene teams as appropriate.

b) If the child is to remain at home, or be returned to the home, confirm that there are no safety factors that should be addressed prior to closure.

c) Prepare a transition plan to maintain gains that have been made and to address potential challenges that may arise.

d) Identify community services and facilities that can provide assistance after closure of the case.

e) Confirm permanency outcomes for the child.

Task 2: Implement steps for closure: child at home

a) Refer to community agencies for continuing support.

b) Confirm that family and child have information about, and knowledge of resources and facilities in the community.

Task 3: Case Management responsibilities and expectations are articulated

CWS will be responsible for case management in the CWS cases, although partner agencies will be called upon to provide services and to report to CWS, and, in dependency cases, to the court, on the participation of the family members included in the case plan. CWS responsibilities should be written in the case plan and include:

a) Regular visitation with the family.
b) Linking the family with direct service providers.
c) Periodic reassessment.
d) Ensuring that timelines are adhered to.
e) Monitoring progress in achieving objectives and outcomes.
f) Working with family to determine appropriate time for the termination of services.

If CWS determines that there are no safety concerns and only low-to-moderate risk, the Community Partner agency may assume responsibility for service delivery and resolution as described in Path I. In that event, the CWS agency can close its referral or case, initiating procedures to receive a report from the Community Partner Agency confirming that the family has been contacted and that services have been accepted or declined.

Task 3: Implement steps for alternative permanent plan: child placed out of home

a) Refer to appropriate sources for assistance. (e.g. relatives, adoption assistance)
b) Determine best plan for permanency.
c) Recognize and consider needs of child for contact with siblings and other family members.
d) Report to court as required.
e) Regularly monitor case and progress toward permanence.
f) Seek additional court orders as needed.

ATTACHMENT E

GUIDELINES TO IMPLEMENT DIFFERENTIAL RESPONSE COMMUNITY CAPACITY BUILDING/PARTNERSHIPS

I. Initial Guidelines for Community Capacity Building/Partnerships

A. Establish a **Core County Leadership Team** comprised of agencies and groups beyond the boundaries of the traditional Child Welfare Services (CWS) system in order to sustain the focus, momentum and energy of differential response and other efforts geared toward improving child welfare services. Suggested members include board of supervisor representatives, the business community, community leaders, Community Based Organizations (CBO), private foundations, interagency partners and the CWS director and deputy director. Its purpose is to coordinate and champion the implementation effort in your location.

B. Within CWS, establish a **CWS County Team** focused on differential response as the new intake structure whose members include CWS, partner agencies and CBO staff. This team determines the nature and scope of the policy, program and practice issues in implementing differential response and will address cultural competence as well as fairness and equity issues.

C. The **CWS County Team** undertakes an assessment of existing resources, gaps in core services, and patterns of access in order to identify what has to be developed and ways to make needed changes in patterns of utilization and access. The end product is consistent with the demographic characteristics of county residents and includes and engages contracted private providers and community partners.

D. The **CWS County Team** establishes availability and access to a continuum of core services to address the needs of vulnerable children and families, including:

1. Health care for medical check-ups including the assessment and treatment of potential injuries to children.
2. Mental health services for children and parents.
3. Assessment and treatment services for alcohol and drug problems.
4. Developmental assessment and services for children.
5. Domestic violence counseling and shelter services for women and children.
6. Assistance with housing.
7. Availability of foster homes and out of home care facilities for children who cannot remain at home and/or need specialized therapeutic services due to abuse and neglect.

8. In-home safety services and mentoring services. (e.g. Shared Family Care)
9. Emergency assistance related to food, clothing, shelter.
10. Community-based family support services.
11. Early childhood developmental programs.

E. To aid decision making for assessment and case planning, the **CWS County Team** develops and implements core standards for team composition and team member participation. Multidisciplinary teams are composed of members from the following disciplines depending on resources in the community and needs of the case:

1. Child welfare
2. Extended family members (including non-formal community resources)
3. Alcohol and drug programs (including advocates, sponsors, etc.)
4. CalWORKs
5. Education
6. Mental health
7. Health services
8. Juvenile court
9. Domestic violence

F. The State via the State Interagency Workgroup supports these efforts through agreements with statewide public agencies offering needed services.

G. The **Breakthrough Series Collaborative** (BSC) provides a process for the counties to test and implement the changes proposed in these guidelines for implementing differential response via a PDSA. PDSA stands for Plan, Do Study, and Act, and by applying a PDSA, the counties can test and implement a potential change in practice, program and/or policy. Some of the suggested actions in this guidelines document will be referenced therefore with the acronym **PDSA** to alert readers to the potential testing of a particular suggested activity. Additionally, some of these PDSA's can be located on the extranet. (User Name: bscca ….Password: dr2004!)

(See Appendix 1, pages 42 – 46)

H. **Engagement Strategies and a Less Adversarial Approach**: It is important to develop and implement ways to communicate the change in focus from the substantiation of allegations to a face-to-face, less adversarial engagement of family members and others involved with the family. There is a greater effort to ascertain facts and jointly, together with the family, determine a course of action to reduce/alleviate risk and strengthen family functioning. This focus is not intended to supplant the charge of CWS to investigate and assess allegations when necessary.

I. Implementation of differential response is one way to ensure **fairness and equity**, which is the modification of policies, procedures and practices and the expansion of the availability of community resources and supports to ensure all children and families (including those of diverse backgrounds and those with special needs) will obtain similar benefit from child welfare interventions and attain equally positive outcomes regardless of the community in which they live. Differential response by creating three paths better matches needs and services in a timely way.

II. Guidelines for Building Workforce and Service Capacity

A. **Increasing workforce and service capacity** are essential steps to achieve differential response. This may be achieved by identifying and redirecting current resources to meet families' needs, or by increasing funding to provide joint response and service delivery for families beset by chronic mental health, substance abuse and domestic violence issues.

In addition, the longer range goals of expanding workforce capacity, partnering with family placement resources, supporting manageable workloads and building workforce skills through integrated learning systems are all important tasks to consider when addressing capacity issues.

B. **Expand Workforce Capacity**: Although the workforce will be fortified by new partnerships at the community level, there is still a need for sufficient recruitment and retention to secure enough personnel to meet the demand for services. Because the capacity issue is bigger than any single county can address alone, there are several state level action steps that are outlined below in addition to implementation steps at the local level to increase workforce capacity.

1. State Level Strategies:

a) Encourage California's institutions of higher education to expand their enrollment of social work preparation programs.

b) Promote expansion of federal Title IV-E work student stipend program.

c) Encourage schools of social work to develop or expand accelerated degree programs such as "advance standing."

d) Create statewide child welfare recruitment program.

e) Support the expansion of high school human services academies.

2. Local Level Strategies:

    a) Encourage public and private agencies to continue to adequately recruit and train staff to provide culturally competent services.

    b) Conduct job previews for CWS social workers that demonstrate the challenges, rewards, complexities and level of skill required to perform this work.

    c) Streamline the hiring process.

    d) Offer recruitment bonuses. This can be one way to attract new recruits to the field of CWS.

    e) Encourage career ladders within the CWS department.

    f) Create entry level opportunities via internships and Americorps staff.

(See Appendix 2, pages 47 – 48 for suggested activities to implement each of the above tasks)

C. Partner with **Resource Families**: Effective partnerships with Resource Families (foster and kinship families) are essential to the success of differential response. Resource families play multiple roles. They are partners in the care of the child, in identification of needs and in assuring, with CWS support, that the child receives needed services. They often have valuable input into helping parents, CWS and other partners make decisions about permanency. They also play a major role in helping the child adjust to the changes in their lives and in facilitating visitation with parents. They offer insights to the team that advance decision-making on the case plan and to help prepare the child for returning home, adjusting to another permanent home or transitioning into adulthood. As integral members of the child welfare workforce, they need to be engaged in all aspects of planning for the youth in their care and be appropriately recognized for the critical roles they play in helping achieve positive outcomes for children.

1. Make the terms of the partnership clear.
2. Revise Resource Family training & development to align with differential response.
3. Create a supportive environment. **PDSA**
4. Recognize families for all the roles they play.
5. Utilize technical assistance opportunities.
6. Encourage kin to ask for help. **PDSA**
7. Connect kin families to community resources. **PDSA**

8. Rely on fact-based assessment, thorough family history and relationship development with kin caregivers to determine the supports that will be most effective for each family.

9. Anticipate and plan supports to address family system issues.

(See Appendix 3, pages 49 – 50 for suggested activities to implement each of the above tasks)

D. **Support Manageable Workloads**: For differential response to be embraced as relevant and useful, it must be viewed by the existing child welfare workforce as a solution to the current stress on the system. CDSS recognizes the need to reduce high caseloads and workloads in order to improve caseworker practice and create a beneficial service environment for children and families

The following strategies are useful in addressing workload issues:

1. Leverage flexible funding strategies to provide workload relief
   - Allow flexibility in assignment of case related activities. **PDSA**

2. Leverage partnerships to reflect workload needs within the new CWS intake system. **PDSA**
   - Re-structure staff time to align with goals of differential response. **PDSA**

3. CDSS recognizes the need to reduce high caseloads and workloads in order to improve caseworker practice and create a beneficial service environment for children and families.

(See Appendix 4 on page 51 for suggested actions to implement each of the above tasks)

E. Build Workforce Skills through **Integrated Learning Systems**. The scope of knowledge, skills and experience required to carry out differential response cannot be delivered as a one-time training or series of workshops. Instead, it needs to be delivered as an integral and ongoing part of the educational process for each member of the child welfare team. This learning needs to occur through multiple means both at entry into the workforce and throughout one's career. Training alone is not enough. Sufficient resources, relevant information and proven intervention practices with children and families are all balanced to ensure workforce members demonstrate competence in helping children and families reach desired outcomes. Training is accompanied by strong, supportive supervision that is responsive to the variations culture brings to learning. Workforce excellence depends on the skills of each discipline joining CWS to serve children and families being developed and supported. Training the workforce is a shared responsibility of each community partner based on agreements negotiated through the partnership's governance structure.

1. Establish leadership support for workforce learning.
2. Assess current learning culture of your organization. (See Sample Assessment of the Current Learning Culture, page 56)
3. Assess the learning strengths and needs to perform differential response at all levels of staff and partners.
4. Set learning objectives at organizational, team and individual levels and create a realistic, staged training plan to support differential response.
5. Build on statewide and regional training resources to meet learning objectives.
6. Provide multi-disciplinary learning opportunities and on-the-job reinforcement. **PDSA**
7. Evaluate progress toward meeting learning objectives and assess results of engagement in learning opportunities.
8. Set performance expectations and reward demonstration of learning. **PDSA**

(See Appendix 5, pages 52 – 57 for suggested activities to implement each of the above tasks)

III. Expected Qualification for Staff of Partner Agencies

A. CWS ensures that caseworkers and community partners will be trained in an overview of child welfare services, including:

1. Mandated reporting laws.
2. The understanding that CWS will focus on ascertaining facts related to safety, risk and protective capacity of the family. This focus is not intended to supplant the charge of CWS to investigate and assess allegations when necessary.
3. Confidentiality laws that are pertinent to child welfare, particularly geared towards community partners on their unique roles.
4. Community partners understanding their boundaries.
5. Strength-based and family engagement training.

B. Criteria for Partner Agencies :

1. Participate in community partnership activities that already exist in the community.

2. Meet with other agencies so there is shared information on all the services provided to the community.
3. Access local information and referral resources to work with the families.
4. Conjointly participate in application for grants in partnership with CWS and other county departments.
5. Provide feedback to CWS about family participation in services, per County agreement.
6. Engage the family in an assessment of family needs. **PDSA**
7. Certified as a non profit agencies (or have a Memorandum of Understanding (MOU) if not) Main agency however, needs to be certified as a non profit agency.
8. Experienced in case management services.
9. Quality assurance strategies.
10. Able to fulfill a performance based contract.
11. Employ staff who are reflective of the community.
12. Services which are culturally and linguistically appropriate to the community being served.

IV. Building Capacity with Partner Agencies to Sustain and Support Services

A. The **CWS County Team** undertakes an assessment of existing resources, gaps in core services, and patterns of access in order to identify what has to be developed and ways to make needed changes in patterns of utilization and access (See Initial Guidelines for Community Capacity Building/Partnerships, page 33)

B. The **CWS County Team** determines the network of community resources to be used for direct referrals from Intake to Community Services response path

C. The CWS Team will make a determination of the qualifications and skills of the community partner agencies

D. The **CWS County Team** works within community partnership structure to designate a community agency or agencies with responsibility to:

1. Report back to CWS whether or not the family actually was connected to services, per County agreement.
2. Re-refer to CWS if the family situation rises to a level of a mandated report.

3. The **CWS County Team will:**

   a) Develop a protocol for referral and initial community response.

   b) Arrange for the appropriate services from the array of community services and resources.

   c) Develop a network of community support for the designated community agency(s).

E. Building community capacity with partner agencies to sustain and support services (**Path 2 and 3**):

1. The **CWS County Team** develops and implements county-wide guidelines for if and when a community partner will accompany CWS for the initial face-to-face and the process for identifying and communicating the obligations and roles of case specific team partners including functions related to:

   a) Completing the family assessment of needs
   b) Providing services to a family
   c) Coordinated case management:

      i. Shared accountability for outcomes. **PDSA**
      ii. Leveraging resources to achieve common goals. **PDSA**

V. <u>Building Trust and Engaging Service Providers to Participate as Team Members for Assessing, Planning and Providing Services to Families</u>

A. The **CWS County Team** develops greater clarity and agreement with contracted public-private partners and community providers on their role, responsibility and contribution to mutually agreed outcomes. This process can be facilitated by all participants:

1. Recognizing and agreeing to federal and state regulations that mandate CWS' bottom-line legal and fiscal accountability:

   - Measuring CWS responsiveness to community feedback via pre and post surveys

2. Developing clear definitions of how CWS, public-private partners and community conceptualize "teams" in terms of discipline and affiliation, and flow across the CWS system. This process, in turn will help to create a team culture defined by shared experience, traditions, values and belief systems related to child safety and well being.

B. Shifting the organizational culture toward differential response: Although the degree of change needed to implement differential response may look very different in each child welfare organization across California, it is CWS personnel

and their partners in each location who will ultimately transform the system. When this element is fully implemented, the culture of each organization embraces the value and new directions of differential response. All policies, practices, structures and functions would be aligned and consistent with the objectives of differential response.

1. Decide why participating in a differential response strategy is better than the status quo.
2. Decide what scope of change is needed in your location. (See Sample Assessment of the Current Learning Culture page 56)
3. Keep organizational change effort focused on the results it will achieve for children and families.
4. Share information and support with community partners to facilitate changes necessary for them to engage effectively. **PSDA**
5. Align the organization's mission, vision and guiding principles with differential response.
6. Make agency policy, procedures and other operational materials consistent with differential response. **PDSA**
7. Align management structure and staff assignments to support differential response. **PDSA**
8. Help staff and partners gain first hand experience of why and how differential response strategies work. **PDSA**
9. Seek out feedback throughout change process and adjust to improve results. **PDSA**

(See Appendix 6, pages 58 – 61 for suggested activities to implement each of the above tasks)

Appendix 1: California Breakthrough Series Collaborative on Differential Response

Background

The California Department of Social Services, the Foundation Consortium for California's Children and Casey Family Services joined forces to sponsor a Breakthrough Series Collaborative (BSC) dedicated to the implementation of Differential Response in 43 California counties. The Breakthrough Series Collaborative (BSC) is a quality improvement method that uses small-scale changes in practice to make larger systems change manageable, practical and possible.

Each county is responsible for identifying a five-person Core Team to work together, make changes and implement new systems over the course of two years. Teams are guided and mentored by experts as they study, test, and implement the latest knowledge and evidence available. All participating teams attend three Learning Sessions and are expected to test changes and measure the impact of these changes between the Learning Sessions.

The Work During the BSC

Each team works individually, guided by the faculty and co-chairs. They began the Collaborative by collecting baseline data and determining their primary goals and priorities.

This Collaborative will have a total of three in-person workshops called "Learning Sessions." The Learning Sessions bring together the faculty and co-chairs with members of all teams. They serve as forums to provide instruction about the rapid-cycle change model for improvement and the framework for change. Each Learning Session also provides the teams with an opportunity to share information, report on their progress and what they've learned, and do some collaborative problem solving with their colleagues in other counties. The most critical part of each Learning Session is the time each team spends together, planning for real changes within its system, coached and facilitated by the experts in Differential Response and the Breakthrough Series Methodology.

Between each Learning Session, the teams are involved in testing and making actual changes within their systems. This is the time for each team to test different approaches that were discussed during the prior Learning Session and to document the results. These periods of intense work are supported by the faculty, frequent conference calls, and ongoing communication between teams and experts via a project Extranet. The teams submit monthly reports to track progress and share knowledge between the Learning Sessions.

A key component of the BSC model is ensuring that these changes are ultimately spread. The teams' Senior Leaders must be strongly committed to the Collaborative and are responsible for facilitating the spread of this work within their organizations and throughout the field.

Framework Components

The Collaborative teams are addressing the following seven Differential Response framework components:

1. Intake Structure: Intake structure provides three pathways of service response to child abuse and neglect reports.
    - Assessments will be made at the point of intake to determine which track is most appropriate for the family being referred: community response, CWS low to moderate response, or high-risk CWS response.
    - Teams are in place to provide further assessment as needed following intake, especially for priority populations: the homeless, families with children ages 0 to 5, and families struggling with chronic neglect and/or substance abuse.
    - Information regarding prior referrals, actions taken with regard to those referrals, and outcomes of prior CPS involvement is utilized for decision making at intake.
    - In the community response track, identified community agencies will serve as referral agencies, engaging the families, arranging appropriate services.
    - There will be a structure in place that allows for and facilitates changes from one response track to another.

2. Assessment: Standardized approach to assessment of safety, risk, protective capacity, and needs.
    - The assessment process accurately determines the safety, risk and protective capacity of children's needs and strengths of the families at key decision points in the life of the case.
    - County protocols are clear about who (CWS, a community-based service provider or a team of people from multiple agencies) should conduct standardized assessments based on the particular circumstances of the case.
    - Decision making and forms reflect the new assessment procedures.
    - CWS, other public agencies and community partners understand the assessment approach and how to implement it.
    - Systems are in place to capture and share assessment information across agencies.

3. Family Engagement: Engaging families to achieve better outcomes: using a voluntary engagement process when possible.
    - A key to engaging families is a shift in focus from substantiating abuse and neglect to addressing the needs of families. This focus is not intended to supplant the charge of CWS to investigate and assess allegations when necessary.

- Child welfare social workers and community-based service providers build a relationship with the families that include communication, honesty, respect, information, and clear objectives.
- Child welfare staff and partners offer change oriented services based on family need and level of risk rather than on substantiation of child abuse and neglect.
- Families understand the assessment and referral process and give permission for voluntary referral to community-based services.
- The wisdom of families and the people they trust will be used in the assessment, safety, and case planning processes.
- Use team decision-making approaches to engage families and community partners in the assessment, case planning and service delivery processes.
- Requirements for reporting substantiated reports to the Child Abuse Central Index are consistent with the goals of differential response and cross-agency information sharing, while also meeting current regulations.

4. Community Partnering: Close partnering and clear communication among child welfare, other public agencies and community-based organizations to address child safety, permanency and well-being.

   - The roles and obligations of CWS and its community partners are clear with regard to referrals, assessments, service provision and case management.
   - Ongoing communication mechanisms are in place among community agencies, CWS, and other public agencies to provide relevant information regarding the families they are serving.
   - All relevant stakeholders understand the goals, processes, risks and benefits of differential response, and the implications for organizational culture, philosophy and service delivery.
   - CWS and its public and private partners will work together in an ongoing way to strengthen service coordination and integration, based on shared goals and common populations being served.
   - CWS and its public and private partners make effective use of resources to capitalize on each discipline's expertise and resources.

5. Service Array: Establishing availability and access to a network of integrated, culturally appropriate resources and opportunities to address the needs of vulnerable children and families.

   - The network will include formal and informal supports and services to meet identified needs.
   - Each community will have a clear understanding of existing resources, patterns of access to services, and gaps in core services.

- Service and resource gaps will be addressed through capacity development and coordinated case management strategies.
- CWS will develop performance-based contracts with community agencies.

6. Staffing: Child welfare and community agency staff have the time, resources and support they need to engage, assess, and serve families well.
   - Child welfare partners have thorough knowledge of the network of community resources available to support families.
   - Child welfare partners receive cross-agency training that includes skills and knowledge development in culturally appropriate assessment, engagement of families, and family-based practice.
   - A well-articulated system of coordination among CWS staff and the network of service providers are in place to support better utilization of existing services.
   - Staff at all organizational levels—administrative, supervisory and direct service—understand and support each others' roles in the differential response process.

7. Monitoring Outcomes: Tracking for improved outcomes for children and families.
   - Family-specific data about safety, risk, protective capacity, and utilization of services is systematically collected throughout the life of the child welfare case and used for continued improvement.
   - Cases are reviewed on a regular basis to ensure appropriateness of track assignments and track changes, and their implications.
   - There is a system of review by key stakeholders of differential response procedures to ensure desired outcomes are reached.
   - Data are collected and analyzed to monitor the effect of practice changes on the disproportionate representation of families of color in the CWS and inequities of service provision.
   - Collect data to identify the costs and benefits of differential response.
   - Collect non-identifying, aggregate data on utilization and impact of services on the community response track, to assess and improve effectiveness.

Desired outcomes as a result of Differential Response implementation were defined by a group of experts in January 2004. The following measures are being tracked monthly by all participating teams:

1. Decrease in the number and percentage of re-referrals of families to CPS.
2. Increase in number and percentage of families actually receiving services within 30 days of intake.
3. Increase in the number and percentage of referrals in which families are assigned to a response track.

4. Increase in the number and percent of families who feel helped and supported by the agency.
5. Increase in the number and percent of families who participate in their own assessment and case planning.

Appendix 2: Suggested Activities to Expand Workforce Capacity

State Level Action Steps

1. Support the expansion of high school human services academies:

    - This requires ongoing collaboration with both the State Department of Education and local school districts to increase the number of "Human Service Occupations Programs" in California high schools and vocational centers. Such programs prepare students for entering into postsecondary education or directly into a human services career. This provides a direct path to entry-level human service positions from high school by providing job training, academic instruction in practice principles and methods as well as internships relevant to child welfare settings.

2. Promote expansion of federal Title IV-E work student stipend program.

    - Explore extending IV-E program participation to private sector agencies as an employee benefit of partnership with CWS. Private agency staff could gain additional skills, contribute their increased expertise to the multi-disciplinary team and continue to work within their organization. This increases team competence while avoiding adverse impact on the workforce of community-based partners.

3. Encourage schools of social work to develop or expand accelerated degree programs such as "advance standing.

    - Another priority for the state leadership team is to ensure schools of social work not only update curriculum to reflect the new direction of child welfare prompted by differential response, but also accelerate preparation of current and new students for the roles that are in immediate demand.

4. Create statewide child welfare recruitment program.

    - To fill roles required by differential response, consider looking to other disciplines for recruits who may possess many of the family engagement, assessment and other skills needed (e.g., family therapy, counseling, psychology, public health nursing, etc.

5. Encourage California's institutions of higher education to expand their enrollment of social work preparation programs:

    - One priority must be to ensure that sufficient space is available in schools of social work and other disciplines to meet the demand for direct service and management roles in both the public and private sector to carry out differential response. Such a priority can coordinate with national efforts by other organizations such as National Association of Social Workers, Child Welfare

League of America and the National Association of Public Child Welfare Administrators to advocate for increasing the supply of professionals in the field of child welfare.

Local Level Action Steps

1. Encourage public and private agencies to continue to adequately recruit and train staff to provide culturally competent services.

   - Recruit bilingual staff reflective of the cultural and linguistic composition of the client population. Stronger partnerships with CBOs may facilitate this recruitment.

2. Conduct job previews.

   - To promote faster more accurate match between new job candidates and positions across the child welfare workforce more efficient and effective hiring practices are needed. Provide hands on opportunities to test out applicant skills and abilities through viewing a video tape and answering questions, conducting a mock client assessment or simulating a team decision-making activity.

3. Streamline the hiring process.

   - Create timelier hiring by limiting or eliminating cumbersome application processes. Use innovative techniques such as on-line job applications, post job openings weekly and create 5-day windows for applications submissions.

4. Offer recruitment bonuses.

   - With the human service skill set in high demand across the social service job market, bonuses can be one way to attract new recruits to the field. This however should be done without adversely impacting the capacity of the partnerships and alliances necessary for differential response to be successful. Consider coordinating recruitment efforts across systems that will be working in partnership to meet the child welfare needs within the community as a whole.

Appendix 3: Suggested Actions to Partner with Resource Families

1. Make the terms of the partnership clear.

    - An effective working partnership between the agency and the Resource Family is essential to help youth reach positive outcomes while in care. Misunderstandings or disagreements about the expectations, roles and responsibilities within these partnerships can drain the time, energy and enthusiasm of all members of the service team. Clarity about the nature of the partnership creates an environment of trust, support and mutual respect. Agency expectations of the family as a member of the service team as well as what the family can expect in return from the agency in terms of supports, compensation, services and guidance are critical for success.

2. Revise Resource Family training & development to align with differential response.

    - Resource families need to receive sufficient, high quality pre-service and in-service training to build their capacity in the skill areas essential for success in implementing differential response. Training should be designed to meet both child-specific and interdisciplinary team learning objectives. Training must be accompanied by supportive elements and services such as on-site child care, accessible locations and times and better use of technology. Skill development areas for resource families include:

        1. Provide a safe and nurturing environment for children in their care.
        2. Meet developmental needs of children in care.
        3. Support birth family work.
        4. Promote child and birth family outcomes.
        5. Support child and family cultural needs.
        6. Work in partnership with child welfare intervention team.
        7. Care for self and their own family.
        8. Value life-long learning.

3. Create a supportive environment.

    - Despite formal training and preparation that Resource Families may receive as part of their licensing requirements, significant stress can arise from the realities of caring for a particular youth. To be an integral part of the team, caregivers must have as much complete and accurate information about the child prior to placement as possible. This includes being supported to have direct contact with the child's parent or other primary caregiver to learn about the child and his or her needs. In addition, detailed facts about the child and his/her history, anticipated reactions to placement outside their home and projected length of stay are important to provide.

4. Recognize families for all the roles they play. Resource Families play many critical roles that continue after a child is returned home. These include:

    - Ongoing support and facilitation with the birth family once the child is reunified.
    - Mentoring or training other Resource Families.
    - Recruiting new families to provide care.
    - Advocating for child welfare issues at the community and policy level.
    - Often providing a permanent emotional connection for the child into adulthood.
    - Families feel more supported when they are recognized for the valuable services they provide to youth, the child welfare program and the community as a whole in caring for youth who are not their own.

5. Utilize technical assistance opportunities

    - The CDSS will work with counties to determine where additional support services may be needed for caregivers and identify resources that can provide support services for caregivers in counties.

6. Special consideration for kinship families.

    - Encourage kin to ask for help.
        1. Helping kin families learn what kinds of help are normal for families to receive, what services are available in the community and how the agency can help connect or pay for such services is critical.
    - Connect kin families to community resources.
        1. Utilize the planning mechanism of the community and neighborhood based partnership for your county to ensure appropriate services and supports are available to meet the needs of kin caregivers.
    - Rely on fact-based assessment, thorough family history and relationship development with kin caregivers to determine the supports that will be most effective for each family.
    - Anticipate and plan supports to address family system issues
        1. Kin caregivers often need support and or counseling to help them constructively work with birth parents, and express their feelings about assuming a parental role with their related children.

Appendix 4: Suggested Actions to Support Caseload Standards

1. Leverage flexible funding strategies to provide workload relief.
   - Several flexible funding strategies could promote creative workload solutions. These include contracted administrative support, coordinated foster family payment for mental health and substance abuse services, funding for multi-disciplinary teams, reinvestment of foster care savings and performance based contracting.

2. Allow flexibility in assignment of case related activities.

   - Currently, several time-consuming tasks are done by the assigned caseworker, rather than the person on the team who can most efficiently and effectively perform the task. Some of this is driven by habit and some is due to current child welfare regulations. Sharing responsibility with the community for child protection and promoting relationship consistency for children suggests opportunities to distribute case management responsibilities differently in certain circumstances.

3. Leverage partnerships to re reflect workload needs within the new CWS intake system.

   - As differential response is implemented and stronger partnerships are formed between the county child welfare agency and community based organizations, private agencies and others; consider the role of case manager as a more flexible assignment. Certain circumstances may require CWS to retain case management authority and responsibility, such as court involvement and/or the severity of the client or family condition.

4. Re-structure staff time to align with goals of differential response.

   - In order to create the time and space to implement differential response, a thorough examination of current practices needs to occur. The goal of this review is to identify and eliminate unnecessary activities that detracts from caseworkers' ability to engage with families and children to promote positive outcomes—the ultimate goal of the reform.

     CDSS recognizes the need to reduce high caseloads and workloads in order to improve caseworker practice and create a beneficial service environment for children and families. Setting and enforcing caseload standards is only one piece of a much larger puzzle that must be solved to achieve workload manageability. Factors such as case complexity, experience and skill of worker/team, intervention effectiveness, workplace/partnership efficiencies and external demands all influence workload and ultimately the outcomes desired for children and families. It will be important to ensure that differential response implementation efforts influence as many of these factors as possible to create and maintain reasonable workloads.

Appendix 5: Suggested Actions to Build Workforce Skills Through Integrated Learning Systems

1. Establish leadership support for workforce learning. Learning is essential to sustain change over time and promote the team based approach woven throughout differential response. This will require leadership within CWS and its partners to encourage mastery of the knowledge base, the techniques and skills necessary for each segment of the workforce.

    - Invite training directors and educational leaders of other systems and disciplines within the child welfare workforce (e.g., mental health, AoD, law enforcement, courts, schools) to join county and 8 leadership teams.

    - County and State leadership teams design ways to educate management level leaders from CWS and all partner systems about the rationale and benefits of differential response. This will help strengthen leadership endorsement of workforce preparation and support, including a willingness to commit the resources, systems and structures for workforce excellence.

    - County and State leadership teams negotiate agreements to leverage resources across systems, such as funding, curricula, educational materials and trainers.

2. Assess current learning culture of your organization.

    - To emphasize learning as a priority, it helps to know the strengths and limitations of your current environment. Leaders must have a clear picture of the current reality before true accountability for learning can occur. An assessment tool can be used to gauge the developmental stage of your county's learning culture and use the information to shape the desired learning system changes. (See Sample Assessment of the Current Learning Culture, page 56)

3. Assess the learning strengths and needs to perform differential response at all levels of staff and partners at each operational level of the workforce: direct service, program management and policy administration needs to be prepared for differential response with appropriate skills and knowledge. The unifying principle of teamwork inherent in differential response encourages CWS staff and its partners to demonstrate the capabilities essential to achieving positive outcomes for children and families.

    - Conduct ongoing dialogue within the county leadership teams to identify and address the training implications for differential response.

    - **CWS County Teams** determine the new roles and expectations for practice and management specific to their county's implementation of differential response.

- Set learning objectives at organizational, team and individual levels and create a realistic, staged training plan to support differential response.

- Focus strengths and needs assessment on the members of the workforce (e.g., CWS staff, community-based organizations, resource families) who will be performing the functional roles.

- **CWS County Teams** assess current strengths and limitations of each workforce segment in the CORE SKILLS (see Appendix 4 on page 51) as well as advanced expertise in various aspects of differential response.

- Identify learning gaps that exist for each segment of the workforce (e.g., CWS staff, community partners and resource families) to prepare for setting training priorities to meet county needs.

4. Set learning objectives at organizational, team and individual levels and create a realistic, staged training plan to support differential response. Learning for the workforce needs to be guided by what knowledge and skills across CWS and its partners will best achieve the desired outcomes for children and families. The following suggested actions create a tighter link between what the entire workforce learns and the results for which the system is ultimately held accountable:

   - County teams utilize Accountability & Outcomes framework via the Self Assessment and System Improvement Plans and 3-Year county-based planning process to promote the learning objectives of each county environment.

   - Engage county-based multi-disciplinary partnership via the **Core County Leadership Team** to identify learning priorities that will meet demands of service population.

   - Evaluate client outcome data and peer review results to prioritize learning objectives for intervention and management teams.

   - Survey individuals and teams to identify what they need to learn over time.

5. Build on statewide and regional training resources to meet learning objectives. California already has a strong infrastructure for training that is regionally based through the University of California campuses, California State University system, the Regional Training Academies and the community college system. Building on this existing context will serve to expand and leverage the strengths of the current system.

   - Meet learning needs locally by pooling resources and leveraging other regionally based mechanisms to deliver knowledge base (e.g., community colleges, family support centers).

- Work with local training and education entities to coordinate access to training resources and serve as clearinghouse for materials, curricula and trainers to promote learning in all sectors of child welfare workforce.
- The CDSS will work with counties, the California Social Work Education Center (CalSWEC) and the Regional Training Academies (RTAs) to develop requirements and competencies for child welfare workers and supervisors with the goal of strengthening case practice.
- The CDSS will ensure that the contracts with the regional training academies include provisions requiring the academies to develop common core curricula to ensure training in comprehensive family needs assessments, including assessing educational and mental health needs of all children both in-home and out-of-home, and that training is consistent statewide.
- The CDSS will provide training to child welfare and probation supervisors on enhanced case planning practice, including involvement of all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children's needs; assessing all in-home children's educational needs and assessing all in-home children's mental health needs.
- The CDSS will conduct focused training regarding Indian Child Welfare Act (ICWA) requirements and cultural considerations of Native American children for both county staff and tribal ICWA workers. This training will include training for Indian tribes on their rights and responsibilities regarding intervention on Indian Child Welfare Act cases.

6. Provide multi-disciplinary learning opportunities and on-the-job reinforcement. The complex problems faced by vulnerable children and families often exceed the expertise of a single discipline. Thus, multiple professionals—social workers, teachers, nurses, counselors, physicians, public administrators, psychologists and others—must work collaboratively, understand each other's roles and expertise, be able to communicate and learn from each other, share resources and plan together with families. The following suggested actions encourage all team members to be provided with regular and ongoing occasions to learn.

   - Ensure training plan includes pre-service education for professionals and para-professionals to work effectively in a multi-disciplinary service environment.
   - Meet common training needs to perform collaborative functions of child welfare through multi-disciplinary cross-training events.
   - Use the configuration of the service team to form groups with similar learning objectives or establish "learning partners" within the same unit.
   - Plan relevant learning opportunities for these groups to attend together and/or share what they learned with each other. Such alliances promote peer support for learning desired skills that are immediately applicable to the direct service environment.

- Provide time for learning to occur, to integrate new concepts and to practice new techniques.
- Support learners within their own organization to reinforce their learning through multiple means (e.g., coaching, mentoring, supervision, interdisciplinary teams). "Teachable moments" in team meetings or in supervisory sessions can be powerful reinforcement of key concepts introduced in more conventional training settings.

7. Evaluate progress toward meeting learning objectives and assess results of engagement in learning opportunities. Regular data collection, customer feedback, analysis and evaluation of results can reveal how effective the learning system is in helping workforce members meet their learning objectives. These evaluative efforts need to be grounded in a client-focused perspective. Below are some suggested actions to that end:

   - Incorporate ways to track achievement of learning objectives, including supervision meetings, performance reviews, team evaluations and informal conversations.
   - Involve workforce members in the evaluation process. Ask learners what training they found most useful and what improvements could make a particular training or event a more powerful learning experience.
   - Utilize the county-based multi-disciplinary partnership via the **Core County Leadership Team** to evaluate and improve the local learning system.
   - Track and analyze community needs to adjust learning objectives toward better serving client populations.

8. Set performance expectations and reward demonstration of learning. The need to learn is not a sign of inexperience, but a necessary part of striving for excellence. Learning is essential at all stages of career, voluntary or client involvement in the system. Rather than a sign of ignorance, learning becomes a symbol of curiosity, growth and renewal. Motivation to learn and job satisfaction can increase when workforce members are clear about performance expectations and their accomplishments are recognized in meaningful ways. The following suggested actions promote this approach:

   - Define performance expectations and develop mechanisms to evaluate performance at individual, team and community levels.
   - Utilize "systemic" performance evaluation methods that include customer, peer and management feedback on learner's performance.
   - Develop ways to acknowledge and reward demonstration of learning.

Sample Assessment of the Current Learning Culture*

Using the response options below, write the number that best describes your answer in the blank after each statement. Tally to reach a total score.

Response Options:
1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always

1. There is freedom for people to speak their minds; different views are encouraged. ____
2. Overall quality of the work environment is improving. ____
3. Systems, structures and procedures are adaptive and flexible. ____
4. Differences in learning styles are recognized and respected. ____
5. People are encouraged and provided the resources to become self-directed learners. ____
6. Teams as well as individuals are recognized and rewarded for innovation. ____
7. Mistakes are viewed as opportunities for growth throughout the system. ____
8. Mistakes are reframed in "lessons learned" sessions in order to produce clear, specific and long term system changes. ____
9. There is a willingness to change existing patterns that pose organizational barriers to execution of daily work. ____
10. The general stress level is manageable and does not hinder learning. ___
11. Continuous improvement is expected, treated receptively and practiced at all levels in the organization. ____
12. Cross-functional learning is encouraged; people are given the opportunity to understand the function of other different yet related jobs and partner organizations. ____

Total Score _____

Your total score determines the developmental stage of your learning culture and the key task for your organization to address as indicated on the next page.
12 to 24: Focus on creating a safe environment to foster learning.

25 to 42: Build on current foundation to reinforce learning.

43 to 60: Lead by example and share your lessons learned with other counties and partner organizations.

**Developed by Leslie Ann Hay*

Skills for Direct Service Teams

- Assessment using standard approach to of safety, risk and protective capacity.
- Collaboration and decision-making in a team environment.
- Family-centered practice.
- Fairness and equity in practice decisions.
- Comprehensive child and family assessment.
- Outcome-oriented case planning.
- Customized service responses and interventions.
- Collaboration among multiple disciplines.
- Continuity and permanence for all youth.
- Concurrent planning.
- Applying evidence-informed practice.

Skills for Program Management and Policy Administration Staff

- Applying flexible funding strategies.
- Managing organizational change.
- Supervising multi-disciplinary teams.
- Fostering the desired parallel process throughout the organization.
- Promoting evidence-informed practice.
- Supporting on-going workforce learning.
- Providing leadership to ensure fairness & equity.
- Adopting an outcomes orientation to accountability.

Appendix 6: Shifting Organizational Culture Towards Differential Response

1. Decide why participating in differential response is better than the status quo. Answering the "why are we doing this?" question is an essential part of building commitment to lasting change.

    - Engage your county leadership team to determine why this activity makes sense for your county and what the expected benefits for families, workforce members and the agency will be.
    - Identify reasons for engaging in differential response activities are compelling for all who have a stake in the outcome—children and families, staff, Board of Supervisors, partners and the community.
    - Assess the current learning culture in your organization and determine what key organizational culture shift will promote implementation of differential response. (See Sample Assessment of the Current Learning Culture pages 56)

2. Decide what scope of change is needed in your location. With the diversity that exists across California's child welfare enterprise, how differential response looks and the degree of change that will be made in each county will fall along a continuum.

    - Select relevant aspects of differential response for implementation that maximize your location's ability to reach improved outcomes for children and families.
    - Build on the strengths of your county's current reality using your Outcomes and Accountability System Self Assessment Plan.
    - Utilize your **Core County Leadership Team** to establish agreed upon results for children and families that the differential response effort needs to accomplish.
    - Plan the degree of change in organizational structure, staff roles, supervisory responsibilities, case management processes, hiring, training and promotional expectations for staff that can be accomplished within available and potential resources.

3. Keep organizational change effort focused on the results it will achieve for children and families. The success of differential response revolves around improving outcomes for children and families. The purpose of the organizational change is to create a culture that helps achieve this result.

    - Prioritize organization's time and energy to resolve organizational structure and process-related issues that improve outcomes for children and families.
    - Consistently emphasize and reinforce the benefit to children and families of shifting the organizational culture.

- Know the realities of the client population in your particular county and be aware of biases regarding class, race, gender, and economic disparity that may influence which organizational culture changes are made.
- Be accountable for the impact of organizational change efforts on the children and families your workforce serves and adjust accordingly.

4. Share information and support with community partners to facilitate changes necessary for them to engage effectively. Strong partnerships simultaneously attend to the organizational change demands within the agency and assist Community-Based Organizations (CBOs) and other county partners involved in safety, permanency and well-being to make necessary shifts within their own organizations.

   - Use the contracting process to reinforce the new expectations and principles of the Improvement activity.
   - Formalize communication by appointing management team members (or a special liaison from the agency to the community) to help CBOs and other partners make the changes needed to support the Improvement activity.
   - Share internal marketing materials with CBOs and partners.
   - Provide education and training opportunities about differential response to CBOs and partners.

5. Align the organization's mission, vision and guiding principles with differential response. Your mission, vision and guiding principles creates an operational framework for the organization's approach to "doing business." These underpin the actions and decisions of people at all levels of the organization—line staff, supervisors and management. It also sets the tone for how your organization interacts with clients, families and partners.

   - Engage stakeholders in a process to ensure that the mission, vision and guiding principles of the organization are congruent with the Improvement activity.
   - Involve families, advocacy groups, staff, agency management, partnering agencies, and County Board of Supervisors representatives to validate the mission, vision and guiding principles.

6. Make agency policy, procedures and other operational materials consistent with differential response. Putting differential response into practice will require changes in behavior across the workforce. Examples of topics that may require revisions to agency policies, procedures or other operational materials include: infusing fairness and equity at all levels of decision-making; applying a standard approach to assessment of safety, risk and protective capacity; and consistent use of multi-disciplinary teams.

   - Align protocols that guide decisions and actions of the workforce with the expectations of differential response.

- Ensure consistency with differential response in decision-making protocols and other operational guides related to policy administration, staff supervision, assessment, planning, intervention, service delivery and case management.
- Communicate the new policies and protocols to all workforce members who have a role to play in carrying out these operations.

7. Align management structure and staff assignments to support differential response. Bringing the entire structure and function of the organization into alignment with differential response will be a critical step in moving from where you are now to where you want to be in the future.

    - Critically examine how the current structure of the workforce within your organization including the functional roles that are played. Consider if this is the most effective configuration to implement differential response in your location.
    - Take a strengths-based approach to uncover underutilized strengths, skills and talents in the workforce that may have been hidden by the current structure.
    - Make necessary structural alignments. Examples of structural alignments may include: reassignment or reclassification of staff and job description revisions to reflect the differential response approach to serving children and families; co-location of staff and partner agencies to promote family engagement, prevention and early intervention; and collaborative management structures to reflect multi-disciplinary nature of differential response pathways.

8. Help staff and partners gain first hand experience of why and how differential response strategies work. Rather than telling people about the benefits of differential response, it can be far more powerful to show them. With significant innovation already at work in California, there are opportunities to learn first hand about successful differential response strategies. Examples include:

    - Have staff observe or shadow multi-disciplinary teams in action and hear from families about the benefits of the team approach.
    - Develop a communication vehicle, such as a newsletter, website or practice digest publication to focus on differential response progress, success stories and challenges.
    - Video tape a panel discussion with “early implementers” about lessons learned to share with other counties.
    - Create time at staff meetings to share learning, insights and challenges so that efforts to put the differential response strategies into practice are recognized.

9. Seek out feedback throughout change process and adjust to improve results. Set the expectation from the management level that changing the organizational culture matters and what is learned in the process is valuable.

- Early in the process, identify expected outcomes and performance indicators, tell people what they are and use them to monitor and measure progress.
- Utilize continuous internal feedback (e.g., formal meetings, informal encounters between management and staff, staff gatherings, performance evaluations) to reinforce guiding principles and ensure that staff are performing in the new ways expected of them. When people are not making the change, be sure to engage with them to explore why and what steps are needed for improvement.
- Regularly solicit external feedback from families, community based organizations, juvenile court and other partners to determine how effective the differential response strategies are for them and ask for their suggestions on how to improve. Examples of methods to collect this feedback include client satisfaction tools, focus groups or individual interviews.

ATTACHMENT F

DIFFERENTIAL RESPONSE IMPLEMENTATION LOG (DRIL)
Community Capacity and Partnership Building

The Differential Response Implementation Log (DRIL) helps to chart a county's status and future steps in building community capacity and partnerships. The status comments at the end of each guideline component help to summarize strengths and challenges and current and potential Plan Do Study Acts (PDSAs). The source document for the DRIL is the Guidelines to Implement Differential Response: Community Capacity Building/Partnerships that a reader can reference for more detail on the below tasks. **Please note that this assessment is comprised of suggested activities, not State mandated activities.**

I. COMMUNITY CAPACITY BUILDING/PARTNERSHIPS – INITIAL GUIDELINES				
A. INITIAL GUIDELINES				
	Yes/No	NEXT STEP(s)	RESPONSIBLE PARTY	TIMELINE
1. Have you established a Core County Leadership Team or reconfigured existing groups to be the Core County Leadership Team?				
2. Have you established a CWS County Team?				
3. Has the CWS County Team undertaken an assessment of existing resources, gaps in core services, and patterns of access in				

order to identify what has to be developed and ways to make needed changes in patterns of utilization and access?				
5. Has the CWS County Team established availability and access to a continuum of core services including:				
a) Mental health services for children and parents				
b) Assessment and treatment services for alcohol and drug problems				
c) Developmental assessment and services for children				
d) Domestic violence counseling and shelter services for women and children				
e) Assistance with housing				
f) Availability of foster homes and out of home care facilities for children who cannot remain at home and/or need specialized therapeutic services due to abuse and neglect.				
h) In-home safety services and mentoring services (e.g. Shared Family Care)				
i) Emergency assistance related to food, clothing, shelter				
j) Community-based family support services				
k) Early childhood developmental program				
6. To aid decision making for assessment and				

case planning, has the CWS County Team developed core standards for team composition and team member participation including:				
a) Child welfare				
b) Extended family members (including non-formal community resources)				
c) Alcohol and drug programs (including advocates, sponsors, etc.)				
d) CalWORKs				
e) Education				
f) Mental health				
g) Health services				
h) Juvenile court				
i) Domestic violence				
7 Have PDSAs (via the Breakthrough Series Collaborative) been incorporated into the process of testing and implementing changes to the system?				
8. In working with the family, is there a primary focus on ascertaining the facts and engaging the family? This focus is not intended to supplant the charge of CWS to investigate and assess allegations when necessary.				

9. Is there a coordinated effort by the agency to examine its policies, regulations, and practices to ensure fairness and equity? (See page 35 for the definition of fairness and equity)				
10. What alternate action, if any, have you taken to implement the initial guidelines for community capacity?				
Summarize status of implementing initial guidelines for community capacity building/partnerships. Summarize strengths and challenges in implementing this particular component. Reference PDSAs employed.				
II. COMMUNITY CAPACITY BUILDING/PARTNERSHIPS – GUIDELINES FOR BUILDING WORKFORCE AND SERVICE CAPACITY				
A. EXPAND WORKFORCE CAPACITY				
1. Have you taken any steps to:				
a) Increase workforce capacity by redirecting resources to meet families' needs?				
b) Encourage public and private agencies to continue to adequately recruit and train staff to provide culturally competent services?				
c) Conduct job previews?				
d) Streamline the hiring process?				
e) Offer recruitment bonuses?				

2. What alternate action, if any, have you taken to implement guidelines for building workforce and service capacity?				
B. PARTNER WITH RESOURCE FAMILIES				
1. Have you taken any steps to:				
a) Make the terms of the partnership clear?				
b) Revise Resource Family training & development to align with differential response?				
c) Create a supportive environment?				
d) Recognize families for all the roles they play?				
e) Utilize technical assistance opportunities?				
f) Encourage kin to ask for help?				
g) Connect kin families to community resources?				
h) Anticipate and plan supports to address family system issues?				
2. What alternate action, if any, have you taken to implement a partnership with resource families?				
C. SUPPORT MANAGEABLE WORKLOADS				

1. Have you taken any steps to:				
a) Leverage flexible funding strategies to provide workload relief? (For more information on flexible funding strategies, see Appendix 4, # 1 on page 51 of the Guidelines to Implement Differential Response Community Capacity Building/Partnerships)				
b) Allow flexibility in assignment of case related activities?				
c) Leverage partnerships to reflect workload needs within the new CWS intake system?				
d) Re-structure staff time to align with goals of differential response?				
2. What alternate action, if any, have you taken to support a manageable workload?				
D. BUILD WORKFORCE SKILLS THROUGH INTEGRATED LEARNING SYSTEMS				
1. Have you taken any steps to:				
a) Establish leadership support for workforce learning?				
b) Assess current learning culture of your organization? (See Appendix 1)				
c) -Assess the learning strengths and				

needs to perform differential response at all levels of staff and partners?				
d) Set learning objectives at organizational, team and individual levels and create a realistic, staged training plan to support differential response?				
e) Build on statewide and regional training resources to meet learning objectives?				
f) Provide multi-disciplinary learning opportunities and on-the-job reinforcement?				
g) Evaluate progress toward meeting learning objectives and assess results of engagement in learning opportunities?				
h) Set performance expectations and reward demonstration of learning?				
2. What alternate action, if any, have you taken to build workforce skills through integrated learning systems?				

Summarize status of implementing guidelines for building workforce and service. Summarize strengths and challenges in implementing this particular component. Reference PDSAs employed.

III. COMMUNITY CAPACITY BUILDING/PARTNERSHIPS- EXPECTED QUALIFICATION FOR STAFF OF PARTNER AGENCIES				
A. EXPECTED QUALIFICATIONS				
1. Has CWS provided training in an overview of child welfare services, including:				
a) Mandated reporting laws.				
b) The understanding that CWS will focus on ascertaining facts related to safety, risk and protective capacity of the family. This focus is not intended to supplant the charge of CWS to investigate and assess allegations when necessary.				
c) How to give feedback between community agency and CWS regarding the initial contact referral.				
2. Has CWS used the following criteria in the contracting with private agencies:				
a) Participate in community partnership activities that already exist in the community.				
b) Meet with other agencies so there is				

shared information on all the services provided to the community.				
c) Access local information and referral resources to work with the families.				
d) Conjointly participate in application for grants in partnership with CWS and other county departments.				
e) Provide feedback to CWS about participation in services.				
f) -Engage the family in an assessment of family needs.				
g) Certified as a non profit agencies (or have a Memorandum of Understanding (MOU) if not) Main agency however needs to be certified as a non profit agency.				
h) Experienced in case management services				
3. What alternate action, if any, have you taken to meet expected qualifications for staff of partner agencies?				

Summarize status of implementing expected qualification for staff of partner agencies. Summarize strengths and challenges in implementing this particular component. Reference PDSAs employed.

IV COMMUNITY CAPACITY BUILDING/PARTNERSHIPS-BUILDING PARTNERSHIPS TO SUSTAIN AND SUPPORT SERVICES				
B. PARTNERSHIP BUILDING				
1. Has the CWS County Team determined the network of community resources to be used for direct referrals from Intake to Community Services response path?				
2. Has the CWS County Team worked within community partnership structure to designate a community agency or agencies with responsibility to:				
a) Develop a protocol for referral and initial community response?				
b) Arrange for the appropriate services from the array of community services and resources?				
c) Report back to CWS whether or not the family actually was connected to services?				
d) Re-refer to CWS if the family situation rises to a level of a mandated report?				

e) Develop a network of community support for the designated community agency(s)?				
3. Has the CWS County Team developed and implemented county-wide guidelines for if and when a community partner will accompany CWS for the initial face-to-face (Path 2) and the process for identifying and communicating the obligations and roles of case specific team partners including functions related to:				
a) Completing the family assessment of needs				
b) Providing services to a family				
c) Coordinated case management				
d) Shared accountability for outcomes				
e) Leveraging resources to achieve common goals				
4. *What alternate action, if any, have you taken to build partnerships to sustain and support services?*				

Summarize status of implementing guidelines for building workforce and service capacity. Summarize strengths and challenges in implementing this particular component. Reference PDSAs employed.

IV COMMUNITY CAPACITY BUILDING PARTNERSHIPS - BUILDING TRUST AND ENGAGING SERVICE PROVIDERS TO PARTICIPATE AS TEAM MEMBERS FOR ASSESSING, PLANNING AND PROVIDING SERVICES TO FAMILIES				
A. BUILDING TRUST				
1. Has the CWS County Team developed greater clarity and agreement with contracted public-private partners and community providers on their role, responsibility and contribution to mutually agreed outcomes by:				
a) Recognizing and agreeing to federal and state regulations that mandate CWS's bottom-line legal and fiscal accountability				
b) Measuring CWS responsiveness to community feedback via a pre and post survey				
c) Developing clear definitions of how CWS public-private partners and community interact and conceptualize their "teams".				
2. *What alternate action, if any, have you taken to build trust?*				
B. SHIFTING THE ORGANIZATIONAL CULTURE TOWARD DIFFERENTIAL RESPONSE				

1. Has the CWS agency decided:				
a) Why participating in a differential response strategy is better than the status quo?				
What scope of change is needed in your location? (See Appendix 5, Sample Assessment of the Current Learning Culture, page 56)				
b) To keep organizational change effort focused on the results it will achieve for children and families?				
c) To share information and support with community partners to facilitate changes necessary for them to engage effectively?				
d) To align the organization's mission, vision and guiding principles with differential response?				
e) To make agency policy, procedures and other operational materials consistent with differential response?				
f) To align management structure and staff assignments to support differential response?				
g) To help staff and partners gain first hand experience of why and how differential response strategies work?				

h) To seek out feedback throughout change process and adjust to improve results?				
2. What alternate action, if any, have you taken to shift the organizational culture toward differential response**?**				

Summarize status of building trust and engaging service providers to participate as team members for assessing, planning, and providing services to families. Summarize strengths and challenges in implementing this particular component. Reference PDSAs employed.

ATTACHMENT G

Final Recommended Guidelines for Implementation of the Paths System in CWS/CMS

The purpose of developing consistency in the CWS/CMS computer system is to aid in tracking outcomes for Redesign. The common practice of using Special Project Codes seems, at this time, to be the easiest way to track the Paths of Response as well as the successful engagement of families in service Provision.

★ Listed below is the suggested language for Special Project coding to be used across Counties. The Format of the Special Project Code, as well as the suggested definition, is included. The definitions were taken directly from the Stakeholders Report.

Special Project Codes to be used to delineate the Paths of Response Coding: The Paths of Response refer to who will be making the first Face to Face with the family.

- **Path #1: Community Response**
  This path is chosen when allegations do not meet statutory definitions of abuse or neglect, yet there are indications that a family is experiencing problems that could be addressed by community services. Under California's traditional child welfare system, one-third of all cases are re-referrals from the previous year, indicating that there are continued challenges facing these families and their children. For counties practicing Differential Response, these families are linked to services in the community through expanded partnerships with local organizations.

- **Path #2: Child Welfare Services and Community Response**
  This path is chosen when allegations meet statutory definitions of abuse and neglect, there is low to moderate risk, and assessments indicate that with targeted services a family is likely to make needed improvements to improve child safety and mitigate risk. In this situation, social workers team with staff from other county agencies and community organizations to provide a multidisciplinary approach in working with families. The focus of this "path" is on a family's willingness to make needed improvements. If a family situation deteriorates and a child's safety is in danger, child welfare officials intervene as needed.

- **Path #3: Child Welfare Services Response**
  This path is most similar to the child welfare system's traditional response. It is the path chosen if the report indicates the child is not safe. It includes situations where the risk is moderate to high for continued child abuse or neglect. Actions may be taken with or without the family's consent to improve child safety and mitigate risk. Court orders may be involved and law enforcement can be involved. With Differential Response, social workers work with families to engage them in solutions and to provide focused services so that there is the best possible opportunity to make needed improvements.

Recommendation: The Special Project codes for Path assignment should be entered pre-contact in the Special Project Tab in the referral. If the referral is coded as a Path 1 Response, it can be Evaluated Out at this point. The Committee recommends that no further documentation should be coded in CWS/CMS from the CBO. CBO's will need to keep their own documentation for tracking purposes.

Recommendation: For Paths II & III, since a CWS Social Worker is involved, the documentation of the CBO used and the types of services offered should be documented by the Social Worker in the " Associated Services" Tab as part of the Contact entered. For both Paths II and III, the Social Worker should be the main conduit for making the connection to services. As a part of the documentation in the Associated Services Tab, these is a queriable field named "Other Participants".

Recommendation: For each CBO that the family is referred to, the Social Worker would fill out the associated services tab and in the "Other Participants box, Type either "Services Engaged" or "Services Not Engaged" to document the participation by the family with each particular CBO. The county may adopt to add other language in this box as long as they include the "Services Engaged" or "Services Not Engaged" for the purposes of evaluation. The data will be able to be captured through a "wild card" draw in a business objects report.

Child Welfare System Improvements

Deliverable: Improve Permanency Outcomes

- Expand Team Decisionmaking
- Enhance Family Participation In Case Planning
- Increase Youth Inclusion In Case Planning

FINAL

June 8, 2005

Permanency and Youth Transition Workgroup

Action Step 3	Performance Improvement Goals (AB 636 PIP)	Deliverables	Budgeted Items
Develop an individualized, inclusive, team-based case planning process for supporting family restoration and transition planning to be applied throughout the life of a Child Welfare Services case.	1. Children are maintained safely in their homes whenever possible. 2. Children have permanency and stability in their living situations without increasing reentry to foster care. 3. The family relationships and connections of the children served by the CWS will be preserved, as appropriate. 4. Decrease rate of children re-entering foster care. 5. Increase percentage of children who have two or fewer placements	Improve Permanency Outcomes CDSS and 11 Counties will in 04/05: <u>Expand Team Decision Making</u> • Finalize team decision-making protocols in each of the 11 counties. • Implement a team decision-making protocol in a targeted sub-set of cases in each of the 11 counties. <u>Enhance Family Participation in Case Planning</u> • Finalize protocols to enhance family participation in case planning in each of the 11 counties. • Implement a family participation protocol in a targeted sub-set of cases in each of the 11 counties. <u>Increase Youth Inclusion in Case Planning</u> • Finalize protocols to include youth in case and transition planning each of the 11 counties. • Implement a protocol for including youth in case and transition planning in a targeted sub-set of cases in each of the 11 counties. CDSS will in 04/05: • Coordinate communication between the 11 counties to advise counties of the protocols being developed; facilitate sharing of issues and solutions, and advance understanding of these promising as they develop.	11 Counties in 04/05: $2,539,362 budgeted for 11 counties to support the following activities: • Finalize protocols • Implement protocols

Permanency and Youth Transition Protocol Implementation Guide

This guide is intended to provide a conceptual framework within which counties may develop county-specific procedures for implementing the Child Welfare System Improvements.

The strategic steps of the protocol implementation are:

1. Develop a planning and implementation team that is inclusive of families, agency staff at all levels, community partners and other key stakeholders.
2. Establish a goal, such as SIP outcomes, CDSS Deliverables, etc. What specific outcomes/changes would you hope to accomplish by implementing family engagement.
3. Identify target population for initial implementation.
4. Identify a model/strategies/practice changes to be implemented or expanded.
5. Identify needed workforce skills and training.
6. Identify needed resources.
7. Develop a work plan inclusive of evaluation and training components.
8. Implement.
9. Monitor and evaluate.
10. Modify and expand accordingly.

TEAM DECISIONMAKING MEETING

Team Decisionmaking Meeting is a strength based "Family to Family" model that arises from the belief that a child's well being is best served by an inclusive collaboration of family, community and child welfare agency rather than by a unilateral public agency decision. These meetings provide a forum for making critical decisions regarding removal of children from their homes, changes in out-of-home placement and permanency planning (including reunification). A Team Decisionmaking Meeting will take place at all placement decision points in order to keep the child safe in the least restrictive environment that meets the child's needs. Team Decisionmaking Meeting philosophy embraces the importance of the family's perspective and involvement, stresses full participation of all attendees, and encourages "straight talk."

Decision Point/Case Activity	Goals	Strategy	Resources/References
• Emergency or considered Removal: Scheduled when the social worker assesses that the child (ren) is at high risk for abuse/neglect, or no later than one working day after the emergency placement of a child.	• Reduce the likelihood of placement. • Increase the likelihood of relative placements. • Keep siblings together. • Keep family connected to community. • Increase client engagement.	• Team Decisionmaking Meeting (TDM), Family to Family	• TDM Protocol • Desk Guide • Family 2 Family website www.f2f.ca.gov • "Lab" counties: Contra Costa, Glenn, Humboldt, Los Angeles, Placer, Sacramento, San Luis Obispo, San Mateo, Stanislaus, Tehama, Trinity • F2F Domestic Violence Protocol
• Placement Disruption/Change: Scheduled when potential disruption of placement is recognized, safety issues	• Reduce the likelihood that the child will change placements. • Reduce the likelihood that the child will move	• Team Decisionmaking Meeting (TDM), Family to Family	• TDM Protocol • Desk Guide • Family 2 Family website www.f2f.ca.gov • "Lab" counties: Contra

exist, or move from current placement is believed necessary to benefit the children.	into a more restrictive placement. • Engage foster parents in decision making. • Increase client engagement.		Costa, Glenn, Humboldt, Los Angeles, Placer, Sacramento, San Luis Obispo, San Mateo, Stanislaus, Tehama, Trinity
• Reunification: Scheduled when risk level is reduced and there is recognition that the parent(s) can protect and provide safety for the child.	• Reduce the likelihood of reentry after exit from placement. • Increase client engagement.	• Team Decisionmaking Meeting (TDM), Family to Family	• TDM Protocol • Desk Guide • Family 2 Family website www.f2f.ca.gov • "Lab" counties: Contra Costa, Glenn, Humboldt, Los Angeles, Placer, Sacramento, San Luis Obispo, San Mateo, Stanislaus, Tehama, Trinity
• Permanent Plan: Scheduled when a lack of progress by the parents in reducing risk for the child suggests the need for permanent placement.	• Reduce the likelihood of long-term foster care.	• Team Decisionmaking Meeting (TDM), Family to Family	• TDM Protocol • Desk Guide • Family 2 Family website www.f2f.ca.gov • "Lab" counties: Contra Costa, Glenn, Humboldt, Los Angeles, Placer, Sacramento, San Luis Obispo, San Mateo, Stanislaus, Tehama, Trinity

Team Decisionmaking Meetings
(TDM)

Desk Guide

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Team Decisionmaking Meeting (TDM) Staff

CONTACT INFORMATION

(Complete for Individual County Team Members)

TDM staff is committed to making the TDM process a success. They are available to answer questions and provide information via telephone and email. Please contact them if you need any assistance

FACILITATOR (S): (Name, phone, email address)

SCHEDULER:

PROGRAM MANAGER/SUPERVISOR:

OTHER:

County Philosophy	Team Decisionmaking Meeting (TDM) is a strength based "Family to Family" model that arises from the belief that a child's well being is best served by an inclusive collaboration of family, community and child welfare agency rather than by a unilateral public agency decision. These meetings provide a forum for making critical decisions regarding removal of children from their homes, changes in out-of-home placement and permanency planning (including reunification). A Team decisionmaking meeting will take place at all placement decision points in order to keep the child safe in the least restrictive environment that meets the child's needs. Team decisionmaking philosophy embraces the importance of the family's perspective and involvement, stresses full participation of all attendees, and encourages "straight talk."
Definition and Purpose	Team decisionmaking meeting includes family members, foster parents (if the child is in placement), service providers, tribe/tribal representative, other community representatives, and staff from the child welfare agency. The meeting is a sharing of all information about the family that relates to the protection of the children and functioning of the family (www.aecf.org).
Goal	The goal of TDM is to reach consensus about a plan that protects the children and preserves or reunifies the family. (www.aecf.org).
Team Composition (This list is not all-inclusive. Any individual identified by the family or child as a support person may also be invited. Service providers may include Foster Family Agency (FFA) staff and outside agency mental health providers, in addition to service providers identified by the social worker or TDM staff.)	• Parents/Guardians • Care provider (if the child is in placement) • Potential care provider (mentor, relative, etc.) • CWS social worker and social worker supervisor • Other CWS staff consultants (substance abuse specialists, VFM social workers, court specialists, etc.) • TDM Facilitator • Child (as appropriate) • Youth (at youth's discretion) and when appropriate • Youth's support people • Family members • Community partners • Tribal representatives for children of Indian ancestry • Service providers • Educational partners • Mental Health providers • Public health nurse (for TDMs with significant medical issues)
Types of TDMs and Time Frames ***Types of TDMs***	1. Emergency Placement – When a child has been removed due to an emergency, a TDM needs to be scheduled within the first 48 hours. If a child is removed on the weekend, a TDM should be held the next working day, whenever possible.

and Time Frames (cont.)	2. Imminent Risk of Removal – When a child is at risk of removal, a TDM needs to be scheduled prior to the removal whenever possible. 3. Placement Disruption/Change of Placement – A TDM needs to be scheduled prior to a potential placement change, including those initiated by a 7-day notice. Following an emergency change of placement, a TDM should be scheduled as soon as possible to assess the reason for the placement disruption and the appropriateness of the new placement. 4. Exit from Placement – When a child is exiting from placement, a TDM will be held. The social worker, the family and other pertinent participants meet to develop a safety and transition plan to support the family's success.
Social Worker Role	• When it is determined that a TDM is appropriate, the social worker will consult with their supervisor, the care provider, the birth parents, and the tribe/ tribal representative to schedule the meeting and to identify support persons and others who should be invited. • Complete the first page of the TDM referral form and provide to the social worker/county specified person. • When the date and time of the TDM is confirmed, the social worker/county specified person would confirm with the care provider and birth parents. • A scheduler or facilitator may assist, if needed, in making contact with the family and/or care provider(s). • Prepare to present a summary of the situation, focusing on strength-based comments. • Be on time to the meeting and make necessary plans to stay for the length of the meeting without interruption. • Speak to the family, not about them. • If consensus is not reached, the social worker will be asked to consider all of the information and make a final decision regarding the child's placement. • Complete the TDM survey form at the end of the meeting. Comments help the TDM staff make changes to the process for the benefit of all the participants. • Narrate contact information; TDM outcomes and action plan from the meeting in CWS/CMS. • Update case plan as needed to reflect the action plan. • Complete all action plan tasks assigned to the social worker within the time frames specified and monitor follow through in open cases.
Social Worker Supervisor Role **Social Worker Supervisor Role**	• Consult with social worker about appropriateness of scheduling a TDM and suggestions for attendees. • Consult with the social worker about available dates and times and arrange to participate in the meeting whenever

(cont.)	possible, especially to support new staff or for difficult or sensitive cases. • Be prepared to help set a tone of openness, respect, and creative problem solving in the meeting. • Be on time to the meeting and make necessary plans to stay for the length of the meeting without interruption. • Complete the TDM survey form at the end of the meeting. Comments help the TDM staff make changes to the process for the benefit of all the participants. • Communicate with staff to ensure that the placement decision and action plan is followed.
Scheduler Role (In the absence of the Scheduler, a Facilitator will take on the responsibility of scheduling a TDM)	• Ensure that the TDM referral form is received and contact the social worker. • Give any needed support to the social worker in preparing for the TDM. • Invite agency staff, community partners, and service providers identified by the social worker. • Confirm date and time of TDM with the social worker and social worker supervisor. • Enter TDM results into the database. • Schedule follow-up meeting if necessary.
Facilitator Role	• Maintain necessary supplies for TDM meetings. • Arrive early to set up for the meeting. • Complete consent form. • Review purpose of TDM and ground rules. • Ensure that all participants have an opportunity to share their input and ask questions. • Utilize group process and TDM skills to guide the meeting toward a consensus agreement of a plan in the child's best interest. • Document the Safety Plan on the Summary Report Form and make copies for all participants.
Care Provider Role **Care Provider Role (cont.)**	• Provide information about the situation that prompted a TDM to be held. • Be open-minded about the possibility of maintaining the placement. Know what the placement would need to look like in order for the child to remain in the home. • Be on time to the meeting and make necessary plans to stay for the length of the meeting without interruption. • Provide specific information about the child's strengths and safety concerns related to the child. • Participate in the meeting as a team player (care provider's input is very important to the process). • Assist the team in coming up with a decision that is in the child's best interest and maintains the child in the safest, least restrictive environment that meets the child's needs.

	• Complete the TDM survey form at the end of the meeting. Comments help the TDM staff make changes to the process for the benefit of all the participants.
Community Partner Role	• Be on time to the meeting and make necessary plans to stay for the length of the meeting without interruption. • Know what resources are available in the community and be prepared to share information about community resources with the family. • Participate in the meeting as a team player. • Assist the team in coming up with a decision that is in the child's best interest and maintains the child in the safest, least restrictive environment that meets the child's needs. • Complete the TDM survey form at the end of the meeting. Comments help the TDM staff make changes to the process for the benefit of all the participants.
Service Provider Role (Service Providers may include, but are not limited to, tribes, substance abuse specialists, domestic violence experts, mental health clinicians, SB163, CVRC and others.)	• Be on time to the meeting and make necessary plans to stay for the length of the meeting without interruption. • If the family is not currently receiving services, be prepared to offer any services that may benefit the family. • If the family is already receiving services, be prepared to share information about the progress of services and what additional services can be provided if necessary. • Provide strength-based assessment of the family to maximize the family's success. • Participate in the meeting as a team player. • Assist the team in coming up with a decision that is in the child's best interest and maintains the child in the safest, least restrictive environment. • Complete the TDM survey form at the end of the meeting. Comments help the TDM staff make changes to the process for the benefit of all the participants.
Foster Family Agency (FFA) Staff Role **Foster Family Agency (FFA) Staff Role (cont.)**	• Prepare FFA care providers for the TDM process. Let the care providers know the purpose of the TDM and encourage them to come prepared with strengths about the child and the family. • Be on time to the meeting and make necessary plans to stay for the length of the meeting without interruption. • Provide specific information about the child's behaviors. If the child's behaviors are the cause for a 7-day notice to be given, provide a behavioral picture of the child and what interventions have been successful or unsuccessful. • Be open-minded about the possibility of maintaining the placement and be supportive of the FFA care provider's decision to keep a child or have the child removed from the home. • Know if there is any agency policy that would prevent the child

	from remaining in the placement. • Participate in the meeting as a team player. • Assist the team in coming up with a decision that is in the child's best interest and maintains the child in the safest, least restrictive environment that meets the child's needs. • Complete the TDM survey form at the end of the meeting. Comments help the TDM staff make changes to the process for the benefit of all the participants.
Safety Concerns and Domestic Violence Logistics	• If there are any safety concerns regarding any of the meeting participants, it is the social worker's responsibility to alert TDM staff of the concerns so that necessary steps can be taken to ensure the safety of all meeting participants. ***Domestic Violence*** – In cases of domestic violence when a restraining order is in place, the person being restricted by the court will not attend the TDM. Arrangements for his/her input to be heard will be made prior to the TDM through a telephone call, in writing, or at a separate meeting.
Structure of a TDM	1. Introduction (Introduction of participants, purpose and goals, ground rules) 2. Identify the Situation (Define the concern) 3. Assess the Situation (Strengths and safety concerns) 4. Develop Ideas (a.k.a. Brainstorming) 5. Reach a Decision (Consensus among the participants in creating a plan that keeps the child safe in the least-restrictive placement that meets the child's needs) 6. Recap/Evaluation/Closing (Is a follow-up meeting needed?)

Action Plan/ Safety Plan and Placement	A. Create an Action Plan • If imminent risk is present, the child shall be removed from the home and an action plan will be created. B. Create Safety Plan for Child. • This is a group process led by the Team Facilitator that factors in current and potential future risks to the child (ren). The goal is to create a back-up plan for the child and family should the risk arise that compromises the child's safety. The Safety Plan is charted by the facilitator for TDM members to review. Part of the Safety Plan outlines consequences should the Safety Plan fail. • Facilitator is responsible for having all parties sign the Safety Plan form. • Facilitator is responsible for making copies of the Safety Plan and distributing it to the parents at the conclusion of the meeting, if possible or as soon possible following conclusion of the meeting. C. Identify all Potential Placements. • Relatives, Non-Related Extended Family members, and tribally approved homes are identified in the event of the need for placement. The parents are strongly encouraged to identify all potential placement options. The Parents' Support Person also plays a critical role in the identification of potential placements and they may be considered for placement options.

How Decisions are Reached and the Review Process	***The TDM outcome is reached by consensus on the placement/safety plan decision. A new TDM needs to be held if information surfaces that would affect the placement decision.*** **CONSENSUS OF ALL PARTICIPANTS IS THE DESIRED OUTCOME.** **Prioritized Decisionmaking Method:** 1. Consensus of all TDM participants 2. Children's Services staff consensus 3. Social worker decision **If an agreement cannot be reached by Children's Services employees present, a review may be requested for the**

How Decisions are Reached and the Review Process (cont.)	**following reasons:** 1. The safety of the child is in question 2. Someone feels the placement is not the least restrictive option that meets the child's needs. 3. The plan created is in violation of Department policy or legal statutes **Review Process:** 1. Any TDM participant for one of the reasons listed above may initiate the review process. 2. The TDM facilitator will contact the designated program manager/supervisor for a decision. 3. The facilitator will advise the meeting participants of the decision and seek their support of the plan determined to be in the child's best interest. 4. Action plan will be documented, stating that consensus was not reached and which program manager/supervisor made the decision.

Enhanced Family Participation in Case Planning

The goal of California child welfare agencies is to restore families and build parental capacity by performing inclusive and comprehensive case planning that actively engages families in building on their existing strengths and resources to mitigate the issues that brought them to the attention of the child welfare agency.

Engagement of family, including parents, guardians, youth, and extended family in the case planning process is instrumental to developing outcome-oriented plans designed to reach identified goals. Effective family engagement rests on the premise that families are the experts on themselves, and their own family history and culture, that their culture is a source of strength, and that families can make sound decisions to keep their children safe when supported. Relationships are the key to change. The case planning process should be result-oriented, comprehensive, relationship based, inclusive, and behaviorally specific. Effective family engagement in case planning includes the family's perception of their situation, their challenges, opinions, their strengths, and areas of service need. The strategies listed below are current suggested practices and counties are not limited to these suggestions.

Decision Point/Case Activity	Goals	Strategies	Resources/References
Initial Investigation	1. Parent is informed of their rights and responsibilities in the case planning process 2. Parent is engaged in a collaborative and supportive manner from the first contact to establish cooperative foundation for future relationships. 3. Parent is fully and actively involved in assessing family concerns, defining family strengths and possible solutions and resources together with the worker.	• In person contact with parents, children & other critical family and extended family members • Family Engagement Interviewing Strategies	• WIC 16501.1(f) • Division 31 Regulations 31-201, 31-206 • ACIN I-64-03 • ACIN I-78-98 (Best Practice Guidelines for Assessment of Children and Families) • ACIN I-28-99 (Wraparound Standards) • Training/Family Engagement Interview Strategies

Decision Point/Case Activity	Goals	Strategies	Resources/References
Removal/Initial Placement	1. Parent is involved in identifying safety issues & placement resources within the family, tribes, and community. 2. Parent & caregiver develop a mutually supportive relationship & share information in the best interest of the child. 3. Parent, caregiver and social worker develop a visitation plan that accommodates the parent, meets the needs of the child, & supports the parent/child relationship.	• Team Decisionmaking Meeting (TDM), Family Group Decision Making (FGDM), Family Group Conferences (FGC), Family Decision Meeting • Ice-Breaker Meetings • Foster Parent/Relative Caregiver Training*	• Family 2 Family, www.f2f.ca.com, Annie Casey Foundation www.aecf.org, New Zealand, FGC Model; Resource counties: Contra Costa, Stanislaus, San Mateo, San Luis Obispo, Placer, Sacramento, Los Angeles • Annie Casey Foundation www.aecf.org • Family Engagement Interviewing Curriculum, Strength Based Family Centered Curriculum, Regional Training Academics • Illinois Dept. of CFS, CWLA • CA Institute for Mental Health, Family/Professional Partnership Implementation Guide

Decision Point/Case Activity	Goals	Strategies	Resources/References
Placement Changes/Disruptions	1. Parent involved in efforts to stabilize child's placement, ideally through meeting with new caregiver during preplacement process and developing a mutually supportive relationship in which information is shared the best interests of the child. 2. Parent, caregiver, and social worker develop a visitation plan that accommodates the parent, meets the needs of the child, and supports the parent-child relationship.	• TDM, FGDM, FGC, Administrative Reviews, Wraparound meetings, System of Care (SOC) • TDM • Ice-Breaker Meetings	• Family 2 Family www.f2f.ca.com, Annie Casey Foundation www.aecf.org, New Zealand FGC Model; Contra Costa, Sacramento & Stanislaus for Admin. Reviews; Contra Costa for Child Welfare SOC; Ice-Breaker Meetings; Stanislaus, San Luis Obispo • Family 2 Family www.f2f.ca.com, Annie Casey Foundation www.aecf.org • Annie Casey Foundation www.aecf.org • Family Engagement Interviewing Curriculum, Strength Based Family Centered Curriculum, Regional Training Academies

Decision Point/Case Activity	Goals	Strategies	Resources/References
Case Plan Development and Updates	1. The social worker and family share responsibility for identification & achievement of case plan goals. 2. Case planning process includes full disclosure of all options & consequences, i.e., permanency options. 3. Parents retain parental responsibilities whenever possible. 4. Parents are empowered & understand their rights & responsibilities in the case planning. 5. Parents understand their rights & responsibilities in the court process. 6. Family involvement is maximized throughout the life of the case.	• FGDM, Family Team Meetings; Administrative Reviews, Linkages-Coordinated Case Planning • Concurrent Planning Team Meetings • Parents supported in attending school, medical, child related meetings • Orientation Meetings/Brochures/Parent Mentors/Advocates • Brochures, Parent Education specific to service timeframes, court processes, & access to adoption • Administrative Reviews, Emancipation Case Conferencing, Permanency Mediation, Post Adoption Contact Agreements • Early Intensive Support Services to Birth Parents	• Resource Counties: Placer, Contra Costa, Sacramento, Stanislaus, San Luis Obispo, Los Angeles • Strength Based, Family Centered Curriculum, Training Academies • Annie E. Casey, Parents Anonymous • Resource Counties: Sacramento, Contra Costa, San Mateo, Los Angeles • Promising Practices in Concurrent Planning; UC Berkeley Child Welfare Permanency Reform • California Youth Permanency Project Permanency Strategies • DHHS, ACF Resource Guide for Rethinking Child Welfare Practice Under the Adoption and Safe Family Act (ASFA) of 1997 • Child Welfare Institute, Ideas In Action

YOUTH INVOLVEMENT IN CASE PLANNING

Safety is the first priority for every youth and a permanent family is the first choice for all youth. The best option for youth is to remain with their families when it is safe and for reunification with the youth's birth family taking into consideration the youth's wishes as appropriate in terms of development and age. Permanency for youth is vital, urgent and on going and is a daily focus for all social workers who work with youth. At each interaction with youth permanency must be discussed with the youth with the focus on establishing reunification, adoption, or guardianship. Integral to establishing permanency options is defining, with the youth, a permanent life long connection to a trusted, caring adult. Preparing youth for a self-sufficient adulthood is the responsibility for everyone who is involved in the life of youth in care. The meeting described below is intended to be a six-month check-in and is not in any way to be the only time these issues are discussed with the youth.

Decision Point/Case Activity	Goals	Strategies	Resources/References
Initial Investigation	1. Youth is informed of their rights and responsibilities in the case planning process. 2. Youth is engaged in a collaborative and supportive manner from the first contact to establish cooperative foundation for future relationships. 3. Youth is fully and actively involved, at age appropriate levels, and conversations are held in language understandable to youth.	• In person contact with parents, youth, children, and other critical family, extended family members and tribal representatives. • Family engagement interviewing strategies • Youth engagement interviewing strategies	• WIC 16501.1 (f) • Division 32 Regulations 31-201, 31-206 • ACIN 1-64-03 • ACIN 1-78-98 (Best Practice Guidelines for Assessment of Children and Families) • Training/Family Engagement Interview Strategies • TDMs • California Foster Ombudsman Program • EMQ Children & Family Services Workgroup with Sacramento DHHS

Decision Point/Case Activity	Goals	Strategies	Resources/References
Removal/Initial Placement	1. At age appropriate levels, youth is involved along with the parent in identifying safety issues placement resources and options for permanency within the family and community. 2. Youth is involved along with parent and caregiver in sharing information. 3. Parent, Caregiver, youth and Social Worker develop a visitation plan that accommodates the parent, meets the needs of the youth and supports the parent/child relationships. 4. Youth attends same school when this is in their best interest.	• Team Decisionmaking Meeting (TDM), Family Group Decision Making (FGDM), Family Group Conferences (FGC), Family Decision Meeting. • Ice Breaker Meetings • Foster Parent/Relative Caregiver Training • Same community placements • Collaboration with schools to arrange transportation.	• Family 2 Family, www.F2F.Ca.com, Annie Casey Foundation • www.aecf.org, New Zealand, FGC Model • Annie Casey Foundation www.aecf.org • California Foster Ombudsman Program • Family Engagement Interviewing Curriculum; Strength Based Family Centered Curriculum; Regional Training Academies • Illinois Dept. of CFS, CWLA • CA Institute for Mental Health, Family/Professional Partnership Implementation Guide • AB 490/McKinney-Vento Act

Decision Point/Case Activity	Goals	Strategies	Resources/References
Placement Changes/Disruptions	1. Youth is involved in decisions and efforts to stabilize placement. And insure options for permanency. 2. Parent, caregiver and youth develop and mutually supportive relationship, share information, consistently parent, and involve youth in activities consistent with age of youth. 3. Constantly monitor to ensure lowest level of care with links to permanency.	• TDM, FGDM, FGC, Administrative Reviews; Wraparound meetings, System of Care (SOC) Mediation Services. • Parent Education Classes • MTFC Foster Homes • Caregiver Training and Support	• California Permanency for Youth Project • Family 2 Family www.f2f.ca.com, Annie Casey Foundation • www.aecf.org, New Zealand FGC Model; Contra Costa, Sacramento & Stanislaus for Admin. Reviews; Contra Costa for Child Welfare SOC • Multi Dimensional Therapeutic Foster Care • LFC: Lifelong Family Connections Mass. Families for Kids

Decision Point/Case Activity	Goals	Strategies	Resources/References

Case Plan Development and Updates	If youth is involved in Family Reunification - refer to family engagement strategies. These strategies are for youth in the Permanent Planning Process.
	
	1. Accept the youth as the primary authority in identifying important persons while always ensuring safety of the youth as the first priority.
	
	2. Case planning for permanency includes life long planning and a commitment that no youth leaves care without life long permanent connection to a trusted, caring adult.
	
	3. Legal Permanency includes reunification, adoption, or guardianship.
	
	4. Case plan includes short and long term goals.
	
	5. Case plan can be included in
		• Starting at age 10 involve and actively assist youth in identifying significant permanent persons and lost connections in the child's life with a goal of establishing legal permanency.
		
		• Meet with youth and significant permanent persons identified by youth (preferably quarterly, more often if possible) for the purposes of case planning.
		
		• Case Planning discussions must include:
		
		• Permanency Connections
		  • Family
		  • Siblings
		  • Peers/Social
		  • Foster Parents
			• AB 490/McKinney-Vento Act
			• CA Permanency for Youth Project
			• "You Gotta Believe" Program of New York
			• Adolescent Connections Pilot Project Colorado State County
			• NWICF: Connected and Cared For Northwest Institute for Children and Families – University of Washington.
			• Chafee Act
			• CYC
			
			• Connected By 25 Program
			• Casey Family Programs
			• National Resource Center – University of Oklahoma
			
			• ILP Regulations

	court reports and entered in CWS/CMS. 6. Case plan includes the TILP once youth is 16 and additional elements, not included in TILP are addressed. 7. Case plan needs to include elements at age appropriate stages. 8. Encourage youth to Attend Court Hearings: • Notify youth of court dates • Arrange transportation • Clarify their right to participate • Provide youth a copy of report • Mail court report to youth in their name • Include clear (youth language) explanation for youth about reports and court process • Educate foster parents, local judges and on State level Judicial Council of intent to help youth participate, understand and feel welcome in the court process.	• Group Home • Holiday Plans • Community • Tribe (as applicable) • Personal Life Documents • Education • Extra Curricular Activities • Health • Mental • Medical • Family Planning • Parenting • Employment • Housing • Transportation • Preparation Package: • Close positive and lasting relationship with at least one adult, • Healthy sense of cultural and personal identity, • Other supportive relationships and community connections, • Access to physical and mental health services, • High school diploma, equivalency certificate or GED • Income sufficient to meet basic needs, and • A safe and stable living situation • Emergency plans/contacts • Financial Planning	• Foster Care Ombudsman Program • California Youth Connection

	9. Preserve Documents: • Youth provided with a secure file folder to keep all documents • These documents shall include copies of school records, immunizations, report cards, transcripts, etc. • Youth keep this folder wherever they move • Youth take this folder with them when they leave foster care • Foster parents, group homes and social workers are educated about the importance of memories and documents for youth • Caretakers are encouraged to take pictures and keep other important childhood memories for youth and place them in this folder	• Important Dates: • Next court date • Family Birthdays • Social workers will identify experiential needs of youth from case plan and develop dates and time lines to implement hands on learning activities.	

Permanency and Transition Workgroup
Contact Information

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CHILD AND FAMILY POLICY INSTITUTE OF CALIFORNIA (CFPIC)

11 Pilot County Implementation Evaluation
County Survey

Period Covered: April 2004 – March 30, 2006
(actuals through date of completion of survey and estimated projections through 3/30/06)

1. Complete review and update of 11 Pilot County Matrix and Lessons Learned/Barriers Documents – project through March 30, 2006

2. County-Specific Evaluation Process
    a. Do you have a county-specific evaluation process?
        i. Attach a description of your county-specific process, including county-specific data systems
        ii. Attach any outcome reports that you have developed
        iii. Provide any other information that you would like included in the Evaluation report

3. Standardized Safety Assessment System
    a. What Safety Assessment method/tool does your county utilize?
    b. Provide any demographic reports that you already have regarding the demographic profile of children and families served by the new Safety Assessment system.
        i. How many families served
        ii. How many and ages of children in families. As of Jan 2006
        iii. Ethnicity of families served, including non-English-speaking families Family size and configuration (intact family, single parent, relative caregiver, foster parent?) if available.
        iv. Other?

    c. Provide specific stories/anecdotes/quotes regarding how the new Safety Assessment system has improved services and outcomes for
        i. Staff
        ii. Children and Families
        iii. Community partners (mandated reporters, Path 1 responders, etc.)

4. Differential Response
    a. Provide any demographic reports that you already have regarding the demographic profile of families served by the new Differential Response system.
        i. How many families served
        ii. How many and ages of children
        iii. Ethnicity of families served, including non-English speaking
        iv. Family size and configuration (intact family, single parent, relative caregiver, foster parent?)
        v. Involvement in other systems (CalWORKS, DV, Homeless, AOD, 0-5)

    b. Describe target areas/populations

    c. Provide any outcome data for families served by the new Differential Response system (if available)

    d. Provide specific stories/anecdotes/quotes regarding how the new Safety Assessment system has improved services and outcomes for

i. Staff
ii. Children and Families
iii. Community Partners (Path 1 responders, FRC's CalWORKS staff, etc.)

5. Permanency and Youth Transitions

    a. Provide any demographic reports that you already have regarding the demographic profile of families served by the Permanency and Youth Transitions system, including but not limited to TDM's
        i. How many families served
        ii. How many and ages of children
        iii. Ethnicity of families served, including non-English speaking
        iv. Family size and configuration (intact family, single parent, relative caregiver, foster parent?)
        v. Involvement in other systems (CalWORKS, etc.)

    b. Provide any outcome data for families served by the new Permanency and Youth Transitions system (if available), including but not limited to TDM's

    c. Describe target areas/populations (1 or 2 examples only)

    d. Provide specific stories/anecdotes/quotes regarding how the new Permanency and Youth transition system has improved services and outcomes for;
        i. Staff
        ii. Children, Youth and Families
        iii. Community partners (e.g. Court, CASA, foster parents)
        iv. TDM participants

6. Recommend specific changes in statute, regulation, and practice to address barriers to implementation of:
    a. Safety Assessment**.**
    b. Differential Response
    c. Permanency and Youth Transitions

7. What activities would be required to achieve full implementation for:
    a. Safety Assessment
    b. Differential Response
    c. Permanency and Youth Transitions

8. What amount of funds was spent on pre-implementation and implementation?
    a. State funds
    b. County funds
    c. Foundation or Private funds/leveraged federal funds
    d. Federal Funds

9. What were your target populations/areas and can you estimate:
    a. the number of children and families served
    b. the number of children and families that have NOT yet been served?

CWS System Improvements
Roadmaps to Implementation for Additional Counties

Safety Assessment Roadmap

1. **Steps**
    a. Gather Information about SDM and CAT
    b. Assess Safety Assessment Tools
    c. Make Decision: Select SDM or CAT (counties may decide on a different safety assessment tool provided that it fulfills the Standardized Safety Assessment System matrix and is county funded)
    d. Appoint Implementation Teams: Draw from all levels and program areas.
    e. Develop Work Plan:
        i. Stakeholder Engagement Strategy: Include staff, labor, community organizations, tribes, schools, foster parents, parents, youth, law enforcement, legal community (courts, County Counsel, the local Bar), domestic violence, other effected county departments (Probation, Mental Health, Substance Abuse, Housing, etc.), and county administration as appropriate.
        ii. Information Technology Capacity Review
        iii. Training Plan
            1. Assess training capacity
            2. Consider training trainers
            3. Develop initial and on-going training content and schedule
            4. Schedule training to occur just prior to implementation
        iv. Current Practice and Procedure Review: Determine where changes are needed to integrate safety assessment tool into all program areas.
        v. Develop Quality Assurance Plan
    f. Implement Community Engagement Strategy
    g. Revise Policies and Procedures
    h. Implement Training Plan
    i. Implement Quality Assurance Plan
    j. Implement and Sustain New System: Do not phase-in; implement across program area and across the county at one time.
2. **Timing**: 6 to 9 Months
3. **Resources Needed:**
    a. Statewide Information about Existing Systems (SDM and CAT)
    b. Information about Lessons Learned from Counties who have Implemented
    c. Data System to support the selected tool

i. IT Resources

ii. CWS/CMS Configuration Assessment/Modification (Dedicated vs. Co-Existence Counties)

d. Technical Assistance from CRC (for SDM) and Sphere (for CAT)

e. Peer Consultation from SDM or CAT Counties

f. Supervisory Data Tool (e.g. Safe Measures)

g. Meeting Time and Space

h. Availability of and Funds for Daily Data Downloads from CWS/CMS

i. Dedicated Expert Staff (similar to the model for CWS/CMS Implementation where staff were selected and trained to support staff through implementation)

j. Additional Training Capacity

k. Additional Quality Assurance Capacity

l. Planning and Implementation Staff

m. Ability to Account for Increased Workload: Add or Shift Staff

i. Line staff

ii. Supervisory staff

Differential Response Roadmap

1. Steps

a. Conduct Readiness Assessment

b. Analyze Data to Determine Targeting

i. Referrals

ii. Evaluate Outs

c. Share Data with Staff

i. Ask: “What Do They Need?

d. Engage Community through Outreach

i. Big Time Investment

ii. Educate on Differential Response

iii. Provide Data

iv. Assess Capacity Buildinging needs in Community

v. Obtain Input on Program Design

e. Select Target Community

i. Before or After Community Outreach/Engagement

f. Begin Workgroup Process to Design Program

i. Staff Participants

ii. Community Participants
iii. Design Phase Continues through to Implementation

g. Select Community Provider(s)
    i. Use Existing Relationships/Contacts with Providers; or
    ii. RFP
h. Develop Asset Map for Community where Differential Response is Targeted
i. Assess Resources Available for Implementaiton
    i. AmeriCorps
    ii. Existing Community Capacity
    iii. Etc
j. Test Potential Processes
    i. PDSA approach
    ii. External and Internal Approaches
k. Train Staff and Service Providers

2. Timing: 6 to 12 Months (or longer), Depending on
a. County Size
b. Community and Agency Readiness
c. Administrative Constraints
d. Scope of Projected Differential Response Program

3. Resources Needed:
a. Training Time and Resources
    i. To Move Staff from Investigation to Engagement
    ii. Community Partners
b. Dedicated Staff
    i. Data Specialists
    ii. Community Engagement Speciailists
c. Program Development Time
    i. Necessary to effect Culture Change
d. CBOs to Refer Families to
    i. Enhance Existing Capacity
    ii. Create New Capacity
e. Funds for Agency and CBO's
    i. Start-up
    ii. Leveraged

f. Peer to Peer Learning
    i. PQCR
    ii. BSC

Permanency and Youth Transition Roadmap

1. Steps

a. Conduct Readiness Assessment
    i. For Youth Activities: Analyze Existing ILP Program
b. Analyze Data to Determine Gaps in Existing Programs
    i. By Age, Placement, Geographic Area
c. Identify Best Strategies to Adopt
    i. CPYP
    ii. TDM
    iii. Etc.
d. Identify T/A Resources Available
    i. Family to Family
    ii. CPYP,
    iii. Etc.
e. Outreach to Existing Providers
    i. Identify Existing Resources
f. Educate Staff and Community on Value of Targeted Strategies
    i. Family and Youth Engagement
    ii. Permanent Connections
g. Identify New Community Partners
h. Begin Workgroup Process to Design Program
    i. Youth Participants (!!)
        1. Youth Advisory Board
        2. Strategies to Maintain Youth Participation
    ii. Staff Participants
    iii. Community Participants
    iv. Design Phase Continues through to Implementation
i. Select Community Provider(s)
    i. Use Existing Relationships/Contacts with Providers; or
    ii. RFP
j. Develop Asset Map for Community where Differential Response is Targeted

k. Test Potential Processes
    i. PDSA approach
    ii. External and Internal Approaches
l. Assess Internal Capacity and Make Organizational Changes as Needed
    i. E.g. Case Assignments
m. Train Staff and Service Providers

2. Timing: 6 to 12 Months (or longer), Depending on

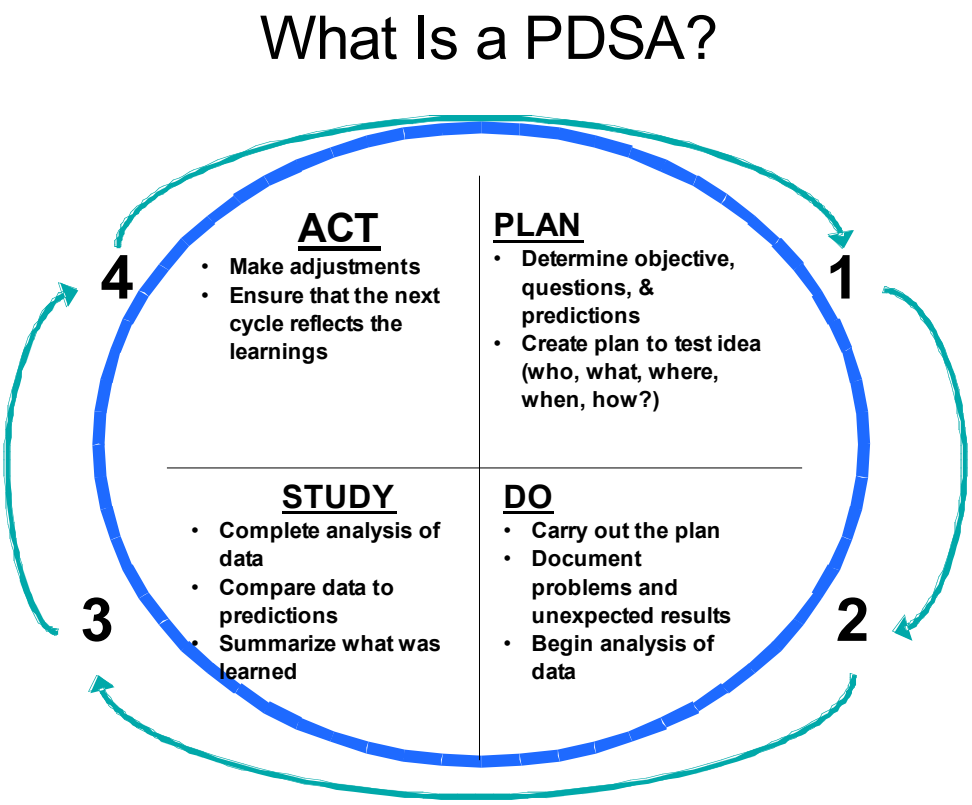
a. County Size
b. Community and Agency Readiness
c. Administrative Constraints
d. Scope of Projected Differential Response Program

3. Resources Needed:

a. Training Time and Resources
    i. Permanency for Older Youth
    ii. Youth Inclusion
    iii. Family and Youth Engagemetn
b. Stipends for Youth and Family Partners
c. Dedicated Staff
d. Program Development Time
    i. Necessary to effect Culture Change
e. Community Capacity
    i. CBO's to Serve Families and Youth
    ii. Enhance Existing Capacity
    iii. Create New Capacity
f. Post-Emancipation Services
g. New or Redirected Funding
h. Technical Assistance
    i. Family to Family
    ii. CPYP
    iii. Etc.
i. Peer to Peer Learning
    i. PQCR
    ii. BSC

PDSAs

The Plan-Do-Study-Act method is a common model used for Continuous Quality Improvement. While most organizations spend a great deal of time planning for changes, this method encourages organizations to systematically test (do) the changes and then study the results before acting or adjusting the next plan. In a BSC teams are told to never plan more than they can do or test by next Tuesday.



County Participation

The following California counties participated in the Breakthrough Series Collaborative on Differential Response:

Alameda
Alpine
Amador
Butte
Calaveras
Contra Costa
Del Norte
El Dorado
Fresno
Glenn
Humboldt
Kern
Los Angeles
Madera
Marin
Mendocino
Merced
Modoc
Monterey
Napa
Placer
Plumas
Sacramento
San Diego
San Francisco
San Joaquin
San Luis Obispo
San Mateo
Santa Barbara
Santa Clara
Santa Cruz
Sierra
Shasta
Siskiyou
Solano
Sonoma
Stanislaus
Tehama
Trinity
Tuolumne
Ventura
Yolo
Yuba

Leadership Team Membership

The following individuals participated on the Leadership Team for California's Breakthrough Series Collaborative on Differential Response. This team met via conference call on a monthly basis and represented the key partners responsible for overseeing this project.

Bonnie Armstrong, Leadership Team Chair
Foundation Consortium for California's Children & Youth

Ben Bank
East Bay Community Foundation

Eileen Carroll
California Department of Social Services

Miryam Choca
Casey Family Programs

Fran Gutterman
Casey Family Programs

Linda Hockman
Office of Child Abuse Prevention, California Department of Social Services

Mike Howe
East Bay Community Foundation

Greg Rose
Office of Child Abuse Prevention, California Department of Social Services

Kate Welty
BSC Project Director

Pat Schene
Consultant, BSC Faculty Chair

Jen Agosti
Consultant, BSC Improvement Advisor

Breakthrough Series Collaborative Staff

California's Breakthrough Series Collaborative on Differential Response had three full-time staff and two consultant positions. These individuals were responsible for the day-to-day administration of the project, including communicating with the Leadership Team and other key stakeholders, working with individual counties, managing the national faculty, planning for and delivering all conference calls and in-person meetings, administering the project Extranet site, documenting the work of the project, and all other tasks associated with this project.

Kate Welty, Project Director

Svetlana Darche, Assistant Project Director

Dana Wellhausen, Project Coordinator

Lori Clarke Balzano, BSC Consultant

Jaime Harris, BSC Consultant

Several additional individuals deserve acknowledgement for their roles in this BSC:

Lucy Salcido-Carter, Project Director, October 2003 – October 2004

Dyanna Christie, December 2003 – June 2004

Gopi Shastri, December 2003 – June 2004

Jay Lee, October 2004 – February 2005

National Faculty

The national faculty for California's Differential Response Breakthrough Series Collaborative were individuals who have first-hand experience and expertise with the child welfare system, either as consumers or practitioners. Additionally, all practitioners serving as members of the faculty have direct experience implementing differential (or alternative) response in their own jurisdictions across the country. The national faculty included the following individuals:

Clare Anderson
Associate, Center for the Study of Social Policy

Berisha Black
Emancipation Ombudsman, County Department of Children and Family Services, Los Angeles

Lori Clarke Balzano
Consultant in Children and Family Services

Philip Goldstein
Supervisor, Differential CPS, New York Department of Family Assitance, Office of Children and Family Services

Myeshia Grice
Director of Chapter Development, California Youth Connection

Carole Johnson
Child Protection Response Consultant, Minnesota Department of Human Services

Frances Johnson
Manager of Child Abuse Investigation and Assessment, Missouri Division of Family Services, Unit for the Children's Division

Rita Katzman
Child Protective Services Program Manager, Virginia Department of Social Services

Kate Kenna
Deputy Director, State of North Dakota Northeast Human Services Center

Angela LeBeau
Parent Leader, Sacramento County Department of Health and Human Services, Child Protective Services

Lorrie Lutz
L3p Associates, LLC, Consultant to the National Resource Center for Foster Care and Permanency Planning and AdoptUSKids

Pamela Maxwell
Parent Leader, Sacramento County Department of Health and Human Services, Child Protective Services

Mary Nelson
Administrator, Division of Behavorial & Protective Services for Families, Adults & Children
Iowa Department of Human Services

Harold Player
Former School Partner, Missouri Division of Family Services, Unit for the Children's Division

Patricia Schene
Consultant in Children and Family Services

David Thompson
Child Welfare Reform Consultant, Minnesota Department of Human Services

Topic-Specific Conference Calls

One of the key collaborative tools used in the Breakthrough Series Collaborative is a series of monthly conference calls. These calls began as venues for counties to broadly share their work, including successes and learnings. But over time it became clear that counties wanted the calls to focus on specific topics related to Differential Response. As a result, the following topic-specific calls were held for participants in this BSC:

Date	Topic
September 24, 2004	Strength-Based Practice
November 23, 2004	Intake and Hotline
January 11, 2005	Community Partnering
February 22, 2005	Assessment Throughout the Life of a Case
March 15, 2005	National Outcomes for Differential Response for Practice in California
March 22, 2005	Senior Leaders: Promoting Culture Change
May 17, 2005	Implementation Progress: Conversations with the Pilot Counties
July 12, 2005	Supervisors as Change Agents: The Crucial Role of Supervisors in DR Implementation
September 14, 2005	Child Welfare and Community Partners: The Nuts and Bolts of Working Together"
November 16, 2005	"Building on What We've Learned"

Contact Information for County Practices

For more information about any of the practices described in this report, please contact the county directly.

Contra Costa County Patricia Wyrick, pwyrick@ehsd.cccounty.us	**Glenn County** Chellie Gates, gates@cws.state.ca.us
Humboldt County Cynthia Sutcliffe, csutcliffe@co.humboldt.ca.us	**Kern County** Antanette Jones, jonesa@co.kern.ca.us
Los Angeles County Eric Marts, martse@dcfs.co.la.ca.us	**Placer County** Michelle Labrador, mlabrado@placer.ca.gov
Sacramento County Marian Kubiak, kubiamb@saccounty.net	**San Joaquin County** Dave Erb, erbdav@cws.state.ca.us
San Luis Obispo County Mari Solis, msolis@co.slo.ca.us	**San Mateo County** Mark Lane, mlane@smchsa.org
Santa Barbara County Cindy Nott, c.nott@sbcsocialserv.org	**Stanislaus County** Janette Mondon, mondoj@co.stanislaus.ca.us
Tehama County Cheryl Jackson, jackscb@cws.state.ca.us	**Trinity County** Jeanette Aglipay, jaglipay@trinitycounty.org