

**breakthrough
series**
collaborative

Implementing Differential Response in California

Promising Practices and Lessons Learned

About Casey Family Programs

Casey Family Programs' mission is to provide and improve—and ultimately to prevent the need for—foster care.

Established by United Parcel Service founder Jim Casey, the Seattle-based national operating foundation has served children, youth, and families in the child welfare system since 1966.

The foundation operates in two ways. It provides direct services, and it promotes advances in child welfare practice and policy.

Casey collaborates with foster, kinship, and adoptive parents to provide safe, loving homes for youth in its direct care. The foundation also collaborates with counties, states, and American Indian and Alaska Native tribes to improve services and outcomes for the more than 500,000 young people in out-of-home care across the United States.

Drawing on four decades of front-line work with families and alumni of foster care, Casey Family Programs develops tools, practices, and policies to nurture all youth in care and to help parents strengthen families at risk of needing foster care.

For more information about this report, contact Casey Family Programs at info@casey.org or 1300 Dexter Avenue North, Floor 3, Seattle, WA 98109. Visit our Web site at www.casey.org.

February 2007

series number: 002

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Executive Summary

California's youngest and most vulnerable residents have brighter prospects for a better future thanks to the compelling vision of the state's Child Welfare Services Stakeholder Group:

Every child in California will live in a safe, stable, permanent home, nurtured by healthy families and strong communities.¹

This vision, grounded in research and backed by an outcomes-based accountability system, translates into solid recommendations for improving the child welfare system.

A major element of this effort was the implementation of **differential response** in the state's child welfare system. Differential response is defined in California as *developing a broader set of responses to reports of possible child abuse or neglect, including prevention and early intervention, engaging families to address issues of safety and risk, and improving access to services, including allowing voluntary access by families*. This broader set of responses is a marked departure from the traditional child welfare system response, which tends to use the same protocols—geared to the most severe cases of abuse and neglect—for all reports, even though the majority of reports are less severe cases involving families who are experiencing stress and in need of help.

Using an innovative method for system change called the Breakthrough Series Collaborative (BSC), forty-three California counties joined together to develop and test the recommendations in this report. Their efforts are already yielding exciting results. Rigorous testing and evaluation continues to reveal the promise of investing in prevention and early intervention services. The BSC participants left the experience with great enthusiasm for differential response and the promising practices that the BSC brought to light. In turn, this enthusiasm bolsters the local and statewide partnerships that differential response relies on for success.

¹ Child Welfare System Improvements in California, 2003–2005. (2005). (p. 3) Retrieved November 15, 2006, from http://www.dss.cahwnet.gov/cdssweb/res/pdf/057009FC_2yr_LINO.pdf

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Introduction

These are exciting times in California's child welfare system. The last five years have seen the germination of some promising changes, driven by two major legislative initiatives.

The first initiative established a Child Welfare Services Stakeholder Group to review the system, research best practices, and recommend system improvements. The second instituted an outcomes-based accountability system to measure progress at the county level (the level at which the California child welfare system is administered). Together, these initiatives have culminated in a sound, three-step approach to statewide practice improvement:

1. Build a consensus-based framework for best practice.
2. Support the cycle of improvement at the local level.
3. Evaluate improvements and track outcomes over time.

The resulting framework targeted three areas as a starting point:

➔ **Differential Response**

Developing a broader set of responses, including prevention and early intervention, when child welfare agencies receive reports of possible abuse or neglect; engaging families to address issues of safety and risk; and improving access to a broad range of services for families formally involved in the child welfare system and those who choose to participate voluntarily

➔ **Statewide Safety Assessment**

Developing a standardized safety assessment process to ensure the consistent evaluation of risk from county to county, social worker to social worker, and child to child

➔ Permanency and Youth Transitions

Including youth, extended family, and community partners in decision making and case planning to create more permanent homes and lasting relationships for foster youth and ensure their successful transition to adulthood

In response, the California Department of Social Services (CDSS) sought to support counties in implementing these changes. In January 2003, CDSS formed a partnership with the Foundation Consortium for California's Children & Youth, Casey Family Programs, the Marguerite Casey Foundation, and the East Bay Community Foundation. The partnership funded and oversaw the work effort: to develop, test, and begin implementing differential response practice changes at the local level. This two-year effort applied a method for testing and implementing system change known as the Breakthrough Series Collaborative (BSC). A useful tool for providing training and technical assistance, the BSC method facilitates the rapid spread of information as teams test and learn about new practices. In this particular BSC, a number of promising practice changes emerged with strong potential to support the implementation of differential response and ultimately improve outcomes for children and families. This report focuses on these practice improvements. In five key sections, this report:

- Outlines the overall training and technical assistance effort
- Explains California's regulatory environment and the BSC methodology
- Describes key strategies and practices that resulted from county testing and offers success stories
- Highlights lessons learned about the importance of organizational culture change
- Suggests next steps for implementing, spreading, and institutionalizing differential response practice changes statewide

By disseminating the promising practices and lessons learned from this BSC, CDSS and its partners hope to promote additional practice testing in California and inform practice improvement efforts in other jurisdictions where differential response is being implemented.²

² See Appendix A for more information on the activities of the California BSC.

I: Background and Overview of the California Breakthrough Series on Differential Response

Differential response is one of three key areas targeted by California for improving child welfare services statewide. By applying the Breakthrough Series Collaborative (BSC) method to California's implementation of differential response, the California Department of Social Services (CDSS) and its partners hoped to learn more about innovative practices that have the potential to improve outcomes for children and families.

The BSC on differential response served as a successful laboratory for change. The practice changes that emerged provide a solid foundation for implementing and institutionalizing differential response in California. Full implementation of differential response is, of course, a long-term process, and funding is scarce for the types of prevention and early intervention services that communities need to adequately serve and support all families. Nevertheless, despite the limitations of time and resources, a genuine enthusiasm for differential response and an exciting number of promising practices emerged from participating counties as a result of this effort.

What Is Differential Response?

Differential response is a child welfare practice that has shown promise in a number of other states. The practice grew from a belief that child welfare agencies would be better able to protect child safety by allowing a broader

range of responses to reports of child abuse and neglect. Nationally, most of the reports received by child welfare agencies are not the most severe cases of child abuse and neglect. They are more often cases where families are experiencing some type of stress and need help. Despite this reality, most child welfare agencies respond to all families with the same protocols used for the most severe cases of abuse and neglect. Through differential response, child welfare agencies strive to individualize their responses to families according to reported concerns and needs. Strengths-based interventions, shared responsibility with communities, and broad family involvement are offered as an alternative approach to child safety for families when appropriate.

Differential Response in California

California has adapted its approach to differential response to focus on providing services to children and families at the earliest signs of trouble. California strives to improve the lives of children and families by helping parents when they need support, in order to keep families from entering the child welfare system. Because differential response engages families as partners, it also helps to reposition Child Protective Services as a resource that families in need can turn to before their problems become crises.

In California, differential response is built around three guiding principles:

- Children are safer and families are stronger when communities work together.
- The earlier family issues are identified and addressed, the better children and families do.
- Families can resolve issues more successfully when they voluntarily engage in services, supports, and solutions.

California: The Learning Laboratory

California's child welfare system touches a huge number of children, youth, and families. Each day on average, almost 90,000 children are in out-of-home care, if kinship care families are included. Over 7 percent of the state's children are touched by the system each year. The state has an overwhelming interest in improving care for this large population and an equally pressing interest in preventing violence, drug abuse, and other

issues that damage families' stability and ability to care for children.³ Like every other state, California needs to reform and improve its child welfare system.

This work is already underway. In 2000, California's legislature created a sixty-five-member Child Welfare Services Stakeholder Group to review the state's child welfare system. The state and its counties are now engaged in implementing key recommendations from the Stakeholder Group's final report, issued in 2003. The consensus behind the report goes a long way toward engaging participants, and the work is driven further by a subsequent legislative initiative which created an outcomes-based accountability system to measure progress.

As one of eleven states where the child welfare system is administered by counties with state oversight, California offers an excellent environment to develop and test innovative practices to improve child welfare services. In 2003, the California Department of Social Services (CDSS) and several partners (noted in the Introduction) combined forces to create a learning laboratory for testing and beginning the implementation of differential response practice changes at a local level. CDSS and its partners chose the BSC method as the tool for structuring this effort.

History of the BSC Methodology

The BSC methodology was developed in 1995 by the Institute for Healthcare Improvement (IHI) and Associates in Process Improvement (API). This quality improvement method has been applied successfully in the field of health care for more than ten years. The IHI has led BSCs in more than twenty-five different topic areas, including reducing delays and waiting times in emergency rooms; reducing Caesarean section rates; improving end of life care; and improving critical care.

In December 2000, Casey Family Programs (CFP), a national operating foundation based in Seattle, Washington and dedicated to working with children and youth in foster care, joined with the IHI to learn the BSC methodology so that it could be transferred to the child welfare field. Since that time, CFP has sponsored BSCs on the following topics: Health Care for Children in Foster Care, Recruiting and Retaining Resource Families, and Kinship Care. In 2002, Casey Family Programs brought the methodology to CDSS and the Foundation Consortium to support the implementation of differential response in California.

³ Child Welfare System Improvements in California, 2003–2005. (2005). (p. 3) Retrieved November 15, 2006, from http://www.dss.cahwnet.gov/cdssweb/res/pdf/057009FC_2yr_LINO.pdf

Key Aspects of the BSC Methodology

The Breakthrough Series Collaborative methodology differs from a standard pilot or implementation project in significant ways. These differences have enabled participating California teams to uphold statewide principles while honoring the unique strengths and needs of individual counties. Several critical characteristics distinguish the BSC model.

1. Rapid Plan-Do-Study-Act (PDSA) Cycles

PDSA cycles are key to the rapid changes that are witnessed in a BSC. Instead of engaging in lengthy planning for massive changes, teams are encouraged to test a small idea for change as soon as it occurs. Participants are urged to never to plan more than they can actually do—if they are unable to complete a test rapidly they are encouraged to make it smaller.⁴

2. Anyone Can Have and Test Ideas

Ideas for practice and system improvement come from every team participant—not only from management. Hotline workers, screeners, family members involved with the system, community partners, and management all have considerable experience and knowledge, and all have ideas to be tested.

3. Consensus is Not Needed

The BSC encourages participants to test and demonstrate their ideas in the field, instead of sitting in a meeting room and trying to convince one another of a “better way” of practice. Participants do not need to agree with one another for an idea to be tested.

4. All Framework Components Must Be Addressed

The final differential response framework identifies three elements of an “ideal system,” which range from intake to engaging families to partnering with the community. Rather than selecting only one of these elements on which to focus, each county committed to focusing on all three areas simultaneously.

⁴ See Appendix B for more information on the PDSA process.

⁵ See Appendix C for a complete list of topic-specific conference calls conducted by the BSC team.

5. Ideas Are “Borrowed Shamelessly”

This methodology has the word collaborative in its title for a distinct reason. Frequent conference calls, an Internet site, and in-person meetings enable each team participating in the BSC to benefit from the successes and discoveries of all the others.⁵

6. Successes Are Spread Quickly

Many pilot projects begin and then remain in a pilot site. In other instances, once a “project” is completed, the pilot somehow disappears. The BSC method is designed to avoid these pitfalls. Once a change has been tested successfully in the pilot site, the team is responsible for immediately spreading that change throughout the county.

7. Measurement Is for Improvement, Not for Research

Measurement is a critical aspect of the BSC methodology. In a typical BSC, each team is required to track and report on specific measures monthly, although, for this BSC, these measures were optional. By looking at progress in these measures each month, even when the numbers are small or imprecise, teams can tell if they are making an impact on children and families.

Application of the BSC Methodology to Differential Response Implementation

California customized the BSC methodology to meet its unique needs in testing practices to support the implementation of differential response. The following pages describe participation and leadership, activities, the framework for change, and the results of county self-evaluation in California’s BSC on differential response.

Participation and Leadership in the BSC

Forty-three of California’s fifty-eight counties opted to participate in the BSC on differential response. The effort also actively involved a range of organizations and individuals from within California, as well as a group of nationally recognized faculty, to support the work of the counties.

County Participants

Of the forty-three participating counties, eleven counties were designated by the state as “pilot counties” and charged with leading the work of testing and implementing recommended changes and then sharing their experiences with other counties.⁶ Each participating county chose a team of individuals to participate. One of the most striking aspects of the BSC was the diversity of team membership. County teams included child welfare agency staff at all levels (the child welfare director, program managers, and supervisors), as well as line staff (birth families, foster families, youth, and community and agency partners). The diversity of the team influenced the choice of practice changes to be tested.

Leadership Team

The project was overseen by a leadership team that included representatives from the sponsoring agencies and organizations: California Department of Social Services (CDSS), the Foundation Consortium for California’s Children & Youth, Casey Family Programs, and the East Bay Community Foundation) in addition to the BSC Project Director, Faculty Chair, and two of the project consultants. The leadership team had responsibility for the high-level decisions regarding the overall direction of the BSC.⁷

BSC Staff

A dedicated staff managed the daily activities of the BSC. This staff, employed by the East Bay Community Foundation, included a project director, an assistant project director, and a project coordinator. These three staff worked with the national faculty and each participating California county.⁸

National Faculty

The national faculty was drawn from child welfare experts from across the country who have first-hand experience in implementing differential response in public child welfare agencies. These sixteen individuals worked closely with the project staff to review the progress of the counties, identify opportunities for success, assess potential barriers and challenges, and articulate known promising practices. Many of these faculty members also provided technical assistance to the individual counties as needed. Four faculty members were former clients of the child welfare system, two as parents and two as young adults. These four faculty members not only brought the voice of the client to the work, but also modeled the critical role that clients should play in every aspect of system redesign.⁹

⁶ See Appendix D for a complete list of participating counties.

⁷ See Appendix E for a list of leadership team members.

⁸ See Appendix F for a list of BSC staff.

⁹ See Appendix G for a list of faculty members.

II: Development and Use of a Practice Framework and Measures

Each breakthrough series collaborative (BSC) is based on a comprehensive framework and required measures that guide all work done by the teams. The framework and measures for the BSC on differential response were developed at an Expert Meeting by a group of national authorities representing a broad range of expertise, along with California partners, including representatives of the participating counties.

The Differential Response Workgroup, BSC faculty and staff, and BSC participants refined the framework continually throughout the project. The final framework for the implementation of differential response in California identified three core elements for differential response: broader response, family engagement, and community partnership to serve and support families.

Core Elements of Differential Response

The three core elements—broader response, family engagement, and community partnership—ultimately guided the changes tested by counties in the BSC. Each team committed to working simultaneously on all three of the core elements to ensure complete system-wide impact. The rationale for this requirement was that only by making a major impact on all three of these areas could the entire system of differential response be developed and implemented. The three core elements were defined and described as follows.

Core Element 1: Broader Response

Responding Earlier and More Flexibly

At intake, the traditional child welfare system takes a “one size fits all” approach to allegations of abuse or neglect, with child safety as the primary focus. While differential response does not change this focus on child safety, it recognizes that situations can vary and a traditional investigation by a child protection agency is not needed in every case. Many situations that do not meet the criteria for a full investigation involve unaddressed needs. Addressing these needs could stabilize families and enable parents to better protect their children.

As in the traditional system, counties implementing differential response fully assess and investigate reports with immediate, serious safety issues for children or the potential of criminal charges against alleged perpetrators. Current statutory definitions of abuse and neglect remain in place. The difference is that agencies are able to help more families without formally bringing them into the juvenile court system. They can respond earlier and more meaningfully to vulnerable children before family difficulties escalate. In California, differential response offers a flexible, customized approach using three response pathways. The appropriate response path is determined through an assessment that considers levels of risk, safety concerns, and family protective capacity as well as family needs, so that families are linked to effective services and supports in a timely fashion. All three pathways ensure child safety while engaging families whenever possible to help identify solutions to the families’ challenges. All three pathways also rely on collaboration between child welfare agencies and community organizations.

Path 1: Community Response

This pathway is used when a family is experiencing problems, but the situation does not meet statutory definitions of abuse or neglect. Instead of being turned away without any assistance, families are linked to services in the community through partnerships with local organizations.

Path 2: Child Welfare Services and Community Response

This pathway is chosen when the report meets statutory definitions of abuse and neglect. County staff assess the child as safe and at low-to-moderate risk of future harm and the family as likely to make changes and mitigate risk voluntarily. The county child welfare agency works with the family and community-based organizations to identify strengths and needs. If the family is unwilling to make needed improvements or the situation deteriorates, endangering the child, the case is re-referred to the child welfare agency.

Path 3: Child Welfare Services Response

In this pathway, the child is assessed as unsafe and at moderate-to-high risk of continued abuse or neglect. Actions may be taken with or without the family's consent, court orders may be sought, and criminal charges may be filed. Social workers seek to engage families more fully and work with other county agencies and community organizations to provide focused services. This pathway is most similar to the child welfare system's traditional response.

For a diagram of the differential response pathways, see page 18.

Core Element 2: Family Engagement

Ensuring that Voices of Families Guide Service Planning and Decision Making

Parents know what needs to happen to improve their ability to care for their children. They also frequently have family support systems that can be employed when their family is in trouble. When asked, parents and their extended family can provide insight and options for intervention that may not have been considered by "formal" helpers. When a family's ideas are honored and included in the decision-making process, that family typically has a much greater investment in success.

Family voices are also critical when considering broad system changes in practice and policy. Those served by the system present a different perspective from those doing the serving. Both viewpoints are critical for effective system design. But speaking the truth to power is not easy. Child welfare policy makers and practitioners need to find explicit ways of engaging families in the process of designing systems.

A. Actively Engaging Families in Planning for Their Own Services

Families know best about what they need to improve their lives. Yet historically, the child welfare system has taken a "professionals know best" approach, in which case plans may be crafted for families without family involvement. Viewing families as real partners means that their input is essential and their perspectives and insight are key to crafting plans. It requires believing that families have expertise about their own lives and offer strengths and capacities that can serve as foundations for success. It requires a commitment by child welfare social workers to create relationships in which true partnership can occur.

Continued engagement of families means that agency staff have the skills and support to effectively assist families in identifying their own resources—family members or neighbors who can help—so that children and families rarely have to be separated from one another, and children remain safe.

B. Actively Engaging Families in Helping to Design the System of Care

Involving the voice of families in the design of the child welfare system means that families are engaged in policy development, staff and community partner training, and quality assurance activities. It means that families sit at the table with leaders and workers as new directions are being considered. It means that the insights and perspectives of those who have been consumers of child welfare services are valued and sought out. Additionally, it means that families are supported in sharing these perspectives with a variety of audiences and in a variety of forums.

Core Element 3: Community Partnership

Working with the Community to Support Families

No child welfare agency can protect children and improve their lives and the lives of their families alone. The effect of generations of poverty, lack of education, mental health stressors, the impact of addictions, and the challenges of single mothers raising children require a community response. While ensuring that community partnerships work effectively is a challenge to all involved, it is a challenge that cannot be ignored. Rules regarding information sharing, clarity of roles, use of authority, and development of mutual trust in decision making are issues that must be resolved to create effective partnerships.

Coupled with creating effective partnerships with existing providers is the need for communities to come together to fill gaps in the existing service systems. Often families need supports that simply do not exist in the community. When community partners work together effectively, they learn about service gaps and find innovative ways to develop and fund those services.

Close Community Partnering Including Information Sharing

Recognizing that strengthening families and protecting children is a shared responsibility, county child-welfare agencies and community organizations

are working together to ensure that commonly needed services are available for families. Counties work with a wide range of community partners to respond to reports of child abuse and neglect, the overwhelming majority of which are neglect cases where families are struggling to care for their children. Community partners include schools, faith-based organizations, county health and mental health services, family resource centers, drug and alcohol treatment centers, First Five Commissions, and AmeriCorps volunteers.

By teaming with organizations that provide essential supports such as child care, after-school programs, substance abuse treatment, mental health treatment, domestic violence services, job training and other employment services, housing, and transportation assistance, county agencies are working to help prevent child abuse and neglect and keep children safely with their families whenever possible.

Access to a Broad Service Array of Culturally Appropriate Resources

Services provided by the community partners include both formal and informal options. Formal services may include domestic violence programs and mental health and substance abuse evaluation and treatment, as well as basic supports such as housing assistance, child care, health care, job training, and other employment services. Informal supports may include creating connections with faith communities, volunteer groups, neighborhood residents, and community service clubs.

Each county approached the development of these partnerships somewhat differently, in accordance with the culture and resources of their various communities. Small counties seemed to have the advantage of closer relationships with community partners, but larger counties had many more potential partners to engage. Developing community partnerships to ensure a broad array of culturally appropriate resources became a critical part of the implementation of differential response.

Measures and Monitoring Outcomes

Another key element in the BSC methodology is the use of measures to help participating teams easily assess the impact of the small changes they have tested. Teams can then use these assessments to guide further improvement. The measures used in a BSC effort are determined at the Expert Meeting and are considered a companion to the framework for change.

Development of Measure for the BSC on Differential Response

The five recommended measures for the BSC on differential response included:

- 1. Number and percentage of re-referrals of families to Child Protective Services**
- 2. Number and percentage of families actually receiving services within 30 days of intake**
- 3. Number and percentage of referrals in which families are assigned to a response path**
- 4. Number and percentage of families who feel helped and supported by the agency**
- 5. Number and percentage of families who participate in their own assessment and case planning**

Unlike measures collected for evaluation, data collection for a BSC is not intended to be a rigorous or scientific exercise. Data collection methods often vary by site. The data must be easy for each site to collect as well as useful to them in guiding further practice changes. As a result, the measures in a BSC can neither be used to compare teams to one another nor can they be aggregated to conduct an overall evaluation of practice change.

In most BSCs, all participating teams are required to track and report on the measures monthly. But in this BSC, given the changing political landscape in California and the shift in state strategy shortly after the BSC on differential response began, tracking the measures was deemed optional for all but the eleven counties designated as pilots.

Data collection proved challenging, even for the pilot counties. The measure that counties tracked most frequently was the number and percentage of re-referrals of families to CPS, as this was the only measure for which some data were available through the state's data system (CWS-CMS). Counties that were able to obtain these data saw no significant changes or trends over the course of the BSC.

The lack of measurable change in the re-referral data of the BSC is no surprise; change in these data would be unlikely, given the timeframe of the project. Changes in practice tested in a county would not begin to impact the families captured in these data until one year after the test was fully implemented throughout the county. Given the BSC methodology

of beginning each change with a single small test and then having it grow and spread based on the success of each iteration of testing, it typically took about six months before a change in practice was implemented across an entire county. Consequently, the earliest changes in re-referral data could be expected to appear after roughly eighteen months, almost the full duration of the project.

A second measure, pathway assignment, could not be tracked through CWS-CMS initially, but the pilot counties developed some innovative ways to use the flexible fields in the state's data system to begin tracking this measure. This tracking capacity was developed simultaneously with the implementation of the three paths of response. As a result, the data only show that these counties truly were assigning families to three different paths. At this early stage of implementation, it is difficult to assess where the predominance of cases are being assigned. Additionally, it is not possible to compare the assignments across counties, as too few are able to track their cases in this way. But pathway assignment will be an important measure to review going forward. Most child welfare agencies that have implemented differential response review assignment data across sites in an effort to standardize the way that decisions and assignments are made. The final three measures, receipt of services, family satisfaction, and family participation, were all reliant on surveys conducted by the counties themselves. Because of the additional workload required to collect these data, these measures were rarely tracked by the counties. A few counties developed survey tools using the PDSA method to obtain these data for their own internal improvements, but these were not administered with enough regularity to obtain quantitative data for analyses. Despite the lack of quantitative data for these areas, the anecdotal information collected by those counties that focused tests of change on family engagement provided strong evidence that these practices make a significant difference for families, children, and child welfare staff.

In states where some version of differential response has been implemented, measurable changes, as collected and analyzed in a systematic and rigorous evaluation, have typically emerged over the course of three to five years. Because the BSC spanned such a short period, these data are not yet available or visible. The longer-term evaluation of differential response being planned for California should provide quantitative evidence about the impact of this approach in the eleven pilot counties, and these data collection and review methods should be shared throughout the state.

III: Promising Practices in Implementing Differential Response in California

Over the course of the BSC, county agencies conducted more than 300 small tests of change to support differential response practice shifts. Interviews with the county teams and a synthesis of the results identified nine strategies and several dozen concrete practices. The strategies, organized under the core elements of broader response, family engagement, and community partnership, follow.

Differential Response Focus Area	Promising Child Welfare Strategies
Broader Response	<ul style="list-style-type: none">• Developing tools to support path assignments• Building teams to conduct joint path assignments• Establishing partnerships to assess families
Family Engagement	<ul style="list-style-type: none">• Respectfully engaging families early in the process• Utilizing partners to engage birth families• Including families in all aspects of decision making
Community Partnership	<ul style="list-style-type: none">• Building professional relationships between partners and the child welfare agency• Creating effective strategies for information sharing• Jointly assessing the community's needs

The nine strategy areas overlap; readers should note the connections and intersections among the strategies and the practice changes. This report is not an exhaustive catalog of all of the changes that counties may make in implementing differential response. It is instead an examination of some of the most promising practice changes that emerged from this BSC.

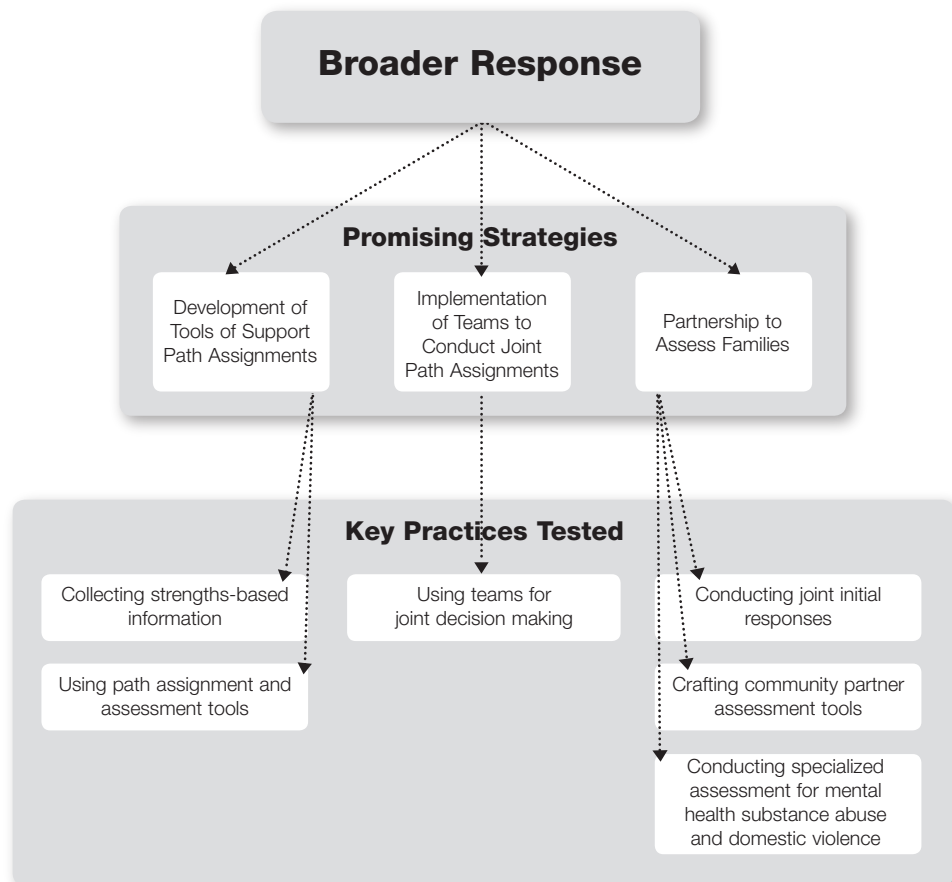
As noted in the section on the BSC method, a practice change is deemed promising on the basis of a county's self-evaluation. Anecdotal and qualitative information support a finding of success. Longer-term evaluation of how and whether these efforts are improving outcomes for children and families is underway, with promising early results.

The remainder of this section describes the key practice changes tested within each strategy area. Wherever possible, the report provides concrete examples of how counties were able to take a broad strategy and break it down into small manageable "chunks" of practice for rapid testing.¹⁰

¹⁰ For more information about any of the specific practices described, see Appendix H for county contact information.

A: Broader Response

As the counties worked to develop a three-pronged response path, they quickly recognized that it would take much more than a set of standard definitions to differentiate the family response paths. The teams depend not only on clinical judgment, but on community norms as well. As a result, counties focused on three primary strategies as they tested changes: 1) tools to support their decision making; 2) partnership with the community to assign families to pathways; and 3) partnership with the community to assess families once decisions had been made.



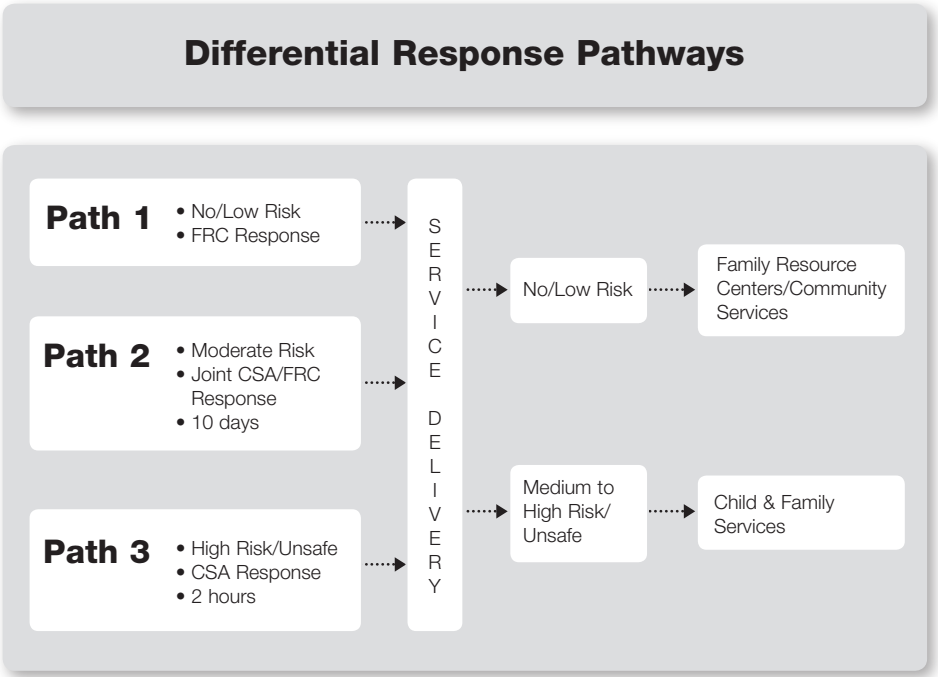
Strategy A.1

Development of Tools to Support Path Assignments

At the first learning session, faculty members discussed the difficulties of broadening an agency’s focus from investigations to assessments. They acknowledged what a significant shift this had been for their agencies (which had already implemented differential response). The counties immediately began to devise strategies for facilitating this transformation.

Because differential response relies so integrally on the ability to accurately assign families to specific paths, teams first needed tools to support path assignments. Teams concentrated on tools to assignments of Paths 1 and 2 (as described on page 8), paths typically for families who had not previously been served by a child welfare agency.

This effort led to tests of two sets of key practices. The first set examined methods of collecting strengths-focused information about families at the point of intake and was designed to help agencies more appropriately understand a family’s strengths and needs. The second set of practices focused on the development of decision-making tools, offering workers a systematic method of making pathway determinations (once information had been gathered).



About This Practice: Collecting Strengths-Focused Information

As participants and faculty learned more about the specifics of the standard operating procedures of most agencies from the point of intake, it became clear that most agency staff had been trained to focus on a specific allegation and either substantiate it or “evaluate it out.” It was not the norm, in other words, to use information gathered by the reporter as an opportunity to step back and look at the family’s strengths and capacities in a more global sense. Thus, the first series of Plan-Do-Study-Act tests (PDSAs) conducted by multiple counties was to focus on families’ strengths from the initial point of the hotline call.

Doing so took many forms over the course of the first few months as counties experimented with how to frame the questions about families’ strengths, who should ask the questions, and what to do with the information once it was received. Most teams decided that intake or hotline workers would ask a small number of questions (three to five) focused on a family’s supports, capacity, and positive attributes.

Nearly every team that tested the use of “strengths-based” screening questions found that the practice spread organically from worker to worker. Typically, one worker would initially try the strengths-focused questions.

Simply from hearing her talk about the results of the test, colleagues would often become interested in trying the questions as well.

A Snapshot of Success: Contra Costa County and Strengths-Focused Questions

One of the first counties to attempt the strengths-focused questions at intake was Contra Costa County. This county’s team focused on asking about family strengths during the reporting call to help the emergency response worker gain a better understanding of the family’s protective capacity.

1. The team developed three strengths-focused questions that were added to the screening tool, which was then renamed the “Enhanced Screening Tool.” This tool was used by three workers over the course of one week.

2. The next week, after witnessing their colleagues' success with this revised tool, additional screeners started to use it. Use of the Enhanced Screening Tool eventually became standard practice in Contra Costa County and was included in the county's new screener training.
3. The Contra Costa team also gathered feedback from the Emergency Response Workers (ERWs) by inviting an ERW to the screening unit meeting. Feedback from ERWs was very positive. One ERW reported using the strengths-based information gathered from the Enhanced Screening Tool to engage a family who initially had been very reluctant to cooperate.
4. Following the success of these tests, the Contra Costa team modified the response letters to mandated reporters. The letters now informed reporters about the team's efforts to collect strengths-based family information and invited reporters to collaborate in this effort.
5. Other community education efforts included going out to schools and including the Enhanced Screening Tool in the Training for Trainers mandated reporter trainings.
6. Ultimately, the strengths-focused questions and underlying philosophy were incorporated in the development of the Comprehensive Assessment Tool (see page 23 for more on this tool).

As a result of asking strengths-focused questions during the reporting call, decision making about path assignments has improved and individuals conducting the follow-up assessment feel they have a more balanced perspective of the family.

Why This Practice Makes a Difference

BSC participants expected strengths-focused practice to help workers engage families. But the outcomes of the tests done in this area far exceeded expectations. Some of the key outcomes include:

- Improved relationships with mandated reporters, who came to see child welfare in a new light—doing assessments and working to support families rather than simply conducting investigations.
- Increased awareness among reporters about differential response and what it means for families and for the community.

- Increased awareness among reporters about the strengths that families have. Counties reported that identifying strengths was initially difficult for some reporters, but that the questions helped encourage reporters to think about families differently.
- Improved morale and job satisfaction among intake and hotline staff who reported that asking these questions allowed them to feel like “social workers” rather than “investigators.” In one county a long-time hotline worker said this was the most satisfied she had been in her job in years because she finally felt like she was helping families again.
- Improved relationships with families through the assessment process as assessment workers connected with families about their strengths before discussing allegations. These improved relationships ultimately helped engage families with the agency and with community services, which was the initial goal of the test.

About This Practice: Utilizing Path Assignment and Assessment Tools

BSC participants shared several major concerns with the move toward differential response. Foremost was the presumption in some communities and child welfare offices across the state that assigning families to anything less than Path 3 (as described on page 9) would result in a threat to child safety. Although the ultimate goal of differential response is to serve and support a greater number of families in more appropriate, less intrusive ways, the fear of moving away from the traditional system where child welfare focused nearly exclusively on child protection was deep and significant.

Moreover, since differential response provided options for assigning families to different pathways, participants feared there would be great variability in decision making from office to office and worker to worker. From the outset, nearly everyone perceived the need to assign paths in a somewhat standardized way.

Supervisors, managers, and administrators across the state had concerns that without firm guidance, decisions about which pathway would be most appropriate to meet a families’ needs could become arbitrary. Workers responsible for making these pathway decisions also wanted clear guidance about what constituted a Path 1 situation versus a Path 2 or Path 3 situation.

As a result, the counties took special care to design and test processes and tools for guiding these decisions and the assessment process.

A Snapshot of Success: Humboldt County and the Alternative Response Team for Path 1

Humboldt County began implementing its Alternative Response Team (ART) in 1996. The ART is essentially a Path 1 response with path referral criteria and response protocols that have been fine-tuned over the years. The implementation of differential response provided the county with an opportunity to step back and take a fresh look at the ART. As a result, the team expanded the eligibility criteria in a number of ways to serve more families and meet the differential response definition for Path 1 criteria in a number of ways to serve more families and meet the differential response definition for Path 1.

1. The Alternative Response Team in Humboldt County follows a standard process:
 - a. The screener makes an initial determination that a referral fits the Path 1 and alternative response criteria.
 - b. This determination is reviewed by a supervisor.
 - c. If the supervisor agrees, the case is referred to the Public Health Department, e.g., a public health nurse or community health outreach worker. If the case meets their criteria, they accept the referral and contact the family to offer services.
2. The major adjustments to Humboldt County's alternative response have had to do with the eligibility criteria. The alternative response system was originally used in instances where the county team believed a family with a child under the age of five had needs but would be "evaluated out" of the system according to assessment criteria. By expanding the criteria and increasing the age limit of children served to eight years, the county could serve more families through their alternative response approach. The team also expanded their definition of who could be served in their alternative response system to include cases of neglect and some cases of physical abuse.

3. Another issue for the county was a policy stipulating that families were ineligible if they had previously received alternative response services. This policy was revised so that, if a family needed additional services months or years after its initial involvement in Humboldt's alternative response system, the family could receive them.
4. The Humboldt team has also worked at changing its attitudes about families. For example, in the past, if a family had declined ART services once and was re-referred for services, the social worker did not make a concerted effort to involve them during the second referral. Now, when there is a second referral, workers are encouraged to work diligently to engage the family in services.

These practice shifts resulted in an increase in the numbers of families served through Path 1 and an improvement in workers' attitudes and success in engaging families early in the service process. It provides county social workers and community partners with information to support decision making.

Learning more about the family as early as possible in the assessment process facilitates the decision making and path assignment process. To ensure adherence to the state's new Comprehensive Safety Assessment System requirements, the counties sought to implement tools that would best support workers' decision making. Because California had already begun to use Structured Decision Making (SDM), many counties were familiar with these decision support tools.¹¹ Four pilot counties collaborated to develop an alternative assessment approach, the Comprehensive Assessment Tool (CAT), based on a consensus model.

A Snapshot of Success: Glenn County and the Comprehensive Assessment Tool

Glenn County was one of four counties that collaborated to develop the Comprehensive Assessment Tool (CAT). The CAT includes tools used at intake as well as throughout the life of a case. The Glenn County team believed that asking about family strengths during the reporting call would help the emergency response social worker develop a better understanding of a family's protective capacity.

¹¹ The Children's Research Center worked with several of the pilot counties who were already using SDM to develop a new intake assessment tool that is compatible with California's differential response and conformed to California's new Comprehensive Statewide Safety Assessment System matrix.

1. One worker in Glenn County began testing strengths-focused questions back in December 2004. (See page 19 for more on strengths-focused questions.)
2. Shortly thereafter, the county began working with Contra Costa, San Mateo, and Stanislaus to create the CAT assessment tools. The questions these four counties had been testing were integrated directly into the CAT hotline tool.
3. Glenn County brought drafts of tools created by the four-team committee back to the county and tested them for two to three weeks with a few staff members, community partners, and clients. They revised the tools on the basis of feedback and then brought them back to the committee for additional testing. The tools evolved in this way over several cycles.
4. On July 1, 2005, Glenn County began full implementation of the CAT hotline tool with all workers. Training and implementation of the other four CAT tools took place in fall 2005. The Northern Region Training Academy (UCD) provided the training for the CAT tools.

These efforts resulted in the development of a strong assessment tool that engages families early in the service process and provides county social workers and community partners with information to support decision making.

Why These Practices Make a Difference

Sound clinical decision making is at the heart of good social work practice. With all the changes an implementation of differential response requires, it is imperative to have tools to guide and support these decisions, especially for workers as they assign families to the three pathways. The following benefits result from the development of effective decision-making tools:

- The assignment of pathways becomes increasingly standardized as workers become accustomed to using the same key factors for making determinations.
- Workers feel supported in their decisions, both by supervisors and through the use of the tools themselves.
- The concrete criteria provided by a definitive tool offers community partners and families have more clarity about how decisions are made.

- The tools can be used to cross-educate staff, community partners, and mandated reporters about differential response, how pathway determinations are made, and the criteria used for making these determinations.
- Because the tools are focused on a family's strengths, they help staff, community partners, and mandated reporters see families through a strengths-focused lens.

Strategy A.2

Implementation of Teams to Conduct Joint Path Assignments

One of the greatest changes required by the implementation of differential response was the development of a shared sense of responsibility between the child welfare agency and the community partners. This shared responsibility goes well beyond meeting with partners to discuss cases. Instead, every aspect of working with a family becomes a joint venture—from intake through case closing.

While some aspects of partnership came naturally to the BSC teams, others were difficult and posed significant challenges to both the child welfare agency and the community partners. The most challenging aspect was joint decision making. Many counties tested the idea of sharing decision making, beginning when a family first came to the attention of the child welfare agency, so that the community could join in deciding which pathway would be most appropriate and helpful for the family in need of support.

About This Practice: Using Teams for Joint Decision Making

Since making path assignments requires the sharing of decision-making authority, practice changes revolve around the development and use of teams to review cases, talk with families, and ultimately make decisions about the most appropriate pathway assignment.

A Snapshot of Success: Placer County and Joint Team Decision-Making Meetings for All Referrals

The Placer County team believed that, to truly share responsibility with community partners, they needed to include them in decision making before making pathway decisions. The team predicted that this change in practice would help partners learn about the child welfare system decision-making process.

1. The first small test of change was to involve the Family Resource Center (FRC) and child welfare staff in reviewing and assigning all the cases that came in during a single day.
2. The county team began scheduling meetings in a site with access to the child welfare information system to obtain accurate history as immediately as possible.
3. Subsequent tests brought CalWORKS staff to the table and included them in the conversations. Within a few weeks, Placer County child welfare staff were faxing referrals to CalWORKS staff prior to meetings so that CalWORKS staff could prepare and participate more fully.
4. The Placer County team then decided to train the community partners on the county's decision-making tools. While partners did not actively use the tools in their own assessments, the child welfare agency believed that understanding how the tools are used by child welfare workers would be beneficial.
5. Now the child welfare emergency response staff, the supervisor, the FRC staff, and CalWORKS staff meet each Monday afternoon to review all the referrals that have come in since Friday afternoon. They also use phone conferencing to review midweek referrals. They apply the Structured Decision Making screening tool criteria and together make decisions about appropriate pathways for families. (This practice does not include the referrals that are determined to need immediate response.)

The Placer County team plans to extend this practice to include all referrals; they continue to refine the process of making path assignments collaboratively without sacrificing speed or responsiveness.

6. This practice expands the definition of community collaboration. Community partners are active in joint decision making about path assignments. They better understand child welfare agency decisions and can defend these decisions to the broader community when necessary.

Why These Practices Make a Difference

Counties decided that for partnership to become real, the decisions about pathways should be made jointly. Benefits of this joint decision making include the following:

- Partners gain a better understanding of the child welfare system. By meeting and talking about actual families, learning about the tools that the child welfare agency uses to make decisions, and contributing to the decisions about risk and safety in families, community partners deepen their knowledge of the strengths and limitations of the child welfare system.
- Child welfare staff and partners have the opportunity to learn more about the roles and responsibilities that each plays in the lives of families. This helps foster personal and professional relationships between colleagues.
- Community partners feel more invested in and committed to the decisions made.
- Because each party comes with a different perspective, a different understanding of the situation, and possibly a different knowledge of the family, better decisions about families' strengths, needs, and the appropriate pathways are reached.

Strategy A.3

Partnerships to Assess Families

Once a decision is made about the right pathway for a family, the joint work between the child welfare agency and the community should continue. This work should include the initial response, service planning, service provision, and—most importantly—continuous assessments of the family's safety, risk, and progress. As in the joint work to assign the pathway during intake, partnership helps the child welfare agency and the community better identify and respond to a family's strengths and needs.

About This Practice: Conducting Joint Initial Responses

Several counties tested joining with their partners for the initial response. Once the pathway determination was made, this practice allowed the child welfare agency and the community partner agency to visit and assess families together rather than making separate trips. Not only was this more respectful of the family and their time, but it also further developed the relationship between the child welfare agency and the partner. Moreover, it clarified roles and responsibilities and provided the agencies with opportunities for cross-education.

A Snapshot of Success:

Placer County and Joint Initial Response

The Placer County team believed that responding together with its Family Resource Center (FRC) partners would make families feel more comfortable and trusting and would enable the child welfare agency to link families to the services they need more effectively.

1. Placer County began by having one emergency response worker and one FRC worker go to the family's home together.
2. They called the family ahead of time to set an appointment time.
3. The child welfare worker completed the safety and risk assessment. (Although the FRC partners did not conduct the assessment, they were trained in the assessment process.) The FRC worker engaged the family, made the offer of services, helped the family to identify their strengths and needs, and helped weave this information into the assessment of the family.
4. In some cases, where the safety and risk assessment indicated that child welfare did not need to be involved and the family engaged easily with the FRC worker, the child welfare worker could step out quickly, excusing herself from the visit and allowing the FRC to continue. In other cases, when a family had more hesitation, the child welfare worker could stay for an entire visit and schedule a follow-up visit with the family and the FRC worker. The county social worker might also call to check in with the family in a friendly and supportive way.
5. The Placer County team has found that, when a family is hesitant about engaging in services, follow-up from child welfare proves helpful in keeping the family engaged.

6. In some cases, child welfare likes to keep the referral open as long as possible so that this kind of engagement can continue.

As a result of this practice, families have been able to meet the county social worker and the community partner at the same time, tell their story once, and develop trust in both professionals simultaneously. This approach has made it much easier for the family to engage in services.

About This Practice: Crafting Community Partner Assessment Tools

Many counties began crafting assessment tools that community partners could use jointly or exclusively. Counties found that in sharing tools with their partners, they also came to share a common language and understanding about what was being assessed and how the assessment was interpreted.

A Snapshot of Success: Stanislaus County and a Family Resource Center Assessment Tool

The vision and values of Stanislaus County and its community partners mandate that, when families are referred, they receive a full and comprehensive strengths-based assessment. The goal of the Stanislaus team is to offer services and supports in a comprehensive way, rather than simply addressing the single referral issue. The team also wants to ensure that all members of the team are equally trained and equally engaged in the process.

1. When implementing differential response, the Stanislaus team did not want the community partners doing safety and risk assessments, and the partners did not want to be seen as “junior CPS workers.” They all wanted the services offered through partners to be something families would willingly engage in, rather than something forced on them against their will.
2. The team decided that part of the solution was the creation of a common tool for use by the Family Resource Center (FRC) staff. This tool would also fulfill the County Counsel’s requirement of having a standard assessment to constitute a Multidisciplinary Team (MDT).

3. They started development by talking to partners and other counties and looking for an existing assessment tool. They found North Carolina's assessment instrument. The team decided on certain parameters, including changing the numerical rating to a narrative assessment of the family's issues and maintaining all of the strengths-based language, particularly language specific to California's First Five focus areas (e.g., early literacy).
4. The team conducted small tests of change cycles (PDSAs) to test the new assessment tool and to refine it after several weeks of use.
5. The team then developed a vocabulary guide to help clarify the tool, along with sample scenarios that illustrated the meaning of each question. The FRC staff developed training materials as well.
6. After receiving a referral, all the FRCs now use the assessment when they meet with a family to engage them in services.

The co-crafting of tools and training and the collaborative use of these tools means that families receive consistent messages from staff in the county agency and the community. The county agency and the community are functioning as full partners to offer services to families.

"The beauty of differential response is that you (community partners) are not there to investigate a referral, you are just there to offer support."

—Stanislaus County CWS Agency

About This Practice: Conducting Specialized Assessments for Mental Health, Substance Abuse, and Domestic Violence

Because so many families who become involved in the child welfare system also have issues related to substance abuse, mental health, or domestic violence, partnerships with those who specialize in these fields are critical. A number of counties decided to include topic experts in assessment visits to develop full picture of each family they serve.

The Compton Office in Los Angeles County, for example, decided to develop partnerships during the initial assessment phase to uncover and address issues of mental health, substance abuse, and domestic violence in high-risk families.

A Snapshot of Success: Los Angeles and Specialized Domestic Violence, Mental Health, and Substance Abuse Assessments

The Compton Office of Los Angeles County believes that working with families means gaining an accurate and comprehensive picture of them as early as possible. To this end, the Compton Office team has taken steps to make its assessments more comprehensive.

1. The Compton Office team identified a community partner, Shields for Families, which employs staff who specialize in family issues relating to domestic violence, mental health, and substance abuse.
2. Whenever the Compton Office team deemed a family to be in a high-risk category and struggling with one of these issues, a specialist from Shields for Families visited the family within 24 hours of the initial home visit.
3. The community partner completed an assessment of the family with careful consideration of these factors.
4. The results of this assessment were brought to the team decision-making meeting to provide an expanded picture of the family and their needs.

With this practice, the Compton Office in Los Angeles County uses information compiled by its community partner to make better decisions about child safety, permanency, and well-being.

The San Joaquin County team decided that, by responding to a family accompanied by a domestic violence specialist, families could begin to address these issues in a more comprehensive and integrated way from the beginning of their involvement with the child welfare system.

A Snapshot of Success: San Joaquin County and Domestic Violence Specialist Response

Domestic violence is a significant issue for San Joaquin County. The San Joaquin County team predicted that, by responding jointly with a domestic violence advocate, they could keep more children out of the formal child-welfare system and focus instead on getting the families connected to the resources they need.

1. The team started by having all emergency response social workers conduct a joint response on Path 2 families (in appropriate situations) with an advocate from the Women's Center, a domestic violence organization. From this test, the team learned that unless a worker is really committed to joint response, it is simply not effective.
2. The team then modified the test by having just two emergency response social workers (both volunteers) conduct a joint response on Path 2 families with an advocate from the Women's Center. This worked much more effectively. The same two workers continued to test and develop the joint response process for three months.
3. These workers shared their experiences with their colleagues frequently. They were very excited about how the joint response was changing their workload and improving services for families.
4. The practice has been phenomenally successful. The social workers have been able to assess child welfare concerns, engage the advocate in helping women make decisions about their own safety and the safety of their children, and then exit the case. The advocate connects the families with appropriate services and supports.
5. The social workers who tested this joint response model talked to their colleagues about the importance of having the right attitude during joint response. They explained that the advocate is the expert on domestic violence issues. When workers acknowledge this fact and trust the advocate's expertise, families are better served.
6. The child welfare agency is now responding with its domestic violence advocate to 12 referrals per week. Once agency workers have refined the practice and developed stronger relationships with all emergency response staff, they will spread it across the agency.

The San Joaquin team has learned the importance of shared expertise and shared engagement with families. Engaging community partners who have greater knowledge in certain areas makes the work easier for the worker and ultimately spreads the responsibility for the safety of children.

Why These Practices Make a Difference

As these examples show, the counties have learned that the work of the child welfare system is more effective when community partners engage in the process. Joint assessments result in the following benefits:

- Child welfare agencies and their partners can clearly define their roles. Through collaborative work, they gain more clarity on what roles and responsibilities each has in the life of the family.
- Families often develop different types of relationships with different agencies and organizations. Joint assessments allow families to draw upon these relationships to ensure that they, too, can be partners during the assessment process.
- Collaborating in this way offers child welfare agencies and their partners yet another opportunity to develop mutual respect for one another's work, roles, and responsibilities. Joint assessments serve as another vehicle for cross-training and enrich existing working relationships.
- Because each agency has a different involvement with the family, each develops a unique perspective on the family situation. When agencies work together, they merge their knowledge and perspectives to create a much more comprehensive and holistic picture of the family. As a result, the family can benefit from the most fair and complete assessment possible.

B: Family Engagement

Family engagement is at the heart of social work practice. As such, it is a core element of the implementation of differential response and is woven inextricably into the work of the teams.

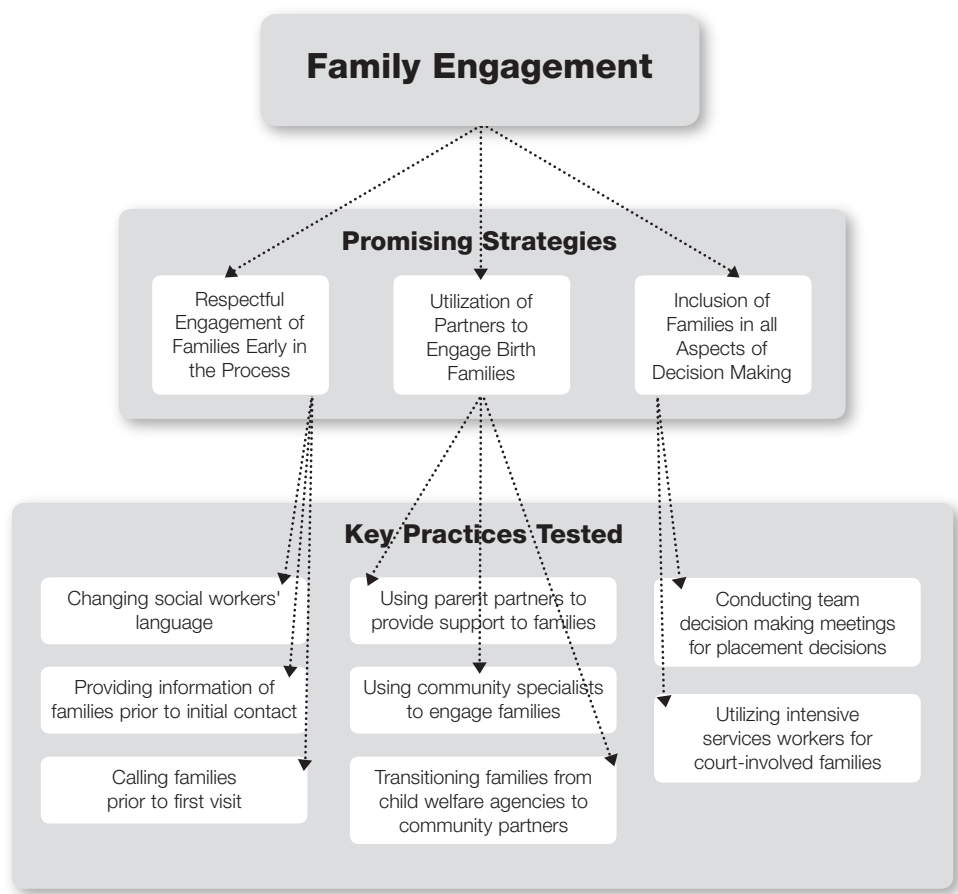
Nevertheless, child welfare agencies across the nation continue to struggle with family engagement. Child welfare's focus on this issue has fluctuated over the years. In the 1980s and early 1990s child welfare social workers attended to family engagement by providing family preservation services. The goal of the work was to keep children safe by building on the strengths of families.

This focus has shifted in recent history, often because of a single child fatality in certain jurisdictions. Social workers are now required to attend to rules, policy, and documentation regarding child safety, sometimes at the expense of family engagement. In the past few years, however, child welfare agencies across the country have discovered that the better they can engage and partner with families in assessment, case planning, and all aspects of decision making, the better they can protect the children.

"We are solutions-oriented and not regulation-bound. We know that working with our families is complicated. Focusing on finding solutions enables us to do what is best for families."

—Butte County CWS Agency

The key strategies and practice changes tested in family engagement are highlighted below. These practices were tested to varying degrees by teams in all three pathways.



Strategy B.1

Respectful Engagement of Families Early in the Process

Family engagement is critical in differential response. It is the development of trust that inspires families to work effectively with community partners in a voluntary manner. Many practices were tested to improve the engagement of families including contacting the family prior to making the initial visit to assess child safety, using Team Decision Making meetings as a vehicle for placement planning, and ensuring that the family’s voice is central to the case planning process.

About This Practice: Changing Social Workers' Language

One of the most effective tools in a social worker's tool kit is the use of language to convey support, build relationships, and create a climate of hope and trust.

A Snapshot of Success: Santa Barbara County and Use of Language

The Santa Barbara County team decided to modify their language to better reflect their commitment to working in partnership with families to resolve issues. The team believed that by changing their language, they could alter both their approach to families and the families' perception of the role of child protection. This strategy was tested in all three paths.

1. The Santa Barbara County team began their small test of change by having three workers (one from each district) deliberately change their language in all of their interactions with families, community partners, and other workers. Instead of calling what they did an "investigation," they called it a "safety assessment." Instead of making a "finding," they identified "family needs." Instead of calling families "non-compliant" or "resistant" to the plan, they began to evaluate whether it was the family or the plan that was not working. In some cases, they found that a plan was developed without the family's input and did not meet family needs. In such cases, the family was naturally resistant to engaging in services that clearly would not help them attain their goals.
2. Additionally, the team sought to use fewer acronyms and more down-to-earth language, as the team understood that the use of acronyms served to distance families rather than engage them.
3. They brought their experiences back to the unit meeting to share with other workers. The workers who tested the new language talked about how families react differently when language is less threatening and more engaging.
4. Over several months, as part of the cycles of small tests of change, additional workers across the agency agreed to try this change in the use of language. Supervisors changed their language as well.

5. While agency staff still catch themselves using their former terminology from time to time, the language in the agency is changing and is starting to shift the way workers approach families. Moreover, this practice is beginning to improve workers' ability to engage families.

Why This Practice Makes a Difference

- The language used in approaching families has a direct impact on the way families perceive the child welfare agency and how open and honest they are willing to be with workers.
- As community members begin to see the language and actions used by the child welfare agency as more positive and less punitive, their understanding of the role of child protection begins to expand.

About This Practice: Providing Information to Families Prior to Initial Contact

There are many ways to make the initial interaction with those served more positive and encouraging. Sending a letter beforehand or creating materials that make the process clear to families have shown themselves to be effective in reducing families' fears and improving family engagement. Families under stress do not often fully hear what is said to them. By having effective written materials to support verbal interaction, families are provided with optimal opportunity for participation in effective decision making.

A Snapshot of Success: San Luis Obispo County and Sending a Letter Prior to Initial Contact

San Luis Obispo County staff believed that by sending a letter to Path 1 families prior to the first visit, they would increase the willingness of families to engage in voluntary services.

1. The San Luis Obispo team began by brainstorming and working with the family advocates from one of their community partners, EOC (Economic Opportunity Commission), to develop a letter that would be sent to families prior to the initial visit.

2. The family advocates helped craft the language of the letter, ensuring that the letter was easy to understand and conveyed a real desire to support the family.
3. The family advocates also encouraged the county to have the letter come from community partners and not from the child welfare system. The family advocates shared how frightening it was to get a letter from the child welfare agency on child welfare stationery. The letter was intended to set a positive tone and invite families to take advantage of services.
4. The letter was tested several times and then fine-tuned until it conveyed the encouraging tone intended.
5. EOC now sends the letter to all families referred to Path 1 and then follows up with a phone call.
6. San Luis Obispo County has had much better success engaging families in Path 1 since it started using the letter prior to the call. The county now has a “yes” rate of roughly 50 percent—a significantly improved response.
7. This practice reflects both the importance of the family voice in system design and the impact of information on families. By seeking the input of families and then using their feedback, agencies can engage more families in voluntary services.

A similar practice was tested by San Mateo County, although the timing of the information sharing was different. Rather than sending the letter prior to the first visit, the San Mateo County team tested the practice of handing the materials to the family during the first visit, while also explaining the program, to make the visit an in-person exchange of information.

A Snapshot of Success: San Mateo County and a Differential Response Brochure

The San Mateo County team wanted to have materials to hand to the family during the first visit. The team members wanted a document that would explain the differential response project and what services were available. They felt it would help to engage families if they had something concrete to offer the families up front.

1. Initially, the team had the community workers bring a basic Family Resource Center (FRC) flyer with them on the initial visit. While the flyer helped explain the range of services available, the team realized that they needed a brochure specific to the differential response project. They wanted a tool to describe the process to families that was engaging, effective, and free of jargon. The state of Virginia had a sample brochure posted on its extranet. The San Mateo team used this and its existing FRC flyer as the foundation for a new brochure.
2. Team members developed and refined the brochure content through multiple tests. The brochure introduces the ideas behind differential response. It poses and answers frequently asked questions such as “What can I expect?” “Will the service cost money?” and “How can I contact a community worker if I don’t want services now but change my mind later?”
3. The brochure also includes a list of sample services that can be provided to families; suggestions for stress-relieving behaviors (e.g., take five deep breaths, phone a friend); information about parent’s and children’s rights; and a section containing community agency contact information.
4. After several tests and refinements of the brochure, the community workers now take a brochure with them on their first visit to the family. The brochure provides them with something tangible to offer families at that first visit without dictating what the family may need. It serves as a tool for engagement and for conversation. Because the community workers know the community, once issues are identified, they can give the family referrals instantly in addition to developing a case plan.

5. This practice is fully implemented across the pilot project and will be spread to full differential response implementation in February 2006.

This practice speaks to the fact that when families are in crisis, scared, or under stress, they tend to miss the explanations and content of initial conversations. When families receive a well-written, compelling description of service options, they are more inclined to review the information and make decisions that will be best for their family.

Why This Practice Makes a Difference

- When communications from the agency to families are crafted with the intention of engaging families and not simply providing information, families hear and receive the information differently—often more fully and positively.
- Having written materials to which families can refer helps the worker in the process of family engagement.
- Families are often more responsive to services if they have written materials to which they can refer for complete descriptions of the system and the process of receiving services.

About This Practice: Calling Families Prior to First Visit

It is common practice in child welfare to make an unannounced first visit. This practice often puts families on the defensive and in many instances creates an adversarial relationship with families—a relationship that has to be undone so that an effective working relationship can be developed.

When staff from Sacramento, Placer, and Los Angeles Counties began to test the idea of calling families prior to the initial visit, agency staff had mixed reactions. Some workers equated calling ahead with putting children in danger. The positive results that some counties had when testing this idea led to increased acceptance of calling ahead as an effective practice in family engagement with no negative impact on child safety.

A Snapshot of Success: Sacramento and Calling Ahead

Sacramento County team first considered the idea of calling the family to make an appointment for Path 1 or Path 2 responses. The team believed that calling ahead would show respect for the family and help establish a trusting relationship between the worker and the family. (But if the reporter identified issues that suggest immediate child safety needs, the worker would respond without calling ahead.)

1. Initially there was uncertainty about testing this idea, particularly for Path 2 families. The concern was that families might “correct” the issues that caused the reporter to call the child welfare agency in the first place.
2. The team asked for a volunteer worker to make the call. The managers and staff on the team worked together to find the “perfect” Path 2 family to call (i.e., one where the risk of future abuse and neglect was quite low).
3. In the first small test of change, the worker called to schedule the appointment. She struggled with the language and how to introduce herself and the concerns of the child welfare agency, but the call generally went well. She found the family to be receptive.
4. On the basis of the lessons learned during the first cycle, a draft script was developed. During the next small test of change, two workers called ahead: the same worker who conducted the first test, plus another worker who liked the idea. This time, the conversations flowed more smoothly and there was less anxiety about choosing the “perfect” family.
5. Ultimately, the script was rewritten during five different cycles of this small test of change, each time with input from the workers who were testing the idea, as well as community and parent partners. The script was amended to explain the difference between an “assessment” and an “investigation.” Many families were more receptive to the appointment when it was put in these terms.
6. County staff also began to give families an option about where they wanted to meet—in their home, at the office, or at a neighborhood coffee shop. This was a very successful outcome of the testing process. The social worker or community member eventually enters the family’s home, but first the worker finds a way to engage the family.

7. Sacramento County has implemented this practice for all Path 1 and Path 2 families in the target area. The practice has spread to emergency response workers outside the target area as well. The county team plans to spread the practice to their next target area for DR implementation.

Why This Practice Makes a Difference

While staff were initially worried about child safety, it appeared that this practice was effective in engaging both Path 1 and Path 2 families. In fact, most families seemed easier to engage and less anxious in the initial home visit when they were called ahead of time. Additional benefits of this practice include the following:

- Calling ahead provides an opportunity to talk about the role of the agency prior to the knock on the door.
- It is respectful and immediately begins to dispel the image of child protective social workers as individuals who show up at the door and “snatch babies.”
- Families often bring other family members and members of their support system to their home for the visit, which enhances the initial assessment.
- Child welfare agencies may be able to get permission from the family to bring a community partner on the visit.
- Child welfare workers save time and avoid wasted trips by visiting when they know the family is at home.
- According to county leaders, the simple act of calling the family began to change the way many workers perceive families.

“We had one funny experience with a family who had been involved with child welfare previously and simply couldn’t believe it was child welfare calling...we really are changing how the community views our work...and how we view our work.”

—Sacramento County CWS Agency

"We had one social worker call ahead and she loved it! She thought it was much more respectful to families and made her job much easier."

—Plumas County CWS Agency

Strategy B.2

Using Partners to Engage Birth Families

The fear that many families have of child welfare agencies often makes it difficult to engage families. A system of differential response relies on partnering with community providers and parents to break the ice and help engage families in voluntary services. Families often express feelings of reassurance when a family who has previously been served by the child welfare system accompanies the social worker on a visit. They also say how comforting it is to have a member of a church or local community agency help explain the reason that child welfare wants to be involved in their lives.

About This Practice: Using Parent Partners to Provide Support to Families

The birth parents on the BSC faculty were among the most valuable participants in the entire BSC. No one understands what it feels like to have child welfare services involved in a family's life as well as a person who has been there.

In California, family members who have been served by the system and have come back to help the system are called parent partners. These individuals have remarkable insight into the fear, shame, and guilt that families experience during the initial process of child welfare involvement, and what social workers and community partners need to do to engage parents in services. When parent partners talk about their experiences, they very often say that it was encouragement from their social worker that made all of the difference. Many parent partners say that they would not be "clean or sober today" without the unfailing confidence that their worker had in them.

A Snapshot of Success: Placer County and Including Parent Partners on the Initial Visit

The team from Placer County believes that family engagement begins with the very first contact. The team theorized that, by including a parent partner in the first visit, the family would feel less threatened and more supported.

1. The Placer County team initiated its first small test of change by having one worker and one parent partner visit a family together on a Path 3 response.
2. The lessons from this small test suggested that this was a very effective way to engage the family. The parents felt supported and less afraid. As a result, the parents were more forthcoming and the worker felt that the initial visit accomplished more than usual. The safety assessment was more complete, more kinship supports were identified, and the family was willing to ask for help.
3. In the BSC, the parent partner expressed how good it felt to be useful. She expressed a strong belief that her presence helped the birth parent understand that the child welfare agency could be helpful. She felt she helped reduce the birth family's fear of the agency's involvement.
4. Placer County will continue to test this idea with the hope of spreading it to more of their Path 3 responses.

This practice demonstrates the power of having a parent who has been served by the child welfare system participate in the initial visit with a family. When social workers allowed parents who have been served by the system to help new families feel more comfortable and trusting of the system, they found that their work became easier and they accomplished more in shorter periods of time.

A Snapshot of Success: Tehama County and Including Parent Partners on the Initial Visit

Like other teams, the Tehama County team also believes that family engagement begins with the very first contact. This team tested including a parent partner in the first visit as well as in later visits.

1. The Tehama County team began their small test of change by working with two parent partners employed by the child welfare agency.
2. Within the next several weeks, they added a third parent partner (an AmeriCorps Volunteer).
3. All three parent partners are in recovery and also have experienced domestic violence in their personal history. They bring these experiences to the conversations with families, creating a sense of shared experience. In their work with Tehama County, they are involved predominantly in Path 2 and Path 3 responses.
4. The parent partners work with two of the five social workers, attending initial visits and continuing in ongoing interaction with the family.
5. These social workers indicate that the families are far more engaged when parent partners are included in the initial visit. They share this observation during staff meetings, championing the role of parent partners in connecting with “hard to engage” families.
6. The Tehama County team is working to spread this practice across the agency.

This practice served as a vehicle to teach young workers about the strength and resiliency of families.

“It is amazing to sit in the presence of someone who has faced and conquered such adversity—and watch them instill hope in another.”

—Tehama County CWS Agency

Why These Practices Make a Difference

Parent partners are often willing and eager to play a vital role in improving the child welfare system, but they need to be asked. Some of the benefits identified from engaging parent partners in this work include:

- Parent partners can be very helpful in engaging fearful, “resistant” families. They often have “moral authority” with the family that the child welfare worker may not have. The authority that comes from having been there themselves helps families from externalizing responsibility for their situations.
- Parent partners are often able to confront families more effectively, which further helps families move through their fears of the system faster. Consequently, families are able to move more quickly toward achieving their goals.
- Parent partners can help a family trust the social worker by telling their story of how a social worker made the difference in their lives.

“Parent partners can make all of the difference in engaging families who just plain don’t trust the system...we have been there, we know.”

—Pam Maxwell, Parent Partner

About This Practice: Using Community Specialists to Engage Families

Another challenging aspect of differential response is the difficulty of finding effective ways to engage families in voluntary services. Community partners offer the advantage of being from organizations that may be closer to the families’ homes and may better reflect the diversity of the community. The partners’ staff members may have the time to go back to families several times early in the process to ensure that the families are fully engaged in services. Further, if a family engages with a community partner and the family has issues or problems in the future, it can reach out to that community partner again for help and assistance.

A Snapshot of Success: Contra Costa County and Community Engagement Specialists

The Contra Costa County team believed that connecting with Path 1 families face-to-face would lead to better engagement. Through the use of community engagement specialists they are experiencing exceptional results in engaging Path 1 families.

1. The Intake Structure Workgroup researched different engagement models—nationally and in neighboring counties—and determined that a community-based person making a face-to-face visit would be the most successful strategy to test.
2. To address confidentiality, the child welfare agency contracted with community-based workers, who essentially became contracted employees of the agency called Community Engagement Specialists (CESs). They utilized a competitive bid process to select individuals with whom they would contract, looking for individuals who expressed a desire and respect of families involved in the system.
3. These community engagement specialists receive Path 1 referrals and then visit the family's home within ten days (ideally, within forty-eight hours) of the initial referral.
4. The Contra Costa team thought that this was such an effective model that it now has a community engagement specialist for each their three target geographic areas.
5. As a follow-up to the original small test of change, the team began to track whether the joint response between the community engagement specialist and the worker made a difference in family engagement. From March to May 2005, they tracked the type of transition activity and the resulting engagement level of all families in both the Path 1 and Path 2 pilot projects.
6. The results showed that families were likely to engage initially and to remain engaged when there was a “warm hand-off” from the social worker to the community partner. (See the Snapshot of Success below.)
7. These small tests of change have been so successful that the county has adopted a policy promoting the use of joint visits whenever possible.

This practice emphasizes the importance of having dedicated individuals contact families and seek to engage them in services. It further speaks to the importance of tracking the outcomes of small tests of change. Contra Costa County was able to make the case for funding of the CESs by demonstrating increased engagement and ongoing involvement of families in voluntary services.

Why This Practice Makes a Difference

Family engagement can be time-consuming. In Contra Costa County, the community engagement specialists (CESs) sometimes make three or four visits to a family to establish a relationship and ease the family into engagement in services. These visits are worthwhile; there are many benefits to using these specialists:

- They have the time to make these important multiple efforts at building family trust because it is their sole responsibility.
- The CES can assist the transition to the community case manager, ensuring that the family does not get lost or confused in the process. The CES can also stay engaged.
- When families do not relate to their case manager, as sometimes occurs, the community engagement specialist can intervene and help improve the relationship or, if necessary, help connect the family to another community case manager.
- Both social workers and community partners are convinced that joint visits have a strong positive impact on engaging families.

About This Practice: Transitioning Families from Child Welfare Agencies to Community Partners

One of the complexities in Differential Response is the issue of how to facilitate the transition of a family's case from the child welfare agency to a community partner. This process needs to occur with respect, ensuring that the family understands the transition process and knows that the new provider has a full understanding of their needs. Families stress that it is frustrating to have to tell their story to multiple individuals and that this lack of continuity and communication between workers and community partners creates confusion and mistrust.

A Snapshot of Success: Contra Costa County and Warm Hand-Offs

The Contra Costa County team believed that families would be more likely to remain engaged if they had a “warm hand-off” between the worker who engaged them initially and the community case manager who would work with them once the referral was made. Typically, the worker would make a paper referral to the community case manager, who would then contact the family on his or her own. In contrast, with a warm hand-off, the worker would personally introduce the community case manager and the family.

1. The Contra Costa County team first tested the warm hand-off with Path 1 families. They had one worker meet together with the family and the community case manager to start the transition.
2. Everyone felt this meeting worked better than making a paper referral. From the initial small tests of change, the team learned that families felt more connected and supported by having the initial worker, with whom they had a relationship, present during the transition to the community agency.
3. The next cycle of this test was to include the family, the worker, and the community case manager in a meeting to formalize the transition, discuss family strengths and needs, and plan for ongoing services. Families expressed that they felt the entire team was on the same page, working toward the same goals.
4. The next test was to utilize the warm hand-off transition meeting for Path 2 families who were engaged and willing to participate in services. This process has been equally successful.
5. Due to time constraints, workers were initially reluctant to go to the second meeting with a family when no child welfare case was going to be opened. However, the small tests of change made it clear that attending the second meeting with the family provided a better transition and enhanced the quality of the relationship between the community case manager and the parent—resulting in improved family engagement in services.
6. The Contra Costa County team continues to encourage the warm hand-off for both Path 1 and Path 2 families as part of practice. Workers are eager to adopt this practice on the basis of the data.

7. Even though workers initially expressed concern about the extra workload caused by the transition visits, the large majority of Path 2 cases (85 percent at this time) have their transitions through warm hand-offs.

This practice speaks to the importance of relationships. The warm hand-off respects the difficulty of this transition for families and provides a vehicle to make it as easy as possible. The data suggest that this practice is effective in ensuring that families remain engaged in voluntary services.

Why This Practice Makes a Difference

Sometimes the use of a referral form, while it may save time, fails to provide the personal connection and continuity that families need in stressful situations. A person-to-person transition where the family is involved in the hand-off familiarizes families with the process, ensures that they understand the next steps, and gives them confidence that the community partner understands the family's issues. Benefits of this practice include:

- With an effective transition process, families better understand how the pieces of the system link together.
- A warm hand-off increases the family's engagement in voluntary services and is a worthwhile investment of the worker's time for both Path 1 and Path 2 families.

Strategy B.3

Inclusion of Families in All Aspects of Decision Making

Once families have been engaged in services, they should be treated as true partners. As true partners, families should be heard and their perspectives incorporated into service planning. They need to be present for every conversation to plan their lives.

Because of time constraints, high caseloads, challenging logistics, and scheduling issues, and sometimes because of the values of individual social workers, families are sometimes excluded from these discussions and decisions. The implementation of differential response requires county and community staff to find ways to actively include families in every decision affecting their future.

About This Practice: Conducting Team Decision-Making Meetings for Placement Decisions

One of the hardest topics to discuss with a parent is the possible need to remove their child from the home. But parental involvement is critical. Team decision-making meetings, which are a core practice of the Family to Family Initiative, place the family (including extended family, neighbors, and other significant individuals) at the center of the placement decision.

A Snapshot of Success: Glenn County and Team Decision Making

As a Family to Family county, Glenn County is implementing Team Decision Making (TDM). Using TDM meetings to engage families is increasingly part of the culture and practice of the agency. The Glenn County team was attracted to Family to Family TDMs because staff believe strongly that involving families and communities in placement decision making leads to better decisions.

1. Glenn County implemented TDM meetings for all decisions about initial removal on July 1, 2005.
2. Early in their implementation, the Glenn County team found that families were not bringing support people (extended family, service providers, faith community members, etc.) to the meetings. The Glenn County team decided to test having the community services worker connect with the family prior to the TDM and help them assemble their support network.
3. The Glenn County team learned that the practice of linking the family with the community services worker prior to the meeting worked very well and implemented it for all TDMs.
4. Now, the community services worker contacts the family, explains the concept of bringing a support network to the TDM, and helps the family identify and connect with their support network. Following the TDM, the community services worker stays connected to the family, even if a child welfare case is not opened.

This practice reflects the importance of helping families identify and rally their support system during the difficult decisions regarding the placement of their children. By actively recruiting family members to participate in the planning and solution identification, parents feel more supported and express that the decisions made reflect their personal desires and goals.

A Snapshot of Success: Trinity County and Using Team Decision Making for Placement Decisions

Trinity County is also a Family to Family county and was inspired to implement Team Decision Making (TDM) by San Luis Obispo County's stories of success. Team Decision Making meetings have become some of the workers' and supervisors' favorite family engagement activities. Once they decided to start having Team Decision Making meetings, the process of implementation and refinement went very quickly.

1. The team decided to do a TDM for any placement move and sent a counselor from the high school and a social worker to a facilitator training.
2. They started holding TDMs with a few families and had great success.
3. The TDMs were fairly structured from the beginning and went smoothly. As county staff improved the process, community involvement increased. As community members heard about the successes and impact of TDMs, they also wanted to be involved.
4. The county learned that, to ensure that TDMs occur, they needed the support of an administrative person to schedule the meetings.
5. To obtain feedback and ensure continuous quality improvement, the TDM facilitator now administers a survey to everyone who attends. The survey asks participants about the inclusiveness, respectfulness, and effectiveness of the process for families.
6. The feedback has been very positive; participants perceive that the TDM process is working efficiently. Families who feel listened to have ownership of the decision-making process. As a result, they are more invested and more active in carrying out the plans made during the TDMs.

The practice reminds us how important it is to ensure that parents are actively involved in all aspects of planning for their lives and their children's. Important meetings do not just happen on their own, however. Counties need to dedicate resources to ensure the effective use of the TDM approach.

Why These Practices Make a Difference

Actively involving families in all decisions, particularly in decisions that are as sensitive, emotional, and difficult as the placement of their children, is essential. Benefits of this practice include the following:

- Family members can rally around one another and create safety plans so that children do not have to be removed from their parents. Kin can often assist families in generating solutions to avoid placement or identify additional placement options.
- Families are more accepting of a placement when they have a voice in who cares for their child and how the placement will occur.
- Families frequently generate solutions to their own problems when invited to be part of the process. Often they can identify placements for their children that the agency has not considered.
- When the family has a say in the placement process, it is much more likely to stay involved throughout the placement. This gives the family has a greater chance at being reunited successfully.

About This Practice: Utilizing Intensive Services Workers for Court-Involved Families

Families who are involved in the court system often require a significant amount of support to stay actively involved. The caseloads of most social workers do not allow for this kind of attention. Assigning an Intensive Services Worker to all court-involved families from the outset creates a champion for the family who partners with the social worker to meet the family's needs.

A Snapshot of Success: Los Angeles and Intensive Services Workers

Staff at the Compton Office of Los Angeles County knew that if they truly were going to have a positive impact on court-involved families, they needed to offer these families additional services and supports. The caseload of social workers would not allow more intense service provision, so they created the position of Intensive Services Worker (ISW).

1. In situations where court involvement is necessary, a family is assigned an ISW at the point of initial child removal.

2. The ISW attends the initial Team Decision Making meeting and works closely with the family to engage them, help them understand the child welfare court process, and develop solutions that will enable their child to return home as rapidly as possible.
3. The ISW is not responsible for the court process, only for supporting and working with the family to successfully engage in the case plan.
4. The result in the Compton Office is that families are engaged in the process from the beginning; a stronger, more tailored plan is created; and families are linked to services more quickly.
5. The Compton Office team reports increased reunifications within twelve months and increased adoptions as results of the ISW effort.

This practice demonstrates how effective it is for families to have the support of an advocate who understands the complexity of the child welfare system and can help them navigate the system. The results suggest that this intensive support greatly enhances families' ability to stay involved through reunification.

Why This Practice Makes a Difference

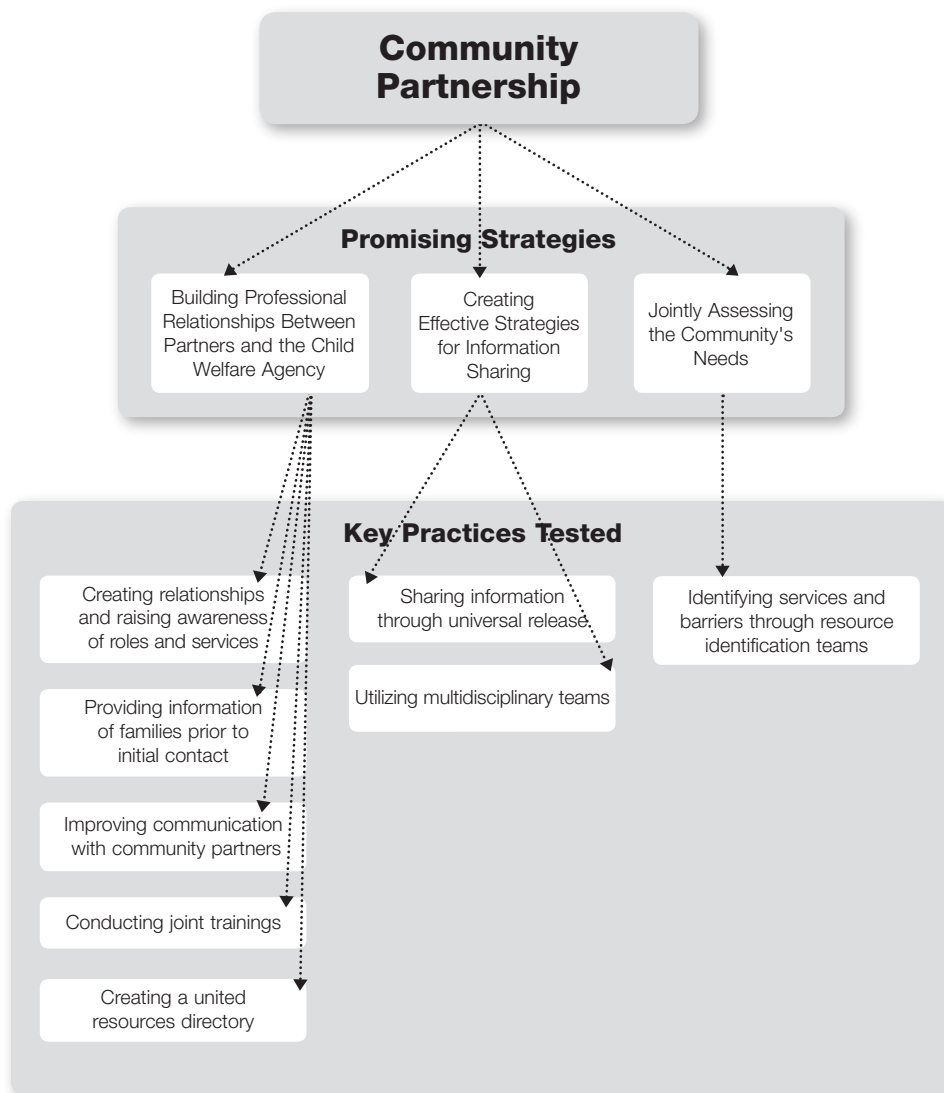
In this practice families' voices are integrated into all decision-making meetings. The ISW serves as a coach, advocate, and champion for the family. This has shown multiple benefits, including:

- Court-involved families struggling to make difficult and significant changes in their lives have an internal, consistent, and available champion to assist and support their efforts.
- Social workers, who are often very involved in the court process, have a trusted internal partner to help the family make required changes. The partnership between the social worker and the ISW is effective in helping the family navigate the system and make needed changes.

C: Community Partnership

Prior to the implementation of differential response, child welfare agencies across California had developed various types of relationships with their community partners. These relationships varied in their closeness and efficacy. The implementation of differential response required counties to examine their relationships with community partners and modify these partnerships as needed.

The strides made in this area were among the most visibly obvious at the final learning session of the BSC. At the first learning session, community partners comprised less than 10 percent of participants. At the final learning session, over 20 percent of the participants were community partners. Clearly, as counties tested changes that engaged their partners in different ways, their relationships deepened and a growing sense of shared responsibility for families and the community emerged.



Strategy C.1

Building Professional Relationships Between Partners and the Child Welfare Agency

In the early stages of implementing differential response, many counties felt they had a great deal of work to do in creating a foundation for community partnerships. The mistrust and misperceptions that historically existed in some counties had to be discussed and new relationships had to be formed before partnerships could occur.

While some community members seemed to think that child welfare agencies should be intervening with many more families, removing many more children, and keeping cases open much longer, others felt just the opposite—that child welfare needed to interfere less. A more balanced perception of one another's roles needed to be forged.

Moreover, when both the community and the child welfare agency were involved with families, tension often arose around roles and responsibilities. Teams cited conflicts with state and county regulations regarding authority for decision making; they noted barriers around confidentiality that would prevent them from sharing information openly; and they described challenges from limited funding and scarce resources. But as innovative counties began exploring ways to overcome these obstacles, their successes multiplied and gave them momentum to continue.

About This Practice: Creating Relationships and Raising Awareness of Roles and Services

Two practices emerged as avenues for the child welfare agency to create partnerships and improve understanding of one another's roles and responsibilities. The first was “ride-alongs,” and the second was visits to partner offices.

Ride-alongs were intended to create a foundation for joint response. Staff from partner agencies shadowed child welfare workers in an effort to better understand roles, responsibilities, and differential response. As an ancillary benefit, the child welfare staff gained understanding and respect for the perspectives of the community partners. Ride-alongs may not be necessary for ongoing practice but are clearly an effective means of developing and reinforcing relationships.

A Snapshot of Success: Sacramento County and Ride-Alongs

The Sacramento team decided to test the idea of ride-alongs because they thought this practice would promote collaboration and help child welfare staff and home visiting staff understand more about one another's jobs.

1. The team began a small test of change by having the home visitor from one community-based organization come to the child welfare agency to listen in on child abuse referral calls. The intention was for the home visitor to understand the nature of the referrals before riding along on a visit.
2. The home visitor then accompanied the worker on an initial family visit to conduct a safety assessment.
3. From this initial test, the home visitor began to better understand the nature of the calls coming into the child welfare agency, how little information the child welfare agency often had prior to the initial home visit, and the process of conducting the safety assessment in the home. She also saw firsthand the complexity of engaging families in the process. According to the home visitor, this experience gave her more empathy for both the worker and the family.
4. As a follow-up to this initial small test of change, one child welfare worker rode along with a home visitor on one of her home visits. The child welfare worker reported that she gained tremendous respect for the home visitor's skill in both family engagement and assessment. She observed that the home visitor appeared to really understand and respect the families with whom she works.
5. As the cycles evolved and grew, more home visitors and child welfare staff (including supervisors and managers) participated in ride-alongs. In the end, all intake staff, workers, and supervisors in the target area had participated in at least one ride-along.

A similar practice that the BSC determined to be effective in building relationships was having staff from partner agencies visit the child welfare office and vice versa. These introductory visits enabled community partners and county social workers to better understand one another's working environments, roles, and responsibilities. For some counties, this practice was viewed as the precursor to co-location of staff.

A Snapshot of Success: Placer County and Getting-to-Know-You Visits

Placer County team members decided to try having child welfare staff and Family Resource Center (FRC) staff visit one another's workplace to develop relationships, learn about one another's jobs, and make child welfare staff more visible in the community.

1. The Placer County team's first small test of change involved having child welfare staff visit the Roseville Family Resource Center (FRC). During the visit workers learned a great deal about one another's jobs, community expectations, and challenges of serving children and families. Child welfare staff appreciated the skill of the FRC workers, and FRC staff realized the tremendous pressure that child welfare workers face daily.
2. Both entities felt that the initial test went extremely well, and they continued this exchange for several weeks.
3. The number and frequency of small tests of change grew until each child welfare worker was spending roughly two hours per week meeting with FRC staff at the FRC office.
4. They now have tremendous respect for one another and, on that basis, child welfare staff make referrals easily to the FRC staff. They share information with confidence and they bring FRC staff into team discussions.
5. Placer County team hopes to eventually turn these visits into a co-location and to outstation a child welfare worker at the FRC one day per week.

This practice demonstrates the importance of empathy in developing effective working relationships. When child welfare workers and FRC staff appreciated the expectations and pressures their colleagues faced, there was greater tolerance for small mistakes and greater understanding of day-to-day decision making.

Why These Practices Make a Difference

Finding ways to build mutual understanding and trust between the child welfare agency and community partners is an essential part of developing partnerships that best serve families. Using ride-alongs and visits between partners brought many benefits:

- Ride-alongs led to the practice of riding together during joint response. Social workers and community providers now arrive in the same car at the same time, making the visit less embarrassing and intrusive for families.
- As community partners build relationships and gain insight into one another's roles, they also gain a better understanding of how to make a "good" report on the abuse or neglect of children.
- Ride-alongs and office visits build stronger relationships between partners, reducing mistrust and misunderstandings about roles and responsibilities. With these practices, partners gain a heightened appreciation for how they can help one another help families.

About This Practice: Co-Locating Child Welfare Staff and Community Partners

Co-location fosters relationship building and facilitates communication. Because families receive most of their services from Family Resource Centers (FRCs) and because these centers have the most direct connection with families, several counties thought that locating child welfare workers in FRCs would dramatically improve their connection to both the families being served and the services being provided.

A Snapshot of Success: Kern County and Outstationing Workers

The Kern County team wanted to outstation social workers because they thought it would build stronger partnerships with the community (both local citizens and community social service providers). They decided to outstation staff in the Family Resource Centers.

1. The child welfare agency and the FRC began by developing a memorandum of agreement to outline what they needed from each other to make outstationing work.

2. The Kern County team and the FRC jointly chose the workers to be outstationed. They made this selection carefully, on the basis of the social worker's desire and ability to collaborate and her knowledge of the community and its diverse cultures. Often social workers can become isolated from the spirit of a community. The FRC and the county wanted to initiate this process with a social worker who really understood the community.
3. This first test was very effective. The worker's relationship with the FRC staff improved and her visibility in a community enhanced the image of the child welfare agency.
4. Over time, additional workers were outstationed. Each worker was asked to report to fellow social workers how this experience was improving practice and his or her ability to protect children. One significant statement was this: "I can better protect children when I better understand their neighborhoods, their families, and their culture."
5. Kern County now has eight workers outstationed and plans to outstation four more workers over the next year.

This practice speaks to the critical importance of social workers being seen as part of the communities they serve. When viewed as caring about the community and its children and families, workers are more trusted and better understood. It also underscores the need for social workers to invest time in learning how culture influences parenting and decision making. In order to serve children in the context of their culture, one must understand that culture.

Why This Practice Makes a Difference

Situating county social workers in family resource centers brings many benefits as workers learn about the FRC and became an integral part of the community service network.

- Social workers and staff from community partner agencies collaborate with greater ease when the social worker is situated in the partner's office.
- Social workers are more accessible to the community when their offices are located in the community rather than in a government office building. This helps the community get to know and trust the social workers.

- Co-location increases the frequency of joint work, including initial visits, ongoing assessment and case planning, and service delivery.
- An effective approach to breaking down mistrust between social workers and community providers is to create an environment where working together is natural and expected.

About This Practice: Improving Communication with Community Partners

Good communication is a challenge in all aspects of life. Teams tested many different practices to improve and sustain strong and clear communication. Because communication is often an area that receives only periodic and fleeting attention, county teams felt strongly that improvements in communication practice should be implemented at an institutional level, not dependent upon a single staff person or relationship.

“There will be lots of rough spots along the way. You have to listen to each other’s concerns in order for partnership to work. Find a way to be respectful and collaborative, and still hold your bottom line.”

—Humboldt County CWS Agency

One innovative practice tested was that of closing the communication loop with mandated reporters following an intake. This feedback leaves the reporter with reporter satisfaction that their call has made a difference.

A Snapshot of Success: Santa Barbara County and Closing the Loop with Mandated Reporters

Historically, when mandated reporters called the county to express concern over the safety of a child, they received a letter describing the outcome of the report in very general terms. Mandated reporters expressed the opinion that the inadequacy of the information created tension in the community. The Santa Barbara County team thought that providing more personal feedback to mandated reporters would help these reporters understand the child welfare system better and improve relationships.

1. For the first small test of change, at one intake the worker contacted the mandated reporter by telephone instead of sending the form letter. On this call, the worker took the opportunity to explain the decisions made and the next steps for involvement with the family.
2. This phone call provided the mandated reporter with an opportunity to ask questions. He stated that he understood the decision much better at the end of the call.
3. Over time, additional workers began testing this process and found that it enhanced communication between the mandated reporter and the agency, developing trust around decision making.
4. The Santa Barbara team has spread this practice throughout the agency.

This practice helped to demystify the child welfare decision-making process for community partners. When mandated reporters better understood the rationale for child welfare decisions, they were not so quick to judge the child welfare agency as “not doing their job.”

Why This Practice Makes a Difference

Communication between the child welfare agency and community partners can take many forms and happen at various points in the life of a case. When this communication begins at the point of initial report, confidence, trust, and understanding increase, contributing to a better relationship between mandated reporters (many of whom are also community partners) and child welfare staff.

About This Practice: Conducting Joint Trainings

All of the strategies described above resulted in cross-education that helped strengthen relationships and further develop effective partnerships. But while the cross-education that happens through these relationships is necessary, it is not sufficient. A significant amount of intentional cross-education should also occur.

Initially, child welfare agencies thought that it was their role to train community partners on differential response. Several early trainings were developed and tested with this intent. But soon after these initial trainings were held, it became clear that the joint trainings were more than a means of sharing information about roles and responsibilities under differential response. Joint trainings were a means for people from different agencies within the community to come together and create a new system of interaction—a new way of thinking about partnership.

A Snapshot of Success: Placer County and Joint Trainings

The Placer County team believed that sharing training resources would expand the capacity of the entire community workforce to protect children and support families.

1. The Placer team began by training community partners on the Structured Decision Making (SDM) tools. The SDM training was very successful. Community partners felt they understood the child welfare decision-making process much better.
2. As a result of the success of this first test, the child welfare leadership began to think about how to involve community and agency partners in all trainings, but particularly those related to differential response.
3. They invited community partners to the BSC learning sessions, Family to Family convenings and a myriad of other ongoing training opportunities. The invitation helped to alleviate some of the tensions that existed between the agency and its community partners.
4. The mutual sharing and growth in understanding about the child welfare role that has occurred from these joint training experiences has greatly enhanced the relationship between the county child welfare agency and its community partners. Specifically, differential response, which had been perceived by some as shirking the responsibility to protect children, was better understood and fully embraced.

5. As a result of these tests and the success of the effort, the county has made a decision to dedicate a certain number of enrollment slots in every training event for community partners.

This practice addresses the lack of knowledge that community partners often have about new initiatives in the child welfare agency; without information and trust, new endeavors may be held in suspicion. When community partners were included in the training process, not only did they express that they better understood the child welfare system, and why new initiatives were being introduced, but they could more adequately explain child welfare decision making to the broader community.

Why This Practice Makes a Difference

Partnerships between the child welfare agency and community partners develop most naturally when partners join together to support the same family. When this partnership can be developed before casework begins, additional systemic benefits result:

- Joint trainings help both child welfare workers and community partners better understand practice changes across the county.
- This practice is yet another way to improve relationships between the child welfare agency and community partners.
- Over time, the topics for trainings can be jointly defined, giving community members greater input in building community capacity and skills, and fortifying their commitment to partnership and shared work.

About This Practice: Creating a Unified Resource Directory

Another effective practice for sharing knowledge and building relationships is the creation of a unified community resource directory. Many counties found that this approach to sharing knowledge contributed to reaching the goal of an integrated continuum of services and supports.

A Snapshot of Success: Contra Costa County and the Faith-Based Directory

If social workers are going to partner with the faith-based community, they need to understand the resources and service options available. The Contra Costa County team realized that their social workers lacked the knowledge base required to effectively partner in this way.

1. The Faith Based Resource Directory grew out of a mini-grant effort. It was one of several mini-grants funded in East County.
2. The directory, which includes information about resources, services, and supports available through the faith community, is distributed countywide and to all those involved in differential response: child welfare workers, families, community engagement specialists, and community case managers.
3. Social workers and other community partners now perceive the directory as a very helpful resource. As a result, the county has decided to continue to fund the upkeep of the directory, ensuring its availability both online and in hard copy, maximizing its availability to the community.

This practice emphasizes the fact that current information on the many resources—both formal and informal—that exist within the community is essential. No one person can know everything that is available in a community. The outgrowth of this has been an increased use of informal community services in the county.

Why This Practice Makes a Difference

Most communities have limited resources to meet the needs of children and families. This scarcity often creates a competitive environment in social services as agencies must compete for the limited dollars available.

- Joining with partners to leverage existing funding and resources and collaboratively seek new funds creates tremendous community buy-in for child welfare endeavors. It serves to provide cross-education and also puts all the players “on the same team” rather than pitting them against one another.

- Partnering in this way generates goodwill and ownership in the communities. Communities begin to see the service providers and child welfare workers as collaborators and supportive members of the community. This helps break down some of the perceptions that many people have about bureaucracies and government.
- Developing a joint resource directory can reduce duplication of effort. Rather than staff from each agency trying to create new services, they can first see what is available from partners in the community.
- Better knowledge of existing formal and informal community resources enhances partners' ability to maximize use of what the community has to offer.

Families receive more comprehensive and holistic services when all the players are in agreement regarding of service availability.

Strategy C.2

Creating Effective Strategies for Information Sharing

Communication problems between child welfare agencies and community partners are often exacerbated by confidentiality regulations. If a partnership is to be effective, all parties involved must find ways to share information throughout the life of a case including intake, assessment, case planning, placement, and case closing.

Confidentiality was the single most significant barrier to differential response cited by counties participating in the BSC. Initially, many counties appeared to feel that this barrier was insurmountable. But as the BSC evolved, several counties made significant strides in finding effective ways to share information with community partners.

About This Practice: Sharing Information Through Universal Release

A key method of sharing information between the child welfare agency and partner agencies was the development and implementation of a universal release-of-information form. This form allows information to be shared across a number of systems and agencies with families' informed consent. The universal release-of-information form dramatically improves the ability of agencies to provide appropriate services and supports to families.

A Snapshot of Success: Glenn County and Universal Release

The Glenn County team and its community partners were intent on streamlining the sharing of information among the organizations that provide services and supports to many of the same families.

1. In 2003, Glenn County's Children's Interagency Coordinating Council spearheaded an effort to create a standardized release-of-information form for all public agencies.
2. The county developed the form over a significant time period, testing it extensively with stakeholders, including both consumers and line workers. They began using a prototype form rather quickly, and then continued to modify the form for several years on the basis of feedback and experience.
3. This Universal Release-of-Information form, when signed by a family, can authorize information sharing among the following systems in Glenn County: public schools, probation, Child Protective Services, adult services, employment and benefit services, public and mental health services, alcohol and drug services, nonprofit organizations, and the courts.
4. Each client has choices about what level of information to release and to which entities.
5. While the Universal Release of Information Form is complete and in use throughout the county, the Interagency Council still reviews and refines it as necessary every six months. This form has significantly enhanced the county's ability to provide appropriate services and supports to families in a timely way.

This practice speaks to the importance of creating common tools to facilitate the sharing of information between agencies. Because the community participated in the development of the form and rules for using it, there is less miscommunication around information sharing.

About This Practice: Utilizing Multidisciplinary Teams

Several teams were very successful in working through the issue of confidentiality through the use of multidisciplinary teams.

A Snapshot of Success: Stanislaus County and Sharing Information Through Multidisciplinary Teams (MDTs)

The Stanislaus County team believed that sharing information through the Multidisciplinary Team (MDT) was an effective way to address the confidentiality issues. In conjunction with their county counsel, they developed an approach to sharing information in the MDT.

1. The Stanislaus County team worked with an attorney at the county counsel's office who talked to counterparts in other counties, researched policies and federal law (the Health Insurance Portability and Accountability Act), and eventually approved the sharing of information through a multidisciplinary team.
2. To join in information sharing, participants were required to be qualified as members of the multidisciplinary team. The qualification process included training in child abuse and neglect, confidentiality, mandated reporting responsibilities, and strengths-based assessment.
3. The development of both the training and the multidisciplinary team was a "learn as you go" process. County staff met with their partners and talked extensively about what trainings they would be interested in. Many of the topics they decided to cover were required by the County Counsel, but the county team was surprised at some of the other areas of interest. The county team began to conduct the trainings, which have been well attended and receive positive feedback. Partners are appreciative of the trainings.
4. The multidisciplinary team meetings in the county started with the sharing of information about families being served—a type of case consultation. At first many of the partners were hesitant because they were new to the process and perhaps not as confident as the social workers in the room.

5. The team altered this dynamic by designating two partners to present at the next meeting, with the plan of rotating presenters at subsequent meetings. The partners who were most experienced in case sharing were able to go first and model this for other partners.
6. The cross training and multidisciplinary teams are both standard parts of practice now in Stanislaus County, although they are still being refined.

Confidentiality is a barrier only as long as it is allowed to be a barrier. This county worked through the issues to find a way to share information. When community partners are able to share information with one another to create plans that meet actual needs, families are better served.

Why These Practices Make a Difference

Sharing information in child welfare has always been a sensitive issue. The counties struggle with the challenge of how to share information and still respect families' privacy. Counties learned that:

- Meetings to share information are helpful and informative for both child welfare staff and community partners. Such meetings can be used to raise procedural questions as well as focus on engaging families.

When partners share their experiences, a common orientation toward practice can grow within a community. Partners are able to redirect a deficit-focused practice orientation to a strengths-focused approach, share strategies for engaging families, and model respectful approaches to holding conversations with and about families.

Because the child welfare agency and partner agencies can pool their knowledge and experiences about a family's strengths and needs in "real time," the family is ultimately better served by all involved in their case.

Sharing information about a family's needs and about the services and supports provided by various agencies allows each agency to best meet the family's needs. Additionally, this sharing of information reduces both gaps in services and duplication of services.

Strategy C.3

Jointly Assessing the Community's Needs

Child welfare practice typically focuses on identifying services and supports for individual families. Because the system is overburdened, there is seldom time to proactively assess what services and supports are needed but not available in the community and then try to address these gaps.

As differential response unfolded in California, community partners and child welfare agencies realized that, for families' needs to be met, there had to be a process in place for macro-level assessment to occur. Some macro-level assessment had already begun as a result of earlier initiatives, including the plans developed in response to the Federal Child and Family Services Reviews, but in most counties, much work remained in this area.

As a result, some of the community teams that were formed began to function at both a micro-level (working directly with individual families) and at a macro-level (conducting needs assessments, reviewing capacity, and creating new programs to meet identified needs).

About This Practice: Identifying Services and Barriers Through Resource Identification Teams

Differential response is predicated on families having a diverse array of community options to meet their needs. Joint ownership of the quality and availability of community services and supports for families stems from a collective understanding of what exists and how to tap it, as well as agreement about service gaps in the community.

Because of relationships between community partners and child welfare agencies that were built during the BSC, many teams began to address the service gaps more effectively than they had in the past. Several teams created specific forums in which to share their experiences with serving families, identify barriers to effective service delivery, and pinpoint significant gaps in options for families.

A Snapshot of Success: Sacramento County and Resource Specialist Team

The Sacramento County team wanted to ensure that families have access to the specialized services needed to improve their ability to care for their children. The quality of and access to supportive, specialized services can make the difference between a family entering the formal child welfare system or not. Previously, Sacramento County workers listed these specialized services on the plan and then passed the plan to the appropriate community agency.

1. The Sacramento team decided that the development of a Resource Specialist Team (RST) would enhance the delivery of specialized services to families.
2. The RST includes the public health department, the child welfare agency, home visitors, CalWORKS, Alcohol and Other Dependencies (AOD), schools, and mental health agencies. The county team is trying to engage a domestic violence advocate to serve on the team as well.
3. Meetings with the RST are currently held on a biweekly basis but will probably be held weekly as referrals increase.
4. At each meeting, the home visitors present the needs of a specific family to the team. The team then discusses unmet needs the family may have and explores what might be missing from the array of services currently available.
5. Not only are these meetings viewed as supportive to families; they have also assisted the community in jointly identifying gaps and looking for ways to enhance the service array.
6. Following the RST, a meeting is held with the family and resource specialist who has been identified. All resource specialists on the team must agree to go into the family's home to work with them if the family desires this.
7. Although Sacramento County is just beginning to implement this strategy, the team plans to conduct small tests of change to modify and improve the process.

This practice points to the need for community perspectives to be brought to bear on identifying and eliminating service gaps. The Sacramento County team is continuing to explore having families participate in these community meetings.

A Snapshot of Success: Contra Costa County and Community Case Review Teams

The Contra Costa County team wanted to provide a forum for community partners and child welfare workers to discuss their experiences with families, improve their ability to identify and fill service gaps, and develop partnerships.

1. The team began conducting monthly case review meetings between the community case managers and child welfare agency emergency response supervisors.
2. After several meetings, participants came to appreciate the value of the meetings in illuminating problems of access to specific community services. The community case managers saw that the child welfare agency could help with accessing these services.
3. The meeting also helped to identify service and resource gaps. These issues were brought back to the Neighborhood Collaborative for action.
4. An additional result of these meetings was the linkages that were created between the community case managers and the county's consultation and response teams. Community case managers felt a new level of support from the county.
5. These meetings have also resulted in improved relationships between the CalWORKs staff and the community case managers. This is imperative given the financial needs of many of the families served.
6. The Contra Costa County team is continuing to spread this practice.

This practice highlights the need for child welfare agencies to use their influence to assist community partners as they access services and supports for families. The linkages made by the county welfare department significantly improved the ability of community case managers to do their jobs effectively.

Why These Practices Make a Difference

- Meetings provide forums for ongoing conversations about the resources needed to meet families' needs.
- Meetings cultivate relationships between community partners by creating a common value base for practice, increasing awareness of what a system of "community child protection" might look like, and renewing commitments to effective collaboration.
- Community problem resolution comes from addressing individual family's needs. When gaps are identified for one family, it is extremely likely that the same gaps exist for other families. As service gaps are filled, the community becomes stronger.
- When resources are shared, everyone learns new information, and a growing number of people become expert about community resource options.

IV: Factors for Success: Organizational Culture Change

The experience of this Breakthrough Series Collaborative underscores the fact that the culture of the local child protection system is possibly the most important contributing factor to successful differential response implementation. The beliefs and values of the county agency, as well as those of community partners and the community at large, play a dramatic role in implementation success.

Key aspects of differential response cause practice to be particularly sensitive to organizational culture. For staff, managers, and community members who view child welfare as purely an investigatory system, differential response appears to be a challenge to implement; at its core, differential response is about working in close partnership with the community and with families themselves to identify families' strengths, and then building upon those strengths to meet the families' unique needs.

The values and assumptions underlying differential response in California include the following:

- Children are safer and families are stronger when communities work together.
- Identifying family issues and addressing them 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.

While on the surface these values may seem intuitive, over the past decade child welfare has been forced to focus its primary attention on the “child protection” aspects of the work, often at the expense of the “family support” aspects of the work. For child welfare agencies to embrace practice rooted in the principles of differential response, a shift in values and beliefs about both families and the role of the community in child welfare must occur.

Key Transformations Required for Organizational Culture Shifts

The experience of counties participating in this BSC revealed that three key transformations were needed for this organizational culture shift to occur:

- Belief in the intrinsic value of family voice
- Belief that community partnership is the most effective way to protect children
- Committed leadership willing to take risks

➔ Belief in the Intrinsic Value of Family Voice

When family voice is valued, social workers and community providers cannot imagine planning for the life of a family without the family in the room. They believe that all decisions are more effective and children and families are better served when the family voice guides the discussion.

About Transforming Organizational Culture to Support this Belief

To model this transformation, parent partners and young people who had been involved with the system were vocal and visible participants on the faculty. While counties were repeatedly encouraged throughout the BSC to include these voices on their internal teams as well, teams admittedly struggled to engage families in the process.

Learning how to honor the voice of the family in planning for their own lives requires a belief that the family has insights into the process of child welfare that can be valuable to the practice of social work. It requires family members to take risks, as it is not easy to speak the truth to those the family perceives to hold power. Families need to know that what they say will not be used against them, and that the team really wants to hear their

perspectives. Those counties that were able to do this effectively had the most dramatic successes in implementing differential response.

“Just do it! I believe in it 200 percent. Just do it and you’ll see. Do it a few times and you will hear the involvement in the families’ voices. You can see in the family what a positive thing it is. You can hear in their voices, ‘Wow you are really listening to me; I’m really a part of this.’”

—Trinity County CWS Agency

➔ **Belief that Community Partnership is the Most Effective Way to Protect Children**

When child welfare agency and community partners hold this belief, their relationship with one another becomes fully interdependent; they cannot imagine doing the work in isolation. With this transformation, partners become virtual champions of one another in the community to support the work of supporting families.

About Transforming Organizational Culture to Support this Belief

Long before the BSC was launched or differential response was discussed in California, many counties had developed strong relationships with their community partners. This was sometimes out of necessity, as in smaller counties with limited resources that found joining together to leverage those resources was the only way to serve families. And it was sometimes by choice, as colleagues who had worked together for years began to realize the benefits of these relationships. But differential response raised the bar for these relationships.

Laying the groundwork for true community partnership takes years. In those counties where the relationships had already taken root, staff felt ready to begin implementing differential response. But for those counties where their primary relationships with partners did not go beyond written contracts for services, the beginning of implementation was much more challenging.

“We’ve really come along way in establishing meaningful working relationships; I no longer have to take my cell phone into the ladies’ room for fear I’ll miss a call from DCFS. We now exchange phone numbers and wait for callbacks when needed.”

—Los Angeles County (Community Partner)

➔ **Committed Leadership and Willingness to Take Risks**

For the implementation of differential response, child welfare agencies must expand their vision and practice in serving and supporting families. Leaders must create an environment where new practices can emerge, where people are encouraged to speak out about changes needed in the system, where a line worker has as valid a perspective as an administrator, and where each employee believes he or she can make an important difference in the quality of service. Additionally, leaders must expand the roles that they ask community partners and families to play in the design of the service system. Successful implementation of differential response requires engaging the agency, community, and family voices in conversations through which problems are identified and solutions are discovered. This transformation relies largely on leaders who are willing to take risks as they help others at various levels work through these changes.

About Transforming Organizational Culture to Support This Belief

As with all major initiatives, leadership is critical to success. The BSC method requires that agency leaders give staff the space (or “permission”) they need to test ideas without going through the usual hierarchical approval channels. It requires that leaders believe their staff, the families served, and community partners have perspectives that are valuable and that can substantively improve the practice and processes of the agency.

The organizational culture change that leaders were asked to support in this BSC also required them to withstand challenges both internally and externally. As every state and county that has implemented differential response has said, there are many who doubt about its effectiveness as a practice.

Safety is usually the paramount issue raised. Community members and staff worry that child safety cannot effectively be maintained if families are treated as partners, if families are assessed on a broad range of factors rather than investigated, or if families are referred to the community for services rather than forced to comply with agency or court requirements. Leaders need to find ways to allow concerned individuals to voice these concerns, and they then need internal and community champions who will testify that children are safer when family engagement occurs.

Similarly, leaders implementing differential response across the country have often faced questions about sharing information with community partners. Leaders in these agencies had to be willing to take risks and challenge a system that held a very narrow view of what could be shared with community partners. It was not enough for them to create new policies and protocols; they had to be willing to challenge the existing system and support their staff in doing so as well.

V: Sustaining and Spreading Differential Response: Beyond the BSC

“In Sacramento County, we invited the line social workers, supervisors, and community partners to start the work at the grassroots level. We learned the most from them; the real changes grew out of their knowledge and experiences.”

—Leland Tom, Child Welfare

This two-year effort was a successful first step in implementing differential response. As described throughout this report, the effort generated significant excitement about and commitment to differential response among the counties. In addition, many of the participating counties—particularly the eleven pilot counties—have embarked on significant practice changes either countywide or for specific portions of their populations, and most other participating counties are well on their way.

While this remarkable progress is to be lauded, differential response is still in its infancy in California; spreading improvements both within large counties and throughout the state will pose continuing challenges.

Early Results Are Promising

The BSC on differential response has been a successful laboratory for change. The methodology helped county teams to break what felt like a daunting effort down into smaller, achievable actions. Teams learned that implementation of a new practice does not always require massive, difficult, and costly efforts, but it does require readying the existing organizational culture for change. Emphasizing inclusion, the methodology helped to create sustainable culture change by involving those most affected—line workers, birth families, and community partners—in designing the change. Moreover, by bringing county teams together regularly to share their experiences and lessons learned, the methodology helped spread excitement about differential response and awareness of promising practice changes far more rapidly.

Most of the participating counties have tested or implemented the practice changes noted above in targeted areas or countywide, and early implementation is already beginning to show exciting results:

- Communities and child welfare agencies see themselves as allies and partners in supporting families. They therefore need to work more effectively and with greater trust to identify, develop, and deliver services and supports that meet the real needs of families in their communities.
- Child welfare agencies are connecting families who previously would not have received services and supports to community partners.
- Families are more engaged in planning for their own lives. Consequently, the plans created have a better chance of addressing families' struggles and preventing future abuse or neglect of children.
- Families get what they need, when they need it, and no longer have to reach a crisis that puts children at risk before they can receive critical services and supports.
- Agency line social workers are more invested in the practice changes because they have had a strong voice in designing those changes.
- Morale improves as line social workers experience more success with families.

But what will these exciting shifts in child welfare service delivery mean for families? A rigorous, long-term evaluation of differential response implementation in California is in the planning stages. Anecdotal reports from the child welfare workers, community partners, and families directly involved with these early implementation efforts indicate that we have already seen and can hope to see the following interim outcomes:

- Families are more willing and able to engage in services as a result of new, more respectful and responsive approaches.
- Families are receiving the help they really need because of more effective assessment tools and processes.
- Families are being linked to services more quickly because of a better understanding of the service array and enhanced partnerships with other public and community-based agencies.
- Child safety is being preserved, more frequently without the need to remove children from their homes and place them in costly alternative living arrangements.

Next Steps

In a relatively short period, California has learned a great deal about practice changes with real promise for successfully engaging families and communities and shifting child welfare outcomes. The lessons learned provide a solid foundation for institutionalizing differential response throughout California.

But fully implementing differential response is a long-term process, and much work remains until the ultimate goal of improved outcomes for all of California's children and families is realized.

Major next steps in this work include:

➔ **Continued implementation and testing of differential response practices and a rigorous evaluation of the results**

Dozens of promising practices emerged from this work. Ongoing testing and attention to quality improvement will produce many more. Rigorous evaluation, including both qualitative and quantitative components, is needed to more effectively demonstrate that differential response is making a difference for children and families. Additional practice improvements and evidence from evaluation need to be packaged and strategically communicated to promote the spread and sustainability of differential response statewide.

➡ **Bringing the most effective practices to scale through ongoing training and technical assistance in the core areas of differential response.**

As California learns more about what works, child welfare agencies and local partnerships need ongoing training and technical assistance. While counties may benefit from training in a number of areas, the BSC's findings especially support training in the following areas:

- Tools and processes for choosing the most appropriate path for each family
- Building skill in engaging families more effectively, particularly during the early stages of engagement and service delivery
- Developing effective assessment and service delivery teams
- Creating customized service plans with families

➡ **Promoting increased investment in the types of prevention and early intervention services that communities need to adequately serve and support all families.**

County child welfare agencies have been working diligently to identify the array of services that currently exists in their communities and to partner more closely with those communities to leverage existing resources and address service gaps. While these efforts will benefit many families, additional resources will be needed to adequately serve and support all families. Early results of implementation and evidence from longer-term evaluation of differential response will be helpful in making the case for additional community investment.

➡ **Closely examining the policy changes needed at both the local and statewide levels to promote effective implementation of differential response.**

As county child welfare agencies work with their partners to define better ways of helping families, changes to local and statewide policy may be needed to support full implementation of new practices. Increased coordination among public systems, which has begun over the last several years through a State Interagency Team, will be critical to success. In addition, the ongoing partnership between CDSS, the California Welfare Director's Association, and philanthropic organizations in California will continue to look for ways to support best practices through policy change.

A genuine enthusiasm for differential response and an exciting number of promising practices emerged from participating counties as a result of the BSC. Ongoing efforts to spread and sustain differential response can capitalize on this momentum. The results of initial implementation underscore a major premise of differential response—child welfare agencies alone cannot protect children and support families. The ultimate success of this work relies on continued partnership, both locally and statewide, in support of improving outcomes for California’s children and families.

Appendices

Appendix A: Activities of the California BSC

The California BSC included an intentional series of activities to encourage cross-county sharing, the rapid testing of ideas, and intensive support from BSC staff and national faculty. These activities included:

- An **Expert Meeting** where individuals from throughout the country were brought together to craft a framework describing best known, promising, and evidence-based practice for differential response and measures to assist teams in assessing progress toward implementation.
- Completion of a series of **pre-work activities**, including selection of core team members, assessment of their current status relative to the framework, collection of baseline data on the standard measures, and development of priorities based on their self-assessment and baseline data.
- Convening of three two-day meetings called **Learning Sessions** that included all core team members from each participating county. The Learning Sessions brought together the BSC staff and national faculty with members of all teams. Each Learning Session also provided the teams with an opportunity to share information, report on their progress and what they had learned, and do some collaborative problem solving with their colleagues in other counties. At the final Learning Session held in October 2005, over 300 participants representing line staff, community partners, parent partners and state administrators from 30 counties across California were in attendance.
- Conducting **multiple rapid tests of change** in practice between the Learning Sessions and sharing the results with other counties.
- Reviewing and sharing information on the project **extranet** site (available through December 2006), a password-protected Web site with discussion boards, document libraries, and data entry screens.

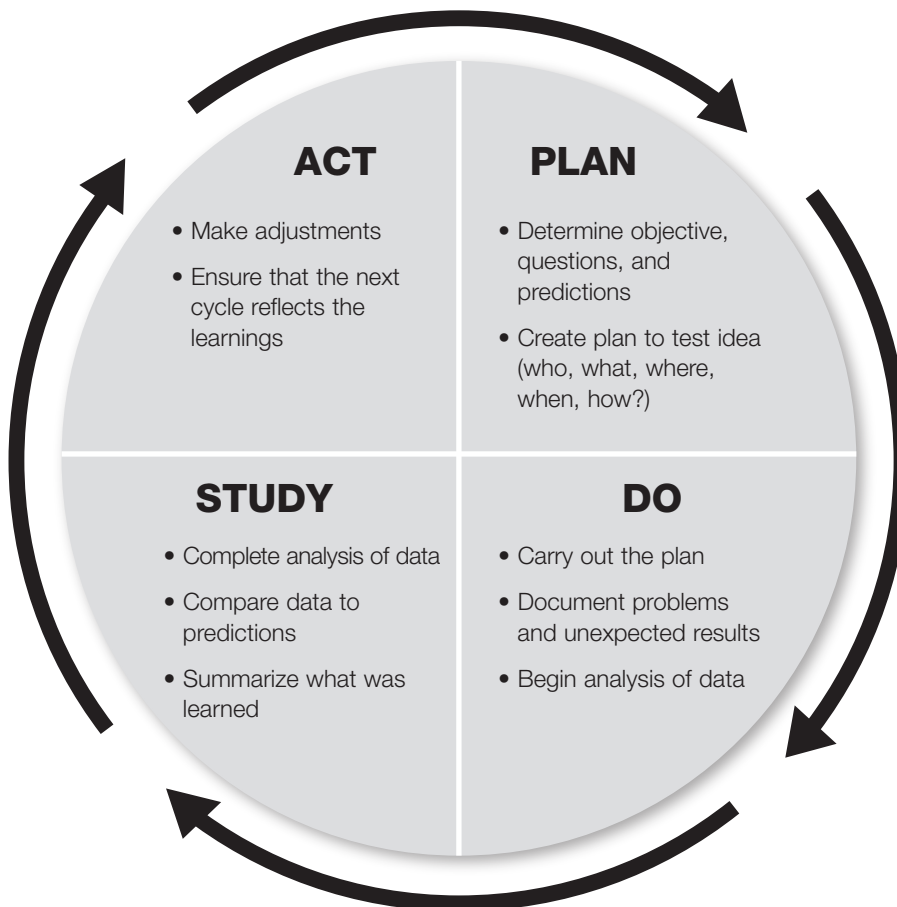
- Active participation on monthly **conference calls**. These calls were facilitated by a combination of project staff, faculty, and the teams themselves. Most calls were broad sharing opportunities in which teams were able to discuss successes and lessons learned, while other calls were focused on specific topic areas.¹²
- The opportunity to participate in **Peer Technical Assistance** (Peer TA). This component was unique to the California BSC and was added at the counties' request when they determined they needed individualized assistance adapting the methodology for their sites. The Peer TA component provided training to mentor counties on identifying their own successes, communicating those successes to others, and working with advisee counties on jointly identifying strengths and needs. Following this training, interested counties were matched with mentors for an onsite Peer TA visit. Because the Peer TA was done on a purely voluntary basis, mentor counties were offered the opportunity to travel to the states of one of the BSC faculty for their own experience as an advisee county. The first phase of the Peer TA was completed in December 2005, but because of its great success and ongoing demand, it will continue through 2006 with additional California counties being invited and encouraged to participate.

¹² See Appendix C for a complete list of topic-specific conference calls.

Appendix B: The Plan-Do-Study-Act Cycle

Plan-Do-Study-Act is a common model used for Continuous Quality Improvement. While most organizations spend a great deal of time plotting major changes, this method encourages organizations to systematically plan and do (carry out) tests of minor changes and then study the results before acting or refining the plan for the next round of testing. In a BSC, teams are instructed to keep their tests small and manageable—to never plan more than they can do “by next Tuesday.”

What is a PDSA?



Appendix C: Topic-Specific Conference Calls

One of the key collaborative tools used in a 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 lessons learned. 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	Strengths-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

Appendix D: Participating Counties

The following California counties participated in the Breakthrough Series Collaborative on Differential Response:

Alameda	Sacramento
Alpine	San Diego
Amador	San Francisco
Butte	San Joaquin
Calaveras	San Luis Obispo
Contra Costa	San Mateo
Del Norte	Santa Barbara
El Dorado	Santa Clara
Fresno	Santa Cruz
Glenn	Sierra
Humboldt	Shasta
Kern	Siskiyou
Los Angeles	Solano
Madera	Sonoma
Marin	Stanislaus
Mendocino	Tehama
Merced	Trinity
Modoc	Tuolumne
Monterey	Ventura
Napa	Yolo
Placer	Yuba
Plumas	

Appendix E: Leadership Team

The following individuals participated on the Leadership Team for California's Breakthrough Series Collaborative on Differential Response. This team met monthly via conference call 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

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Appendix F: Breakthrough Series Collaborative Staff

California's Breakthrough Series Collaborative on Differential Response had three full-time staff positions. These positions were supported by East Bay Community Foundation and included a Project Director, an Assistant Project Director, and an Office Administrator. These staff 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

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Dana Wellhausen, Project Coordinator

Several additional individuals deserve acknowledgment 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

Appendix G: National Faculty

The national faculty for California's Differential Response Breakthrough Series Collaborative are 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:

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Acknowledgments

We want to extend our deepest gratitude to the Marguerite Casey Foundation and the California Department of Social Services (CDSS), whose generous contributions made this effort possible. In addition, we want to acknowledge and underscore the impact of the Breakthrough Series Collaborative (BSC) method in influencing change for California's most vulnerable children and families. By sharing this method and serving on the senior leadership team for this BSC, Casey Family Programs played a critical role in advancing differential response implementation statewide. Casey Family Programs' additional support for this publication ensures that the promising practices and lessons learned from this BSC will promote additional practice testing as they spread within California and inform practice improvement in other jurisdictions.

We also want to thank the following individuals for their contributions in reviewing this document: Kate Welty, Bonnie Armstrong, Fran Gutterman, Miryam Choca, Linda Hockman, Pat Schene, Lori Clarke Balzano, Myeshia Grice, Harold Player, Fran Johnson, Renee Wessels, Jamie Harris, Paul Landman, Patty Lough, George Shaw, and Teresa Contreras. A special thanks to the forty-three California counties who participated in this BSC for their passion, creativity, and dedication to children and families.

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