

# UCLA/OCAP Evaluation Project

## Small County Initiative-II



# SCI-II

## Evaluation:

# Final Report

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## **Executive Summary**

The Small County Initiative-II (SCI-II) was sponsored by the Office of Child Abuse Prevention (OCAP) to assist counties in California with populations of 70,000 or less to develop child abuse prevention programs and systems. The program was originally slated for a three year period starting in October of 2003, but events such as the state fiscal crisis, recall election, and the federal Children and Family Services Review (CFSR) findings necessitated delay. Eleven counties succeeded in securing SCI-II resources (at least \$100,000 per year per county) and the program was extended until June 30, 2007.

SCI-II was a state-funded, county-administered program. Each county submitted a unique proposal to implement locally planned activities that would achieve the following five objectives: 1) Recruitment and commitment of key stakeholders on planning and development of the program to include the Child Abuse Prevention Council, 2) Community involvement, engagement, and networking to improve support of prevention activities and sustainability, 3) Commitment to systemic change, 4) Improve and expand outreach to isolated and special needs populations, and 5) Incorporation of a Child Welfare System Redesign (System Improvement Plan) element.

The opportunity to use SCI-II to meet local needs within a general framework led to a great variety of strategies being adopted, ranging from founding a far-reaching system of small Family Resource Centers (FRCs) to a focus on home visiting; other examples include development of child care capacity, efforts to strengthen local Child Abuse Prevention Councils (CAPC), engage new populations, and enhance sustainability. The added requirement that counties address CFSR outcome deficiencies highlighted the importance of Differential Response (DR) systems and as a result, all of the counties began development of DR using California's Three Path model and Redesign framework.

### ***The Evaluation Study***

UCLA's evaluation of SCI-II is a mixed-method, formative evaluation of program development in the 11 small counties. No formal control or comparison groups were utilized, as program activities were distinct in each county, and longitudinal data collection at the case level would not have been appropriate. An evaluation advisory committee of county representatives approved the overall design of the study as well as the instruments to be used. Four instruments were employed in the evaluation.

- The Prevention System Assessment Tool (AT): The AT is a self-rated, 86 item assessment of prevention system components, with sections on "Community Capacity Development," "Differential Response and Service Availability to Vulnerable Families," and "Organizational Culture Change." Ratings of items were assigned by local collaborative teams in the counties.

- DR Case Review Protocol: During the final site visit, case files were reviewed at an SCI-II provider agency in all 11 counties. The review (often conducted with help from a case manager) focused on three groups of families: 1) families in SCI-II funded agencies with no referral from or involvement with CWS, 2) families referred under Path One by CWS, and 3) families referred under Path Two by CWS. Overall, 162 cases were reviewed, with data collected regarding demographics, referral information, initial assessment, geographic accessibility, and service delivery.
- Site Visit Interview Protocols: Researchers conducted site visits in the Fall of 2005 (totaling 55 interviews in 9 counties) and in Winter 2006/2007 (36 interviews in 11 counties). Protocols for the qualitative interviews covered domains such as: Overview of SCI-II and Redesign, Direct Service Programs, SCI-II Organizational Issues, Integration of SCI-II with CWS, Outreach to Specific Populations, Assessment and Referral Process under DR, and Assessment Tool Elements. Interviews were recorded with permission, transcribed, and thematically analyzed.
- Quarterly Reports: The SCI-II Program Directors submitted to UCLA and OCAP periodic reports of activity and accomplishments, as well as barriers to implementation, for their county's program objectives in each of the five goal areas.

## *Study Findings*

The following findings highlight themes observed when considering all the data sources together. Overall, it appears that SCI-II allowed counties to strengthen community networks, improved CWS linkage with prevention, and enhance outreach to isolated populations. Barriers to implementation of SCI-II programs involved geographic accessibility/isolation of families, changing the prevailing culture of agencies, limited staffing, and confidentiality concerns for families referred under DR. The findings suggest a commitment on the part of counties to address these challenges.

### Findings I: Basic Implementation of Scope of Work

- All counties cooperated with the evaluation and appropriately utilized SCI-II resources to implement their planned Scope of Work.
- There is a commitment by every county, with some variability across counties, to Redesign principles and systemic change.
- Almost all counties view collaboration between agencies, along with strengthened public/private partnerships based on pre-existing relationships, as having played a large role in meeting their goals.
- All counties now have in place at least a structure for a DR system to provide front-end child abuse prevention/intervention. Considerable variability in operation of such systems is found and described in the report.
- Many counties have established or expanded FRCs using SCI-II funds. While counties are at different stages in terms of engaging the local community in FRC services, there exists recognition that the FRCs play an important role in providing outreach to the community about child abuse prevention.

- Counties acknowledge the presence of isolated and underserved communities and have made efforts to help bridge the gap, such as using AmeriCorps workers or having out-stationed staff, preferably those who live in the community.
- Maintenance of basic CWS staffing and lack of specialized capability/expertise is noted as a barrier to program development under SCI-II and Redesign.

#### Findings II: Community Infrastructure Development

- SCI-II resources and focus contributed to strengthening of CAPCs in most counties: many used SCI-II resources to expand staffing and the level of activity undertaken by the CAPCs, energizing them to participate in County SIPs, prevention activities, fund allocation, and fund-raising for program sustainability.
- Some counties focused on resource development and seeking external support for prevention activities.
- SCI-II resources were viewed as having been critical in allowing certain counties to overcome the formidable barriers to engaging consumers and parents in the work of child abuse prevention.
- In addition to the difficulty of engaging consumers, engaging the faith, business, and civic community leaders has been a barrier that counties have struggled to overcome with mixed success.

#### Findings III: Community Involvement, Engagement, and Networking

- Efforts are being made by counties to find on-going funding for activities initiated under SCI-II; however, sustainability of SCI-II programs is still uncertain for many of the counties.
- Resources available for Redesign and child welfare system improvements have augmented SCI-II resources and jointly contributed to system change.
- SCI-II resources helped to fund increased front-end services such as DR, but there is evidence from reports in multiple counties that the capacity to offer preventive/early intervention services is strained (e.g., waiting lists can lengthen, difficult triage is required, and case termination decisions are influenced by resource shortages).
- Even though Redesign and the SIPs have set a roadmap for system change in CWS, there are reports of uneasiness in a few counties to embrace the changes (i.e., that local norms are too strict to embrace a preventive, family-strengths, approach rather than an investigative stance).

#### Findings IV: Client Direct Service Programs

- Home visiting and parent education were two of the main services provided.
- FRC development was aided by SCI-II in most counties. Over time, FRCs have become an important locus for activities and services for at-risk families; however, ongoing funding remains a challenge.
- Several counties offer support groups and mentorship programs, along with life skills and anger management classes.

- Several counties mentioned developing specialized services for youth and promoting events for families throughout the year.
- Progress was made in linking and integrating SCI-II supported services with CWS.
- Barriers to service delivery include: limited funding to hire full-time staff, communities that are geographically and self-isolated, lack of county resources, and staff turnover (especially at County CWS departments).

#### Findings V: Development of Differential Response Systems

- The counties are all in various stages of formulation and implementation of their respective DR systems.
- Counties reported changes from Year 1 of SCI-II, so that they all now have a system of referrals in place for “at-risk” families.
- Public-private partnerships have also grown between CWS and community-based organizations in terms of DR service provision, but some counties still use mostly CWS staff for DR cases.
- The biggest barrier cited by most of the counties regarding implementation of DR involved confidentiality; however, over time, the counties found methods to address this challenge (e.g., use of MDT meetings for case staffing, universal releases).

#### Findings VI: Findings from DR Case File Review

##### *Demographics*

- A total of 30 Community cases, 73 Path One, and 59 Path Two cases were reviewed.
- 78 percent of primary caretakers were Caucasian; a greater proportion of Community referred primary caretakers were Latino/a (21 percent) compared to Path One and Path Two cases (9 percent and 12 percent, respectively).
- The population being served is primarily low-income.

##### *Referral Reasons*

- The top five reasons for referrals include parenting, neglect, prior child welfare history, substance abuse, and other substantial risks such as homelessness.
- Significant differences in reason for referral by Case Type followed a pattern such that higher proportions of Path Two cases were referred for neglect, substance abuse, other substantial risk, and mental health concerns compared to Path One cases, who in turn had higher rates than Community Cases; the only different finding was that a higher proportion of Community cases were referred for Other reasons compared to Path One and Two cases.

##### *Assessments*

- A formal assessment was not conducted in a majority of the cases reviewed; very few assessments that were conducted involved a team. A higher proportion of Path Two cases had assessments conducted than did Path One or Community cases.

- The top five family strengths present at the start of the case included being cooperative, having a positive attitude toward children, being motivated to change, having family cohesiveness, and participated in realistic planning; there was only one significant difference in family strengths by Case Type in that a greater proportion of Community and Path One cases were viewed as having a social support system in place compared to Path Two cases.
- In terms of family problems present at the start of the case, the top five problems were school problems, neglect, domestic violence, emotional abuse, and physical abuse; significant differences were found in problems by Case Type such that greater proportions of Path Two cases were viewed as having neglect, physical abuse, and unsafe housing present compared to Path One cases, who in turn had higher rates than Community Cases.

### *Services and Disposition*

- The top five services recommended most often were as follows: In-home visitation (48 percent), parent education (24 percent), individual counseling (22 percent), substance abuse treatment (10 percent), and family counseling (9 percent)
- 15 percent of all families were recommended for in-home visitation and did not receive the service; 24 percent of families were recommended for parent education and did not receive the service; 19 percent of families were recommended for individual counseling and did not receive the service.
- Path One families received the fewest days of service (average=69 days) compared to Path Two families (average=100 days) and Community families (average=145 days).
- 46 percent of cases were still open at the time of the review; Path Two cases were significantly more likely to have cases open compared to Path One cases, who in turn had a higher rate than Community cases
- 15 percent of the cases were closed with a positive outcome, 16 percent with a negative outcome, and 24 percent for reasons of “unable to contact/moved/other”
- Community cases were more likely to have a closed case with a positive outcome compared to Path One and Path Two cases; Path One cases were more likely to have a closed case with a negative outcome compared to Community and Path Two cases; and Path One cases were more likely to have a case closed for “unable to contact/moved/other” reasons compared to Path Two cases, who in turn had a higher rate than Community cases.

### *Summary*

SCI-II provided modest additional resources to small counties, which assisted them in system change. Coupled with Redesign and State and County response to the CFSR, it strengthened community networks, improved CWS linkage with prevention, and facilitated outreach to isolated populations in the counties. Efforts geared toward sustainability have been undertaken in most counties, but resource adequacy for comprehensive DR and prevention systems remains a challenge.

## Small County Initiative-II Evaluation: Final Report

The Small County Initiative-II (SCI-II) was sponsored by the Office of Child Abuse Prevention (OCAP) to assist counties in California who have populations of 70,000 or less in developing child abuse prevention systems and programs. The SCI-II program followed the original SCI, which was a three year prevention program and capacity building initiative for small counties (then defined as under 60,000 persons) that ended on December 31, 2002. According to recent remarks by senior OCAP staff, the original SCI was initiated because small counties were unable to successfully compete with their larger kin in California for other grant programs sponsored by OCAP; therefore, OCAP sought to 1) limit the competition to those similarly endowed with resources and administrative infrastructure, and 2) use the initiative to enhance the capacity of small counties to compete for system improvement funds in the future. The original SCI was subject to evaluation by the same group at the University of California Los Angeles (UCLA), which conducted the current SCI-II study.

SCI-II has been a more difficult program to implement, operate, and evaluate than its original predecessor for several reasons. The political, fiscal, and programmatic context for the initiative underwent changes as it was being developed and launched. The original OCAP Request for Proposals (RFP) for SCI-II was issued on March 21, 2003, with the intent to review proposals and fund programs operations beginning October of 2003 for a period of three years. Objectives of the SCI-II were generally consistent with those of the original SCI. But before the program could be launched, four major events intervened: 1) A State Fiscal Crisis in 2001 and thereafter caused a precipitous fall in state revenues, 2) A successful recall election, held in October 2003, replaced Democratic Governor Grey Davis with Republican Arnold Schwarzenegger, 3) The release of the Stakeholders Conceptual Framework for Redesign of Child Welfare Services in May of 2002 and its gradual adoption as the dominant framework for child welfare systems development in California, and 4) The federal Children and Family Services Review (CFSR) in September 2003 and its finding that “the State did not achieve substantial conformity with any of the seven safety, permanency, and well-being outcomes” (Department of Health and Human Services, 2003, p.2). This latter event in particular helped clarify the new found emphasis on child welfare outcomes.

The original RFP for SCI-II stated that “The SCI was developed to assist counties that have populations of 70,000 or less to plan for and provide comprehensive, collaborative, and integrate services to children and their families to prevent child abuse and neglect” (California Department of Social Services RFP 03-06). The award was slated to be \$90,000 per year, with no local match required. The timeline involved review of proposals submitted in March 2003, making selections, negotiating agreements, and funding county operations in October 2003. The RFP was indeed issued, the reviews conducted, and counties selected, but the above events necessitated delays in finalizing funding agreements with Counties. The eventual resolution of the delays came about by 1) adding an objective to each selected County’s original scope of work that would pertain to Redesign<sup>1</sup>, 2) adding extra resources in the form of a minimum of

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<sup>1</sup> Child Welfare “Redesign” was later termed “Child Welfare Improvement Activities”; this report uses the two terms interchangeably.

\$10,000 per county per year to fund the Redesign activity, but not requiring that the Redesign objective be limited to that \$10,000, or that the \$10,000 be allocated solely to the Redesign objective, and 3) using a Memorandum of Understanding (MOU) between California Department of Social Services (CDSS) and the selected Counties allowing an increased allocation of federal Promoting Safe and Stable Families (PSSF) and Community Based Family Resource and Support (CBFRS) funds to be invoiced for the specific objectives agreed upon in the renegotiated SCI-II scope of work.

The allocation methodology was finalized so that selected Counties could begin claiming for SCI-II activities in the latter half of state Fiscal Year 2004-2005. However, certain counties at that time felt that they were being asked to front the funds, and they were not able or willing to do that; thus, the beginning of operations for some counties was delayed until the start of calendar year 2005. The SCI-II termination date was originally extended to December 31, 2006, but then extended again to June 30, 2007.

### ***Program Objectives and Structure***

SCI-II was a state-funded but county-administered program, just as all child welfare services are structured in California. Each of the 11 counties selected for the initiative submitted a unique proposal, which suggested locally decided upon activities that would strengthen prevention service systems and lead to achievement of the global objectives that OCAP had specified in the RFP. The five general objectives were: 1) Recruitment and commitment of key stakeholders on planning and development of the program to include the Child Abuse Prevention Council, 2) Community involvement, engagement, and networking to improve support of prevention activities and sustainability, 3) Commitment to systemic change., 4) Improve and expand outreach to isolated and special needs populations, and 4) Child Welfare System Redesign (System Improvement Plan) element. Counties were required to use local planning processes to decide what particular activities and program developments would best meet these objectives, within the structure and potential of their local communities and service system. A planning process was required, as was collaboration, public-private partnerships, and close coordination between SCI-II activities and the Child Welfare Services (CWS)<sup>2</sup> system. In fact, under SCI-II, the County child welfare department was required to be the prime grantee, and it could then sub-contract to local service providers.

The opportunity to use SCI-II to meet local needs within a general framework led to a great variety of strategies being adopted by the counties for prevention system improvement. The bulk of this reports details these system developments, which range from founding a far-reaching system of small Family Resource Centers (FRCs), to a focus on home visiting, development of child care capacity, newly started Differential Response (DR) programs, and so forth. In addition, counties intended to develop Child Abuse Prevention Councils (CAPC), or the local incarnation. The Redesign element grew in importance, however, as counties were required to develop plans to address deficiencies in outcomes identified by the CFSR (in California, the data and requirements under the federal CFSR are encoded under state law AB636).

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<sup>2</sup> This report utilizes “Child Welfare Services” (CWS) and “Child Protective Services” (CPS) interchangeably.

To address concerns and shortcomings identified by CFSR, statewide efforts over the past several years to reform the CWS system have focused on development in three areas: 1) standardized assessment of child safety when a report of maltreatment is filed, 2) ensuring that children referred to child welfare services have permanent homes, and 3) collaboration between county departments and the communities they serve in providing alternative options for response and service delivery in cases of reported maltreatment (Schene & Oppenheim, 2005). The latter strategy, known formally as Differential Response (DR) in California, represents a nascent shift in the CWS system paradigm. Families are no longer solely categorized as perpetrators or non-perpetrators of maltreatment; instead, finer distinctions are drawn that consider the immediate family and/or extended family as being important for solving presenting problems. SCI-II participating counties all began development of some version of the California model of DR, using the Three Path model described below (Child Welfare Services Stakeholders Group, 2003; Schene & Oppenheim, 2005):

- Path One involves a community response. When the county child welfare agency receives a report of suspected maltreatment, determines that the allegations do not meet statutory definitions of abuse or neglect, that the child is at relatively low risk of harm but the family needs support, then that family is formally referred to agencies in the community. Under the traditional system, families such as these would not receive services by CWS and may or may not be referred to community-based agencies; under DR, however, families who workers feel could use support are provided with the opportunity to voluntarily engage in service receipt from community partners.
- Path 2 involves a team approach with response from both CWS and community agencies. When the county CWS agency receives a report of suspected maltreatment, determines that the allegations meet statutory definitions of abuse and/or neglect, but the child is at low to moderate risk of harm, and the family is willing to work towards addressing the problems which led to risk for the child, then the family is approached by a child welfare worker in partnership with a community agency worker (e.g., Public Health nurse, FRC staff). The necessary requirement for this path is the family's willingness to work with CWS and community partners. Although families such as these may or may not have received services from CWS under the traditional system, often court involvement would be necessary in order to engage the families. With DR, however, families work with staff from community agencies and CWS on a voluntary basis to address the problems that led to the report of maltreatment.
- Path Three involves a CWS response. As under the traditional system, these are cases where the CWS agency determines that the children are unsafe, the risk is moderate to high for continued maltreatment, and actions are necessary in order to protect the child, with or without the involvement of the parents.

### ***The Evaluation***

UCLA reprised its role as the evaluator for the SCI-II program. The UCLA team developed relationships with many County and agency staff during the first SCI and was able to

bring its evaluation expertise to the service of OCAP and the selected Counties. UCLA organized an evaluation advisory group from County and agency representatives to review and critique its proposed data collection instruments and methods for SCI-II. The selected counties were hesitant to agree to any data collection or drain on their time that they might see as being excessive, and the atmosphere necessitated by the delays in launching the program led to some lack of trust as to what might be asked of them. However, when the advisory committee was presented with the full range of proposed data collection, there was general agreement that the scope of data collection was entirely appropriate and manageable. The evaluation was funded under Inter-Agency agreement 04-2025. Due to the increasing prominence of DR development in grantee counties, UCLA, with OCAP's and the advisory board's concurrence, initiated data collection at the case-level in the final year of SCI-II; the data collected served to increase understanding of the experiences of families that had been identified for DR services in programs developed under the SCI-II Redesign objective.

During the course of the evaluation, UCLA provided feedback to both OCAP and the participating counties in several forums and formats. Two grantee meetings were held in Redding California, one in March of 2006 and one in March 2007. UCLA organized these meetings as far as program content and presenters, while the OCAP Child Abuse Training and Technical Assistance Coalition (CATTAC) contractor handled meeting logistics. These meetings provided an opportunity for peer-to-peer sharing about program development, best practices, sustainability, etc. They also allowed UCLA to present interim evaluation findings and for OCAP to hear about grantee concerns and accomplishments. In addition, UCLA sent several reports to OCAP and two individual county reports (covering data only from the county in question) directly to SCI-II Counties.

This report is the final product of the evaluation efforts during the SCI-II program. The second chapter of the report presents details of the evaluation instruments and design employed in the study. This is followed by individual summaries of the counties' progress on goals and objectives from their Scope of Work. The fourth chapter discusses community and infrastructure development across all the counties. The fifth chapter presents data regarding direct service program development and service provision among the counties. Lastly, there is a discussion of DR program development in the SCI-II Counties.

## Method

The SCI-II evaluation was a mixed-method, formative evaluation of program development. As such, both quantitative and qualitative data were collected over the course of the SCI-II program. Quantitative data are from assessments completed by teams of County and community representatives; these assessments involve ratings regarding the status of various prevention system elements in the counties. There are also quantitative data from case files, which provide information regarding family and service characteristics for cases served under Differential Response (DR). Qualitative interview data from two site visits are also used as is information from quarterly reports submitted to OCAP and UCLA by SCI-II Program Directors. All of these data sources are described in detail below.

### *Assessment Tools*

The SCI-II evaluation used a Prevention System Assessment Tool (AT) designed to collect data about important aspects of prevention services in each of the 11 small counties, providing an overall picture of the status of various system elements. The tool incorporates themes and indicators derived from the Redesign Framework (Child Welfare Services Stakeholders Group, 2003).

The instrument has three major sections, each with subsections and sets of items to assess system performance in various areas (see Appendix A). The first major section assesses “Community Capacity Development,” with subsections covering aspects of the Child Abuse Prevention Council (CAPC), neighborhood partnerships, public education about abuse and prevention, and utilization of evaluation in system management. The second section pertains to “Differential Response and Service Availability to Vulnerable Families.” This covers prevention services, such as in-home visitation programs, parent education, and Family Resource Center (FRC) services. It also covers “Treatment and Specialized Services for Vulnerable Families,” such as health and mental health services, economic self sufficiency resources, substance abuse services, domestic violence, as well as availability of services to at-risk families. The final section of the AT covers “Organizational Culture Change,” including aspects of the structure and functioning of the SCI-II governing collaborative and child abuse system coordination in general.

The AT is a self-reported measure by counties, a subjective assessment of the state of their prevention systems. However, the ratings were assigned by substantial teams in each participating county—usually four or five persons, including program staff, CAPC representatives, often a consumer representative, private agency staff, and public CWS staff. This process should lead to a consensus view of strengths and weaknesses, and lessen (but not eliminate) the probability of skewed reporting or results that are socially desirable.

When assessing the status of various elements, counties rated each item on a scale of 1 through 4 (and 9). Table 1 displays the rating system used:

**Table 1. Description of Rating System used in Assessment Tool**

<b>Number</b>	<b>Status of Element being Rated</b>
1	Element in place, excellent quality
2	Element in place, satisfactory quality
3	Element in place, quality needs improvement
4	Element does not exist
9	Not applicable

For this report, however, the data were reverse coded to ease interpretation such that the higher the rating the better the quality of the element. In addition, ratings of 9, “Not applicable” were excluded from analysis so that they did not skew the averages presented. Thus, the data described in this report are based on the rating system described in Table 2:

**Table 2. Description of Rating System used in Report**

<b>Number</b>	<b>Status of Element being Rated</b>
4	Element in place, excellent quality
3	Element in place, satisfactory quality
2	Element in place, quality needs improvement
1	Element does not exist

Using this data, averages were calculated for each element. By definition, average ratings do not represent individual differences by counties, but they provide a sense of the status of items across counties.

The counties completed assessments for 2004 (Year 1), 2005 (Year 2), and 2006 (Year 3). It is important to note that Year 1 had been presumed to be the second full year of program operations. However, as described in the Introduction, events interceded (e.g., State fiscal crisis, gubernatorial recall election and change of administration) causing significant delays in launching the SCI-II program. Therefore, in this report, Year 1 is considered to be the completion of the first year of program operations (i.e., baseline). Data for Years 2 and 3 represent the second and third years, respectively, of programs being operational. By comparing ratings from the Year 2 and Year 3 ATs to the baseline in Year 1, we can report changes that have taken place. The data used in this report come directly from the ATs completed by all of the 11 counties in the SCI-II evaluation. There are a total of 86 items on each of the ATs, in the sections noted above. Because a comprehensive report analyzing all of the elements from the three ATs has already been completed, the current report utilizes only certain elements as deemed appropriate for elaboration and expansion of findings from the other data sources.

### ***Case File Data***

During site visits conducted in the final months of the evaluation, case file records were reviewed at community agencies in all 11 counties. For logistical feasibility, one program/agency was chosen in each county as the source of the case files. Generally, programs were chosen based on having had the longest involvement with DR cases in their respective

counties. The case file review focused on understanding the circumstances of three groups of families involved in prevention and front-end child welfare services: 1) families enrolled in SCI-II funded prevention services with no referral or involvement with CWS, 2) families referred under Path One by CWS, who are receiving community-based services as an alternative to CWS service, and 3) families referred under Path Two by CWS, who are receiving community-based services in addition to CWS oversight and intervention.

Several months before the site visits, counties were asked to compile lists of families from the categories above (but only if they have such cases). The lists were restricted to those who were seen within roughly one year prior to the site visit, from August of 2005 to November of 2006. The study period was chosen because the first year of SCI-II was too early to examine DR cases, whereas reviewing cases a year prior to the site visit allowed for counties to have had DR implemented for a sufficient amount of time as to have cases for examination. In addition, because DR caseloads in the SCI-II Counties are relatively small, the length of the study period allowed for the review of a reasonable amount of cases. Using simple random sampling, up to 10 cases in each applicable category were drawn. If a county had 10 cases or less in a given category, then all of those cases were selected. Overall, 162 cases were reviewed (see Table 3)

**Table 3. Distribution of Cases Reviewed by County**

<b>County</b>	<b>Frequency</b>	<b>Percent</b>
Alpine	2	1
Amador	17	11
Calaveras	19	12
Del Norte	19	12
Glenn	17	11
Plumas	6	4
Siskiyou	20	12
Tehama	20	12
Trinity	7	4
Tuolumne	15	9
Yuba	20	12
Total N	162	100

For selected cases, the counties and agencies were asked to provide researchers with a copy of the case files (if possible, with names and personal information removed). If removal of identifying information was not feasible, the abstractor complied with UCLA’s Institutional Review Board standards, maintaining complete confidentiality of the data by not copying any identifying data from the record (e.g., names, social security numbers, etc.). Data from case files were collected using a Case File Abstraction Protocol (see Appendix B), which covered five domains of inquiry: 1) Family Demographics (e.g., race/ethnicity, marital status of primary caregiver, number of children), 2) Referral Information (e.g., source, reason, type), 3) Initial Assessment (e.g., case plan information, presenting strengths/problems, risk factors), 4) Geographic Accessibility (current housing, car ownership, miles from home to program), and 5) Service Delivery (e.g., services recommended, services received, case disposition). As needed, researchers augmented missing or ambiguous data in the case file with questions asked of the case managers whose cases were being reviewed. The data taken off site by the researchers did not contain any identifying information regarding the families or case managers.

## *Site Visit Data*

Researchers conducted site visits to 9 of the 11 counties in the Fall of 2005. Site visits were not conducted in Alpine and Del Norte at that time because these counties had only recently begun program activities related to SCI-II. In the Fall of 2006 and early 2007, another round of site visits was conducted in all of the counties. The visits involved interviews with administrators and staff from both County and community organizations. All told, in-depth interviews were conducted with 55 individuals during the first round of site visits in 2005: 9 County Administrators (e.g., Directors, Deputy Directors, Managers), 3 County Program Supervisors, 16 Community-Based Organization (CBO) Administrators and Program Managers, 5 CBO Supervisors/Coordinators, 16 Direct Staff (at County and CBO), and 10 CAPC members (note that the numbers add up to 59 because four of these individuals were also CAPC members and are, therefore, counted twice). For the 2006 site visits, interviews were conducted with 36 individuals: 13 County Administrators, 1 Program Supervisor, 16 CBO Administrators and Program Managers, 5 CBO Supervisors/Coordinators, and 1 Direct Staff (at the County).

Interview protocols were developed to guide the qualitative interviews during the site visits. The protocol for the first site visits covered seven different topic areas (see Appendix C): 1) Overview of SCI-II and Redesign, 2) Client Direct Service Programs, 3) SCI-II Organizational Issues, 4) Integration of SCI-II with CWS, 5) Outreach to Specific Populations, 6) Kinship Care, and 7) At-Risk Youth, Youth Violence, and Youth Services. The protocol for the second round of site visits focused on updates from the first site visits and covered seven areas (see Appendix D): 1) SCI-II and Redesign since last site visit, 2) Status of Goals and Objectives from Scope of Work, 3) Client Direct Service Programs, 4) SCI-II Organizational Issues, 5) Outreach to Specific Populations, 6) Assessment and Referral Process under Differential Response, and 7) Assessment Tool Elements.

## *Quarterly Reports*

This report uses information from quarterly reports submitted by the SCI-II Program Directors in the counties (see Appendix E). The reports provided updates regarding progress and barriers to goals and objectives from the counties' Scope of Work. All counties in the SCI-II program committed themselves to specific objectives in five areas as required by OCAP: 1) Recruitment and commitment of key stakeholders on planning and development of the program to include the Child Abuse Prevention Council, 2) Community involvement, engagement, and networking to improve support of prevention activities and sustainability, 3) Commitment to systemic change, 4) Improve and expand outreach to isolated and special needs populations, and 5) Child Welfare System Redesign (System Improvement Plan) element.

The reports also contain information regarding progress on the three measurable objectives that were established in consultation with the UCLA evaluators. For each objective, counties described the activities performed towards meeting that objective, the measures/tools used to evaluate progress, any outcomes observed (data or findings on short-term, intermediate, or long-term outcomes or impacts), and challenges/barriers to meeting or evaluating the objective. The completed reports were sent via e-mail or mail to both UCLA and OCAP.

## **SCI-II Goals and Objectives: Individual County Summaries**

All of the counties in the SCI-II program committed themselves to specific objectives in five areas required by OCAP: 1) Recruitment and commitment of key stakeholders on planning and development of the program to include the Child Abuse Prevention Council, 2) Community involvement, engagement, and networking to improve support of prevention activities and sustainability, 3) Commitment to systemic change, 4) Improve and expand outreach to isolated and special needs populations, and 5) Child Welfare System Redesign (System Improvement Plan) element. In the following section, the status of these goals is described individually for each county.

The descriptions summarize information gleaned from interviews from both site visits and certain aspects of the site visitors' observations. In addition, the report utilizes, where appropriate, data received by UCLA from the county quarterly reports and annual Prevention System Assessment Tools (AT). The report focuses on program development and system changes that have occurred as a result of the SCI-II program, and compares these changes with what the counties proposed to accomplish in the SCI-II proposal. This report also provides highlights of what the counties are doing especially well and the challenges that still remain.

### ***Alpine***

In January of 2007, Walter Furman and Jennifer Neelsen visited Alpine County. This was Alpine's first site visit as part of the SCI-II evaluation. The County was not visited at the time of the first round of site visits to the other counties because Alpine had only just begun program activities related to SCI-II at that time. In addition to the data sources mentioned above, Alpine provided evaluators with a copy of their Peer Quality Case Review (PQCR) from October 2006. It is important to also note that in describing the progress of Alpine's goals and objectives, consideration is given to the unique nature of the County, even among the SCI-II Counties, in terms of its extremely small population base and geographic isolation from other resources in California. Further, there was a shake-up in County Health and Human Services (HHS) administration towards the end of the SCI-II program that prevented their attendance at the final SCI-II grantee meeting.

#### **Recruitment and commitment of key stakeholders**

According to the Year 3 AT, the Child Abuse Prevention Council (CAPC) was established and is at a satisfactory level, with policies and procedures established also at a satisfactory level. Ratings suggest that membership among professionals and agencies is satisfactory, but there is a need for improvement in engaging community members. In general, the site visit respondents felt that the Family Support Council, the local CAPC, has become more active in the past several years, but it was also noted that the goal in the SCI-II proposal for the Children and Family Learning Network to emerge as an overall coordinating council was not able to be achieved.

One area that Alpine reported as needing improvement involves inclusion of representatives from the religious/faith community, businesses, and civic leadership in its CAPC. In addition, including parents/consumers of services was identified as a priority for Alpine both in the proposal and in the AT; no progress in these areas has been reported, however, in reports or during the site visit. At the time of the site visit, it became clear that Alpine has a highly interactive core of professional service providers under the aegis of HHS, but that extra resources (be they dental, medical, business support, community agencies, and so forth) simply do not exist or are in quite short supply. For example, it was noted that a physician recently returned to the County and is now available to see patients of all ages. Given the small population base of the County, and that the public sector is by far the biggest employer, it seems that education, law enforcement, Behavioral Health, Public Health, First 5, and other officials that regularly interact with human services constitute the key stakeholders, and that they are indeed engaged in program development and delivery. However, the abrupt termination of the HHS director near the end of SCI-II, and just prior to the site visit, points to local political disagreements that could undermine progress in developing an integrated prevention service system.

In terms of community awareness, Alpine reports that the establishment of its Early Learning Center (partially funded by SCI-II) as well as its Bear Valley Play Group have led to heightened awareness among parents of risk factors and better parenting among community members. In addition training was provided under SCI-II by Drs. Bruce Perry and Ira Chasnoff focusing on Fetal Alcohol Syndrome and trauma effects on the brain.

#### Community involvement, engagement, and networking

An informant during the site visit reported that the new Early Learning Center, “has been a great neutral location for community members to come and participate in education and prevention activities.” First 5 of Alpine County provided a large measure of support for the Early Learning Center. Staff there networks to find programs, through California Work Opportunity and Responsibility to Kids (CalWORKs), Behavioral Health, or sources available to special needs children, to provide needed resources.

In terms of other activities, Alpine’s quarterly reports indicated that over 100 community members, including members of the County Board of Supervisors and Judges, attended the “Kick Off” for child abuse prevention month in April of 2006. Earlier, it was reported that CAPC members, acting in their role within Caring Advocates of Perinatal Related Issues of the Sierras (CAPRI), which includes El Dorado County, helped develop Alpine County’s strategic plan for addressing substance abuse in pregnant women. In 2005, CAPRI was awarded a \$50,000 grant from the Cal Endowment Grant to implement a screening and assessment tool to reduce substance abuse during pregnancy.

During the site visit, the issue of sustainability for SCI-II funded activities and programs was raised as a major concern. In the final quarterly report, it was noted that “all SCI funded programs have been responsible for their own sustainability plans.” At the site visit, the sentiment expressed was that the major programs will continue with other funding, but that the particular contribution that SCI-II makes will be sorely missed. For example, within Child Welfare Services (CWS), SCI-II has been used to provide concrete services and support to

Differential Response (DR) and community cases, enabling improvement in cases bordering on neglect.

#### Commitment to systemic change

CWS leadership reports that the Redesign principles, coupled with SCI-II and the PQSR, have “renewed our commitment as to what works.” The PQSR conducted in October of 2006 was generally complementary about the nature of the child welfare services offered by Alpine, and found that the ability of the County to use child welfare personnel for preventive work with families and communities was outstanding. During the SCI-II visit to Alpine, it became clear that the Early Learning Center has added an important piece to the fabric of the prevention system, and that the degree of coordination among the staff of that Center and CWS was exemplary. A telling comment from the site visit was the reply to a query about their “Choices” program, and how they could get funding for child care for a mother with children in need. The response from the staff was, “We can make the river run.” Staff interviewed suggest that this attitude is not new in Alpine; rather, it is a continuation of a holistic approach that their familiarity with each other, with community resources (limited though they are in some respects), and with local families has engendered for many years.

#### Improve and expand outreach to isolated and special needs populations

Alpine County seems to have several isolated and special needs populations. Bear Valley is generally geographically inaccessible from the remainder of the County. There, it is reported that the Bear Valley Safe Council (the Bear Valley Safe and Active Family Experience—BVSAFE) is operating effectively and is now a 501(c)3 organization. The child care cooperative (The Bear Valley play group), which was started under SCI-II, is fully functional, has expanded to year-round activities for children, and has 16 families enrolled. In addition, informants indicated that Bear Valley has been successful in fund-raising in their community.

In a brief tour of Alpine County during the site visit, the evaluators were driven through the reservation. It was apparent that relations with tribal members and tribal social services were of critical importance to prevention efforts in Alpine County. Although improvement in outreach to the Washoe Tribe was not a specific focus of SCI-II, the final quarterly report does mention that Multi-Disciplinary Team (MDT) participation by the Washoe Tribal Social Services has improved. Relationships with tribal social services seem to be a delicate matter, and subject to wide differences of opinion by various respondents. It is clear that the main actors in the County CWS and prevention services program are well versed in these matters, have a long history of interaction with tribal social services, and know the issues in eligibility, personal preferences, and so forth that are common in Alpine. For example, income support through tribal Temporary Assistance for Needy Families (TANF) requires drug testing, but not so in Alpine: families may choose to go to one or the other for that reason alone.

Informants identified another population of isolated individuals, those staying at campgrounds (especially in summer) or who while traveling through the County are stopped by the Highway Patrol and issues involving the children in the car are revealed. It was noted that

law enforcement and child welfare have close and supportive relationships, so that response to these incidents is handled efficiently.

### CWS Redesign (System Improvement Plan) element

A large part of the site visit interviews focused on coordinated response by human services, the Early Learning Center, and others to DR cases. There is one social worker for CWS in Alpine, so her style of working is paramount in how CWS operates there. Given the small caseload, this social worker has time to do intervention and outreach to cases that are not officially registered in CWS/CMS. Interviews indicated that, even prior to DR, the worker always chose to do voluntary services in trying to keep people out of the system and out of court. In terms of risk assessment, Alpine complied with the mandate to adopt a standardized assessment tool by choosing Structured Decision Making (SDM), which will be implemented in the Spring of 2007. An informant indicated that Alpine already has a uniform protocol and standard procedure, but believes there is greater need for the uniform assessment protocol in large systems where decisions are made differently by staff in different specializations and areas.

Some change in system functioning related to Redesign and Differential Response is noted in the AT ratings. In the most recent year, Alpine rated the existence of public-private partnerships, the integration of CWS and prevention services, and that CWS refers unsubstantiated cases of abuse to appropriate agencies for follow-up at a satisfactory level. The other DR element rated as improved to satisfactory in the most recent AT was “A tracking system exists for at-risk families referred to child protective services.” These AT ratings are reinforced by the site visit observations noted above. Alpine proactively uses its MDT to review and staff at-risk cases, and reports excellent cooperation from the affiliated agencies. The County children’s social worker chairs the MDT. In general the issue of confidentiality was no longer viewed as a difficult barrier, except in rare instances involving the Health Insurance Portability and Accountability Act (HIPAA) and Behavioral Health. The extremely small number of cases in Alpine CWS means that all paths are handled similarly, and where referrals to child care, the local home visiting program, or other resources are utilized, the social worker handles these referrals personally with staff that are closely networked with CWS.

### Summary

Alpine County is unique among California’s small counties for its minimal population base and geographic isolation. Alpine has leveraged multiple resources, including SCI-II, to establish its new Early Learning Center, which is well-integrated with other prevention and child welfare services and fills a need among the local population. DR is conducted by County child welfare staff that has time to intervene in prevention and at-risk cases, and has held the philosophy of offering voluntary and preventive services for many years. Organization of the CAPC and community infrastructure seems to be going well in Bear Valley. County-wide, however, the human service providers are the most numerous and significant stakeholders and engaging other community leaders is difficult. In addition, efforts need to be continued with regard to working in cooperation with tribal leadership.

## *Amador*

In January of 2007, Walter Furman and Jennifer Neelsen visited Amador County. This was the second site visit conducted at the County. The first site visit was conducted in October of 2005 by Mr. Furman, 10 months after program operations began in January 2005.

### Recruitment and commitment of key stakeholders

Amador County's CAPC recruited and maintained a reasonably active voting membership in the 2004-2005 fiscal year, and has new leadership attuned to participating in program development. The Amador-Tuolumne County Community Action Agency (ATCAA), the County's contractor under the SCI-II, budgeted funds to hire a CAPC coordinator, but has had trouble maintaining stable staffing in that position. Site visit interviews suggest several reasons that have contributed to the difficulty of keeping CAPC administrative positions filled. First, it was noted that while in the CAPC position a good person is exposed to multiple employers who can offer better pay and benefits. It was also suggested that the position can be unsatisfying since the coordinator has no sway over leadership who can choose to ignore calls for follow-up and action on agenda items. The most recent coordinator is viewed as doing a great job and is very active, having applied for and received funding through Radio Shack Corporation. She has also gotten the CAPC included as a recipient of voluntary donations in their property tax bills.

Assessment Tool ratings and in-person interviews during site visits affirm that the basic structure for the CAPC is in place, and there is adequate representation from social agency personnel. In addition, Council members are encouraging teens and their parents who complete the Common Ground Program, which is an education/support program for parents and teens, to join the CAPC, but they are having difficulty sustaining interest. Membership participation from parents and consumers and from the faith/business/civic sector is also rated as needing improvement. The Amador CAPC has moved to be under the aegis of the Amador Community Foundation, a non-profit that acts as the fiscal agent for the CAPC. The Amador County Board of supervisors passed a resolution recognizing the CAPC's role in prevention planning and in allocating certain resources.

### Community involvement, engagement, and networking

In Amador, as in other small counties, there is impressive cross-agency coordination and regular in-person access and communication for human service program managers. The County has made a stride forward during the past year in utilization of MDT meetings as a cross-agency resource and referral source for at-risk families and children. At the first site visit, the issue of confidentiality was raised as a major barrier to any kind of DR initiative, but at the recent visit, it was clear that the MDT was being used for multi-agency staffing of various types of cases. However, the MDT has had difficulty finding and retaining competent coordinating staff. The most recent coordinator is an AmeriCorps worker. The AT data suggest that outreach to special populations, such as families with special needs children, and the Native American community, needs improvement.

Site visit interviewees expressed concern about Amador's ability to continue to fund the types of services and coordination that SCI-II has allowed in the event of program termination. Informants from ATCAA expressed concern that a lapse of funding would necessitate layoffs, and the County CWS department saw no clear way to augment resources other than to take away from core departmental staff and programs.

### Commitment to systemic change

Amador has made progress in system change during the SCI-II program, but there seems to be a hesitancy to move too far or too fast to adapt local processes to outside influences. The major changes observed are the strengthening of the MDT process, the recent re-invigoration of the CAPC, and the increased utilization of the Family Resource Centers (FRCs) in relatively remote areas of the County as sites for service delivery.

The site visit interviews yielded insights regarding barriers to sustaining a commitment to system change. Amador's CWS department had difficulty maintaining basic staffing, and this was true during both the initial and latest site visit. Staff turnover, the difficulty recruiting new staff, reduced caseloads for newly hired staff, and temporary absences of new staff for new worker training in Davis are recurrent issues. These factors hinder the development of staff with specialized expertise, and mitigate the ability of CWS to assign staff to various system improvement efforts that are at the core of Redesign (such as DR community cases, or as Family Conference facilitators). The commitment to system change may or may not be present, but is not manifested under the operational constraints. Simply keeping up with required home visits and other mandated services seems to take up most of the available energy and resources of CWS. The CWS Program Manager also directs In-Home Supportive Services, Adult Protective Services, is the Commissioner of the Juvenile Justice Delinquency Prevention Commission, serves on the School Attendance Review Board, as well as on numerous other committees and public bodies, and holds other assignments such as being the Information-Technology person/help desk for CWS/CMS issues. Clearly, this broad reach of responsibility diffuses his ability to concentrate on any one area for system change. In addition, one informant reported a perception that Amador has low tolerance for social disorganization, that the community has tight standards for behavior (including issues of abuse and neglect), and that situations that might be acceptable in another jurisdiction are not acceptable in Amador. The informant described the situation as follows: "It doesn't mean we have more child abuse in the county. I believe it's being identified and areas that don't really come under what other counties would classify as abuse and neglect, our community feels it's abuse and neglect, and so they're making referrals and we're responding."

### Improve and expand outreach to isolated and special needs populations

Amador has begun to utilize two relatively new FRCs in Upcountry/Pine Grove and Ione/Camanche, somewhat remote areas of the County, to develop programs for local populations there. These FRCs were designed to house recreation, general family support activities, as well as child abuse prevention programs. Although these sites are not physically large enough to house the Common Ground program, ATCAA has offered some one-on-one parenting classes there. ATCAA also provides a program called Give and Take Women's

Circles at the FRCs; although these programs have been slower to implement than hoped for in Amador's proposal, they are nonetheless an ongoing program element. In addition, the FRCs have recently received a foundation grant to allow them to expand.

The Common Ground program has been continued and enlarged with the help of SCI-II resources. ATCAA instituted a pre- and post-assessment system, and presented preliminary results of this program to the SCI-II grantees meeting in Redding in March of 2007. Although interviews suggest that it remains difficult to recruit teens from the Common Ground program to become facilitators in the program (the 40% benchmark goal in the proposal has not been reached as yet), the program itself has been well-received.

According to site visit interviews and Quarterly Reports, expansion of the capacity of the home visiting program under SCI-II has been met. Assessment Tool ratings, however, indicate that there are waiting lists for this program. Informants from ATCAA note that they can offer not only greater caseload capacity due to SCI-II resources, but also a greater variety of interventions (including school visits, transportation to medical appointments, even help with basic necessities for families).

#### CWS Redesign (System Improvement Plan) element

Amador has a Redesign Committee made up of local human service program managers such as Mental Health, First 5, Child Care Council, Probation, Drug and Alcohol, and ATCAA. The committee initially met weekly, but has switched to monthly meetings recently. According to informants during the last site visit, the DR program has been slow to gather steam for a number of reasons, some of which have been described above. The MDT is designed to function as the venue for assessing and assigning DR community cases to community based agencies. It was noted that, in general, CWS does not bring evaluated out cases to the MDT, which instead seems to focus its energy on special education and mental health for children and youth. While the community agency and the CWS indeed work jointly on a large number of cases, and report excellent cooperation and collaboration, the movement to preventive front-end work in order to keep cases out of the system by early intervention, is reported as slow to take hold. CWS reported instituting an occasional family conference, but not in a majority of cases, and certainly not universally. They do utilize voluntary status cases, and collaborate with ATCAA and other local agencies to provide service to these families.

#### Summary

Amador County has reached a number of the goals it set in the SCI-II proposal. The County developed and supported worthwhile programs through its contract with ATCAA and has invigorated the CAPC. New resources have been found through the CAPC and elsewhere to expand and strengthen FRCs. Strong public/private collaboration and community outreach are visible though challenges have arisen. The structure for a DR system is in place but activity to utilize it for front-end intervention is stalled. Sustainability of SCI-II funded programs is in doubt after the termination of funding.

## *Calaveras*

In December of 2006, Sofya Bagdasaryan visited Calaveras County. This was the second site visit conducted at the County. The first site visit took place in September of 2005 and was also conducted by Dr. Bagdasaryan.

### Recruitment and commitment of key stakeholders

At the time of the first site visit, the main challenge reported for the Prevent Child Abuse Calaveras Council (PCACC), the County's CAPC, involved recruiting a Coordinator who would be in charge of planning, development, and implementation of PCACC activities. Advertisements and interviews were not successful in finding a suitable candidate, leading the PCACC to partner with Our Children Our Community (OCOC) so that they could leverage funds and offer a full time position with a higher salary. This approach was successful and a Coordinator was hired in September 2005. Assessment Tool data indicate that the Coordinator along with the PCACC was successful in raising community awareness of the Council's role in the community, as ratings increased from needing improvement in Years 1 and 2 to satisfactory in Year 3. This could also be due to active recruiting of key stakeholders during 2005, such as a Women's Crisis Center member, the Director of the County Mentoring Program, and other community partners.

During the second site visit, an informant revealed that the Coordinator had recently been let go. Other members were filling in for his duties until a new Coordinator could be hired. Despite this setback, the PCACC continued its prevention efforts. In January, two new co-chairs were elected (one is the Director of a Youth Mentoring Program and the other is the Director of Women's Crisis Center), and informants suggested that they have been doing a great job. One of the main activities identified in 2005 for the PCACC was in developing a strategic plan. The plan was completed during the 3<sup>rd</sup> quarter of 2005. As of the second visit, the PCACC was in the midst of making revisions to the plan.

In terms of outreach, the PCACC engaged in several activities during 2006. There were various media presentations such as a regular column in a local newspaper, a show about child maltreatment on a local TV station during the month of April, and newsletters that are sent to agencies and the community. Fairs and workshops were another method of outreach. The PCACC partners with Child Care Resources every year for a Children' Day; in 2006, over 250 families participated in the event. The County launched a Shaken Baby Syndrome Campaign in April of 2006. Interviews and quarterly reports indicated that much media attention was received for the campaign. The PCACC's co-chair sponsored a day-long workshop regarding the use of volunteers in programs. An informant indicated that the workshop was well received: "We had people from churches, people from 4-H. We had about 30 people. And we opened it up to the other two counties, Tuolumne and Amador, and they actually sent over some staff too from their child abuse council and some of their agencies that work with volunteers." In addition to this training, the PCACC provided various other trainings around the county (e.g., Parent Leadership, Boot Camp for Dads, at hospitals, Mental Health).

According to quarterly reports for 2006, membership for both PCACC and OCOC is slowly increasing, which is part of PCACC's strategic plan. Efforts were made to recruit parent members especially. For example, in 2006, a Citizen Review Panel was established through the PCACC. By recruiting members for the Citizen Review Panel, membership is increasing in PCACC because the Panel is part of the Council. In addition, the PCACC honored 12 parents through the Council's Parent Leadership program with awards at the Board of Supervisors meeting. The goal was to not only acknowledge the efforts of these parents but also engage them to participate on some level with PCACC and OCOC; four of the parents that were honored at the award ceremony expressed interest in the Council and the OCOC Collaborative and have made efforts to be more engaged. The Council does have three parents that are more regular members (one who is a foster parent), but consistent participation by newly recruited members is difficult to sustain.

One area that remains a challenge as well involves representation from the Faith community on the PCACC. Also, the Council would also like to get more law enforcement involved in the council in addition to the probation representative.

#### Community involvement, engagement, and networking

At the time of the first site visit, community engagement was highlighted as an important target area. According to one informant, many boards and councils were going to places like the Senior Center (as the retirement community is growing) and homeowner's associations, trying to think of creative ways to get more community involvement. The challenge was reported as being two-fold, involving distance for those who have access to reliable transportation and transportation in general for those who do not (it is difficult for community members to go to San Andreas, the county seat, for meetings when they live an hour away). Although this continues to be a challenge according to the recent site visit interviews, efforts are continually being made to provide outreach to various communities in order to engage them in prevention activities.

As discussed above, one way the county continues to cultivate community involvement is by encouraging parent leadership. There is a Beyond Talking group, which is co-led by a Parent Partner, who was once in the child welfare system himself. Human Resources Council, Inc. (HRC), which the community partner contracted with the county to provide services under SCI-II, developed this group in response to the Parent Partner's concern about issues that families face after children were reunified. He was able to draw upon his own experiences to realize that the period after reunification is an important point of prevention of reoccurrence of abuse.

In 2005, the OCOC's Coordinating Council became PCACC's Community Council in order to have one united effort towards prevention services and outreach. The Coordinating Council oversees five groups working on various areas. For example, there is a Facilities Group attempting to address the fact that many communities would like to see more FRCs and Youth Centers. There is a Planned Growth and Development group to address issues that arise as the county grows and changes. In addition, the PCACC is part of the Regional Sacramento-Sierra Child Abuse Councils. Members of these various groups also sit on other boards, coalitions, and

committees, and attempts are made to find ways to engage the communities being served through networking.

In terms of sustainability, the county is continually looking for additional funds to support activities. For example, an annual fundraising event involves putting donation slips in property tax bills. A little over \$16,000 was raised for 2006. This was the 3<sup>rd</sup> year of the campaign and donations have been very consistent according to quarterly reports. In addition, the county “blends” different funds to provide services. And finally, because the members of the PCACC sit on other boards and councils together, this provides an opportunity for networking to share information regarding resources and funds.

### Commitment to systemic change

Based on interviews during both site visits and quarterly reports, there appears to be a strong commitment on the part of the administration at both the County and their partner agencies to enact change, but it has been a slower process for some front-line staff and supervisors who are used to “business as it was before Redesign.” In fact, an informant during the recent site visit indicated that there are some supervisors who do not refer out to community partners under DR as much as other supervisors. This has a trickle-down affect on staff who, depending on the supervisor, will not attend as many team meetings with community workers who share DR clients.

Another issue identified during the first site visit involved hesitancy on the part of some community agencies to agree to partner with the County because of the reputation of CWS. According to interviews during the second site visit, however, progress was made regarding this issue. For example, an informant described an occasion where the local newspaper reported statistics comparing Calaveras with another County in a way that was somewhat misleading and cast Calaveras CWS in a bad light. The informant noted that the response from community partners and several community members was supportive: “I’m really pleased to say, with our partner agencies,...I [received] nothing but really hugs...from people going ‘what was that all about? People just skew information.’...I sit on the Juvenile Justice Commission...where there’s more citizens on it than staff or agency people, and I’m proud that they were able to say, ‘what was that all about?’...I think we have developed that trust...”

There have been several changes enacted with regard to Redesign and DR in particular. For example, the county received approval in the 3<sup>rd</sup> quarter of 2005 to have a full-time screener for referrals to CWS. Previously, there was a rotation among social workers taking turns daily. The full time screener is in charge of DR, making the official referrals out to agencies and to whom the agencies report back. This has helped in building relationships with workers at partner agencies. In terms of the actual referral process, the screener takes all the information and makes a recommendation on CWS/CMS as to whether it should be a two hour, a 10 day, or an evaluated out response. Anything other than a two hour response is put into a basket. The emergency response team meets every day to review cases in the basket. This daily meeting is a new procedure that has been implemented since the County formulated its SIP. If at the meeting, the case is evaluated out under Path One or Two—a decision that is made by a team of five workers, the screener, and two supervisors—the screener makes the referral out to the community partner.

An informant indicated at the time of the second site visit that in that month CWS was going to start taking some Path One referrals to their weekly MDT meetings (which include members such as HRC, Mental Health, other non-profit counseling agencies, Substance Abuse, Regional Center, local foster family agencies, Public Health, Probation, the District Attorney's office, and the Sheriff's Department) to see if other agencies would be able to provide supportive services.

Challenges remain, however. While HRC is providing Home Visiting and parent education to families under SCI-II, many cases have open CWS cases or are families who have recently undergone reunification. HRC was hoping that referrals for families without open cases would increase after DR was fully operational but this has not been borne out for the reasons described above.

#### Improve and expand outreach to isolated and special needs populations

The County and their partner agencies have continued in their outreach efforts since the first site visit. According to Quarterly Reports, HRC began offering Playgroups "in three communities to provide resources, parent education, social interaction, and quality experiences for children 0-5 years of age. Activities consist of an educational component for parents/caregivers, structured school readiness activities for the children, combined activity for parents/caregivers to do with their child(ren), an activity to take home, and a nutritious snack for everyone." The groups meet once a month at three different sites, West Point, Angels Camp/Murphys, and Jenny Lind/Valley Springs. According to one informant, these playgroups have been especially successful with the growing Spanish-speaking populations in Murphys and Valley Springs who would like their children to learn English: "[They are] interested in their children being around other children speaking English because they feel that if their children don't have interaction with other families, their children will be at a disadvantage when they start school...Because they had tried to get their children into Head Start and they didn't qualify for Head Start because they are working and their income is too high. Head Start income is really, really low." The groups also provide parents with the opportunity to connect with each other. One informant reported the following: "Some of them are able to develop some friendships that go beyond the group. They help each other out with child care, they just do things together, take their kids to the park together." Although the parents have requested that the Playgroup meetings be more frequent, funding limitations prevented HRC from providing more groups at the time of the site visit. An informant did report, however, that First 5 was in the process of renewing their School Readiness grant for another four years and they asked HRC to do more than one group a month as part of that grant. In addition to the Playgroups, HRC has coordinated a "Parents in the Park" program over the past two years. The event in 2006 attracted 24 parents and 29 children.

According to an agency administrator during the first site visit, a challenge in providing outreach to the Native American population was that they are located in primarily one area, which is very geographically isolated. They are not affiliated in any way with any federal tribe, so they do not benefit from some of the funding that federally recognized tribes would. Also, there are not a lot of services in that area; there is a clinic, a Health Start site, and a Head Start site, however, and it is through these locations that outreach is attempted. The county recognizes that reaching out through others who are part of the community is an important tool in

connecting with the community. In addition, West Point has a small Native American community and the Playgroups described above have been one effective way in which outreach has been provided.

The County is also making efforts to link families with special needs children to the School Readiness Centers, and these efforts have resulted in HRC receiving referrals from the school and from Head Start. In addition, the County started to out-station staff at FRCs and clinics around the county, which was a big change from the first site visit. Having out-stationed staff not only allows for outreach to isolated areas but provides a presence for CWS and other County agencies in the community.

#### CWS Redesign (System Improvement Plan) element

At the time of the last site visit, the county had implemented Family Group Decision Making (FGDM) as part of their SIP. Incorporating family input in the case planning process was effective according to an informant during the recent site visit, but in the summer of 2006, CWS experienced staff shortages and the Director at the time decided to temporarily stop FGDM so that the FGDM coordinator could concentrate on other caseload priorities. The informant also reported that new staff had been recently hired and the Director is waiting until everyone is “fully functioning” before resuming FGDM again.

Another element of the SIP involved timely social work visits. An informant indicated that the County has been successful in this area as immediate responses have been consistently 100 percent for the year prior to the recent site visit and that the 10 day responses have been in the mid-90 percent range.

In terms of risk assessment, the county has chosen SDM. At the time of the second site visit, an informant reported that the County would have SDM fully implemented by January of 2007.

Improving the Independent Living Program (ILP) was also part of the County’s SIP. According to an informant during the recent site visit, the ILP worker has started savings accounts for each of the children in the program. Previously, youth could earn \$50 for each class attended and at the end of the year they received what they had earned in the form of a check. Now, the program is more of an incentive program, which includes not just classes but other activities as well, and the money is deposited directly into their savings account. The worker also conducts on-site trainings and classes at one of the group homes in Calaveras County twice a month. In addition, there is a Transitional Independent Living Plan workgroup and an informant indicated that one of the things they have been working on is a new data collection tool that will gather information about the plans that youth have for after emancipation (e.g., if they a savings account, if they have a permanent connection with an adult, housing plans, employment situation, future education plans, etc.). Currently, they are not tracking what happens to youth after emancipation but that is the goal for the future.

SCI-II funds in conjunction with Mental Health funds were used for a Youth Mentorship program, which began providing services in the summer of 2005. The Director of the program is

committed to ensuring that “the spirit of the program is the spirit of SCI.” To that end, referrals come from schools, CWS, Mental Health and other agencies.

Differential Response was implemented in October of 2005, but community partners are not receiving as many referrals as they initially projected. Under SCI-II, HRC was to provide home visiting services to Path One and Path Two families. HRC has been able to expand their current home visiting program from one year to three years as proposed, but the home visiting and parent education programs are still serving clients with open CWS cases. The challenge appears to be in the slowness of the change process. During the first site visit, one administrator noted that changing attitudes of workers and the overall philosophy of CWS has occurred via trainings regarding Strength-Based questions and FGDM, but it is still an ongoing process. At the second site visit, an informant reported that families are not being referred out in cases where they can be perhaps due to the attitudes of some supervisors and workers who have not bought into Redesign as of yet. When this was discussed with an informant at CWS, it appeared that CWS was interested in addressing this issue.

### Summary

Calaveras County has made efforts to achieve the goals and objectives set forth in their Scope of Work. There is public/private collaboration, which will aid in sustaining these efforts. The administrators interviewed during the site visits appear committed to addressing existing challenges, such as providing outreach to isolated communities and engaging more community involvement.

## *Del Norte*

In February of 2007, Walter Furman visited Del Norte County. This was the first site visit to Del Norte. No earlier site visit was conducted due to the late start-up of SCI-II activities in the County.

### Recruitment and commitment of key stakeholders

Del Norte's Children's Services Coordinating Council is the local CAPC. The County's original SCI-II proposal (before being asked by OCAP to revise it to introduce the Redesign objectives) involved hiring a Family Resource Specialist to track referrals and services to pregnant and parenting teens. This objective in many ways runs parallel to the ultimate objective adopted by Del Norte to develop a DR program for cases who do not meet statutory levels for CWS intervention, but who might benefit from intervention by community-based agencies.

Due to the SCI-II funding delay, program activities in Del Norte began in January of 2005. Del Norte adopted the strategy of delegating performance for all SCI-II goals and objectives to its community partner, a local Community-Based Organization called the Community Assistance Network (CAN), and having that agency report to Del Norte County its progress on all deliverables. Del Norte revised its initial SCI-II proposal to focus almost entirely on building the DR system and having other deliverables be congruent to or subsumed by that purpose. CAN is a faith-based CBO supported by a coalition of local churches that only recently entered the social services arena. CAN has been successful in securing local support for its programs, has opened a thrift shop and other business type ventures in Crescent City, the County Seat, and has expanded rapidly in recent years.

Data indicates that Del Norte's CAPC generally needs strengthening. Assessment Tool data suggest that membership among the faith/business and civic communities, as well as from parents and consumers, needs improvement. And while the CAPC has been established by the Board of Supervisors, most of the other indicators (such as having policies and procedures, assuring cultural diversity, etc.) are rated as needing improvement. OCAP pressured the Department of Health and Human Services (DHHS) to empower its CAPC and it has recently become more autonomous of the County bureaucracy. For example, recently non-County staff has taken leadership roles and they hope to add consumers and youth. The CAPC will receive an influx of \$5,000 to hire an AmeriCorps worker to assist in its development, but DHHS still worries that the directions taken by the CAPC may not conform to SIP priorities.

### Community involvement, engagement, and networking

Del Norte involved the local FRC in its developing DR program. The FRC was used as a site where staff from CAN have offices and meet clients, with the hope that clients will gain knowledge of the FRC and utilize its resources and programs. But the FRC itself is rated as a system element needing improvement in most respects—it is rated in the ATs as not well integrated or linked with CWS, and as needing improvement with regard to client participation in governance. In addition, one informant indicated that “there are not a lot of strong programs [at

the FRC],” client uptake in other programs has not occurred, and mostly CAN has helped the FRC with fiscal resources. This area was reported as remaining a “challenge” for Del Norte.

The County has successfully pursued the leveraging of SCI-II and other funds to improve its DR prevention program. Linkages, the combined child welfare and CalWORKs program, as well as the state expansion grant for DR (system improvement funds) have made SCI-II mostly the seed money for larger program. Through Linkages, informants at CAN report that they were able to help clients with many concrete needs, such as buying, “gas vouchers, bus vouchers, help pay for some of their utility bills, or help pay for temporary housing in a motel if they were homeless.”

CAN is very active in community networking, and it serves as a DHHS proxy through its SCI-II contract in these matters. CAN participates in the DHHS Redesign work group, as well as on the CAPC. In addition, CAN developed an additional program for DR clients that is a voluntary link to a community-based mentor offered to DR clients. These mentors are secured through local churches, so CAN has made many community contacts via this program. An example of extensive community involvement in prevention services through CAN is the Life Elevation Skills Class taught at the College of the Redwoods. The need for the class came about when CAN staff members determined that the County’s housing issue was paramount to DR-referred families. The local community college then offered a ten session class featuring topics such as how to be a good tenant, how to be a good neighbor, etc., so that families facing challenges in securing housing would be more acceptable and knowledgeable in the marketplace. These classes were taught by local community members, including Realtors. Informants at CAN reported that 23 of the 25 people who signed up for the class completed it; of those, half were able to locate housing.

Informants in Del Norte reported a full commitment to sustaining SCI-II/DR programs after the termination of SCI-II. County DHHS uses the SIP as the focal and evaluation point for allocation of all prevention funds. As one interviewee noted, “All programs funded by prevention money must relate to SIP goals.” The SIP is a means to “enforce that discipline on the community,” providing a rationale for what can and cannot be funded, and avoiding new initiatives that seem unrelated to central child welfare concerns. Informants reported that the County now tries to acquire evidence-based interventions that align with SIP goals. For example, Child Abuse Prevention, Intervention and Treatment (CAPIT) money is used to fund parent education almost exclusively, and employs the “Incredible Years” curriculum. Promoting Safe and Stable Families (PSSF) funds are used to support the “Baby Steps” home visiting program.

### Commitment to systemic change

Del Norte appears fully committed to moving towards a redesigned child welfare system aligned with its SIP goals and in monitoring processes and outcomes to assure improvement in the relevant SIP indicators. Perhaps the strongest indicator of this commitment is the County DHHS’ resolution to continue the DR program started under SCI-II should funding terminate. The County, as with other small counties, has a history of public-private and inter-agency collaboration, and this pattern is viewed as continuing with the evolution of its DR program and

CWS Redesign. CWS seems committed to use of evaluative data in the management of its own and contracted programs.

County DHHS faces a challenge, however, with regard to tension between community-directed system change and that which is evidenced-based and focused on SIP outcomes. In addition, informants at DHHS noted that coping with basic staffing and lack of expertise among applicants is an ongoing challenge in their rural environment.

#### Improve and expand outreach to isolated and special needs populations

Informants indicated that the Life Elevation Action Program (LEAP) program, which is a short term case management program for voluntary clients that did not meet the criteria of suspected abuse or neglect and were thus evaluated out at the first call to CWS, has given referral priority to families living in Klamath, Smith River and Gasquet, but that only a small number of referred families have originated from these areas. Further, CAN was charged with the objective of increasing the involvement of tribal organizations in child abuse prevention activities. Site visit interviews (admittedly not with any tribal representatives) suggested a generally satisfactory level of tribal involvement in child welfare service delivery. Informants at CAN reported that the agency has made efforts to inform social service providers in the Elk Valley Rancheria, the Smith River Rancheria, and the Yurok Tribe about its LEAP program. However, it was noted in the site visit that CAN generally does not get referrals from Native American groups, and has gotten few referrals as well from the County's Hispanic population.

In addition to the outreach provided to outlying areas and the Native American population, Del Norte has expanded its offerings to populations with special needs. The County has enhanced its core DR program with the Linkages and mentoring components, thereby meeting concrete service needs such as housing, transportation, job training and so forth for special needs populations.

CAN expanded its initial SCI-II funded DR program with extra funds from the State System Improvement grant by having a tie in with DHHS's Linkages program and with the Mentor program. The tie-in with Linkages allowed staff to access housing resources for clients and as a result, calls for voluntary self-referrals to CWS started coming in, with parents saying they felt that they were at risk of abusing or neglecting their children due to homelessness, and asking if they could be referred to LEAP. Apparently word-of-mouth carried this valuable resource to needy community members, and they were willing to risk involvement with child welfare in return for access to housing. Unfortunately, CAN and DHHS have since had to change their LEAP referral protocol to eliminate self referrals as some cases were those of families only wanting access to the housing services.

#### CWS Redesign (System Improvement Plan) element

As noted earlier, Del Norte specifically and with intense focus utilized SCI-II funds to establish a DR system. Interviewees noted that DR is not an end in itself, but rather is seen as a strategy in the SIP to improve outcomes specified in AB636. The pertinent outcomes were identified as the reduction in occurrence of child maltreatment and reducing the occurrence of

foster care reentry. DR, however, was reported as not particularly relevant to another important Del Norte SIP outcome: increasing speedy permanency.

During the site visit, staff noted that the state's reformatted CWS/CMS data, with a lag of at least one year, were not at this point particularly encouraging in relation to their efforts so far. Due to the small numbers of cases, the numbers fluctuate a great deal, but to date they have not observed the hoped for trends in outcomes. Staff indicated that they are beginning to use the "Safe Measures" data system application, which is an Excel program used to track child abuse related services received by families; this should allow them to get faster turnaround and less of a lag in reports from the CWS/CMS data. The application also allows reports that aggregate both the SDM assessment data (the assessment system that Del Norte uses) with the CWS/CMS status data. Staff members noted also that they plan to increase their agency capacity to handle voluntary cases, but at this point they have been unable to fill two open positions, so they have not yet been able to implement this aspect of their Redesign. In addition, they recently started using the "Special Projects" code in CWS/CMS to allow them to track DR Path One cases.

The first referrals to CAN's LEAP program were received in September of 2005. Services are voluntary and confidential, home-based, and involve assessment, case management, linkage to other needed resources and interventions. The program's goal is to assist each client with his or her own personal goals, such as "becoming a licensed day care provider, to mental health services, to help with finding housing, and things like that," according to one respondent. The time limit for receipt is stated as being limited to 90 days, but this is often extended for a second 90 day term. CAN staff, and CWS staff as well, are aware of the tension between longer term service needs and capacity to take new cases, and at this point are still in the early stages of balancing these issues.

### Summary

Del Norte County has made a focused effort to use SCI-II and other available funding to develop a DR program, contracting under a detailed protocol with CAN, a local faith-based non-profit. Strong public/private collaboration is visible, though challenges with the CAPC and the local FRC have arisen. The beginnings of a DR system are operating, and the links to the County's SIP and improved outcomes as a result of this program are being scrutinized. Administrators, both at the County and CBO, interviewed during the site visits appear committed to overcoming obstacles.

## *Glenn*

In October of 2006, Sofya Bagdasaryan visited Glenn County. This was the second site visit conducted at the County. The first site visit took place in July of 2005 and was conducted by Yolanda Green.

### Recruitment and commitment of key stakeholders

The Children's Interagency Coordinating Council (CICC) serves as Glenn County's CAPC. One of the County's goals under SCI-II was to increase commitment from civic, faith-based, and community members, especially parents. Interviews from the first site visit suggested that the county was very successful in these efforts. For example, general attendance of monthly meetings of the Child and Family Resource Network (CFRN), which is a working sub-group of the CICC responsible for coordination and implementation of prevention activities, increased from an average of six individuals to about 20. In addition, parents were actively participating on parent boards of two of the County's FRCs and in CFRN meetings.

The quarterly reports for 2006 suggest that this involvement by professionals, community members, and parents continued. The ratings assigned by Glenn County on the ATs also suggest this to be the case in that ratings regarding the following three elements were satisfactory in the last two years: Council's membership includes 1) public CWS, criminal justice, prevention/treatment services, mental health services, and education, 2) representatives from the religious/faith community, business and civic leadership, and 3) parents/consumers of services.

During 2006, an average of four parents attended CAPC monthly meetings. A countywide parent/family council component was established within the CAPC body. In addition, the two FRC parent boards continued to assist the CFRN in collaborating with two other parent councils, in order to have a joint effort for activities and outreach efforts. There were about 40 parent members on the two FRC parent boards (10 at Orland and 30 at Hamilton City). There was an increase in 2006 in participation by senior citizens. As a result, a Senior Group was established in the Hamilton City FRC, with an average of six seniors as members. The group is lead by a senior parent representative that attends the CAPC monthly meetings; this has not only strengthened services for this population but also supported efforts in building community partnerships related to child maltreatment prevention.

The FRC boards have elected parent leaders who attend not only CFRN meetings but also the following: School Readiness, Mini-Core Group, Citizens in Action (CIA) and other leadership-related training meetings. SCI-II funds support these efforts and continued development of the FRC parent boards by providing a stipend for parents to attend/participate. The FRC parent boards also sought funding on their own and applied for mini-grants of \$5,000 (from the local First 5 Commission) in 2005. The funds were used to provide an obesity prevention/food and nutrition programs at the FRCs. The mini-grants expired in the Fall of 2006, which meant that there would not be any parent education services for children 0-5 years of age. To address this, staff at the FRCs will collaborate with the parent boards to continue supporting this function with SCI-II funds.

In terms of representation of agencies at CAPC meetings, a challenge identified by informants during interviews from the first site visit involved the fact that because Glenn is a small county, many participating agencies are small and have limited staff. Therefore, it was often difficult to have representation at monthly meetings. Quarterly reports for 2006 suggest that this continues to remain a challenge.

### Community involvement, engagement, and networking

According to field interviews during both site visits, Glenn County has active citizen participation in terms of both membership on various boards/councils and also participation in activities. For example, quarterly reports indicate that “multiple community projects have been developed and led by community parents through the Family Resource Centers.” In addition, participation in activities/classes at the FRCs appears to be limited only by space. For example, quarterly reports indicate that there has been an increase in class participation at both FRCs, and that as such parent-led activities and parenting classes now require RSVPs.

Although collaboration with other agencies/organizations in prevention efforts was reported as a challenge during the first site visit, as of the second visit, there appear to now be partnerships in place with various programs and agencies. For example, an informant noted the following: “Migrant Education has come in as a full partner....Adult Education has begun partnering with us at Hamilton City, not only offering English as a second language, but...other activities and classes that the parents have asked for and designed around their own activities. So we’re now looking forward to expanding and partnering with First 5 on a grander basis, because they are also going to open up a facility. So School Readiness, which has been a partnership operation out of our resource center, they’re going to expand and get a larger classroom area where they’re going to be bringing in computers that our parents will be using....WIC [Women, Infants, and Children] has also come in as a partner a couple times a month, to provide services.” During the first site visit, an administrator reported that public/private partnerships “still need a lot of development and work” but the respondent felt that these relationships would build on to the “Family to Family” model developed by the County. As of the second site visit, this model seems to be successful in that the partnerships appear to be expanding.

There is some evidence that continued public education to the community and to expanding partnerships has led to an increase in “what-if” calls to CWS. For example, a county program manager noted that their intake worker “has been very, very busy” in terms of receiving “a lot of phone calls just about ‘what ifs’...questions about ‘Should I report this?...I’m not sure’....She’s doing a lot of troubleshooting on those calls. Sometimes they will result in referrals and if there’s any question, certainly she recommends that there’s a referral that comes out of that.”

Another example of expansion in terms of community involvement and engagement involves the Orland FRC, which at the time of the first site visit, was very small and operating at capacity. According to an informant during the second site visit, the County “put together money from First 5 social services and a few grant dollars and purchased outright a larger facility,” because “the bottom line is, that community has wanted and needed a community

center forever.” The County “still engaged in discussions with the community...the CIA, Citizens In Action” regarding how to best use the center and how to expand.

The County also has AmeriCorps volunteers that provide community outreach to help specifically with foster parent recruitment and raising awareness of child maltreatment and prevention. In 2006, AmeriCorps members provide presentations at various service organizations, parent clubs, back to school nights, and agency meetings. One agency administrator noted that members have put bookmarks around town as another way of reaching out to the community. A county program manager reported the following activities as well: “[The new focus that we’re really going to utilize starting the first part of the year is going to be faith-based. And of course we continue to target Willows because we don’t have county licensed homes there and also targeting Spanish speaking. And we do have a need for American Indian, it’s not as big as the Spanish speaking, and some South East Asian. But again we have fewer numbers, much fewer numbers of kids in foster care in those populations. So we’re going to expand some of those public speaking presentations to the community. And they’ve also had the opportunity to make contact with...our schools and putting in program fliers in the football programs.” In addition, AmeriCorps members work booths at county fairs, such as the community resource fair held in the month prior to the second site visit and one in April for Child Abuse Prevention month.

In terms of sustainability, the County blends funds from various sources to achieve their goals. For example, SCI-II funds in-part numerous programs at the FRCs (e.g., parent education/ life skills workshops, family support and leadership, DR, family activities and father involvement, family support groups, and respite care). As for the future, an informant during the second site visit noted, “[We] don’t start things we don’t plan to finish. We’ve made a commitment to having the Family Resource Centers, and we have found creative ways to...make sure they stay open....Frankly the Child Welfare Improvement money that came in really became something that allowed us to sustain up to this point in time...SCI allowed us to really set up an infrastructure and to have services in place, and relationships that have really allowed us to, I think, successfully move forward with the Child Welfare Improvement Activities.”

### Commitment to systemic change

There is evidence to suggest that Glenn County remains committed to systemic change. For example, the FRCs were identified as the service providers for Path One and Two families and they have been operating under this DR capacity since early 2005. As far as tracking clients referred under DR, the County will be using Tapestry Software, but this was not fully implemented as of the second site visit. An informant suggested that implementation would begin in about “a month or so.”

Site visit interviews in 2006 suggested that community partners also assist CWS workers on Path Three cases in terms of being involved early on at points of detainment and Team Decision Makings (TDMs). An administrator at a community agency described the role that community workers play as follows: “[When] you really think about the whole purpose of that TDM is to come up with a community person at that table, family, etc., to take that child in the event the parent can’t...and if that partnership with us is getting folks to the table...I must say

we're community specialists, I mean really that is more of what we do, that is our role, so if we can bring those folks to the table, that's huge practice change." A county administrator agreed, noting, "I've watched her staff in our TDMs at times. When they see the parents getting upset, you know, they will actually move their chair over and sit behind the parent in a meeting and just, you know, put their hand on their shoulder. And that role for Child Welfare workers is a little more awkward. It's not yet well received, within the culture at all, but I think we're moving towards that as well. But her staff are in the perfect position to do that and it gives everybody goose bumps around the table, you know, to know that parents have somebody that are really there to support them."

During the first site visit interviews, a county administrator stated that some CWS staff members were not as aware of FRC services/SCI-II programs but that this would shift as "they have more participation in trainings." As of the second site visit, it appears that this has been accomplished in part due to trainings and in part due to staff turn-over, where new staff coming in are trained in the new way of "doing business."

In terms of other changes, Glenn County is utilizing the Comprehensive Assessment Tool (CAT) to assess risk when conducting intakes of referrals to CWS. The County trained all workers in how to use CAT, although only one worker was initially set up to do the intakes. The rationale for training all workers was provided by one informant as follows: "[CAT] helps them when they're working at that initial interface with that family, helping understand the process. Not that they're disclosing what came out of the CAT tool, but they have a better framework of what's going on with that family. They have an understanding of why and how someone gets that [Path] One, or Two, or Three possibly. Just helps them really understand the scope of their job and what they're doing."

The County's overall commitment to systemic change is also evidenced in their response to questions regarding funding and sustainability. As noted in the previous section, informants were clear that the County does not start things it does not plan to finish. To that end, interviewees suggested that during "lean" times, the County is committed to keeping at least core services operational and seeking funding from outside sources such as banks. In fact, one administrator interviewed during the second site visit had recently returned from a trip to Los Angeles where she was meeting with bank representatives regarding funds for one of their centers. Informants also mentioned blending and braiding funds to ensure appropriate service delivery. Another strategy involved providing services and then finding funds afterward. An informant described this strategy as follows: "I get to help the client and then find the stream of funding that best fits that client. We get to work with a client, a child, who needs counseling. We get to refer them over to health services and let them sort through. They maybe Medi-Cal eligible, that's the first shot. If they're not Medi-Cal eligible, then if it's a CPS case, then CPS is going to pay for it. If they're not eligible for CPS, then CHAT is going to pay for it. If CHAT is not available then it's going to go to another funding stream that's going to pay for it. The bottom line is no child is going to go without counseling services because we will find a matching source to pay for it. No child should go without services because there's no funding source to cover it. And through all the mechanisms that we have, we will make sure that they are all covered."

### Improve and expand outreach to isolated and special needs populations

According to interviews during the first site visit, the Native American population in Glenn County is “very isolated” and “one of the challenges that prevents work with the Native American community is that there are 33 tribes in the area and it’s hard to get a consensus from tribal leadership for programs.” The county continues to make efforts to strengthen their relationship with the Rancheria Reservation in Elk Creek, collaborating with agency partners in the development of child abuse prevention services through the CICC. The county is also working with the tribe on Tribal TANF issues and there have been meetings with tribal leadership.

In 2004, the County worked with Migrant Education to provide specific “outreach to the farm working families when they came through last Fall.” In 2005, the county held meetings with the Farm Bureau and the California Human Development Foundation. There is also office space at the Hamilton City FRC for a Migrant Education worker, who provides educational services to migrant families. As of the second site visit, Migrant Education had joined with the Community Services Unit as a full partner in providing services.

During the second site visit, an informant noted that because of the focus on DR in terms of putting the system in place and implemented, and because of the minimum staffing levels that have been present, this has taken away somewhat from the outreach efforts that were going on previously for some of the more isolated communities. Informants interviewed stressed, however, that the County is committed to continuing to address this challenge.

### CWS Redesign (System Improvement Plan) element.

The County’s strategies for addressing issues related to Permanency involve having Independent Living Programs (ILP) for emancipating youth, finding extended family members for younger youth before they enter the transitional phase, and concurrent planning. Originally the ILP program had more of a tie to California Youth Connection (CYC), but an informant during the second site visit noted that this has not been the case of late due to “the demands and the requirements of CYC and...the change in focus of CYC on a state wide basis...[toward a] legislative bent.” The County has made efforts to find family and other parties interested in the welfare of the child for both emancipating and younger youth as early as the first TDM meeting. An informant during the second site visit described this effort as follows: “One of the things that has come out in the last couple of years is an Emancipation Protocol ...[that] sets a way of working with youth who are about to emancipate. It goes beyond the ILP...One of the concerns that we’ve always had is once youth emancipate, they’re set aside. And they have no permanent contact with anyone that they can just call and talk to. There’s no one to have Thanksgiving dinner with or call when they have a problem. And it doesn’t matter if it’s a family member or teacher or a neighbor or just someone they feel close to that they can talk to. And that’s the whole premise behind the Emancipation Protocol, is to start early, to develop an ongoing relationship that is not the traditional mentoring relationship, but goes beyond that, to establish a close bond with someone that they can rely on beyond the 18<sup>th</sup> birthday, that will be there, that is committed to the success of this young person...It’s a known relationship amongst foster parents, amongst the social worker, the case worker, the community action ILP rep....It’s beyond

the TDM, it's all of those things combined...[And] these are people who are designated by the youth to be there. And this is something that not only empowers that youth, but it brings people that they believe in, that they believe care about them to the table to discuss their issues."

Part of this effort also involves attempting to find extended family members for youth before they enter the emancipation stage. AmeriCorps members conduct orientations in the community, called NREFM orientations (Non-Related Extended Family Member), for family members who want to take on the role of caring for a child during out-of-home placement. The AmeriCorps members will sit down with prospective families and/or community members to "bring them up to speed" on what it would mean for them to become involved in the life of the child. An informant described these efforts as follows: "[The] Emancipation Protocol is very much designed to engage community and important, significant people to help facilitate those permanency pieces. But if you look at the population that's younger than that population, we want to do some specific services that address permanency. And so when you start looking at this NREFM piece and how children that are currently in foster care...how are we working with people significant in that child's life to look at reestablishing maybe some of those NREFM caretaker relationships that may not be currently used?"

An informant reported that the County has been successful with outcomes related to permanency: "[We] have very good outcomes, we've had actually for several years, but this year we probably saw our most solid outcomes of our actual youth aging out of the system. I think we had, what was it, five or six that aged out this year...four went to college and one went to military...and the other one employment." The informant also reported receiving a call from Butte County Child Welfare saying "We have heard about your outcomes on your emancipating youth and we want to know how you're doing this."

In terms of other services for transitioning youth, an informant reported that North Central County Consortium plans to purchasing "smartcards" (i.e., flash drives/memory disks) and provide them to youth so that they can keep their personal data. There is also a website developed by the County called Bust N Out (at [www.fosteryouth.com](http://www.fosteryouth.com)), which provides not only information for transitioning youth but also space for youth to store their personal records. An informant noted, "[We are] willing to provide space on [the website], their personal space, to store that information so it's in another location. So we're making headway...for transitioning youth to always have access to their personal information, because we know that once you transition, you don't have that....When a child starts turning 14 or 15, they should start setting up a file to be able to hand it to you, so that you have all of your records when you transition. I don't know why they don't do that, but they don't. [The website and smartcard are] part our Emancipation Protocol."

The last piece related to Permanency efforts involves concurrent planning. A county program manager reported during the second site visit that concurrent planning meetings occur prior to disposition, which is "somewhat unique" in that "most counties don't do it that early." The informant described the process as follows: "[We] actually bring the adoption worker over for a meeting once a month with our county counselor, who is our deputy county counselor, who represents us in juvenile court, and then the associated social worker and then our child welfare

supervisor so they all really refine that concurrent plan at that time. So we look at prognosis for reunification and all those things.”

Differential Response was implemented in the Spring of 2005. Originally one intake worker was assigned for all incoming referrals; due to limited staffing of late, however, there has been a rotation established and the intake worker now carries some cases. In terms of the DR referral process, the intake worker uses CAT for risk assessment of incoming referrals. She then makes a recommendation to the supervisor regarding Path determination. An informant reported, “Most of the time the supervisor is going to be in agreement because we have a really good intake person, and we feel intake is a very specialized position.” Once it is determined to refer to a community agency, the evaluated-out referral can occur via fax, e-mail, telephone, or in person. Under Path One, a community partner visits the family and offers services. Most often the community partner is the FRC case manager, but can be another partner such as Public Health. Path Two cases are visited by the County Emergency Response worker with a Community Services/DR staff member who assess the family and offer voluntary services.

The main challenge with regard to DR and Redesign cited during both site visits and in quarterly reports involves staffing. On one hand this presents obstacles regarding capacity but turn-over also allows for recruitment of new workers who have already been exposed to the philosophy of Redesign. A county informant during the second site visit described the issue as follows: “We do get very qualified staff in both programs, in both your Community People and our [Child Welfare] staff. [The Community Agency] has much better retention rates. [Child Welfare] staff tends to go onto the higher paying positions. And most of them, many of them live in Butte County and so when a job with State Adoptions that offers much more better salaries or Butte County CPS, which runs about 20% higher in salary, when those jobs arise, we tend to lose them over there. So that has been one of the things that has really interfered with initiative implementation as far as I’m concerned. But on the other hand what we have been able to hire, when we do get some recruits, is a lot of them, especially coming out of the Title IV-E MSW program, are really of a mind set of Redesign already. It takes very little work in convincing them of the benefits and the good outcomes that we’re seeing with our new initiative.”

### Summary

Glenn County has made considerable efforts to achieve the goals and objectives set forth in their Scope of Work. Parent representatives are active in the CAPC and public/private partnerships have been established under SCI-II. The administrators interviewed during both site visits appeared committed to addressing existing challenges, but funding for staff continues to be an obstacle.

## *Plumas*

In January of 2007, Sofya Bagdasaryan visited Plumas County. This was the second site visit conducted at the County. The first site visit took place in October of 2005 and was also conducted by Dr. Bagdasaryan.

### Recruitment and commitment of key stakeholders

According to the County's proposal, Plumas historically had a base of key stakeholders involved with the CAPC. Assessment Tool ratings suggest that membership is an area that has weakened over the past couple years, however. During Year 1, Plumas assigned a rating of excellent to the following element: "The [CAPC's] membership includes public CWS, criminal justice, prevention/treatment services, mental health services and education." By Year 3, this element was rated as needing improvement. In addition, the County rated the following element as needing improvement in both Years 1 and 3: "The [CAPC's] membership includes representatives from the religious/faith community, business and civic leadership."

Although sustainability of membership has been a challenge, informants during both site visits noted that CAPC members often sit on several other councils/coalitions/boards/etc., which allows for an opportunity for CAPC members to collaborate on Redesign-related activities with other partners in the community, such as staff from four FRCs, Plumas Rural Services (PRS), and Plumas County Department of Social Services. For example, informants during the latest site visit noted that the County has meetings about DR that follow the monthly CAPC meetings because many of the same people are on both councils. The existence of these DR meetings speaks to the commitment on the part of Plumas to integrate the CAPC with Redesign-related goals. For example, when Plumas worked on their Program Improvement Plan, one of the objectives was to have a subcommittee of the CAPC that would be about child welfare related issues such as DR. According to an informant during the latest site visit, this subcommittee was created but remained inactive for quite some time but currently the committee has been "reactivated and we're giving reports, every month we're giving a report to the Council on Differential Response, how the collaboration is going, what kinds of things we're doing, what kinds of new things we're doing. So that's been reactivated and kind-of revised. It's just called the Differential Response committee now rather than just a vague Child Welfare activities kinds of thing. So it's been made more specific and been more formalized...we're trying to be much more in tune with the Child Welfare Improvement Activities. We're trying to make sure that everything kind of ties in together."

Another challenge faced by Plumas continues to be recruitment of parents/consumers of services for CAPC membership. According to ratings on the County's ATs across the three years, there has been some improvement in this regard: ratings for Years 1, 2, and 3 were Needs improvement, Needs to be established, and Satisfactory, respectively. However, the latest site visit findings suggest that sustained participation in CAPC activities remains a challenge that Plumas is aware of and is seeking to address. For example, one informant noted: "One of the things that has been discussed more recently is trying to solicit from the [CAPC] members who are willing to go and talk to groups in the community...What we'd like to see happen is more

participation from community.” According to one CAPC member during the first site visit, the main barrier to community participation was transportation. CAPC meetings are held in Quincy, which can be over an hour away for some community members. CAPC members in different communities try to recruit within their community for individuals to be on local community boards and that has been more successful.

### Community involvement, engagement, and networking

According to an agency administrator during the first site visit, there were several ways the County and partner agencies attempted to engage the community but unfortunately many had limitations. For example, print advertisements were one method utilized (and that continue to be utilized according to the recent site visit), but there is only one newspaper that comes out weekly. There is no public television station (without cable). During the recent site visit, one informant reported “We don’t have any radio stations, well we’ve got some, but...that’s not really cost effective. This is a community I think where word of mouth is the biggest thing... ‘I got service, and I really trust this person, you can talk to them.’” In fact, “word of mouth” appears to be the primary method of outreach. Related to this is the fact that PRS and other organizations try to have workers living in the communities to whom they provide services. For example, one informant noted, “what PRS tries to do is hire staff from all the areas, and so they live in the community. When they’re in the grocery store or [market], as it may be, and somebody says ‘Oh this person needs [some services].’...By placing people in the community, that’s been quite effective...[because] they understand the dynamics better, they know most of the resources....It’s amazing what you get done at the grocery store or the post office.”

Other outreach methods include flyers sent home with children from school, newsletters, having pamphlets/flyers on display at different agencies, and using churches as links to communities. Despite these efforts, engaging various communities remains a challenge, as acknowledged by administrators interviewed during both site visits.

In terms of sustainability, the County and partner agencies continually seek funds to sustain prevention programs and activities; under Redesign and SCI-II, there has been more of an attempt at collaboration in these efforts. During the first site visit, a county administrator reported that SCI-II helped to formalize relationships between County and community agencies, allowing different organizations/agencies to work together: “We knew each other but we weren’t sitting down and talking things out together.” An example of this new type of collaboration was provided by all of the administrators interviewed at the time and involved several organizations partnering in response to a RFP for CAPIT. Historically, PRS always received CAPIT funds. During the last CAPIT grant period, however, PRS voluntarily decided to take a cut in funds order to collaborate with other organizations.

It appears that this type of collaboration has become especially critical in recent months as some community agencies and FRCs are facing funding issues. The monthly DR meetings are being used as one venue to discuss possibilities for sustainability. An informant reported: “After the Child Abuse Prevention Council meets, then [the DR] group meets and discusses Differential Response and the needs of the program, where we are, who’s doing what, every month. And kind of planning into the future, which is a little difficult, because several of the partners are

financially, under pretty dire financial constraints. Right now, I think our County is looking at how do we keep the Family Resource Centers open and viable, because they're the front line for the whole process. And now, they're suffering, as is Family Focus Network, the in-home programs, because that kind of money is dwindling also... What's going to happen [is that] hours... have already started to be cut for Centers. Because they don't have enough funding to keep them open 8 hours a day, five days a week. That piece is kind of hurting."

The latest site visit interviews indicate that collaboration remains strong as organizations continue to work together to seek grants and address cutbacks in service provision brought on by lack of funding. One informant stated, "[SCI-II and DR] helped get everybody talking, and once you start working together and talking, that continues. Now we're just trying to figure out how do we fill the gaps when this one goes away. If we can stagger these kinds of things and always maintain the same level of services, I guess that's the best goal we can have."

### Commitment to systemic change

Administrators at both the County and partner agencies appear committed to implementing changes. At the County-level, there are two social workers assigned to handle DR cases. When the intake worker in conjunction with a supervisor determines a referral to be appropriate for either Path One or Path Two under DR, the family is referred to one of the two social workers who then contact the family regarding support services. The County also purchased SDM to have a universal assessment tool. According to the latest site visit, SDM was implemented in May of 2006. A County informant reported that in addition to all child welfare workers being trained regarding the use of SDM, they invited collaborative partners for training as well. Although this was not initially successful, due to logistical issues such as the timing of meetings being changed, the County will be providing the training again.

Another systemic change that has occurred involves the use of a new computer system that will allow the County and community agencies to share information regarding mutual clients. According to information from the latest site visit and quarterly reports, GRIOTSTAR is a database and reporting system that will prevent duplication of services and reduce the number of times clients have to report the same information. An informant from PRS described the goal of the system as follows: "Within PRS lets say we've got 13 programs. [GRIOTSTAR] is on our network.... So what it allows between all of our programs, is to identify people that are in several programs so that we can... give them a more holistic approach within Plumas Rural Services. All of the other resource centers, they've also purchased this too because what we're [also] trying to do is gather our statistics the same, in this consistent manner, and see what we can do in terms of evaluating programs.... [After] we get it all worked out with our individual agencies there will be a way to share the information between the agencies.... [It is] not in the best interest of the client to repeat over and over basic information. So, that's one of our long range goals that we're working on to use technology to communicate better." Quarterly reports indicated that during the second quarter of 2006, "Members of [the] Differential Response Collaborative [were] ready to install [the] new computer system that will track progress of families receiving services. This program will allow some intake information to be shared, which will prevent families from having to repeat information over and over"; a challenge at the time, however, involved "Trusting the program to do what it is supposed to do" and "Making sure families understand

information will be used to help them, not...against them.” As of the latest site visit, the new system had only been recently implemented so there is no information regarding effectiveness or outcomes based on the sharing of information among agencies.

At the time of the first site visit, confidentiality was reported as a barrier to collaboration among agencies in terms of community partners serving families referred through child welfare (as with the other counties under SCI-II). The County considered having a universal release form but decided against this approach. Instead, the County opted to use two social workers who are assigned to DR cases as the means by which releases of information are obtained. The two social workers make the initial contact on all Path One and Path Two cases and rather than obtaining universal releases—a County informant during the latest site visit reported that the County did not feel comfortable with universal releases being utilized—specific releases are obtained for specific agencies the families would like to see.

### Improve and expand outreach to isolated and special needs populations

According to interviews during both site visits, outreach to various populations is generally accomplished through workers who live in the communities where those populations reside and also through networking among workers at different agencies. For example, an informant during the recent site visit reported that PRS has a Family Empowerment Center that provides services to families with special needs children; information about these services is provided to families through two family advocates who “are out there speaking and going to schools and attending associations with families.” In addition, “There’s an informal group in Plumas county that our advocate is actually the leader of—he has a special needs child.”

In terms of outreach to other populations, SCI-II allowed PRS to hire a Home Visitor to serve a particular community (Greenville), which is “very different in their needs,” according to one informant during the first site visit. The community has a large Native American population and in general is not as transient of a community as Portola or Quincy. According to one administrator, this means that there are “generations of families there....So [there is] generational poverty, generational illiteracy, generational incest...and alcoholism.” Although there had been a Home Visitor in the community, funding issues led to the position being terminated; this was difficult for the agency because they “knew that that was a community that needed [them].” Prior to SCI-II, Home Visitors located in other communities provided services to Greenville but that increased their transportation time. The following quote illustrates the importance of having a Home Visitor in the community to provide services to an isolated community: “When you live in a small community you get to know things, whether you want to or not. You know, you get to know certain things about families, different ways of approaching different families, so as not to alarm them or put them off. You see them in the grocery stores, you see them at school functions.” The primary issue, according to this administrator is that of trust. According to the recent site visit interviews, the Home Visitor serving Greenville has been successful in providing outreach to the community.

PRS also has a Spanish-speaking Home Visitor, who serves as a link to the Hispanic community. As one administrator noted during the first site visit, “because she is Hispanic herself, she knows the people...she’s actually been able to get in there and provide services to

that community...So actually, I think, our outreach to the Hispanic community have probably increased by easily 95%. And the more they know [the Home Visitor], the more requests we're getting, self-referrals, which is an interesting thing." Prior to the hiring of the Spanish speaking Home Visitor, outreach to the Hispanic community was minimal.

A major barrier in providing outreach and services identified during the first site visits involved transportation. Although there is a transit system, the county's size makes access to services difficult. An example given by one informant illustrated this point: "Say you have a court hearing in Quincy at 10am and you live in Chester. You would catch the bus at probably around 6 or 6:30 in the morning...you'd take the bus here to Quincy and by the time court gets out, the first bus has already gone back to Chester, so now you have to wait for the second bus which doesn't leave Quincy until 4pm. So, you've spent now from 6am until probably 6pm, doing one thing." Having staff providing services in the communities is the primary way the county and their partner agencies address this problem. An informant during the recent site visit also mentioned that PRS purchased a bus for their developmentally disabled program; because there are times the program is not utilizing the bus, the agency is looking into ways to they can use it for the rest of the County.

#### CWS Redesign (System Improvement Plan) element

By integrating SCI-II funds and other child welfare funds, the County hired a consultant to help with the self-assessment and SIP. The three areas of work that the county focused on in the SIP were: DR, implementing a uniform assessment tool, and increased collaboration. Previously, when a family was assessed as not being high risk for CWS, they were "evaluated out," a process that involved referral to other programs/services. According to a county administrator during the first site visit, the CWS workers would provide numbers for the families to call such as Family Focus Network FFN, a program at PRS, and other programs but then there would be no follow-up to see if those referrals were actually utilized. The County's current DR system, which was implemented early summer of 2006, allowed for this process to be more formalized and follows the California Three Path Model with some minor differences. Currently, the system works as follows: a duty worker (which is a case worker assigned to do intakes on a rotation basis) receives a referral and confers with a supervisor regarding disposition. As discussed above, SDM is used to make these risk assessments. If the case is determined to be Path One or Path Two, the family is referred to one of two social workers who carry only DR cases; if the case is a Path Three, then the family is assigned to a case worker. Under DR, one of the two social workers contacts the family to inquire whether or not they would like to receive support services. In the case of Path One families, this usually involves a phone call. For Path Two cases, the social worker makes a home visit. Once a release of information is signed, the family is then referred to a community agency.

In terms of collaboration, CWS's plan involved sub-committee of the CAPC. According to one informant at CWS, this sub-committee "morphed" into their DR Collaborative, which meets monthly immediately after CAPC meetings. Collaboration is facilitated due to the fact that "everyone" who is in the DR group is also on the CAPC. When asked during the first site visit about collaboration with agencies whose focus of intervention or mission is philosophically different than that of CWS, one informant indicated that at times this can be a problem: "We're

all going according to our legal mandates and our legal mandates are a little bit different.” The informant stated that to facilitate collaboration, CWS has implemented quarterly meetings with various agencies. For example, there are quarterly meetings with the head of Domestic Violence, the head of Victim Witness, the District Attorney, and the Sheriff’s Office. Interviews from the recent site visit suggest that the collaborative spirit that was mentioned the year previously has continued to grow.

### Summary

Plumas County has made efforts to achieve the goals and objectives set forth in their Scope of Work. Public/private collaboration became stronger, which will aid in sustaining these efforts. The administrators interviewed during the site visits appear committed to addressing existing challenges, such as engaging more community residents in being involved with CAPC governance and programs.

## *Siskiyou*

In November of 2006, Khush Cooper visited Siskiyou County as part of the UCLA/SCI-II evaluation. This was the second site visit conducted at the County. The first site visit took place in August of 2005 and was conducted by Dr. Jorja Leap.

### Recruitment and commitment of key stakeholders

In Siskiyou, the Community Services Council (CSC) acts as the County's CAPC. The CSC meets monthly and there are also sub-committees who hold additional meetings outside of the larger Council. Currently, 17 members sit on the Council, and site visit interviews suggest that the numbers are growing as more community agencies are seeking ways to become involved. The CSC also now has representation from the local Tribal Council, which is helping to bridge the gap that had historically existed between the Karuk tribe and the larger Siskiyou community.

Maintenance of the CAPC continues to be a high priority for the county. The CSC is established as a non-profit organization, which means that it can apply for larger grants to sustain itself and the projects it funds. The CSC also continues to have MOUs in place with First 5 Siskiyou and Siskiyou County Human Services. At the time of the first site visit, a joint funding proposal had been generated as part of the partnerships. The proposal to the Ford Foundation for a Path One Pilot Program in communities with existing FRCs was funded and serves as the pilot for the County's DR system.

Overall, the CSC's collaboration with organizations has resulted in increased services for families in the community according to site visit interviews and Quarterly Reports. Participating agencies bring information and ideas about their services, and the Council then brainstorms and develops ways for how the information can be used to support families living in Siskiyou. The CSC is also working with the FRCs to distribute information to the community regarding child abuse prevention. The CSC continues to serve as a "central hub" for Siskiyou in terms of DR, the FRCs, collaboration for CAPIT and PSSF funds, and SCI-II as a whole. The CSC is also sponsoring local projects such as a youth development conference for professionals in the area who work with young people, and parenting education classes.

### Community involvement, engagement, and networking

One of Siskiyou County's main goals was to develop a cross-county FRC Network that could connect the existing FRCs in the county. To that end, a FRC Advocate was hired in 2005 to develop, coordinate, and maintain this network. According to site visit interviews, Siskiyou has met its FRC Network goal and agencies acknowledge that the funding provided through SCI-II greatly assisted in these efforts.

The Network continues to host meetings that are held in different communities each month. Travel to these meetings has been somewhat of a challenge for the county, due to the geographic distances between communities. However, increased communication among

Network members has been useful in dealing with this barrier (e.g., members arrange to carpool with each other to meetings). The Network has also maintained communication through the development of a shared FRC calendar, which is distributed throughout the county, and provides information about services and activities offered at each FRC.

According to interviews, Siskiyou County has experienced much success in terms of community involvement to support prevention activities. The CSC planned a youth conference for 2007 so that teachers and other professionals who work with youth can better identify and support their needs. Also, the CSC has established relationships with the local newspaper outlets, which has resulted in increased advertisements regarding child abuse prevention. The FRCs have provided a foundation for community engagement, and their presence in the community has resulted in more agencies wanting to partner with them to provide supportive services to families in the county. The community colleges have expressed interest in wanting to work with the FRCs to offer classes based on community needs. Partnerships are also being built between the FRCs, Dependency Court, and the Ford Family Foundation, so that the FRCs can offer parenting classes, which will be the first time that parenting classes are offered in Siskiyou County. First 5 and Public Health are also working with the FRCs to develop a home visitation model in the County.

Strong partnerships exist between the Family Resource Networks and Human Services, as well as Mental Health and Behavioral Health Services, in terms of coordinating and centralizing services for families. The presence of the FRCs also provided opportunities for community members to become more involved in child abuse awareness and prevention; because the FRCs are seen as a separate entity from CWS, families often feel more comfortable communicating with them about their needs. These partnerships have created a strong foundation in the County for sustainability of child abuse prevention, DR, and Redesign. Agency representatives feel that the community is coming together regarding child abuse, and that agencies feel comfortable talking to each other and having open dialogue about problems and change in the County. As one agency representative stated during the recent site visit, “[I was] born and raised in Siskiyou County and it really was the first time I felt like people were acknowledging the commitment that they had to each other.” A general feeling exists that SCI-II funding has allowed the FRC Network to expand its capacity, and increase the resources and services available at the FRCs. Efforts are being made to seek funding to sustain partnerships between County public and private ventures.

#### Commitment to systemic change

The systemic change that has occurred in Siskiyou is most evident in the public/private partnerships established throughout the county, which have increased funding for agencies. First 5 provides base funding for the FRCs, and in the past fiscal year they were able to leverage over a million dollars on the funding that was available. With each year, more funding has gone towards providing the FRC with technical assistance regarding capacity building. Further, CWS is working with local agencies to develop non-profit grant writing skills, which will enable them to pursue outside funding streams so that they will not have to be as dependent on the State or the County. Overall, site visit interviews indicated a feeling that the Board of Supervisors in

Siskiyou County supports agencies' attempts to implement Redesign and DR, which provides a base for change to continue happening, even without the renewal of SCI-II funding.

Administrative turnover is one issue that informants mentioned during both site visits as being a challenge for systemic change to occur. CWS in particular has felt the effects of this problem, as staff feel burned out by the responsibilities of the job, and by the additional responsibilities created when high turnover occurs. Further, it was a challenge in the beginning of SCI-II as new administrative staff transitioned in and relationships had to be built in order to implement DR and Redesign goals. CWS is making an effort to prioritize their need to be optimally staffed, even if SCI-II funds do not continue, in order to prevent people from leaving the job due to demanding workloads.

#### Improve and expand outreach to isolated and special needs populations

A challenge expressed by agencies in Siskiyou involved providing services to families that are isolated due to reasons of geography, ethnicity, poverty, and various special needs. FRC staff acknowledge that a shift in philosophy is occurring in terms of actively finding ways to serve these families, and identifying "red flags" that would indicate possible child abuse or neglect. For example, the FRCs have been working to train their staff about the needs of parents and children who have developmental delays, and also to inform them of resources in the area that can help. Additionally, the FRCs have been working to help families with substance abuse problems by developing a family based relapse prevention plan. Collaboration with other agencies is also helping CWS social workers maintain their visits to children and families who live in isolated or faraway areas.

At the time of the first site visit, outreach to the Native American population, the Karuk tribe, who reside primarily in the northwest corner of the County in an area known as "Happy Camp," was described as a challenge. The tribe tended to maintain autonomy from the developing FRC Network and there was an uneasy, ambivalent relationship between the Tribal Council and the Happy Camp FRC. As of the last site visit, however, informants indicated that Siskiyou made progress in the last year in collaborating with the Karuk tribe. Agencies described how more dialogue is occurring, which is building up trust and breaking down some of the historic divisions that have existed between the communities.

In terms of other populations, the FRCs have not yet been able to fully engage the African American population, and staff members acknowledge that it will be "a continuous effort to increase that connection." However, the FRCs have experienced success with involving the local migrant and Hispanic community, which has largely happened as a result of local Hispanic residents having a presence at the FRCs as well as in the community as policy-makers.

Another strength in the last year has been involving and engaging parents in the parenting classes offered at the FRCs, including fathers and parents from the local Karuk tribe. One agency representative explained, "Now new parents are kind of meeting each other and helping each other out with child care and transportation or something like that. And so, it's that informal connection that they're making to support each other." Although the CSC has not yet

been able to consistently involve parents as representatives on the Council, informants indicated that they are making progress towards reaching that goal.

### CWS Redesign (System Improvement Plan) element

Siskiyou County began implementing DR in 2006 and, according to site visit interviews, the program has been successful in terms of identifying families who are at risk for child abuse and neglect. When referrals come to CWS that are identified as being Path One or Path Two, CWS assigns the families to the CSC, who then distributes them to the FRCs. There are some Path One referrals that do not come to the attention of CWS, but are generated from the local churches and schools, for example, and those also get funneled either to the CSC or the FRCs directly. Informants reported that having CSC serve as the base organization for referring families to the FRCs has worked very well. Some difficulties have occurred, however, in terms of CWS trying to track all the Path One families, including those that never reach their attention. Difficulties have also arisen with CWS ensuring that Path Two families receive the services to which CWS referred them in a timely manner. To address this issue, CWS is working on having better communication with the FRCs. CWS has also committed to utilizing SDM as a way of accurately identifying the risk level a child has for experiencing child abuse and neglect. CWS collaborated with the FRCs to offer training surrounding confidentiality, home visitation, and mandated reporting.

In addition to the variety of services that FRCs offer for youth, including summer and after school programs, drug and alcohol prevention, basic life skills classes, and work opportunities, the FRCs also now serve as official family visitation sites. This allows them to operate as a base site for families who are in the process of reunifying with their children. According to site visit interviews, there is a general feeling among agencies that DR is working well overall in the County, and there is acknowledgement that SCI funding made the development of DR possible.

In terms of Permanency for youth, this continues to be a challenge in Siskiyou; however, the County began implementing new ways to find permanent homes for children in the last year. Examples include contacting parents who previously lost custody of their children and finding out if their situations have improved such that they can be appropriate caretakers. Also, CWS has been actively working to locate long-lost relatives who are willing to provide homes.

### Summary

Siskiyou County reported success in terms of the CSC, the County's CAPC. Fiscal and governance structures continue to be in place, and the CSC serves as the base for DR and Redesign. Improvement is needed as far as tracking Path One families and ensuring that Path Two families receive services in a timely manner. Progress was made in engaging the Native American and Hispanic populations; however, the county still needs to continue efforts at providing outreach to its African American population. Public-private partnerships, as well as partnerships between County agencies have enabled Siskiyou to make progress toward its goals.

## *Tehama*

In January of 2007, Khush Cooper and Jennifer Neelsen visited Tehama County. This was the second site visit conducted at the County. The first site visit was conducted in July of 2005 by Yolanda Green

### Recruitment and commitment of key stakeholders

Tehama County's CAPC continued to operate under the same fiscal, governance, and policy structures that were established when it originally began, according to information provided during the recent site visit. The Community Capacity Coordination workgroup meets on a monthly basis, and includes members from the Corning FRC, CWS, and other CAPC partners. At meetings, the members discuss issues such as increasing awareness and financial support of both the CAPC and Corning FRC.

The CAPC initially experienced challenges with involving local stakeholders, community members, and parents to participate in FRC governance and planning. According to the quarterly reports and the recent site visit, Tehama has partially overcome this problem, and has recruited local stakeholders and hired local residents to work at the FRC. In terms of the parent advisory board, however, there are still problems in maintaining commitment among the parent volunteers. For example, the advisory board is currently not operating at a functional level. However, FRC staff members indicate that the goal is to build upon those individuals who are committed and to work towards re-establishing the board.

Informants during the recent site visit reported that additional funding, outside of what is provided from Redesign funds, is needed in order to sustain the FRC and related Redesign activities. The strategy for sustainability rests on the business plan that the FRC submitted to the S.H. Cowell Foundation. Although the plan was well received by the Foundation, the FRC has not yet received any information indicating that they will definitely receive funding. In the meantime, agency informants indicated that Tehama County continues to blend SCI funding through various planning groups to support the FRC, CAPC, and their activities.

### Community involvement, engagement, and networking

One challenge that was frequently cited in the Quarterly Reports is gaining trust from the local community about the FRC. FRC staff members tried to overcome this challenge by providing outreach to the community about the FRC. Their efforts include making presentations to different organizations such as Head Start and local churches, distributing a calendar of events that is shared with community organizations, showing videos, making public service announcements, and general word-of-mouth about the services provided at the FRC. All of these combined efforts have resulted in not only community awareness about the FRC, but also increased participation in FRC services. The FRC offers a variety of services for residents including parenting classes, "Family Fun Nights," arts and crafts, and Life Skills classes for youth in the ILP. Site visit interviews indicate that efforts such as these resulted in community members feeling more comfortable coming to the FRC for assistance. For example one agency

representative reported that even when clients decline services from CPS, they sometimes go to the FRC voluntarily, on their own, for help. Further, the FRC's collaboration with CWS is also helping to improve the image that CWS has in the community, and people are beginning to view CWS as being helpful rather than harmful.

Site visit interviews and quarterly reports suggest that there is a general feeling that the participation of AmeriCorps volunteers at the FRCs has been instrumental in terms of engaging the local Hispanic population in services at the FRCs. One agency representative explained that AmeriCorps workers bring a "good energy" to the FRCs, as well as skills such as teaching; in addition, being bilingual helps them connect with Hispanic residents. Once the residents are connected to the FRC, they feel more comfortable disclosing information, and staff can then provide outreach to them about other services that would be helpful for their families.

Based on information provided by partner agencies during the site visits, it also appears that much progress has been made in terms of county agencies having more acceptance of the FRC. For example, a County informant noted that although the FRC originally served child welfare clients, it has begun to act as a service center to which all agencies can send their clients. She stated, "It's a geographical place where we can send people and then, they can in turn refer people out to other programs as well as what they offer. So, it's really integral and it's something that has been a boon to our community."

#### Commitment to systemic change

Tehama County is continuing to build upon the foundation it previously established regarding systemic change in the county. One major step taken was the Peer-to-Peer Sustainability Project meeting hosted by the Corning FRC. The purpose of the meeting was for partner agencies to discuss their vision and commitments, and attempt to define what sustainability means for their agencies. The quarterly reports and site visit interviews also indicate that the County remains committed to strengthening its data collection and evaluation tools. Tehama has completed training for, and is now implementing, the Matrix model. Matrix is a strengths-based, case management, and outcomes measurement tool that allows families to assess their own needs throughout the case plan period. Site visit interviews indicate that Matrix has been helpful in terms of tracking how families have benefited from services offered at the FRC. However, there is recognition that the Matrix model needs to be developed further, in order for CWS and the FRCs to accurately track which families were prevented from coming to the attention of CWS as a result of Path One services.

Evidence of Tehama's commitment to systemic change is also seen through its focus on solidifying collaboration and County partnerships. FRC staff members meet with key players in the County such as the First 5 Commission, where they are presenting evaluation data that reflects their program success. The Director of DSS also made efforts to solicit funding from partner agencies to sustain FRC activities after SCI funding ends. Part of these efforts involves stressing the fact that Tehama was a pilot county for Redesign when it first received SCI-II funding. However, now that a strong foundation for CWS Redesign has been established, all the agencies that receive and benefit from the services must start bringing money to the table in order to sustain Redesign efforts, and let the community know that such services are a viable

county resource. As an informant explained during the recent site visit, “It’s important that we continue to say, ‘We need to work together, we need to be at the table, and we need to all bring resources when we have them. Knowing that sometimes it’ll be my money, sometimes it’ll be your money and try and make sure that we maintain that.’” Increasing collaboration between agencies is helpful in Tehama reaching its goal of building community ownership of the FRC.

The last effort mentioned in site visit interviews regarding systemic change was establishing a protocol for client confidentiality. Informants reported that the challenge involves agencies sharing information that will be helpful to clients, while at the same time maintaining the client’s right to privacy. To address this issue, CWS worked with County Counsel to develop a series of release of information forms that can serve every agency’s needs. They also worked to solidify a protocol for sharing Path One referral information between agencies.

#### Outreach to isolated and special needs populations

One of the biggest strengths mentioned throughout the Quarterly Reports and site visits is that the FRC has been well-received by the Hispanic population living in Tehama county. Agency staff members partially attribute this success to having Hispanic employees working at the FRCs, in that their presence at the site initiated communication between the FRC and the local Hispanic community. This early communication served as the springboard for further involvement and collaboration. The relationship is now at a point where the local community is actively involved in planning activities such as the Hispanic Women’s Support Group, and the hope was that a small advisory group would emerge within the next two months after the second site visit. The FRC also engaged and provided services to the local migrant community. One informant explained that at a recent focus group, the migrant workers expressed how they felt isolated from the larger community, and how their schedules often make their children ineligible for services such as Head Start. The last Quarterly Report indicated that the FRC responded to this concern and now offers programs such as the Migrant Head Start Family Daycare Program, aimed towards the specific needs of this population. Examples such as these provide support for statements made by staff that Tehama has surpassed the goal of increasing participation from the Hispanic population and that the FRC has re-developed into what the community needs.

Informants suggested that Caucasian residents feel that the FRC primarily exists to serve the needs of the Hispanic community; staff members are working to change this mentality so that the FRC is viewed as a community center that meets the needs of everyone who lives in the area. Another challenge is that there are problems in providing services to isolated communities such as Rancho Tehama. The main barrier to service provision is transportation so that even when these communities are made aware of FRC activities, the lack of transportation prohibits them from attending. If funding is obtained from the Cowell Foundation, the FRC hopes to purchase vans, which can be used to transport residents without to and from the FRC site.

#### CWS Redesign (System Improvement Plan) element

Tehama County began implementation of their DR system in the Fall of 2005 by re-organizing CWS social work units into the three referral paths. When a suspected child maltreatment call comes to CWS, the screener uses SDM to determine which path the referral

should be and then discusses the referral with a supervisor. Referrals that do not meet the criteria for abuse/neglect are evaluated out and there is no record of them in the CWS system. Referrals that are identified as being low-risk Path One cases are taken to the biweekly MDT meetings, where group staffing takes place between all the partner agencies, and a decision is made as to which agency should service the family. From that point, the agency makes contact with the family, and CWS is no longer involved. For referrals that are designated as Path Two, CWS makes the initial response to the home along with a community service provider. If no needs are identified, CWS closes the referral. If there are needs present and the risk is not high, the referral is treated as a Path One. For referrals with higher levels of risk and needs, CWS remains involved and opens either a voluntary or a court case. Referrals designated as Path Three are assessed solely by CWS, although community agencies still partner with CWS to provide the family with services specified in the case plan.

The Alternatives to Violence (ATV) program is one agency mentioned in the site visit interviews, which has been a particularly helpful resource for Tehama County. ATV receives all of the Path One referrals that are identified during the MDT meetings as needing domestic violence services. An informant reported that positive changes have been happening with the families the agency has worked with, as well as within the agency as a result of its collaboration with CWS and law enforcement.

One challenge mentioned in the site visit interviews has to do with tracking of the Path One families. Because CWS tries to preserve confidentiality and steps back once a community agency becomes involved, it makes it difficult to tell if the triage is working. Still, staff members stated that they feel that the work they're doing now is more engaging, more family-centered, and more strengths-based, and is also changing the image that CWS has in the community of being "the bad guys." Despite their good efforts however, the Quarterly Reports consistently indicated that the need for services far outweighs the capacity of the agencies to provide them.

In terms of permanency, Tehama is making efforts to place children who are removed from their homes in their same school district, although this is a challenge because the County does not have enough foster homes. However, CWS staff acknowledges that they are continuing to build networks with quality foster homes and Foster Family Agencies in the county, who are dedicated to family reunification and TDM meetings.

### Summary

It appears that Tehama County had reached many of the goals and objectives set forth in their Scope of Work. One of the County's greatest strengths lies in its development of partnerships among agencies and in the effort that were made to challenge these agencies to expand upon the way they deliver services to families. These efforts are reflected in the CAPC, which is actively working towards engaging the community in the FRC, and in finding ways of sustaining services after SCI-II funding ends. DR is in the early implementation phase, and has made an impact on staff and clients who receive the services, although improvement is needed as far as tracking the outcomes of Path One families. The county also needs to continue its efforts in reaching communities who are geographically isolated, and ensuring that an adequate number of foster homes are available to children who are removed from their homes.

## *Trinity*

In November of 2006, Khush Cooper visited Trinity County. This was the second site visit conducted at the County. The first site visit took place in December of 2005 by Dr. Jorja Leap.

### Recruitment and commitment of key stakeholders

Trinity County's CAPC is in place and includes stakeholders from entities such as Trinity First 5, Human Response Network (HRN), County Health and Human Services (HHS), and CWS. These same stakeholders also have representation on Trinity's Planning Committee, which oversaw the SCI-II specific community assessment, the Trinity Community Survey, and the creation of the SCI-II program. The CAPC meets on a quarterly basis, where members exchange information about child abuse prevention as it relates to their respective agencies. The CAPC planned the County's child abuse prevention months, which occur annually in April and October.

Site visit interviews indicated that the CAPC experienced challenges in increasing membership to include more partnerships with community agencies and with consumers of services. One informant shared that this problem is partially attributed to the structure of the CAPC, which consists mainly of policy makers, rather than service providers. She explained that although the Council meets regularly to discuss problems in the County and the effects of those problems, community members may be dissuaded from becoming involved because, as she stated, "we haven't come up with any creative things for people to do once they join." The CAPC experienced success, however, in its use of AmeriCorps members, who serve as a bridge between the Council and families who are in need of child welfare services.

### Community involvement, engagement, and networking

The Planning Committee that oversaw the development of Trinity's SCI-II program braided SCI-II funds into three community initiatives: HRN, Trinity Choices, and the Child Abuse Prevention Website. The main goal of HRN in relation to SCI-II is to supervise a teen employment program that provides youth with leadership training and facilitates their development of various skills. According to quarterly reports and site interviews, Trinity County has been very successful in meeting this goal. Youth councils have been established at different sites in the county, and these councils have the responsibility of distributing mini-grants to youth-sponsored events in the county.

Barriers mentioned in interviews in terms of facilitating youth employment were transportation and scheduling. Although agencies wanted youth to come and work for them, the lack of transportation often prevented the students from being able to get to the work site. Students' school schedules also posed difficulties in that it was hard for students to facilitate programs when their schedules did not allow them to reach the site until after 5pm. These types of problems actually prevented Trinity from spending all of the money that was designated for their youth-specific goals.

Trinity Choices is a County Behavioral Health program that provides parent education services and a teen behavior modification curriculum designed to catalyze change within families. Choices offers three elements: direct services to youth with mental health and substance needs, a parent project that offers parent education classes, and a third component that provides services for the entire family together. The goal is to reduce child abuse from occurring as a result of the services provided to the family. Choices uses SCI-II funding to pay for a full-time case manager, child care during the group meetings, and to augment existing program structures. It has expanded since the time of the last site visit to include foster parents, CPS cluster resource families, and parents of children who participate in the non-program therapeutic components of Choices.

The Child Abuse Prevention Website was originally intended to increase the capacity of the County to identify services and bridge any gaps that existed in relation to child abuse prevention. The website is currently in place and additional links have been added to it since the last site visit. However, site visit interviews indicated that the website is not as well used as the County hoped it would be, and it is not meeting its intended goal. One possible reason for this includes the fact that a variety of websites currently exist on the Internet, so agencies either have “too many other websites” through which they can browse, or not enough time to fully utilize the website. Despite this problem, Trinity remains committed to maintaining the website and making it available for families and agencies in case they do use it.

Outside of these three programs, community networking for child abuse prevention is also evident in the County’s formation of the mid-level management team. This team meets every two weeks and consists of representatives of various social service programs in the county, including mental health, CWS, Probation, and most recently, the ministerial association. At meetings, the team discusses families that are considered to have a high risk level for the occurrence of child abuse, and what systems are in place to help them.

#### Commitment to systemic change

System change is evidenced in the County’s DR program which utilizes community partnerships to provide child abuse prevention services. The SCI-II Collaborative represents another way that such partnerships are being utilized. The Collaborative includes members from agencies such as the Office of Education, HHS, and a community member, who meet regularly as part of the collaborative for SCI-II planning.

Another example of system change involves HRN, which provides many home-based services for families including budgeting, cleaning cooking, and other services of which a family has need. The agency also provides child abuse preventative services for families designated as Path One under DR, ranging from food vouchers to assistance getting a prescription filled. Similarly, Trinity Choices uses SCI-II funding for its Parent Project, which receives its referrals from both CWS and Probation. Choices provides parent education classes for foster and biological parents, and has partnered with the courts so that the judge requires parents to attend and support the process in his terms and conditions of probation. In addition, Choices collaborates with CWS by participating in TDM meetings for children who intersect with the juvenile justice and child welfare systems.

Trinity put into place efforts to track and evaluate their services since the time of the 2005 site visit. Informants reported using “Safe Measures,” which enables CWS to track the amount of time it takes for them to respond to a family’s needs. Using this information, the agency can determine where improvements are needed in the response times. HRN is also using a quality control tool that allows families to evaluate their needs at the beginning and end of services, along with their opinions about the services that were most helpful to them, and recommendations for how the agency could serve them better.

Staffing was reported as a challenge to fully implementing all the County’s plans. One CWS representative described the difficulties associated with recruiting qualified social workers and then providing incentives for them to stay in Trinity, rather than for another county. She explained, “Well, for one, this isn’t a job people want to do period. That’s a big part of it. The other thing is there are not people with whatever it takes to do it. I mean, we have so many people apply, but they actually just take the test and go to other counties. We’re real remote and we’re real isolated...” Despite this challenge, CWS recently hired two trained social workers who will work as forensic interviewers for child sexual abuse interviews.

#### Improve and expand outreach to isolated and special needs populations

Parents were frequently mentioned in interviews as being a hard-to-reach population. Agencies tried to address this problem by surveying parents about their needs and designing workshops in those areas; however, was still low turnout from parents for these events. Agency informants mentioned that programs that were successful in drawing in parents centered on general help to families, such as financing to buy a home. Almost every agency informant made a comment about their commitment to working on how to better engage parents in the county.

Other populations defined as needing outreach are families who are separated from the main part of the county because of geography and weather. Informants cited the divide that exists between the southern and northern parts of Trinity, which is problematic because the north serves as the center of service activity. The youth employment program was somewhat helpful in addressing this problem, in that it created an opportunity for youth living in the south to work and involve themselves in programs in the other part of the County. AmeriCorps workers have also been useful in providing outreach to geographically isolated families.

With regard to diversity in the county, statements provided in interviews suggest that there is not necessarily a need for outreach to specific ethnic groups. There appears to be a small number of African American, Native American, and Latino families, although one staff person stated that the Latino population is slowly growing. Informants also indicated that Trinity County does not have definable neighborhoods, which makes it hard to establish neighborhood councils to voice particular neighborhood needs.

#### CWS Redesign (System Improvement Plan) Element

CWS braids funding and collaborates with other County agencies and CBOs to provide child abuse prevention services. Part of the funding also goes towards AmeriCorps workers, who help contact families receiving DR services, and who have been used to recruit resource

families for children in need of temporary homes. This approach serves as the foundation for a comprehensive network of services that assist the entire family.

A system for DR is currently in place in the county. When CWS receives a call for suspected maltreatment, the on-duty staff discusses the referral and determines whether it will be Path One, Two, or Three (referred to as Tracks in Trinity). For Path One referrals, workers who provide home-based services respond to the call, and provide on-site services to ameliorate the situation. For Path One referrals in more populated areas, an AmeriCorps workers might respond to home, or it could be an agency that might already providing services to the family such as HRN or HHS. Path Two referrals are handled in a similar manner, except that a CWS social worker also responds to the home with the community or AmeriCorps worker. Referrals are not closed by CWS until the situation is completely taken care of. Path Three cases have more serious allegations that require response from a senior level worker.

CWS staff received training on using the SDM to assess risk for calls that come in, but the agency has experienced mixed results in terms of its usefulness. Informants shared during interviews that SDM does not work for small counties, because the tool usually directs them towards detaining a child, when staff do not necessarily feel that a detention is necessary. One worker explained, “They need our presence and they need our assistance, but we don’t have to detain, because the children are not at risk, even though a lot of those risk factors are present. It really does not work in small counties, or in this small county.”

As far as permanency, CWS has been working to gather more “Resource families” who can provide homes for children who are removed from their biological parents. Resource families are defined as a family that will take a child into foster care, and is willing to provide guardianship or long-term services such as adoption for a child. The agency is trying to accomplish this goal by collaborating with a ministerial association, and general promotion about the need for such families. CWS has also been making efforts to develop its ILP program. Currently, ILP is able to provide youth with job shadowing opportunities, along with helping youth get into an apartment. The youth development programs discussed earlier were also successful in building a connection with youth who are living in foster care. Activities provide them with opportunities to interact with youth their own age, which helps build their connectedness to other youth and adults, while also teaching them valuable skills. Once these youth become involved and any child abuse related needs are identified, the youth coordinators can assist them with developing ways of meeting those needs.

### Summary

Trinity County made much progress in reaching its goals. The collaborative nature in the County allowed for implementation of changes in service delivery to families. The CAPC is established, is meeting regularly, and continues to plan events for the community. One area identified for needing improvement is recruiting more consumers of services to serve as representatives on the CAPC. Parents continue to be a hard-to-reach population as are families who are isolated because of geographical distances. DR was implemented and is reinforcing the County’s tradition of working collaboratively to identify families in need of help and provide services.

## *Tuolumne*

In March of 2007, Walter Furman and Jennifer Neelsen visited Tuolumne County. This was the second site visit to Tuolumne, the first also having been conducted by Mr. Furman in October of 2005.

### Recruitment and commitment of key stakeholders

Tuolumne County utilized the Raising Healthy Family (RHF) program of the local child care resource and referral center, Infant/Child Enrichment Services, Inc. (ICES), as the prime contractor for the implementation of SCI-II programs. Development of a thriving, influential, community-based and self-sustaining Parent Advisory Council (PAC) has been a primary activity of ICES/RHF over the course of SCI-II, to which they devoted substantial energy and resources. Despite the well-known and documented obstacles to achieving sustained parent involvement in child abuse prevention activities, it appears Tuolumne achieved some successes.

The CAPC in Tuolumne is a well-established and active group made up primarily of service providers and agency/program heads. The CAPC is not the same as the parent council under development by ICES, although there is overlap in membership and interests. Quarterly Reports, AT data, as well as site visit discussion confirmed the progress made with establishing parent input in the SCI-II collaborative. Tuolumne is one of the few counties that rated most dimensions of CAPC functioning as excellent on their ATs. Only community awareness and engagement from the business/faith/civic communities were rated as satisfactory. When CWS program managers were asked about the CAPC, one informant noted that the Council is very active; program managers reported being involved with the Council and expressed their views of its important role in prevention activities. They noted that the CAPC will be used “as a big part” in their impending SIP. The CAPC operated in Tuolumne under the auspices of the YES partnership, a community collaborative at the political level that oversees many of the publicly visible programs.

Informants in Tuolumne are proud of their accomplishments in the organization of the PAC. The Council has become a part of the Shared Leadership Network, which is a steering group for parent involvement in various roles in the county. The PAC was able in the last year to become more active in the CAPC, locally known as Prevent Child Abuse Tuolumne County Council (PACTC). A parent was added to the rolls of the PCATC, bringing the total of parent/consumer members to three. The PCATC, for the first time in its history, elected a parent as the chair for the coming year. The PAC was also awarded \$2,500 to help underwrite increased stipends for meeting attendees, normally paid for by SCI-II/ICES resources; the stipends are used for travel reimbursement and child care expenses that allow parents to attend PAC meetings. Individuals from the Tuolumne PAC have been singled out for state awards, membership of state parent advisory boards, local newspaper articles, and to serve as trainers for other agencies, such as FRCs trying to get parents involved in governance.

## Community involvement, engagement, and networking

Quarterly reports detail many of the same activities and accomplishments under this heading as were discussed in the prior section. There are however, certain additional networking and community engagement activities that were noted. Tuolumne's original SCI-II scope of work called for an e-mail list-serve to be developed to link local providers. During the early implementation phase, it was determined that this would not be an effective strategy, so a "networking breakfast" for a large number of local direct service staff was instituted and periodically repeated. Informants reported that the networking breakfasts were very popular and deemed "a wonderful opportunity to learn about resources and new changes in the area of family support services." ICES is concerned about a way to fund these events without SCI-II funds (with the large group attending the cost is now \$600 for each breakfast meeting).

Tuolumne had stated that it would develop written MOUs with a large group of local service providers, including FRCs in outlying areas, as to respective roles and responsibilities in prevention services. As of the second site visit, this has been accomplished.

Despite the success of the Parent Involvement and Networking element of their SCI-II program, sustainability is the gravest concern for Tuolumne. County CWS reports that it overspent its base allocation last year, so no funds can be reallocated to community-based projects. Informants at ICES reported that the agency had no commitment from the County beyond June 30, 2007; even when the continuation of the current SCI-II grant from the end of 2006 through June 2007 was being finalized, the agency had to suspend certain activities until the official notice of extension. These sentiments were echoed by CWS program managers when discussing elements of their Redesign initiatives, which are discussed below.

## Commitment to systemic change

There is a firm commitment to system change at the level of program managers and a pro-active search for implementation activities to build a more comprehensive and community-based prevention system. ICES/RHF promoted parent engagement in governance in a number of venues and service systems in the County and the CAPC adopted parent involvement as a formal goal in all its activities. CWS allocated staff to DR community cases, has committed to the SDM assessment system, and to a pilot of FGDM. The evaluators have not had access to the policy makers at the highest levels, so it is not clear whether they share this zeal, and if they are committed to long term resource development and allocation to support system change. There are a number of elements in the AT along these lines noted as needing improvement. For example, the rating for "a positive partnership exists between the community and Child Welfare Service to share responsibility and accountability for child safety," is seen as needing improvement.

## Improve and expand outreach to isolated and special needs populations

SCI-II allowed ICES/RHF to expand its capacity for certain services and served as a catalyst for networking with other services for isolated and special needs populations. ICES/RHF is known to CWS primarily as a provider of parenting classes and education, either in

the home or group parenting setting. SCI-II resources were used as partial funding for one staff member at RHF, which increases the agency's overall service capacity. RHS employs a bi-lingual staff member, thereby increasing their ability to work with the growing Latino population, and allowing them to offer parenting classes in Spanish. Informants reported serving families from remote sections of the county, as well as families with special needs children or parents. CWS reported that it regularly provides outreach to tribal social services and that adequate coordination with them was achieved. Challenges remain, however, in that waiting lists exist for services and there is insufficient capacity with current staffing to provide services for referred clients at ICES/RHF as well as County CWS.

### CWS Redesign (System Improvement Plan) element

Tuolumne implemented a number of Redesign strategies. As part of its SCI-II scope of work, the County was committed to increased early identification and referrals for at-risk families. Tuolumne is still in the early stages of developing a DR system and is struggling with resource issues. The Program Managers at CWS, while highly reputed in the agency and the community, are relatively new in their roles, and admit they lack experience in dealing with tricky resource issues. In addition, CWS has struggled with maintaining core staffing. It was reported that they recently lost, "four or five people, a Program Manager and a Supervisor." Further, their ability to recruit qualified candidates is seen as being severely constrained due to low pay scales and the high local cost of living. They also noted that improvement in their AB636 outcomes is difficult to achieve because a small number of incidents may make their data "look bad" when the reality is not as such. Informants reported that the County has low tolerance for disturbing reports: "there's things here that we would investigate, whether it be a child abuse referral or a referral regarding a foster home...that some of the bigger counties wouldn't even consider it, opening a case and looking into it."

The County's DR system utilizes CWS social work staff to follow-up on evaluated out referrals. They have had several models for staffing this function in the past two years, ranging from two specialized workers identified for this role, to sharing a bit of it with all staff members who seem capable of involving families without a heavy handed investigative framework. There are some referrals out to ICES as well as to Public Health, but CWS reports that outside agencies do not have the resources to deal with "20-30 referrals per month." Informants stated that "our goal is to get [DR] out of house," but at the present time there are no resources to fund the needed extra capacity. Informants at ICES/RHF mirror that perception, stating that referrals to RHF "hugely" exceed capacity. One respondent noted, "I have 35 referrals on my desk at this moment, not all from child welfare services, but of families that I don't have enough staff to serve." Furthermore, the respondent suggested "that is true with all of the community partners."

Beyond the in-house CWS staff that follow-up on Path One cases, Public Health workers are seen as the next major resource, but they are viewed as not being particularly attentive to the whole range of factors that place a family at risk of abuse or neglect. The schools are viewed as another possible resource for working with at-risk families, because they have School Attendance Review Board counselors as well as a "roaming" social worker. At-risk families are often known to agencies through Tuolumne's Inter-Agency Resource Committee (IRC), a group of line managers from multiple human service agencies, public and private, that meet weekly and

staff families with emerging problems in need of assistance. The IRC also serves as the CWS Redesign team for Tuolumne.

When ICES/RHF does receive referrals for community response CWS cases, informants noted that the hand off to them does not always seem effective. RHF feels there is often greater difficulty connecting with community response families than with families referred by an agency, such as a school or Public Health, because their experience in contacting such families is that they often do not understand why they are being called, and by whom. Informants suggested that this may be a factor of just “too much information” coming the family’s way at the time of the initial call or assessment and referral from CWS.

In addition to its nascent structure for DR, CWS is pursuing several other strategies for Redesign. The County recently committed to the use of the SDM assessment tool package, and arranged training for staff in the Spring of 2007. They have undergone a Peer Quality Case Review regarding the re-occurrence of maltreatment in CWS cases from a neighboring county. They adopted the “Safe Measures” CWS/CMS monitoring and supervisory application. In addition, they received a small grant to develop, implement, and staff FGDM meetings for their child welfare cases. This grant, which funds an experienced coordinator and facilitator, as well as certain costs for involved families, only lasts for six months, and the County is concerned about their capacity to continue the program after the special funding expires. As one informant stated, “once again, we get excited about these programs and we get them going and then the funding goes away.”

### Summary

Tuolumne County focused its efforts under the SCI-II on parent involvement as advisors and as part of program governance. The hope was that parents who are thus empowered can yield results that scarce professional and governmental resources may not be able to produce. In addition, the County has embraced Redesign activities and principles. A number of barriers arose over the period, such as staffing loss/turnover and resource limitations (including staff and specialized management expertise). However, managers interviewed both at the County and community agencies appear committed to overcoming obstacles. Concerns about sustainability are salient in Tuolumne, and as of the end of 2006 there was no apparent plan for sustaining needed resources into community-based prevention and early intervention.

## ***Yuba***

In November of 2006, Sofya Bagdasaryan visited Yuba County. This was the second site visit conducted at the County. The first site visit was conducted in September of 2005 by Dr. Bagdasaryan as well.

### Recruitment and commitment of key stakeholders

The Yuba County Children's Council (YCCC) is the planning body for the CAPC. Since the first site visit, the CAPC's various functional groups met regularly and coordinated various prevention-related activities. For example the YCCC's Social Services Functional Group Meeting coordinated April child abuse prevention month activities, discussing/approving requests for expenditures from the CAPC budget for conferences and activities. Several events were held for child abuse prevention month and in the subsequent two months. For example, AmeriCorps volunteers from community FRCs distributed materials to business owners about child abuse prevention and the CAPC. The CAPC also approved funds for 100 canvas tote bags with the CAPC name printed on them to be distributed to parents. The bags contained a CAPC brochure that was created by AmeriCorps volunteers. Also included were the following items: contact information for local resources, pamphlets on child safety, parenting, and health, safety plugs for outlets, temperature gauge for bath water, toothbrushes, diapers and books about child rearing.

In terms of CAPC development, the Community Services Coordinator and the Executive Director of one of the County's non-profit partners, GraceSource, Inc. (GSI) completed the CAPC 2006 Training Needs Assessment Survey with input from Functional Group Members; the survey results were tabulated and submitted to the regional Child Abuse Training and Technical Assistance Coalition Coordinator to help shape future trainings. In addition to these activities, a CAPC member and parent partner arranged for a guest speaker from the Feather River Chapter of Bikers against Child Abuse, Inc. (BACA) to speak to the CAPC about how the organization helps victims of child abuse and how they can work with the Council in the future.

A challenge that remains, however, involves the community being aware of the CAPC's role in the community and of its activities. One reason for this is because, to date, no VISTA member has been hired, as had been planned. A VISTA member was to be recruited to assist the CAPC with structure, membership, and community outreach. This position has been difficult to fill because VISTA members generally have a Bachelor's degree and the stipend available does not make it appealing financially. As a result, AmeriCorps members, as well as County and FRC administrators have been filling in to take care of some of the responsibilities of the VISTA position. Another obstacle noted by informants during the site visits involves having a consistent/unified message about child abuse prevention that highlights "family empowerment" versus a focus on the child abuse part of prevention. This lack of a unified message could be why despite efforts that are being made to raise awareness, AT ratings regarding Community Awareness of the CAPC and its role in the community have been low at "needs to be established" or "needs to be improved."

It is important to note some of the efforts being made, however, with regard to public education and raising community awareness. The brochure that was created describing the CAPC is one example of how SCI-II funds were used in this capacity. According to one informant during the recent site visit interviews, “the Child Abuse Prevention Council was not a strong council before the Small County Initiative came in. Part of what we were trying to do is really bolster their presence and their muscle...So we’ve created a brochure...in English and Spanish.” The informant indicated that the first run of 500 brochures went to over 20 agencies to inform them of the goal of the CAPC and its role in child abuse prevention. In addition to the brochure, several events/activities were organized by or participated in by AmeriCorps members as part of public education about prevention, the role of CAPC, and FRCs in prevention and the community.

In terms of membership and stakeholders, the CAPC is regularly attended by key stakeholders; partnerships with various populations such as consumers need to be improved, however. It is noteworthy that one parent/consumer regularly attends CAPC Social Services Functional Group meetings, according to quarterly reports. Informants indicated that the County would like to see more parent participation, however. The main obstacle appears to be the fact that meetings often involve discussion of policies and procedures that may not hold the interest of parents/consumers.

#### Community involvement, engagement, and networking

The County, along with GSI, which runs two FRCs, engaged in activities to educate the community about child abuse prevention in general, ways in which parents can become involved in these efforts, and services available to families. AmeriCorps members at GSI helped in organizing or staffing community events, where this information was provided to families. County staff members also had booths at community events held approximately monthly, especially at holiday times. The rationale behind this type of outreach is highlighted in one of the quarterly reports, which states, “By being a visible part of the community, [AmeriCorps members help] raise awareness of local services for families.” AmeriCorps members also recruit parents in programs and in the community to volunteer for these events (e.g., by staffing the booths, participating in reading books to children while parents attend open house, etc.). In 2006, AmeriCorps members recruited several parents for volunteer activities from their caseloads and from the caseloads of other FRC staff.

Outside of events and fairs, community involvement in governance or participation with the CAPC has been difficult to maintain, primarily due to resource issues, public transportation-related barriers, and the procedural-focused agenda of the meetings themselves. One informant’s comments highlight the challenges Yuba has experienced as well as outreach that has been successful: “[A] lot of the community meetings that take place end up being around the process...of let’s develop bylaws....That is the hardest thing bar none to do, in my opinion, is to motivate community members to participate....I think in the last report, we had a few dedicated individuals who were attending some of our community meetings around child abuse prevention....And, that’s still the case. We recently had some participation from a group known as Bikers against Child Abuse or BACA....And it’s exactly what it sounds like, a bunch of bikers

who don't like child abuse....They're a support system, more than anything else. They presented a couple of things, and we're really interested in how they can get involved with us more."

According to one agency administrator, the FRCs had AmeriCorps Home Visitors who are members of the communities in which they work (e.g., Hmong or Spanish-Speaking) and this was helpful in efforts to reach out to specific communities. Unfortunately, the California Alliance for Prevention (CAP) AmeriCorps program was not continued for the 2006-2007 year and this translated into a loss of all seven AmeriCorps member slots, serving approximately 50 families, for Yuba. The GSI director secured other funding to hire two AmeriCorps members, one of which is Spanish-speaking, so that at least some families can be served.

### Commitment to systemic change

There is evidence to suggest that administrators at both the County and GSI are committed to systemic change; however, this change is taking longer to occur with regard to some areas related to Redesign than others. For example, the County has been piloting DR with local FRCs for a few years but it has yet to be formally implemented. In terms of transitional housing for emancipating youth, however, a county administrator reported at the recent site visit that the County wrote their Transitional Housing Plan, submitted it to CDSS, and that it was approved. The County is now in the process of working with three providers in creating contracts to implement programs.

Commitment to change is also evidenced by public/private collaborations that have allowed for changes in the way in which CWS interacts on a case-level basis with community partner agencies. For example, Yuba's collaboration with the GSI FRCs, which focus on child abuse prevention services, involves having County employees out-stationed at the FRCs. County out-stationed staff members are part of a MDT approach, providing a continuum of services to families with young children. Yuba plans to continue having out-stationed staff by using funding from PSSF.

According to County and agency administrators, the approach described above is strengthened by having a good public/private relationship, which is maintained by having involvement and interest from both sides in each others' activities. That involvement and interest was strengthened under SCI-II and the Redesign efforts. The county allows GSI staff to attend their trainings if it would be useful for the GSI staff. In addition, having out-stationed staff helps to keep the lines of communication more open between CWS and the FRCs. Unfortunately, one of the key County figures involved in building the partnership with a couple of the FRCs was reassigned several months ago and this has impacted the public/private collaboration. An informant noted that "from a state perspective, Office of Child Abuse Prevention Perspective...there have been big pushes about public partnerships...but there isn't any technical assistance on really how to develop those...Generated on their own, public/private partnerships really rely upon the people that are involved. [And] if key positions...transition, you lose a lot of what the relationship was. So what really would need to be generated...[is to] start bringing in the partnerships of the community, not just around money, but in how [they] deliver services and what [they] can deliver....And then I think, public and private partnerships one, would last longer, two, would probably expand because you would be in those meetings and

you would see different ways to collaborate.” Despite these challenges, however, there is evidence that community partners are interested and willing to partner with CWS around prevention services. This is evidenced by the many FRCs who have signed MOUs with CWS to provide services under the DR program being piloted.

In terms of sustainability, GSI and County staff continuously seek funds outside of SCI-II to sustain the existing FRCs and prevention activities. According to quarterly reports, the Board of Directors for GSI hosted two luncheons for prospective Board members to enhance sustainability efforts (this effort was supported by a grant from the Sierra Health Foundation). In addition, County staff members inform FRCs of available grant opportunities as they become aware of them. The Directors of all the FRCs located in Yuba County meet regularly (known as the FRC Network Meeting) around the issues of sustainability and service delivery. GSI attends and participates with the local First Five Yuba Commission and the Yuba County Children’s Council, where opportunities for collaboration were discussed. The GSI Executive Director participates in the Strategies Coordinated FRC Sustainability Project to better enable the FRCs to gain self-sufficiency. Although the AmeriCorps program was not renewed for the 2006-2007 year, representing a loss of all seven AmeriCorps member slots, serving approximately 50 families, the GSI Executive Director worked with the Commission of First Five Yuba and the Program Manager of Prevent Child Abuse California to secure two First 5 AmeriCorps slots for Yuba County, which will enable the FRCs to continue to serve a reduced number of families. In addition, the GSI Executive Director has been actively seeking sustainability possibilities for the County: he submitted two letters of intent to the First 5 Yuba Commission in response to their RFP, wrote a letter of support for an expansion of services to Yuba County families with special needs, and provided resources and direction to Prevent Child Abuse California staff on a federal grant called Healthy Marriages and Responsible Parenting with Fathers, which they will apply for and could bring services to Yuba County.

#### Improve and expand outreach to isolated and special needs populations

AmeriCorps members continued to provide or participate in events around the County as a means of building trust and relationships with families and community members. According to one informant during the recent site visit, outreach is difficult because, “There isn’t like a ‘Hispanic Families Alliance’ place that is 60 families strong that you can present to or talk to on a regular basis that represents the community well. Those don’t really exist up here. So it’s difficult to do outreach. We bring in speakers on a regular basis to our staff meetings, tribal representatives, anybody we can get a hold of to talk about what their programs are so we can see how we can act together.”

The County is also willing to work with other counties in their joint efforts at addressing the needs of under-represented populations. For example, Yuba County wrote a letter of support for an FRC in Sutter County that is wanting to broaden services to cover Yuba and another county. An agency administrator noted, “We’ll help them do outreach to families with kids who have special needs....So we’ll be bringing them out to educate our case managers on how we can bring services together around those families. We do it currently with some of our families, but we don’t have programs that have that broad a definition with special needs.”

One barrier to outreach and also to service provision, as noted in interviews during site visits in both years, involves language capacity. For example, in the past there was need for Spanish and Hmong parenting classes. The County contracted with the YMCA to provide these classes, but there have been times when bilingual therapists were not available. To address this barrier, individual parenting education was provided through Home Visiting staff, which are primarily AmeriCorps members. With the reduction in AmeriCorps members, outreach and service provision will be affected.

Because of the rural nature of the County, having FRCs in the foothills helps to serve those isolated areas. At the time of the last site visit, there was no out-stationed staff in the Challenge or Camptonville areas and the Challenge FRC closed due to the space no longer being available. The County and FRCs collaborated in trying to figure out ways to get staff out there, because they recognized the importance of having FRCs in these remote areas (many families in these areas do not have reliable transportation so there is need to have services located within the community). As a result, the Leaves of Learning FRC is now available in Challenge. During the 2005-2006 AmeriCorps year, an AmeriCorps member was recruited and began to serve the foothill communities from the Leaves of Learning FRC. In addition to case management, the AmeriCorps member created a monthly newsletter, acted as liaison between parents and staff, and conducted outreach efforts at back-to-school events and Pow-Wows.

#### CWS Redesign (System Improvement Plan) element

The County prioritized recurrence of abuse and neglect, especially in homes where children are not removed, implementation of DR, and services for foster and emancipating youth in their SIP. Few of the County's SIP goals involve Permanency because Yuba's safety outcomes have been below state and federal standards, according to a County administrator.

One of the "absolute needs" identified by Yuba, according to a county administrator, is the need for transitional housing and treatment programs for foster care. At the time of the previous site visit, informants reported that the County was "really interested in building a program in Yuba County for emancipated youth." The plan was to discuss formulation and implementation of an ILP with Foster Family Agencies that were interested in building transitional housing programs. As of the latest site visit interviews, a county administrator reported that the County wrote their Transitional Housing Plan, submitted it to CDSS, and that it was approved. The County is now in the process of working with three providers in creating contracts to implement programs. In addition, the ILP program involves AmeriCorps members serving as mentors to transitioning youth. According to a CWS administrator, the program "goes a long way as far as permanency is concerned in the realm of building healthier young adults, because even if they emancipate, and leave ILP, they still have these relationships that they've built, and the really cool thing is that a lot of our kids graduate and then apply to be mentors themselves and get accepted, so they're giving back to what used to be their peer group."

In their Redesign efforts, the County initiated a Linkages project with specific emphasis on CWS and CalWORKs working together to serve families. The Linkages project was approved in March 2006 and implemented in April 2006. Through Linkages, CalWORKS Community Prevention Services has received 46 referrals from CWS; 17 referred families were

rejected, however, by the Prevention Unit because the families were no longer receiving Employment Services even though they were receiving cash aid (e.g., SSI or families who had been “Timed out”). The remaining families were offered prevention services. Only one of these families was referred back to CWS by the time of the site visit. According to quarterly reports, the most significant challenge involves the families that are referred to CalWORKS Prevention but are rejected for services as they are no longer receiving Employment Services. The County is reviewing this issue in order to fund services to the families through CalWORKS or CWSOIP Augmentation funding.

The County has been piloting DR primarily through the two FRCs run by GSI. This was expanded to include other FRCs but the program is still in the pilot stage. There have been two primary barriers to full implementation of DR. The first barrier that needed to be overcome was confidentiality, which slowed down the formalizing of the policies and procedures for DR. The County received advice from County Counsel regarding this issue and decided to use the definition of the MDT as identified in California’s Welfare and Institution’s Code. As part of the DR referral process, a CWS worker will go with a community worker on all evaluated-out referrals (Path One and Path Two referrals). At the time of the first site visit, a MOU were created between the County and the FRCs providing DR services and that MOU was at County Counsel awaiting approval. As of the recent site visit, the MOU had only recently been approved and signatures gathered from all of the participating FRCs. A second challenge involves funding: an informant reported that because there is little funding available for the FRCs that want to participate, the County is hesitant to refer to the program officially as DR.

Through Linkages and the pilot DR program with FRCs, the County refers clients that are at low risk to either CalWORKs or the FRCs, depending on assessed need. SDM is used to determine those types of referrals. At the first site visit, SDM was not fully implemented but has been as of the latest visit. In terms of the DR model being employed with the FRCs, the County has decided that rather than having community workers contacting families alone on Path One referrals, the County out-stationed staff will accompany community staff on those referrals in addition to Path Two referrals. An informant described the rationale for this as follows: “We struggled with that, as far as trying to find a way around the confidentiality issue of getting it out to the community. And [the] solution is to have an out-stationed social worker position. It’s not CPS opening a case, it’s CPS saying, we’re going to take this information that got called-in regarding you, and transfer it over to this community partner who can better serve you.” The GSI FRCs have received these types of referrals and have provided services to meet their needs for the past few years. The County decided to put out a RFP for other FRCs to be able to have access to SCI-II funds who would like to provide DR services for January through June 2007.

### Summary

Yuba County made considerable efforts to achieve the goals and objectives set forth in their Scope of Work. Strong public/private collaboration and community outreach are visible though challenges have arisen. The beginnings of a DR system are under operation but cuts in the AmeriCorps program led to capacity issues at the two FRCs primarily involved in DR. The administrators interviewed during the site visits appear committed to overcoming obstacles, however.

## **Community and Infrastructure Development**

The expressed objectives of OCAP's RFP for SCI-II included activities that would assist small counties in building and sustaining a comprehensive, integrated prevention service system. While the political and policy climate for child welfare services changed dramatically between then and now, those original objectives still hold; they are embodied in each County's Scope of Work and have been the subject of data collection in the evaluation. Findings indicate that, overall, SCI-II facilitated much community and infrastructure development in the grantee counties.

The first objective in the SCI-II RFP was stated as, "Recruitment and commitment of key stakeholders on planning and development of the program to include the Child Abuse Prevention Council" (CDSS, OCAP, RFP 03-06). The RFP went on to state that the primary purpose of the initiative was to facilitate collaborative efforts to increase capacity for child abuse prevention and family support; improve communication, efficiency and effectiveness; and increase communities' long term ability to collaboratively compete for future funding. Goal 2 of the RFP was: "Community involvement, engagement, and networking to improve support of prevention activities and sustainability." Here were mentioned activities that the SCI-II collaborative could undertake to improve local support for prevention efforts and sustainability, such as enhancing grant writing and planning capabilities, developing parent and community leaders, computerized networking of resource centers, and so forth. The RFP discouraged the small counties to start new collaboratives, but rather to "build upon existing collaborative efforts within the county, and where necessary, add those stakeholders that have not previously been involved." This chapter describes the SCI-II Counties' efforts at meeting these two goals.

### ***County Highlights***

Below are summaries of community, infrastructure, and sustainability developments for child abuse prevention in each of the eleven SCI-II counties. Considerably greater detail is available in the previous chapter, and in other reports that detail the County self-assessment ratings from the AT data. The summaries below are presented to demonstrate the variability among the counties before discussing general findings across all the counties.

Alpine's new Early Learning Center has been the focus for prevention and family support, and First 5 has contributed significant resources to that Center. Outreach to new stakeholders has been difficult since government personnel constitute the majority of the workforce in this extremely small county. Redesign is a continuation of the preventive approach the County has taken, but the focus on outcomes and the Peer Quality Case Review sharpened their desire to stick with "what works." Turnover at the top of the Department of Health and Human Services at the end of SCI-II makes prediction of sustaining these trends impossible.

Amador's SCI-II program has invigorated its CAPC with administrative support, leading to structure change, and some success in fund-raising. Consistent staffing and attracting new stakeholders at either the policy, community, or parent/consumer level remain as challenges,

however. Use of MDT meetings resolved Inter-Agency confidentiality problems, but DR and Redesign principles were not consistently implemented, as CWS basic staffing and administrative sufficiency were more salient issues. No viable plan to sustain SCI-II funded outreach and support programs was identified, but efforts at fund-raising by the CAPC, using local foundations and voluntary property tax donations, were made.

Calaveras County's CAPC made strides in broadening membership to parents/consumers and service providers under SCI-II, despite turnover in its Coordinator position. They reached out to non traditional members (i.e., beyond human service providers) and to communities far from the county seat, providing trainings and workshops about child abuse prevention. They had success in raising funds to support prevention efforts, most notably by an annual voluntary property tax contribution campaign.

Del Norte County focused its SCI-II program on Redesign and delegated responsibility for all objectives to its community partner agency, which itself is closely engaged with community organizations. The CAPC needs strengthening, especially in membership from faith/business and civic communities, as well as parents and consumers; some new resources are being devoted to its operation, however. The County and its CBO have successfully leveraged funds for the DR program, and they are committed to using public funds to continue DR as an essential component of their SIP.

Glenn was able to recruit and maintain interest among parents/consumers and community members in its CAPC and institute an active parent/family board as part of FRC governance. The FRC's have been able to achieve increased community networking, bringing in such groups as migrant and adult education for collaborative planning and service provision. Informants indicated that SCI-II was critical for developing its FRCs and that the County is committed to sustaining them, using Child Welfare Improvement money for that purpose, and blending other funds for clients based on their needs and eligibility.

Plumas maintains an active CAPC with prominent local agency leadership, but has had difficulty in engaging remote and non-traditional partners. Community outreach is mostly handled by word-of-mouth through community agency staff living in remote communities. SCI-II is credited with helping to build strong public/private collaboration, which is especially needed currently as overall funding to sustain DR and FRC services is becoming increasingly scarce.

Siskiyou developed a network of interconnected, small FRCs. Concomitantly, its CAPC grew in importance and membership as more communities (including the local Native-American tribe) and agencies sought to become involved. The CAPC and the County generated a successful proposal to fund a DR Path One pilot program, and the CAPC was instrumental in the plan for allocating child abuse prevention resources to agencies and communities. While there are barriers to networking, it appears that SCI-II funding allowed the FRC Network to expand its capacity.

Tehama expanded its FRC network to Corning under SCI-II and this new agency has joined the CAPC. Difficulty in enlisting an active parent advisory board has persisted, however. Over time, through outreach, community members such as the Hispanic population have begun

to feel more comfortable at the FRC, and county agencies have started to use it as a program site. A foundation proposal was submitted to augment Redesign and other blended public sector funds for future operation.

Trinity's CAPC functions satisfactorily, with agency policy makers as its main members. The CAPC has faced difficulty expanding membership to community representatives and consumers. The SCI-II funded program through the Human Resource Network (HRN) has succeeded in engaging youth in multiple sites around the County in leadership councils and pro-social activities. HRN also provides services with SCI-II resources to DR Path One referrals. Trinity used SCI-II to launch a child abuse prevention web-site, but utilization has been unexpectedly low. The existence of a strong collaborative model and public private partnerships helped in implementing Redesign principles.

Tuolumne, and its SCI-II grantee agency, The Infant Child Enrichment Services, Inc. (ICES) succeeded in developing a community-based parent council and received local and state-wide recognition for these efforts. The CAPC was utilized in Redesign activities, notably the SIP, and in DR/Path One development. Tuolumne abandoned the idea of a list-serve under SCI-II and instead instituted a quarterly breakfast to keep direct service staff informed and networked. A strong agency collaborative ideology is evident. Sustainability of services is uncertain, however, especially as DR referrals increase and given that base CWS administration and staffing is problematic.

Yuba's CAPC has become an active forum for County and community agency administrators (with some consumer input), to plan prevention activities, make their presence known in a variety of community events, and strive to raise community awareness. Yuba's initial SCI-II contractor, Grace Source Inc (GSI), runs two FRC's, and used Americorps members to raise awareness of local services for families. GSI lost a number of AmeriCorps slots in the last year of SCI-II. To implement Redesign, the County out-stationed staff at the FRC's and used MDT meetings for service planning. Yuba participates in OCAP's sustainability project to help agencies learn how to secure on-going prevention resources and has submitted applications to a number of potential sources for sustaining resources.

### ***Community Infrastructure Development***

The data as a whole suggest that progress in the small counties in terms of child abuse prevention infrastructure, such as strengthened collaboratives and public/private cooperation, is related strongly to the inter-connectedness of human services providers in these counties. For example, the issues facing at-risk families on a case-by-case basis are usually known to several County and community providers. In addition, there is a long history of various collaborative operations in these counties, many from foundation initiatives, others from Head Start, Healthy Start, Mental Health, Substance Abuse, and/or delinquency prevention programs. Most of the SCI-II counties benefited from the original OCAP SCI, as well as other OCAP programs, that sought over the years to develop community-based, collaborative prevention infrastructure. The evaluation has documented that in these small counties, there are a small number of engaged Program Managers in CWS and other agencies, both public and private, that serve on key committees and frequently interact face-to-face. OCAP's SCI-II RFP recognized this by noting

that counties were discouraged to start new collaboratives, but rather to strengthen existing relationships, and focus efforts on the objectives specified by SCI-II. Findings from the evaluation revealed that SCI-II did precisely this in a majority of Counties.

Research suggests that collaboratives are sometimes useful for efficiency of planning and service delivery across sectors and agencies and sometimes not, but they often serve a symbolic political purpose and can influence by their very existence a funder's inclination to support a community or service development effort (Longoria, 2005). In many counties, SCI-II collaboratives were broadened to include new programs, new communities, new providers, and seem to have served both important political symbolic purposes as well as developing service strategies for at-risk families. In addition, SCI-II resources and focus definitely contributed to a strengthening of CAPCs, as they are designated locally, in most counties. Many used staffing provided by SCI-II funds that allowed a new level of activity and in some cases an expanded role in resource allocation (e.g., deciding to whom and how to allocate CAPIT, CBCAP or PSSF funds in accordance with the County's plan). Counties also took on a focus on resource development, writing for grants to support prevention activities.

Engaging consumers and parents in CAPCs was reported to have been quite difficult in most counties, even those that have achieved success in this area. It takes a lot of work, and overcoming of obstacles, to attract and sustain consumer involvement in prevention system governance. Obstacles cited include basic issues such as adequate stipends for travel and child care, unfamiliarity of consumers with governmental processes, a divide between professional and consumer orientation, and hesitancy among providers to relinquish authority. Family Resource Center governance structures seem to provide an important avenue for consumer involvement, however, as have sustained efforts in a few counties to adopt consumer engagement as a high priority. The focus and resources that SCI-II brought to these endeavors have been important in allowing counties to overcome the formidable barriers to engaging consumers and parents in the work for child abuse prevention. In addition to the difficulty of engaging consumers, it seems that engaging faith, business and civic community leaders has been a barrier that counties have struggled to overcome with only some success.

### ***Community Involvement, Engagement, and Networking***

One of the goals of SCI-II was for counties and local collaboratives to employ new relationships, skills, and technologies to strengthen child abuse prevention networks and yield locally sustainable programs. Many counties reported that the SCI-II funds offered them flexibility to support programs or family services as needed, and that this flexibility itself was helpful to them as they manage both families and programs at risk. Some efforts attempted by SCI-II counties to network with computer systems seem to be working well while others are not due to lack of staff expertise in such technologies and lack of technical assistance available.

The rapidly changing context of Child Welfare, since the issuance of the RFP, made SCI-II one of many change agents that led to the development of redesigned child welfare systems with prevention and early intervention far more involved with CWS than was previously the case. The federal CFSR, AB636, and County SIPs placed CWS agencies at the forefront of local program development, with stronger accountability requirements to the State and Federal

regulators that rely on measurable outcomes using reconfigured CWS/CMS data. SCI-II significantly helped most grantee counties with resources to facilitate this transition. All counties faced and continue to face an on-going struggle to raise new resources to fund prevention, which has no single large scale allotment or entitlement. Extra CWS funds made available by CDSS have helped to fund increased front-end services such as DR, but there is evidence from reports in multiple counties that the capacity to offer preventive/early intervention services is strained.

Even though Redesign and the SIPs set a roadmap for system change in CWS, there are reports of some uneasiness in a few counties to embrace the changes. Some informants indicated that local norms are too strict to embrace a preventive, family-strengths, approach rather than an investigative stance, but many also suggested that these types of cultural changes are taking place slowly over time (due in part to staff turnover that leads to new staff entering CWS already entrenched in Redesign philosophy and also because of trainings provided in the counties).

Almost all of the CWS departments in the SCI-II counties reported difficulty with keeping adequate numbers of trained social workers on the job. As a result, there were shortfalls in mandated CWS services, such as meeting visitation and timeliness requirements, which then puts at risk the ability to devote resources to implementing SIP outcome improvements. Despite these struggles, however, the SCI-II counties instituted much systemic change. For example, Assessment Tool data indicated that these small counties either have systems in place to refer cases under formal DR program or at least a system is present to refer families to support services aimed at prevention of maltreatment. In addition, much improvement is suggested by the average ratings across the years. This reflects a major accomplishment on the part of small counties toward implementation of DR in a short amount of time.

Evaluation data suggest despite its rocky beginnings, SCI-II was a considerable help to counties in terms of preparation and early implementation of system change in a dynamic context. No one program can yield sustainability, however, which depends on a large number of factors (Mancini & Marek, 2004). And even in the best prepared programs, with sustainability plans and excellent leadership, there is no overcoming unexpected loss of sustaining revenues. It could be that the leadership dimension, not measured in this evaluation, is critically important for understanding community and organizational development for system change. Overall, however, during the course of SCI-II, the grantee counties have developed in areas commonly understood as critical for human services and prevention infrastructure. Some follow-up with the counties at the termination of SCI-II is suggested so that OCAP may know if and how these various local initiatives were able to be sustained.

## Direct Service Program Development

The 11 counties used SCI-II funding to support various programs in their Redesign and Differential Response (DR) efforts. The following section describes these programs and services. There is also discussion of barriers to service delivery and some of the strategies utilized by counties to address these barriers.

### *Status of Direct Service Programs*

Examination of programs offered across the counties revealed that home visiting and parent education were two of the main services provided (see Table 4). In addition, several counties offered support groups and mentorship programs. Site visit interviews indicated that all of the programs developed across the counties were done so to meet local needs.

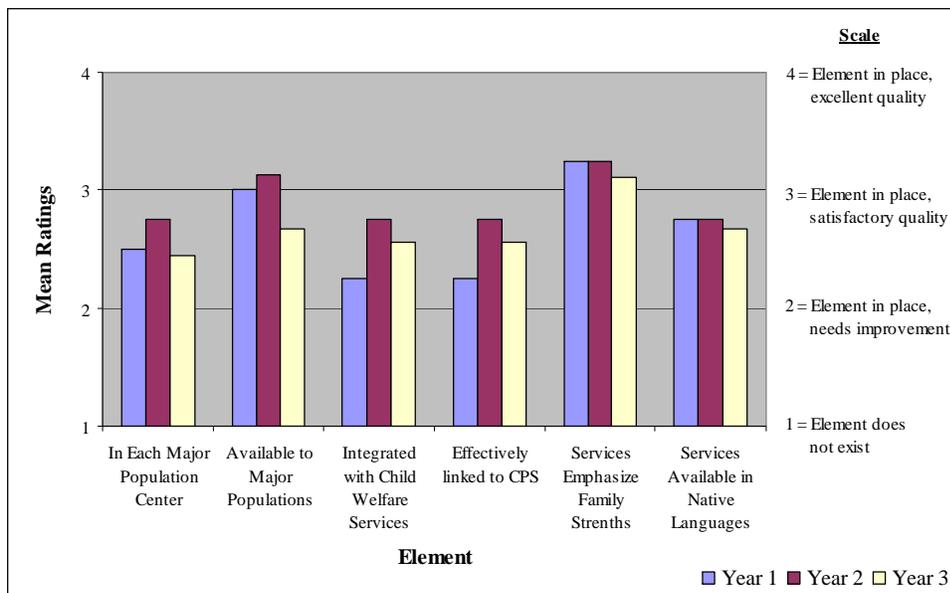
**Table 4. Direct Service Program Development under SCI-II**

County	Status of DR System
Alpine	The County utilized SCI-II to fund an Early Learning Center to meet the needs of the population. There is one local non-profit that provides home visiting that CWS will refer clients to, but they are not funded through SCI-II.
Amador	There are three main programs funded by SCI-II that serve as the foundation of the County’s preventative services response system: home visiting, youth mentorship, and Common Ground, which is a counseling group/workshop for teens and their parents.
Calaveras	The three main programs funded by SCI-II are home visiting, parent education, and youth mentorship. The parent education piece is two-fold, involving regular parent education classes as well as a support/education group called Beyond Talking.
Del Norte	The County contracts with a local organization called the Community Assistance Network (CAN) to provide services such as home visiting, Life Elevation Skills Class (housing assistance), and Life Elevation Action Program (LEAP), which involves case management under DR.
Glenn	The County “braids” money from SCI-II and other prevention grants to fund the following services: home visiting, parent education/life skills workshops, family support groups, parent leadership training, father involvement and family activities, and respite care.
Plumas	The County utilized SCI-II funds to hire a full-time home visitor stationed in one of the communities in the county that previously did not have a home visitor. In addition, funds were used to increase the hours of four family advocates in each of four FRCs
Siskiyou	The County utilized SCI-II to build the capacity of their FRCs and two primary programs: home visiting and parent education.
Tehama	SCI-II funds were used exclusively to secure the location and fund staff at one of the county’s FRCs, which is in a region that has been overlooked in the past. The FRC offers programs such as parent education, childbirth classes, visitation monitoring for CWS, play groups, grandparent/kinship support group, and a crochet group that serves as an informal support group for attendees.
Tuolumne	The County utilized SCI-funds to provide home visiting and parent education classes.
Trinity	There are three main programs funded by SCI-II: home visitation, youth employment/leadership, and a support group called the Parent Project.
Yuba	Until recently, SCI-II funds were utilized to support home visitation and parent education at two FRCs in the county; as of the second site visit, the County had released an RFP for other FRCs to receive SCI-II funds as well.

In terms of the status of service availability with regard to support services in general, AT data suggest progress has been made but there is room for improvement. Counties were asked to rate the status of having “A system of services to support families with children is established in every community within the County.” The average ratings across counties were 2.00, 2.36, and 2.45 for Years 1, 2, and 3, respectively. Of note, however, there was only one county that did not have this element in place by Year 3. Since much of the activities during SCI-II involved establishing systems of support throughout the counties, even in outlying communities, the ratings indicate that the vast majority of counties were successful in these efforts. In addition, site visit interviews suggest that leadership at the counties is committed to improving upon these systems now that they have been established.

Initially eight of the counties utilized or planned to utilize Family Resource Centers (FRCs) as the primary agencies of service provision. At Year 3, one additional county began plans to utilize FRCs. These counties were asked to assess the status of key elements related to their FRCs, components that were considered as necessary for having an effective preventative system in place for their various programs (see Figure 1). Across all elements, decreases were observed by Year 3. To examine if this was a product of the ninth county’s addition to the ratings, the averages were re-calculated without that county’s ratings. Overall, the ratings for Year 3 did increase without the ninth county, but they were still lower than in Year 2. The graph and discussion which follows include the ninth county’s ratings.

**Figure 1. Status of Family Resource Centers**



The counties rated the status of the following element: “FRCs exist in each major population center in the county.” The average ratings increased from 2.50 in Year 1 to 2.75 in Year 2 but then decreased to 2.44 in Year 3. Although the ratings are low, all nine of the counties had this element at least established by Year 3. Given funding cuts discussed during

site visits, and the focus in many counties on building capacity, it is not surprising that perhaps expanding FRCs throughout counties has not been possible to date.

In addition to assessing whether FRCs exist in major population centers, the counties rated the availability of FRCs to major populations. The average ratings regarding whether “FRCs are available to the major populations in need of family support in the County” were higher than the previous element at 3.00, 3.13, and 2.67 for Years 1, 2, and 3, respectively, but there was a noticeable decrease by Year 3. Again, this could be due to funding cuts discussed during the site visits.

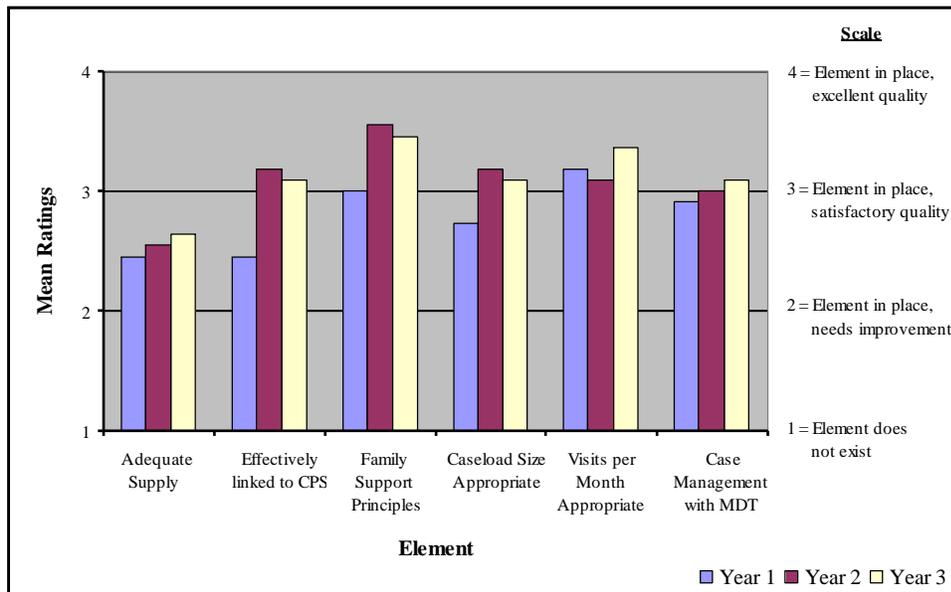
Integration with other services and linkage with CWS are important components of FRCs and the counties were asked to rate both these elements. Specifically, they were asked to rate the status of the following: “The FRCs are integrated with other child welfare services in the County” and “FRCs are effectively linked to child protective services in the County.” The ratings for these two elements were nearly identical in the two years of the study period and were 2.56 in Year 3. Although site visit interviews suggested much public/private collaboration, the ratings indicate that case-level integration is an area that still needs to be improved upon.

In terms of the programs offered at the FRCs, one of the key features of FRCs is their strength-based approach to providing support services. Thus, counties were asked to rate whether and at what quality “Family Support Services emphasize and build on the existing strengths of families.” The average ratings were high at 3.25 in Years 1 and 2 and 3.11 in Year 3. Counties were asked to rate the status of the following element to gauge the availability of language-sensitive services: “FRC services are available to families in their native language (e.g., Spanish, Hmong).” The averages for Years 1 and 2 were the same at 2.75, but the average decreased slightly to 2.67 in Year 3. This decrease could be a function of the AmeriCorps program not being funded as was discussed in one county during the second site visit; FRCs often rely on AmeriCorps paraprofessionals who are members of the communities they serve and speak the native languages of those communities.

Another program offered through many of the FRCs is in-home visiting. All of the counties have home visiting programs and all but two utilize or plan to utilize these programs as part of their DR systems. Many of the programs follow the Cal-SAHF (California Safe and Healthy Families) model, which combines family support home visiting and center-based services for at-risk families with children up to three years of age (Legislative Analyst’s Office, 1999). The rationale for home visiting was summarized by a program coordinator in one county during the first site visit as follows: “Home visiting helps in preventing child abuse in that [the home visitors] keep close contact with the families and they keep checking up on them...not lecturing, just trying to help them along. Keeping that close contact and that repeated interaction going helps them stay on track and that’s what prevents child abuse.” Informants also made comments similar to the following by a direct staff member, “We don’t want to wait for the mountain to come to us...I think it’s important because the outreach program gives you eyes and ears of what’s going on in the community, and the home visitors, when they’re in the home, they can detect unhealthy conditions....The more you’re out there with the people, the more you know what’s going on.” On a related note to being out in the community, some informants during the second site visit reiterated the importance of having home visitors being members of the communities that the programs serve because of trust issues within communities.

Assessment Tool ratings indicated that on average counties made progress in elements related to home visiting across the three years of data collection (see Figure 2). For example, average ratings regarding “There is an adequate supply of in-home services for families in need in the County” were 2.45, 2.55, and 2.64 in Years 1 through 3, respectively.

**Figure 2. Home Visiting Programs**



The counties were also asked whether “In-home services are effectively linked to CWS and other services in the abuse prevention system” as most of the counties utilize or plan to utilize home visiting as a program offered to families referred under DR from CWS. All the counties reported this element in place in all three years and the average ratings indicated much improvement from Year 1 to Year 3 (2.45 and 3.09, respectively). Although seven counties rated the element as needing improvement in Year 1, only two did so in Year 3.

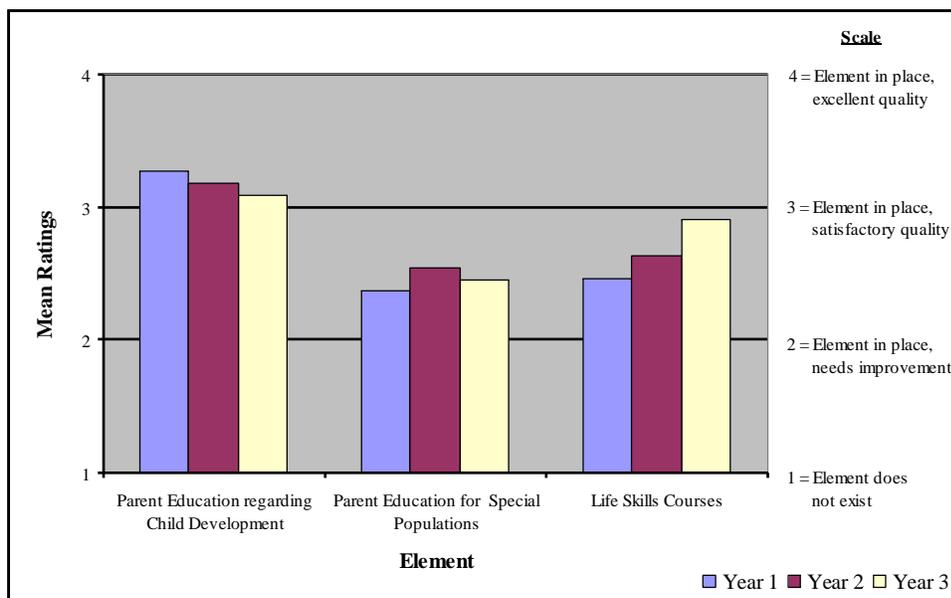
Part of home visiting involves having the program be grounded in family support principles. The average ratings for “In-home services are based on Family Support principles” were high in across the years: 3.00, 3.55, and 3.45 in Years 1, 2, and 3, respectively. In fact, seven counties rated this element as excellent in Year 3.

Concerns regarding capacity were raised during site visit interviews but it appears that this is not an issue with regard to home visiting. For example, the counties were asked specifically about the parameters of caseload sizes and visits and average ratings regarding the element “Caseload size for home visitors is appropriate for program” indicated improvement (2.73 in Year 1, 3.18 in Year 2, and 3.09 in Year 3). Average ratings regarding “Visits per month are specified by program and appropriate for case plan” decreased somewhat from 3.18 in Year 1 and 3.09 in Year 2, but increase to 3.36 in Year 3. It could be that capacity is not an issue for home visiting as many of the counties have focused their efforts and funds to develop/expand these programs.

According to the qualitative interviews, Multi-Disciplinary Teams (MDT) are used by many counties in both staffing cases and ongoing case management. When asked specifically about home visiting programs and whether “Case management is coordinated among the MDT partners,” average ratings indicated improvement across the years from 2.91 in Year 1 to 3.09 in Year 3.

In addition to home visiting programs, counties also have a number of other support services available to families once they are referred to community agencies. As mentioned earlier, for example, parent education programs are utilized by a majority of the counties. These programs range from support/mentoring groups to skill-based programs. Counties were thus asked to rate various aspects of parent education programs (see Figure 3). The average ratings regarding the element, “Parent education programs focusing on child development are generally available for families,” were relatively high in all three years, although there were slight decreases: 3.27, 3.18, and 3.09 in Years 1, 2, and 3, respectively. Individual ratings revealed much variability, however, as four counties rated the element as needing improvement in Year 3, two as satisfactory, and five as excellent.

**Figure 3. Parent Education Programs**

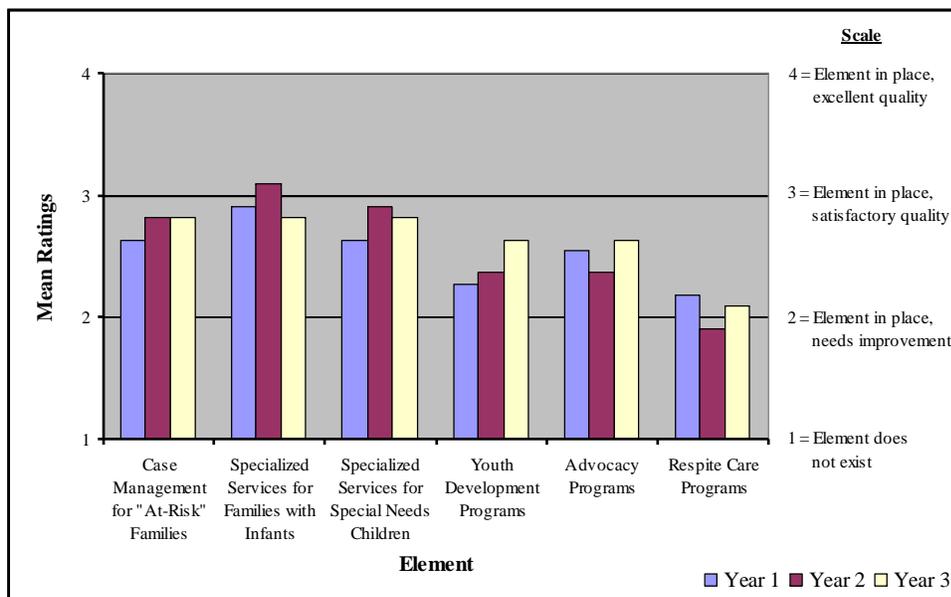


Counties also rated the status and quality of whether “Parent education programs designed for specialized populations (teen mothers, developmentally disabled parents, etc.) are in existence and accessible to families.” The average ratings were similar in all three years with 2.36 in Year 1, 2.55 in Year 2, 2.45 in Year 3. Interviews during the site visits revealed that a few counties were especially noteworthy in responding to specific needs in their counties. For example, one county acquired a support group/education curriculum for parents of teenagers. The program developed as a partnership between a community agency and the Probation department in response to data that indicated a spike in misdemeanor juvenile delinquency about six or seven years ago. Another county developed a special parent education group for parents to deal with their feelings toward CWS before moving on to regular parent education classes.

In addition to these types of parent education groups/classes, there are also various skills-based programs. Average ratings regarding the element, “There are a variety of life skills courses available for parents, including anger management, communication skills, budgeting, cooking, etc.,” demonstrated much improvement from 2.45 and 2.64 in Years 1 and 2 to 2.91 in Year 3. In Year 1, six counties assigned a rating of needing improvement for this element and five as satisfactory. By Year 3, only one county reported the element as needing improvement and the remaining 10 rated the element as satisfactory.

Beyond home visiting and parent education, there are many other program configurations present in the counties. When examining support services utilized under DR programs specifically, average ratings indicate progress in some areas and improvement needed in others (see Figure 4). For example, average ratings for the element “Case management services are available to families at-risk” indicated improvement from 2.64 in Year 1 to 2.82 in Year 3. Although there was a decrease in the average rating for “Specialized services are accessible to families with children in the first year of life” (from 2.91 in Year 1 to 2.82 in Year 3), the Year 3 average was still near satisfactory. Similarly the average ratings for “Specialized services are available for families with children with special needs” were also near satisfactory by Year 3, with 2.64 in Year 1, 2.91 in Year 2, and 2.82 in Year 3. The lowest averages reported were for youth development programs, advocacy programs, and respite care: the Year 3 averages for these elements were 2.64, 2.64, and 2.09, respectively.

**Figure 4. Services for Vulnerable Populations**



One county, however, is noteworthy in using SCI-II funds for a youth employment program. The program arose out of a need that was identified by a community agency. During the first site visits, a program manager described the program and the rationale regarding child abuse prevention as follows: “Youth employment is so difficult here....And a lot of youth, if they don’t ever get that chance to have a job, it makes it really hard when they get out of this county....And so I really thought—you know, to show youth as young teens a good work ethic,

and to model that for them, and for them in turn modeling that to the younger students—I just thought, we have to get that by experience. And in some of these towns, there’s not even a store. So where are they going to get a job?...[If] you’re looking at preventing child abuse, and this way if they set some goals, maybe they’ll be more careful with their choices and they won’t become a teen pregnancy statistic.” Several counties also mentioned having events for families throughout the year. Although the focus of these events is to provide fun and safe activities for families and communities, informants reported that these events are also often utilized as opportunities to educate families about services available and about prevention of maltreatment.

### ***Barriers to Service Delivery and Strategies to Overcome these Challenges***

In qualitative interviews with program managers and direct service staff, several themes emerged regarding challenges to service provision, specifically in small, rural counties. These issues were also described in the quarterly reports submitted by the counties. The first concern involved issues of capacity. Interviews suggested that counties have sufficient capacity to identify cases and conduct assessments at the front-end of their referral systems, at least for now, but there are limited staff to deliver needed services. The counties that have implemented DR, for example, have seen increases in referrals to community agencies and the counties that are either in the formulation or very early implementation stage all noted expecting such increases.

Funding to hire staff appears to be the biggest barrier to building capacity. In addition, there is insufficient funding to hire full-time permanent staff. Utilization of part-time staff was noted as a barrier by a program manager at one county for example: “not everyone works full-time in this collaboration, because some of the resource centers, they don’t have enough funding to provide full-time staff.”

Counties are utilizing a variety of methods to address the issue of capacity. One county began their Redesign efforts by piloting a Path One system in well-established FRCs first, allowing the remaining FRCs to grow before expanding the program to include them and to include a Path Two system. An administrator at an FRC in another county expects “as many as 30 or more referrals that are possible in a month.” He remarked that “[there] are other FRCs in community so we will probably break things up geographically, [by] capacity and [by] language,” but he also noted that if they “truly get 30 referrals a month into the FRCs” that “it will be a major push.”

In some counties, however, lack of capacity has led to waiting lists. For example, an informant in one county noted “[prioritizing] the critical cases because CWS isn’t the only agency that makes referrals to [them].” Because they receive referrals from probation, schools, and self-referrals, they have had to create wait-lists based on need. Data from the AT confirm these findings.

Another common barrier cited by informants in all of the counties visited involved geographic accessibility, not only structurally in terms of transportation issues but also culturally as far as self-isolation. The counties participating in SCI-II are in many cases very large in terms of land but small in terms of population. For example, Siskiyou County is 6,287 square miles but contains just 7 persons per square mile. The land in many of these counties is undeveloped

with dirt roads and mountain trails. Out of the nine counties visited, informants in seven cited transportation as a major barrier. A few informants also mentioned gas prices being a barrier related to transportation issues, especially given the distances that some clients have to travel. In addition, some informants spoke about distance being an obstacle to forming a sense of community in the county. This is relevant for Redesign and specifically DR programs because communities are looked to as partners in preventing child maltreatment. For example, when describing efforts at putting together a community fundraiser for preventative services and other programs, one program manager remarked, “There’s so many barriers to community in this county. It really does take everybody’s best effort in coming from every angle because first of all, the county is so geographically remote.”

In addition to transportation and distance, several informants described how communities of people who live in the mountains of their counties are often isolated from the rest of the county during winter due to snow that blocks access to the roads that lead to them. Many also noted, however, that this physical distance/separation is often sought by individuals who move to these counties. Out of the nine counties visited, six reported a culture of isolation as a barrier to service delivery. A home visitor interviewed during the first site visit described the difficulty this presents to engaging clients because “a lot of times people are in the middle of nowhere because they want to get isolated. Sometimes that’s a barrier to get over, to get them to accept someone coming to their home.” A program administrator in another county spoke about the psychology of individuals who choose to live in isolation: “Then of course, you’ve got your rugged individuals, ‘I don’t need the government, I don’t want the government helping me,’ and we’re of course the government, even though we’re a private non-profit.” These types of issues were brought up again during the second site visits, but some also noted progress in providing outreach to communities in outlying areas.

Interviews during both site visits indicated that there were other challenges to service delivery as well. For example, informants in some of the counties cited lack of resources, both for existing services and also in terms of the number of overall services in their counties. The following quote from a county administrator during the first site visit is illustrative of some of the comments made regarding the consequences of having few resources and how counties are coping with this issue: “Resources may not be as plentiful and we tend to do, have to do more...For example, we aren’t specialized or set up to do just one thing, but rather we do a number of different things. A lot of different responsibilities are given to us.” A program manager in another county noted that because their county serves a non-metropolitan area that has diminished resources to address the community’s problems, resources and services need to be shared and integrated to meet the community’s needs, and that service providers “have to be really creative.” During both site visits, administrators from several counties noted that simply keeping staffing up for core CWS programs was an on-going challenge, and that when they drop down by one or two staff members, their ability to address any system improvement issues or front end “prevention type” programs is severely constrained.

In terms of the barriers discussed, informants noted that the challenges faced by small counties are not necessarily unique to small counties but that the rural nature of these counties makes them different. A quote by a county administrator from the first site visit highlights this subtle difference: “[There is] a difference between small counties and large counties. Urban-

based counties...they've got big problems, big numbers, but that doesn't mean that those problems don't exist in huge intensity in the small counties, just in small numbers. The intensity is the same, the problems are the same, just small numbers...these problems are as intense and that the smaller numbers don't mean that they should be treated differently in terms of resources...small counties need the resources to accomplish goals such as those in SCI and their own goals as much as big counties.”

## Differential Response

The counties participating in the SCI-II program are all in various stages of formulation and implementation of their respective Differential Response (DR) systems. Table 5 describes the status of each county’s DR system. Interviews with county administrators and information from quarterly reports indicate that all of the counties in the SCI program are committed to implementing a DR model similar to that of California as a whole (i.e., the Three Paths Model). There are also some differences among all the counties in details regarding certain processes within referral methods, as counties must adapt DR to suit local needs and circumstances. The following section describes the methods either being formulated or in place across the counties. Common themes regarding implementation (e.g., barriers/challenges as well as strengths/achievements) that emerged from the two site visits are presented. In addition, Assessment Tool data and information from quarterly reports are also discussed where appropriate. Finally, findings from a review of case records are presented comparing families receiving services under DR as compared to families referred from the community with no Child Welfare Services (CWS) involvement.

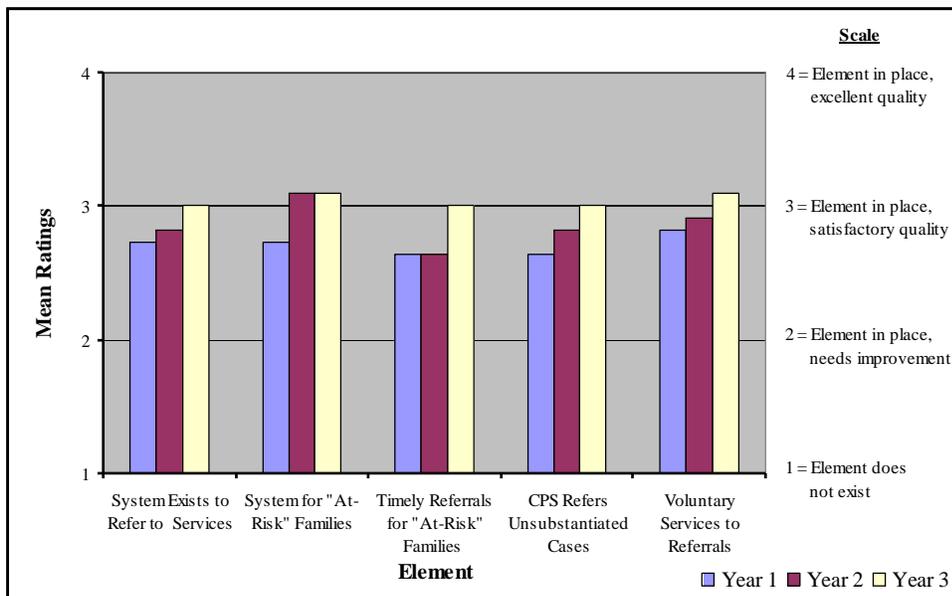
**Table 5. Status of Differential Response in the SCI Counties**

County	Status of DR System
Alpine	The County’s extremely low population base, and small CWS caseload makes development of complex systems mostly unnecessary. There is an informal DR system whereby a CWS social worker provides services to voluntary cases and refers to local agencies and programs as needed.
Amador	The county utilizes the Multi-Disciplinary Team (MDT) to review cases evaluated out of CWS, but have had difficulty sustaining a MDT coordinator. While community agencies and the CWS collaborate effectively on a large number of cases, the movement to implement Path 1 DR referrals is slow to take hold.
Calaveras	The County began full implementation of DR in the Fall of 2005 and is thus in the early implementation phase. Informants indicated that few cases have been referred from CWS, however, as staff become accustomed to DR.
Del Norte	The County implemented their DR system in the Spring of 2006.
Glenn	The County implemented their DR program in the Spring of 2005, which is the earliest for the SCI counties.
Plumas	The County implemented their DR system in the Summer of 2006. Informants indicated that the community partners have received few referred out cases under Path One or Two, however.
Siskiyou	The County began piloting their DR system in the Spring of 2006 and is in the early implementation phase. The program began slowly to allow four of the 10 FRCs in the County time to build capacity and this was reported as a successful strategy.
Tehama	The County began implementation of their DR system in the Fall of 2005.
Tuolumne	The County implemented their DR system in January of 2005.
Trinity	The County implemented DR in early 2005. Changes were phased in over time as system strengths and weaknesses in the local environment were identified.
Yuba	The County has been piloting a DR program for the last few years, but formal implementation has not taken place as of the second site visit. The County is hesitant to call their system DR because there is little funding to allocate to the FRCs who are providing prevention services

## Status of DR System Elements in the Counties

Assessment Tool data revealed that much progress has been made by many of the counties in a short span of time. On average, across the counties, there has been steady progress. There is, however, room for improvement in certain elements for specific counties. For example, counties were asked to rate the status of the following element: “A system exists within our County to refer vulnerable families for family support services” (see Figure 5). On average, the counties had systems in place in all three years and there was steady improvement from 2.73 in Year 1 to 2.82 in Year 2 and 3.00 in Year 3. There were four counties in Years 1 and 2 that rated this element as needing improvement but only two did so in Year 3. Although only one county rated this element as being excellent during Year 1, two counties did so at Year 3.

**Figure 5. Status of DR Referral Methods**



Counties were also asked specifically about having a system of referrals in place for “at-risk” families, those assessed to be at risk for maltreatment but who can be referred under DR to community agencies. The average ratings for the element, “A system of resources and referrals is available for at-risk families,” for Years 1, 2, and Year 3 were 2.73, 3.09, and 3.09, respectively. All counties had this element in place all three years. In Year 1, four counties rated this element as needing improvement but by Year 3, only one county needing improvement. In Year 1, only one county reported a rating of excellent for this element but in Year 3 two counties did so. To assess the timeliness of such referrals, counties were asked to rate the status of the following element: “Referrals are made in a timely fashion to at-risk families.” The average ratings for Years 1 and 2 were the same, 2.64, but by Year 3 the average had improved to 3.00. In Year 1, four counties rated this element as needing improvement and seven assigned a rating of satisfactory; by Year 3, however, only one county assigned a rating of needing improvement, nine as satisfactory, and one as excellent.

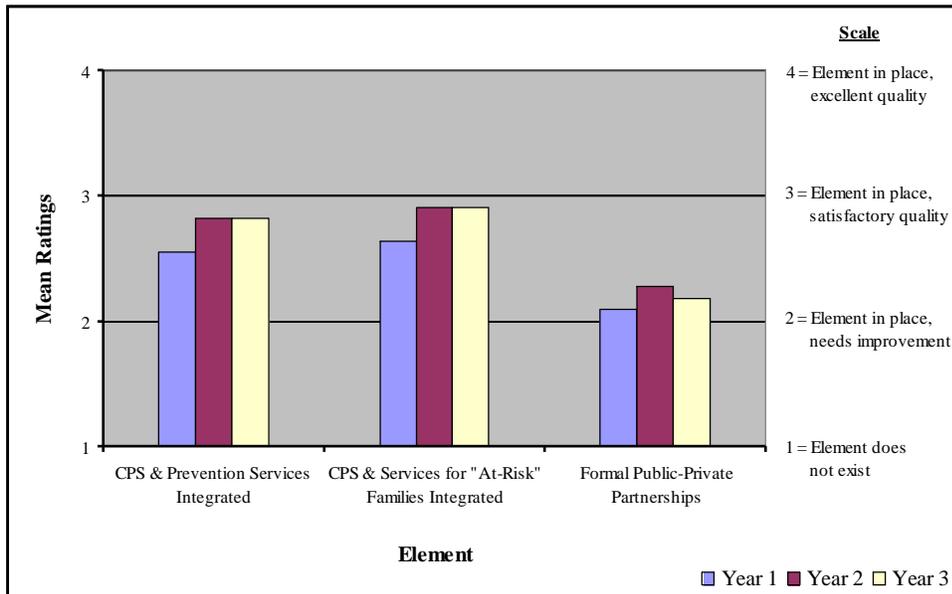
Because utilizing a DR system reflects a different phase of implementation compared to having such a system in place, counties were asked to rate the status of the following element: “CWS refers unsubstantiated cases of abuse to appropriate agencies for follow-up.” The average ratings were 2.64, 2.82, and 3.00 for Years 1, 2, and 3, respectively, indicating improvement. Because much early activity in the counties has focused on putting systems in place, it is noteworthy that during Year 1, only one county rated this element as not being in place at all. Overall, four counties in Year 1 indicated that this element could be improved. By Year 3, three counties assigned a rating of needing improvement, five as satisfactory, and three as excellent.

Counties were also asked about voluntary services to make sure that the elements on the Assessment Tool regarding DR referral methods were capturing service referrals that are considered as voluntary to families. Thus, counties were asked to rate the status of the following: “Voluntary services are offered to ‘unsubstantiated’ CWS referrals.” Average ratings for both years were near satisfactory at 2.82 and 2.91 for Year 1 and Year 2, respectively and above satisfactory in Year 3 at 3.09. During Year 1, two counties rated this element as not being in place, two as needing improvement, three as satisfactory, and four as excellent; by Year 3, all of the counties had the element in place, three rated the element as needing improvement, four as satisfactory, and four as excellent.

In summary, the Assessment Tool data indicate that these small counties either have systems in place at Year 2 to refer cases under formal DR or at least a system is present to refer families to support services aimed at prevention of maltreatment. In addition, much improvement is suggested by the average ratings across the years. This reflects a major accomplishment on the part of small counties toward implementation of DR.

Part of an effective DR referral system involves integration between CWS and preventative support services in the community. Counties were asked to rate the status of whether “CWS and prevention services are well integrated within our County” (see Figure 6). The average ratings for Years 1, 2, and 3 were 2.55, 2.82, and 2.82, respectively. Although one county rated this element as not being in place during Year 1, by Year 3 all counties had the element in place. In Year 1, four counties rated this element as needing improvement, five as satisfactory, and one as excellent; by Year 3, three rated the element as needing improvement and six as satisfactory, and one as excellent. To examine integration between CWS and services for at-risk families, counties were asked whether and at what quality level “Services to at-risk families are well integrated with child protective services.” The average rating increased from Year 1 to Year 2, from 2.64 to 2.91, respectively, but remained at 2.91 for Year 3. In Year 1, five counties reported this element as needing improvement, five as satisfactory, and one as excellent. By Year 3, two reported the element as needing improvement, eight as satisfactory, and one as excellent. And finally, because the hallmark of DR referral systems is the collaboration between public CWS and private community agencies, counties were asked about the status of the following element: “There exist formal public-private partnerships at all levels of government that help develop and integrate resources for families at risk.” The average ratings for this element across counties were 2.09 for Year 1, 2.27 for Year 2, and 2.18 for Year 3. In Year 1, two counties rated this element as not being in place; by Year 3 only one county did so. Of note, only one county reported this element as satisfactory in Year 1, but three counties did so in Year 2.

**Figure 6. Status of DR Referral Methods Continued**



It should be noted that although the ratings regarding public-private partnership are low, the element being rated specifically asked about partnerships in place at all levels of government, which can take many more years to develop than have spanned the SCI program. In fact, qualitative interviews suggest much progress in building trust among County CWS and community partners. During both site visits, interviews with county administrators and program managers indicated that public-private partnerships were in place in all of the counties prior to the SCI-II program, but these collaborations have strengthened and grown under the initiative as county CWS agencies partner with private community-based organizations in setting up their DR referral system. There have been challenges along the way but, overall, informants across counties were optimistic about future collaborations.

One of the challenges that some informants mentioned involved the negative image that CWS sometimes has in the community. For example, a CWS administrator during the first site visit noted that there may be hesitancy on the part of community agencies to partner with CWS “because, you know, ‘If you’re knockin’ on the door with us are we going to look like the bad guys too?’” By the second site visit, however, this informant noted progress and a much more supportive relationship with community partners. For example, a few months before the visit, a local newspaper reported statistics comparing the County with another County in a way that was somewhat misleading and cast CWS in a bad light. The informant reported that the response from community partners was supportive: “I’m really pleased to say, with our partner agencies,...I [received] nothing but really hugs...from people going ‘what was that all about? People just skew information.’...I think we have developed that trust.”

Informants from several counties during the first site visit remarked that because of the small nature of their counties, “everyone knows everyone,” and this helps not only in day-to-day communications but also in working on relationships over time because administrators and program managers down to line staff see each other at various MDT meetings or other committees (e.g., child abuse prevention councils, domestic violence councils, etc.). In addition,

CWS agencies have tried to build bridges with community partners by engaging in joint training and dialogue regarding the new role of CWS in the community. Many of the counties also reported utilizing public education campaigns (e.g., at county fairs and school functions, sending flyers home with children, advertising in local media) aimed at altering the image of CWS and informing the community about DR and reform efforts currently underway with Child Welfare Improvement Activities.

### ***Barriers to Implementation of DR***

The biggest barrier cited by most of the counties regarding implementation of their DR systems involved confidentiality. Counties needed clarification from the State and County Counsels as to the need for releases of information from families so that community agencies could contact them. Although the counties are at various stages of resolving this issue by having Universal Releases Forms and/or including community partners under California's Welfare and Institutions Code (WIC) definition of Multi-Disciplinary Team (MDT) members (WIC Section 18951), the process took over a year for County Counsels to draft Memorandums of Understanding (MOUs) between counties and their community partners. Even in cases where the MDT definition is going to be used, there is also the question of whether paraprofessionals (e.g., home visitors) can be categorized under that definition. This becomes especially relevant when considering that the core of DR involves CWS staff working hand-in-hand with community agencies, many of whom employ paraprofessionals as home visitors.

Not all counties "felt comfortable," however, to use the MDT definition as a way to address the issue of confidentiality or to have Universal Releases of Information. For example, one county utilizes a CWS case worker who is out-stationed at the local FRC to conduct the initial home visit for both Path One and Path Two referrals in order to obtain a release of information. Another county also relies on County staff to make the initial contact with families. In this particular County, if the case is determined to be Path One or Path Two, the family is referred to one of two social workers who carry only DR cases; under DR, one of the two social workers will contact the family to inquire whether or not they would like to receive support services. In the case of Path One families, this usually involves a phone call. For Path Two cases, the social worker makes a home visit. Once a specific release of information is signed, the family is then referred to a community agency.

Another barrier to implementation of DR programs cited by informants in many of the counties involved changing of the culture of agencies and attitudes of staff regarding "a new way of doing business." For example, during the first site visit, a program administrator in one county remarked "the actual changes are hard, half of the people, system, sort of feels and wants to engage in this, but there are still some people that don't want to go this route, so it's a struggle until we can unify together." A program administrator at another county also noted that "change comes very slowly. But thank goodness in certain areas the change does happen. And part of it is like I say driven by OCAP and grants like the SCI [that give] people the perseverance, something to fall back on, look it's in writing." By the second site visit, much progress was reported in many of the counties but culture change remained an obstacle for some. For example, an informant in one county noted that their agency was not receiving as many DR referrals as they could because some supervisors at CWS had not "bought into" the concept of

DR and as a result the case managers under those supervisors were not referring as many families as those under other supervisors. Informants in a few other counties where DR had recently been implemented also noted the slow increases in referrals taking place.

It is important to note that county CWS staff are not the only workers that informants discussed in terms of changes needing to occur in attitudes regarding acceptance of DR. A county CWS administrator in one county, for example, noted that it would take time to get community agency “staff used to ‘This is the way we’re going to be doing it now.’” Although the culture of agencies and staff attitudes regarding change were noted as challenges, informants generally believed that these challenges could be overcome with time, training, and continued collaboration. In addition, the small nature of the counties was considered a strength as noted by the following remarks by a CWS program manager: “I have 12 workers here, and if you told me tomorrow that I need to do something completely different, I would walk out into the center there, and say, ‘hey guys, tomorrow this is what we do now.’ And they’re all going to do it...if you have 300 employees, really, how do you know which workers are buying into the process or not? Which are invested? Which care, and which don’t care? I have 12 people here, and all they want to do is help families, and I know that, because I look at them and I see them every day.”

### ***Case File Data***

Informants during both site visits stressed that one goal of their respective DR systems is to improve outcomes for families through preventative, support services. To better understand the experience of families in these prevention and front-end child welfare system programs, data were collected from case records (supplemented with case manager interviews as needed) regarding three types of families: 1) families enrolled in SCI funded prevention services with no referral by CWS, 2) families referred under Path One by CWS, who are receiving community services as an alternative to CWS service, and 3) families referred under Path Two by CWS, who are receiving community based prevention/intervention services in addition to on-going CWS oversight and intervention. For ease of discussion, the first group of families is referred to as Community cases in this report; the second group is referred to as Path One cases and the third as Path Two cases. Note that “community cases” in certain agencies may indeed have prior CWS involvement, but that the referral for the current episode of service did not originate with CWS. The distinction between “community” cases and cases with CWS involvement is thus not entirely clean. Overall, 162 cases were reviewed and of these, 19 percent were Community cases, 45 percent were Path One families, and 36 percent were Path Two families (see Table 6). Although the data do not allow for examination of program effects on outcomes, they do allow for a descriptive analysis of case, service, and outcome characteristics by Case Type. The following section describes the findings from an analysis of these data.

**Table 6. Distribution of Types of Cases Reviewed**

<b>Case Type</b>	<b>Frequency</b>	<b>Percent</b>
Community	30	19%
Path One	73	45%
Path Two	59	36%
Total N	162	100%

In terms of demographics, the majority of the primary caretakers in this study (78 percent) were Caucasian (see Table 7). Although there were no African-American caretakers among the cases reviewed, interviews with informants during the site visit indicated that African-American families have been seen under DR and as Community cases. It could be that by chance no such cases fell within the study period or were randomly chosen. The primary language of a majority of the caretakers was English (94 percent) and the majority was born inside the United States (93 percent). Because interviews suggested that there are non-English speaking families in the counties identified as needing services, there are a number of plausible explanations for this pattern of findings: 1) the findings are reflective of case selection procedures (as in the case of the race/ethnicity variable), 2) outreach efforts have not been successful for non-English speaking populations, or 3) non-English speaking populations refuse services at higher rates. Unfortunately, site visit interviews did not illuminate whether any of these reasons apply to the data observed. Most caretakers were married (46 percent) with an average age of 34 years (ages ranged from 15 to 80 years). The average age of the youngest child in the household was about 6 years of age, with a range of 0 to 17 years.

**Table 7. Demographic Characteristics**

	Frequency	Total Percent	Community	Path One	Path Two
Race/Ethnicity of Primary Caretaker (n=155)					
Caucasian	126	78%	69%	88%	79%
Latino/a	19	12%	21%	9%	12%
Native American	7	4%	3%	3%	7%
Asian/Pacific Islander	2	1%	7%	0%	0%
Other	1	1%	0%	0%	2%
Primary Language of Caretaker (n=155)**					
English	145	94%	86%	94%	96%
Spanish	7	5%	3%	6%	4%
Other	3	2%	10%	0%	0%
Birthplace of Primary Caretaker (n=119)					
Inside US	111	93%	82%	96%	95%
Outside US	8	7%	18%	4%	5%
Marital Status of Primary Caretaker (n=136)					
Married	62	46%	30%	48%	51%
Never married	33	24%	22%	26%	24%
Divorced	19	14%	19%	16%	10%
Co-habiting	13	10%	11%	7%	12%
Separated	9	7%	19%	3%	4%
Age of Primary Caretaker (n=144)					
Mean	34.26	--	33.67	34.74	34.02
St. Deviation	10.69	--	9.77	11.90	9.80
Age of Youngest Child (n=161)					
Mean	6.26	--	5.76	7.19	5.36
St. Deviation	5.18	--	4.89	5.63	4.59

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

Bivariate examination of the primary caretakers' demographic characteristics revealed only one significant difference by Case Type: primary language ( $X^2=13.662$ ,  $df(2)$ ,  $p < .01$ ). A

greater proportion of families classified as Community cases (10 percent) have primary language as “other” compared to Path One and Path Two cases, which have no such cases.

Although not statistically significant, there do appear to be some patterns by Case Type in other factors of interest. For example, it appears that a greater proportion of Community referred primary caretakers are Latino/a (21 percent) compared to Path One and Path Two cases (9 percent and 12 percent, respectively). In addition, a greater proportion of primary caretakers referred through the Community were born outside of the United States (18 percent) compared to Path One and Path Two cases (4 percent and 5 percent, respectively). A lower proportion of Community referred primary caretakers were married (30 percent), however, compared to Path One and Path Two cases (48 percent and 51 percent, respectively).

Factors related to household structure were reviewed in the case records as the number and type of people present in the household can be related to risk for maltreatment. An examination of these variables revealed that a majority of families have the mother present in the household (91 percent) while 43 percent have the father in the household (see Table 8). Only 12 percent have siblings in the household. Similarly, 11 percent have a grandmother present and 6 percent have a grandfather present. In 8 percent of the households, another relative was present (e.g., aunts, uncles, in-laws) and 13 percent had another adult present (e.g., boyfriend, friends). In a majority of the cases, the primary caretaker was the mother (81 percent). On average, there were about two adults in the household (the range was 1 to 5 adults) and about two children (the range was 1 to 8 children).

**Table 8. Household Structure**

	Frequency	Total Percent	Community	Path One	Path Two
People in Household (n=159) <sup>1</sup>					
Mother*	144	91%	77%	90%	93%
Father*	68	43%	23%	41%	55%
Siblings	19	12%	3%	13%	16%
Grandmother	18	11%	17%	13%	7%
Grandfather	9	6%	0%	10%	3%
Other Relative	13	8%	10%	6%	10%
Other Adult	21	13%	17%	13%	12%
Relationship of Caretaker to Child (n=161)					
Mother	130	81%	76%	81%	83%
Father	17	11%	14%	10%	10%
Grandparent	10	6%	7%	8%	3%
Adoptive Mother	2	1%	0%	0%	3%
Other	2	1%	3%	1%	0%
Number of Adults in Household (n=159)					
Mean	1.75	--	1.52	1.80	1.81
St. Deviation	0.83	--	0.63	0.92	0.80
Number of Children in Household (n=161)					
Mean	2.37	--	2.55	2.32	2.34
St. Deviation	1.37	--	1.48	1.46	1.20

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

1: n=162 for the “Mother” variable

The only significant differences in household structure factors by Case Type are with regard to presence of the mother ( $X^2=5.829$ ,  $df(2)$ ,  $p<.05$ ) and father ( $X^2=8.383$ ,  $df(2)$ ,  $p<.05$ ) in the household. A lower proportion of Community cases had the mother in the household (77 percent) compared to Path One and Path Two families (90 percent and 93 percent, respectively); similarly, a lower proportion of Community cases had the father in the household (23 percent) compared to Path One and Path Two families (41 percent and 55 percent, respectively). One reason for this pattern of findings could be that other caretakers such as Grandparents seek out community support at higher rates.

The families in this study had multiple sources of income, but overall the data suggest that the population being served is low-income (see Table 9). For example, Temporary Assistance for Needy Families (TANF) was an income source for 48 percent and 40 percent received Food Stamps. Only about 34 percent were employed and 32 percent had partners who were employed. The vast majority of children received Medi-Cal benefits (83 percent) as did the parents (71 percent). Although there were no statistically significant differences in income and health insurance factors by Case Type, a couple of patterns are worth noting. It appears that a higher proportion of Path One families were on Temporary Assistance for Needy Families (TANF) compared to Community and Path Two families: 53 percent versus 39 percent and 49 percent, respectively. In addition, a lower proportion of Community cases had employment of a partner as a source of income (15 percent) compared to Path One and Path Two families (33 percent and 40 percent, respectively).

**Table 9. Income and Health Insurance**

	Frequency	Total Percent	Community	Path One	Path Two
Source of Income <sup>1</sup>					
TANF (n=120)	58	48%	39%	53%	49%
Food Stamps (n=122)	49	40%	35%	35%	48%
Employment of self (n=120)	41	34%	31%	32%	38%
Employment of partner (n=122)	39	32%	15%	33%	40%
Social Security Income (n=121)	22	18%	23%	17%	17%
Other (n=121)	16	13%	19%	10%	13%
Social Security Disability Income (n=120)	8	7%	12%	4%	6%
Foster Care (n=120)	4	3%	8%	2%	2%
Child's Health Insurance Status (n=114)					
None	7	6%	8%	4%	7%
Private	12	11%	8%	13%	9%
Medi-Cal	95	83%	83%	83%	84%
Primary Caretaker's Health Insurance Status (n=110)					
None	13	12%	17%	9%	13%
Private	19	17%	22%	15%	18%
Medi-Cal	78	71%	61%	77%	70%

1: The sample sizes vary for the Source of Income variable because cases could have more than one source.

Table 10 describes referral information for cases reviewed in this study. CWS was the source of referral for a majority of the cases in this sample (66 percent). The top five reasons for

referral included: Other reasons such as “homelessness,” “need for mentorship,” “need link to community resources,” “parent has agoraphobia and is seeking support,” “parent needs support and help with housing” (26 percent), Parenting (24 percent), Neglect (22 percent), Other substantial risk concerns such as “parent gives child Benadryl at night to sleep,” “parent has history in child welfare system and is not bonding with own child,” “concern regarding newborn of family with one child detained and another who died before one year of age,” “positive toxicology screen of infant” (22 percent), and Substance abuse (18 percent). The focus of the referral for a majority of cases was the primary caretaker (59 percent) and the type of referral for the majority was Voluntary (89 percent).

**Table 10. Referral Information**

	Frequency	Total Percent	Community	Path One	Path Two
Source of Referral (n=160)***					
CWS	105	66%	3%	88%	70%
Other <sup>1</sup>	24	15%	41%	6%	14%
Self	9	6%	21%	4%	0%
Another Agency	8	5%	0%	1%	12%
Law Enforcement	7	4%	17%	0%	3%
School	7	4%	17%	1%	2%
Reasons for Referral <sup>2</sup> (n=148)					
Other <sup>3</sup> ***	39	26%	60%	27%	9%
Parenting	35	24%	33%	22%	21%
Neglect*	33	22%	3%	20%	35%
Other Substantial Risk <sup>4</sup> **	33	22%	7%	22%	31%
Substance Abuse*	26	18%	0%	17%	28%
Child Behavioral Problems	18	12%	10%	12%	14%
School/Academic Problems	16	11%	13%	10%	10%
Physical Abuse	15	10%	3%	7%	17%
Domestic Violence	14	10%	3%	8%	14%
Emotional Abuse	10	7%	3%	7%	9%
Mental Health Concerns*	10	7%	3%	2%	14%
Sexual Abuse	2	1%	0%	2%	2%
Focus of Referral (n=148)					
Primary Caretaker	87	59%	67%	61%	53%
Child	29	20%	27%	10%	26%
Combination	24	16%	7%	23%	14%
Other Adult	8	5%	0%	7%	7%
Type of Referral (n=145)***					
Voluntary	129	89%	100%	97%	73%
Mixed	11	8%	0%	2%	19%
Mandatory	5	3%	0%	2%	8%

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

1: Other sources included hospitals, domestic violence shelters, and public health.

2: More than one reason is possible per family.

3: Other reasons included homelessness, need for mentorship, need link to community resources, parent needs support and help with housing

4: Other Substantial Risk reasons included parent gives child Benadryl at night to sleep, parent has history in child welfare system and is not bonding with own child, and, positive toxicology screen of infant

There was a significant difference in source of referral by Case Type ( $X^2=92.127$ ,  $df(10)$ ,  $p<.001$ ) in that a higher proportion of Path One cases were referred from CWS (88 percent) compared to Path Two (70 percent) and Community cases (3 percent). A higher proportion of Community cases were referred from Other sources such as hospitals, domestic violence shelters, and public health compared to Path One and Path Two cases: 41 percent versus 6 percent and 14 percent, respectively. Not surprisingly, a higher proportion of Community cases were self-referrals (21 percent) compared to Path One and Path Two cases (4 percent and 0 percent, respectively). A higher proportion of Path Two cases were referred from another agency (12 percent) compared to Path One cases (1 percent) and Community cases, which had no such referrals. A higher proportion of Community cases were referred from Law Enforcement (17 percent) compared to Path One (0 percent) and Path Two (3 percent) cases. This pattern was similar with regard to School referrals in that 17 percent of Community cases were referred from this source compared to 1 percent of Path One cases and 2 percent of Path Two cases.

There were differences in some of the reasons for referral variables by Case Type as well. A higher proportion of Community cases were referred for Other reasons (60 percent) compared to Path One and Path Two cases (27 percent and 9 percent, respectively;  $X^2=26.900$ ,  $df(2)$ ,  $p<.001$ ). Conversely, a higher proportion of Path Two cases were referred for reasons of Neglect (35 percent) compared to Community (3 percent) and Path One (20 percent) cases ( $X^2=11.381$ ,  $df(2)$ ,  $p<.05$ ). In addition, a higher proportion of Path Two cases were referred for reason of Other substantial risk (31 percent) compared to Community and Path One cases (7 percent and 22 percent, respectively;  $X^2=6.800$ ,  $df(2)$ ,  $p<.01$ ). This pattern was similar with regard to Substance abuse and Mental health concerns as well. A higher proportion of Path Two cases were referred for Substance abuse (28 percent) compared to Community (0 percent) and Path One (17 percent) cases ( $X^2=10.447$ ,  $df(2)$ ,  $p<.01$ ); similarly, a higher proportion of Path Two cases were referred for Mental health concerns (14 percent) compared to Community (3 percent) and Path One (2 percent) cases ( $X^2=7.583$ ,  $df(2)$ ,  $p<.05$ ).

Although there were no differences by Case Type in the focus of referral, there were differences by type of referral ( $X^2=21.266$ ,  $df(4)$ ,  $p<.001$ ). All of the Community cases were considered Voluntary, compared to 97 percent of Path One cases and 73 percent of Path Two cases. Higher proportions of Path Two cases were considered Mixed or Mandatory compared to Path One cases.

A formal assessment was not conducted in a majority (58 percent) of the cases in this sample (see Table 11). Interviews suggested that assessments are conducted routinely for DR cases, however. It could be that either such assessments are not formally written down in charts or they were not conducted because the family refused services before an assessment could be completed. In cases where a formal assessment was conducted, only 10 percent involved a team. The position of the primary assessor was usually a Case Manager (85 percent). A formal case plan was developed for 71 percent of families. This could be because there was insufficient time to develop plans for some families who either refused services or were in the program for a short period of time. For families where a case plan was developed, generally both family and agency staff participated (62 percent), and in 53 percent of the cases there was a referral for secondary assessment(s). Of those referred for secondary assessments, 42 percent received an assessment

for mental health, 19 percent for substance abuse, 7 percent for domestic violence, 10 percent for developmental concerns, and 32 percent for other concerns such as anger management.

There were two significant differences found by Case Type for these factors. There was a difference in whether or not a formal assessment was conducted ( $X^2=22.157$ ,  $df(2)$ ,  $p<.001$ ) such that a higher proportion of Path Two cases had formal assessments (64 percent) compared to Community and Path One cases (47 percent and 23 percent, respectively). There was also a difference in whether or not a referral was made for a secondary assessment ( $X^2=6.268$ ,  $df(2)$ ,  $p<.05$ ): 61 percent of Path One cases had such a referral placed, compared to 50 percent of Path Two cases and only 20 percent of Community cases.

**Table 11. Assessment of Family**

	Frequency	Total Percent	Community	Path One	Path Two
Formal Assessment Conducted (n=159)***	67	42%	47%	23%	64%
Team Involved in Assessment (n=67)	7	10%	0%	11%	15%
Position of Primary Assessor (n=65)					
Case Manager	55	85%	100%	94%	74%
Other	8	12%	0%	0%	23%
No Primary	2	3%	0%	6%	3%
Formal Case Plan Developed (n=98)	71	72%	69%	61%	82%
Participants in Case Plan Development (n=71)					
Agency staff	19	27%	23%	18%	33%
Family	5	7%	8%	9%	6%
Both	44	62%	62%	68%	58%
Combination	3	4%	8%	5%	3%
Referral for Secondary Assessment (n=67)*	31	47%	20%	61%	50%
Mental Health/Psychiatric (n=31)	13	42%	67%	31%	47%
Substance Abuse (n=32)	6	19%	0%	7%	33%
Domestic Violence (n=31)	2	7%	0%	8%	7%
Developmental (n=31)	3	10%	33%	8%	7%
Other (n=31)	10	32%	0%	46%	27%

\*  $p<.05$ , \*\*  $p<.01$ , \*\*\*  $p<.001$

The case file review revealed that families had several strengths that could be identified by case managers at the start of their cases (see Table 12). For example, 79 percent of parents were cooperative and 62 percent had a positive attitude toward their children. In addition, 60 percent of families were rated as motivated to change and 52 percent were viewed as having family cohesiveness. The only significant difference by Case Type, however, was in social support ( $X^2=9.605$ ,  $df(2)$ ,  $p<.01$ ): a much lower proportion of Path Two families had social support (19 percent) compared to Community and Path One cases (45 percent and 48 percent, respectively).

**Table 12. Presenting Family Strengths and Problems**

	Frequency	Total Percent	Total N	Community	Path One	Path Two
<b>Strengths</b>						
Cooperative	88	79%	112	80%	77%	79%
Positive Attitude toward Children	69	62%	112	60%	66%	58%
Motivated to Change	67	60%	112	65%	57%	60%
Family Cohesiveness	59	52%	113	50%	64%	43%
Participated in Realistic Planning	55	49%	112	40%	57%	46%
Accept Responsibility	51	46%	112	40%	48%	46%
Extended Family Support	42	38%	112	35%	39%	38%
Social Support System**	39	35%	112	45%	48%	19%
Other <sup>1</sup>	12	11%	112	5%	14%	10%
Total Number of Strengths Scale	--	--	112	--	--	--
Mean	4.29	--	--	4.20	4.68	3.98
Standard Deviation	2.41	--	--	2.46	2.36	2.43
<b>Problems</b>						
School Problems	45	36%	125	35%	33%	40%
Neglect**	43	34%	127	9%	30%	48%
Domestic Violence	38	31%	124	18%	30%	37%
Emotional Abuse	34	28%	123	18%	26%	34%
Physical Abuse**	27	22%	124	5%	17%	34%
Unsafe Housing*	16	13%	121	5%	8%	23%
No Supervision	16	13%	121	5%	10%	21%
Medical (Parent)	16	13%	121	9%	8%	21%
Prenatal Drug Exposure	14	12%	120	5%	10%	17%
Other <sup>2</sup>	13	11%	121	18%	8%	10%
Medical (Child)	10	8%	121	5%	10%	8%
Sexual Abuse	7	6%	121	5%	6%	6%
Abandonment	7	6%	121	5%	10%	2%
Non-organic Failure to Thrive	3	3%	121	0%	2%	4%
Total Number of Problems Scale**	--	--	120	--	--	--
Mean	2.23	--	--	1.29	1.96	2.94
Standard Deviation	1.95	--	--	1.35	1.51	2.34

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

- 1: Other strengths included: involved in Alcoholics Anonymous, basic needs met, mother wants to bond with child.  
 2: Other problems included: anger management issues, Katrina displacement, mother in jail, father is gang-affiliated.

In terms of family problems present at the start of the case, 36 percent had school problems, 34 percent had neglect, and 31 percent had domestic violence. Significant differences by Case Type were found in three problem areas: neglect ( $X^2=11.039$ ,  $df(2)$ ,  $p < .01$ ), physical abuse ( $X^2=8.831$ ,  $df(2)$ ,  $p < .01$ ), and unsafe housing ( $X^2=6.661$ ,  $df(2)$ ,  $p < .05$ ). A lower proportion of Community cases had each of these problems compared to Path One and Path Two families. For example, 9 percent of Community cases had neglect compared to 30 percent of Path One cases and 48 percent of Path Two cases.

Two scales were created to examine whether the number of strengths or problems a family had varied significantly by Case Type. The first scale was a summation of the number of strengths per family and the second was the total number of problems. On average, families had

4.29 strengths (standard deviation=2.41, range=0-9) and 2.23 problems (standard deviation=1.95, range=0-11). There was no significant difference in number of strengths by Case Type but there was in number of problems ( $F=6.677$ ,  $df(2)$ ,  $p<.01$ ): Path Two families had more problems on average than Path One families, who had a higher average than Community families.

Table 13 displays information for several risk factors for child maltreatment that were assessed by case managers as being present at the start of the cases. Out of the 13 child related risk factors, the top three were behavior problems (54 percent of families), child aggression (29 percent), and mental health concerns (26 percent).

Although there were no statistically significant differences in any of the child-related risk factors by Case Type, a few suggestive patterns emerge. For example, a lower proportion of Community cases had children with behavior problems (36 percent) compared to Path One and Path Two cases (56 percent and 60 percent, respectively). A higher proportion of Path Two cases had children with delinquent behavior (23 percent) compared to Community cases (14 percent) and Path One cases (8 percent). A higher proportion of Path One cases had children with developmental delay (20 percent) compared to Path Two cases (12 percent) and Community cases (5 percent).

Examination of parent-related risk factors indicated that 54 percent of parents in the sample had Depression or Anxiety; 50 percent were unemployed, 43 percent had substance abuse issues, 39 percent had a high general stress level, and 34 percent had feelings of insecurity. Of all the parent-related risk factors, only two were significant in terms of differences by Case Type: substance abuse ( $X^2=8.436$ ,  $df(2)$ ,  $p<.05$ ) and high general stress level ( $X^2=9.840$ ,  $df(2)$ ,  $p<.01$ ). A higher proportion of Path Two cases had parents with substance abuse problems (55 percent) compared with Community (18 percent) and Path One cases (43 percent). Similarly, a higher proportion of Path Two cases had parents with a high general stress level (49 percent) compared with Community (10 percent) and Path One cases (41 percent).

In terms of environment-related risk factors, 81 percent of all families had low socioeconomic status, 51 percent had stressful life events, 26 percent were socially isolated, 18 percent lacked access to medical and/or social services, and 15 percent were homeless. Although there were no significant differences by Case Type in these risk factors, it is important to note that a much lower proportion of Community cases were socially isolated (9 percent) compared to Path One and Path Two cases (24 percent and 35 percent, respectively).

**Table 13. Risk Factors for Child Maltreatment**

	Frequency	Total Percent	Total N	Community	Path One	Path Two
<b>Child-Related Risk Factors</b>						
Behavior Problems	60	54%	112	36%	56%	60%
Child Aggression	31	29%	106	18%	34%	30%
Mental Health	31	26%	121	18%	28%	27%
Attention Deficits	25	24%	106	23%	29%	19%
Temperament	22	21%	106	18%	20%	23%
Delinquent Behavior	18	15%	121	14%	8%	23%
Developmental Delay	14	13%	106	5%	20%	12%
Other	13	12%	108	0%	19%	11%
Anti-social Peer Group	12	11%	106	14%	7%	14%
Disabled (Physical and/or Developmental)	9	9%	106	5%	7%	12%
Chronic/Serious Illness	8	8%	106	5%	15%	2%
Premature Birth	4	4%	103	0%	2%	7%
Low Birth Weight	4	4%	105	0%	2%	7%
<b>Parent-Related Risk Factors</b>						
Depression/Anxiety	63	54%	116	52%	52%	57%
Unemployment	58	50%	116	43%	54%	49%
Substance Abuse*	52	43%	120	18%	43%	55%
High General Stress Level**	45	39%	116	10%	41%	49%
Feelings of Insecurity	39	34%	116	29%	26%	43%
Low Tolerance for Frustration	35	30%	116	24%	30%	33%
Childhood History of Abuse	35	30%	117	29%	22%	38%
Poor Impulse Control	32	28%	116	19%	28%	31%
High Parental Conflict	32	28%	116	14%	26%	35%
Inaccurate Knowledge about Child Development	30	26%	116	24%	22%	31%
Insecure Attachment with own Parents	29	25%	117	24%	23%	27%
Separation/Divorce	28	24%	116	38%	22%	20%
Single Parent with Lack of Support	25	22%	116	29%	17%	22%
Negative Attributions about Child's Behavior	24	21%	116	14%	17%	27%
Other	18	15%	119	9%	15%	18%
Very Young/Old Age	14	12%	119	14%	13%	10%
Other Mental Illness	12	10%	116	5%	7%	16%
<b>Environment-Related Risk Factors</b>						
Low Socioeconomic Status	102	81%	126	83%	83%	78%
Stressful Life Events	58	51%	114	43%	47%	58%
Social Isolation	30	26%	115	9%	24%	35%
Lack of Access to Medical/Social Services	20	18%	114	14%	18%	19%
Homelessness	17	15%	100	0%	18%	18%
Unsafe Environment	14	12%	121	0%	10%	19%
Community Violence	10	9%	115	5%	7%	12%
Lack of Shelter	9	7%	121	0%	12%	6%
Other	2	2%	114	5%	0%	2%

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

To examine whether or not there were differences in total number of each of the risk factors by Case Type, scales were created adding the total number of each type of risk factor (see Table 14). The average number of child-related risk factors was 2.25 (standard deviation=2.42, range=0-10). The average number of parent-related risk factors was higher at 4.83 (standard deviation=3.42, range=0-15). The average number of environment-related risk factors was 2.17 (standard deviation=1.40, range=0-7). Although the only significant difference by Case Type was in the environment-related risk factor scale ( $F=3.446$ ,  $df(2)$ ,  $p<.05$ ), the pattern of findings was the same for each of the three scales in that Path Two cases had the most number of risk factors, followed by Path One and Community cases.

**Table 14. Distribution of Scales Created regarding Risk Factors for Maltreatment**

	Frequency	Community	Path One	Path Two
Total Number of Child-Related Risk Factors				
Mean	2.25	1.43	2.51	2.42
Standard Deviation	2.42	1.94	2.36	2.66
Total n	100	--	--	--
Total Number of Parent-Related Risk Factors				
Mean	4.83	3.81	4.50	5.57
Standard Deviation	3.42	3.04	3.25	3.62
Total n	116	--	--	--
Total Number of Environment-Related Risk Factors*				
Mean	2.17	1.52	2.16	2.47
Standard Deviation	1.40	0.93	1.24	1.63
Total n	112	--	--	--

\* $p<.05$ , \*\* $p<.01$ , \*\*\* $p<.001$

Table 15 displays information regarding the housing situation of families at the start of their cases as well as factors related to transportation. These types of factors were important to examine because of the specific barriers identified during site visit interviews related to the rural nature of the SCI counties, such as geographic isolation, lack of/inadequate public transportation, and lack of affordable housing.

Most families lived in apartments (26 percent), owned their house (22 percent), or rented their house (19 percent). It is important to note, however, that 14 percent were staying with friends/relatives. In addition, 4 percent were homeless/on streets, 2 percent were staying at a hotel or motel, and 1 percent were camping. The vast majority of the families' current housing had indoor plumbing and electricity (96 percent for each). There were no differences in any of the housing situation factors by Case Type.

**Table 15. Housing and Transportation**

	Frequency	Total Percent	Community	Path One	Path Two
Current Housing Situation (n=133)					
Apartment	34	26%	46%	20%	21%
Own House	29	22%	23%	25%	17%
Rent House	25	19%	12%	17%	26%
Trailer	18	14%	8%	17%	13%
Staying with friends/relatives	18	14%	12%	13%	15%
Homeless/on streets	5	4%	0%	3%	6%
Hotel/Motel	3	2%	0%	5%	0%
Campground	1	1%	0%	0%	2%
Current Housing has Indoor Plumbing (n=101)	97	96%	93%	100%	93%
Current Housing has Electricity (n=101)	97	96%	100%	100%	91%
Owens Car Currently (n=100)	72	72%	68%	78%	68%
Primary Transportation to Program (n=87)					
Car	70	81%	81%	89%	72%
Bus	6	7%	6%	6%	8%
Other	6	7%	6%	6%	8%
Friend/Relative	5	6%	6%	0%	11%
Number of Miles from Program (n=142)					
Mean	10.06	--	8.62	9.85	11.49
St. Deviation	10.13	--	9.16	10.70	10.96
Travel Time to Program in Minutes (n=126)					
Mean	17.59	--	14.50	18.17	18.54
St. Deviation	15.62	--	13.41	16.26	15.98

In terms of transportation related factors, for most families, the primary transportation utilized to go the programs was their own car (81 percent). About 7 percent relied on the public bus system, 7 percent on Other transportation, and 6 percent on friends/relatives. The average number of miles families lived from the programs was about 10 miles (the range was 1 to 45 miles) and the average transportation time was about 18 minutes (the range was 1 to 60 minutes). Although this pattern of findings related to transportation may seem counter to information suggested by site visit interviews, it is important to note that one of the goals of many of the counties during SCI-II was to have FRCs and programs available in all communities, not just in centrally located facilities. Part of the selection process for the case review was choosing programs that provided services under DR and the programs chosen were those located in specific communities and not necessarily at a central location such as the county seat. There were no differences by Case Type in transportation related factors.

Many of the programs included in the case review provided several different services or at least offered linkage to a wide variety of services if not available in-house. Table 16a contains information regarding which services were “recommended and received,” “recommended but not received, and “not recommended and, therefore, not received” for the families. This type of classification allows for examination of both service need as well as service receipt. Because of the great number of services examined, the following description focuses on the most recommended services as well as those with significant differences by Case Type.

**Table 16a. Services Recommended versus Received**

	Frequency	Total Percent	Community	Path One	Path Two
<b>In-Home Visitation**</b>					
Recommended/Received	75	48%	50%	40%	56%
Recommended/Not Received	24	15%	3%	27%	7%
Not Recommended/Not Received	58	37%	47%	33%	37%
Total n	157				
<b>Parent Education</b>					
Recommended/Received	35	24%	30%	22%	21%
Recommended/Not Received	35	24%	13%	30%	21%
Not Recommended/Not Received	79	53%	57%	48%	58%
Total n	149				
<b>Individual Counseling**</b>					
Recommended/Received	33	22%	23%	15%	30%
Recommended/Not Received	29	19%	7%	28%	15%
Not Recommended/Not Received	90	59%	70%	57%	56%
Total n	152				
<b>Substance Abuse*</b>					
Recommended/Received	15	10%	0%	6%	20%
Recommended/Not Received	12	8%	3%	10%	7%
Not Recommended/Not Received	130	83%	97%	85%	73%
Total n	157				
<b>Family Counseling</b>					
Recommended/Received	14	9%	7%	4%	16%
Recommended/Not Received	13	8%	7%	13%	4%
Not Recommended/Not Received	130	83%	87%	83%	80%
Total n	157				
<b>Housing</b>					
Recommended/Received	15	10%	14%	9%	9%
Recommended/Not Received	9	6%	4%	7%	5%
Not Recommended/Not Received	130	84%	82%	84%	86%
Total n	154				
<b>Food Pantry</b>					
Recommended/Received	18	12%	20%	7%	13%
Recommended/Not Received	0	0%	0%	0%	0%
Not Recommended/Not Received	138	89%	80%	93%	88%
Total n	156				
<b>Transportation</b>					
Recommended/Received	14	9%	17%	9%	6%
Recommended/Not Received	4	3%	3%	3%	2%
Not Recommended/Not Received	138	89%	80%	89%	93%
Total n	156				
<b>Auxiliary Funding</b>					
Recommended/Received	17	11%	17%	7%	12%
Recommended/Not Received	0	0%	0%	0%	0%
Not Recommended/Not Received	141	89%	83%	93%	88%
Total n	158				

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

**Table 16a Continued. Services Recommended versus Received**

	Frequency	Total Percent	Community	Path One	Path Two
<b>Health Care</b>					
Recommended/Received	11	7%	7%	7%	7%
Recommended/Not Received	4	3%	0%	3%	4%
Not Recommended/Not Received	140	90%	93%	90%	89%
Total n	155				
<b>Employment</b>					
Recommended/Received	4	3%	0%	6%	0%
Recommended/Not Received	7	5%	0%	4%	7%
Not Recommended/Not Received	145	93%	100%	90%	93%
Total n	156				
<b>Recreation*</b>					
Recommended/Received	5	3%	0%	7%	0%
Recommended/Not Received	5	3%	0%	6%	2%
Not Recommended/Not Received	147	94%	100%	87%	98%
Total n	157				
<b>Mentoring***</b>					
Recommended/Received	8	5%	23%	0%	2%
Recommended/Not Received	2	1%	3%	1%	0%
Not Recommended/Not Received	148	94%	73%	99%	98%
Total n	158				
<b>Group Counseling</b>					
Recommended/Received	5	3%	7%	1%	4%
Recommended/Not Received	4	3%	3%	4%	0%
Not Recommended/Not Received	147	94%	90%	94%	96%
Total n	156				
<b>Domestic Violence</b>					
Recommended/Received	3	2%	3%	1%	2%
Recommended/Not Received	6	4%	7%	4%	2%
Not Recommended/Not Received	149	94%	90%	94%	97%
Total n	158				
<b>Head Start</b>					
Recommended/Received	5	3%	7%	3%	2%
Recommended/Not Received	4	3%	7%	1%	2%
Not Recommended/Not Received	151	94%	87%	96%	97%
Total n	160				
<b>Child Care</b>					
Recommended/Received	5	3%	3%	4%	2%
Recommended/Not Received	3	2%	0%	1%	4%
Not Recommended/Not Received	147	95%	97%	94%	94%
Total n	155				
<b>Special Education</b>					
Recommended/Received	6	4%	3%	1%	7%
Recommended/Not Received	1	1%	0%	1%	0%
Not Recommended/Not Received	151	96%	97%	97%	93%
Total n	158				

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

**Table 16b. Reasons for Recommended Services not being Received**

	Frequency	Total Percent	Community	Path One	Path Two
<b>In-Home Visitation</b>					
Client Refused	14	61	100%	58%	67%
Wait List	0	0	0%	0%	0%
Other	9	39	0%	42%	33%
Total n	23				
<b>Parent Education</b>					
Client Refused	25	71	75%	71%	70%
Wait List	1	3	0%	0%	10%
Other	9	26	25%	29%	20%
Total n	35				
<b>Individual Counseling</b>					
Client Refused	19	68	100%	65%	63%
Wait List	2	7	0%	6%	13%
Other	7	25	0%	29%	25%
Total n	28				
<b>Family Counseling</b>					
Client Refused	8	62	50%	56%	100%
Wait List	1	8	0%	11%	0%
Other	4	31	50%	33%	0%
Total n	13				
<b>Substance Abuse</b>					
Client Refused	8	67	100%	57%	75%
Wait List	0	0	0%	0%	0%
Other	4	33	0%	43%	25%
Total n	12				

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

It is not surprising given the focus of DR programs in the SCI counties on in-home visitation, as described in site visit interviews and quarterly reports, that this service was recommended the most often: 63 percent of families were recommended for in-home visitation. Of these families, 48 percent received the service while 15 percent did not. In 23 out of the 24 cases where the service was recommended but not received, information regarding the reason why was available (see Table 16b). About 61 percent of families did not receive the service because the client refused; 39 percent were for other reasons (e.g., the case closed before service provision could start, the client moved/could not be located). There was a significant difference in pattern of in-home service receipt by Case Type ( $X^2=14.627$ ,  $df(4)$ ,  $p < .01$ ) such that Path One cases were the most likely to be recommended for this service but not to receive it: 27 percent compared to 7 percent of Path Two cases and 3 percent of Community cases. There was no significant difference, however, in the reasons why services were not received by Case Type.

Parent education is another service that most of the counties provide under DR as well as to Community cases. About 48 percent of families were recommended for Parent Education and equal portions (23 percent) received the service versus did not. In 71 percent of the cases where the family was recommended this service, the reason why services were not received was due to client refusal; 3 percent were due to wait-lists and 26 percent were due to other reasons. There

were no significant differences in parent education receipt pattern or in reason why services were not received by Case Type.

Individual Counseling was recommended for 41 percent of the families. Of these, 22 percent received the service and 19 percent did not. The reason why services were not received was known for 28 of the 29 cases: 68 percent did not receive services due to client refusal, 7 percent due to wait-lists, and 25 percent due to other reasons. There was a significant difference in counseling service receipt pattern by Case Type ( $X^2=14.627$ ,  $df(4)$ ,  $p<.01$ ): a higher proportion of Path One cases were recommended for this service but did not receive it (28 percent) compared to Path Two and Community cases (15 percent and 7 percent, respectively). There was no significant difference, however, in reason why services were not received by Case Type.

Substance Abuse treatment was a service recommended for about 18 percent of families and 10 percent received the service while 8 percent did not. Of these latter 12 cases, 67 percent did not receive the service due to client refusal and 33 percent due to other reasons. There was no difference in reason why services were not received by Case Type. There was a significant difference, however, in substance abuse service receipt pattern by Case Type ( $X^2=12.521$ ,  $df(4)$ ,  $p<.05$ ): a higher proportion of Path Two families were recommended this service and received it (20 percent) compared to Community cases (0 percent) and Path One cases (6 percent). In addition, this service was recommended for Path One and Two cases more so than for Community cases.

Family counseling was recommended for about 17 percent of the families: 9 percent received the services and 8 percent did not. Of the 13 cases that did not receive the service, 62 percent were due to client refusal, 8 percent due to wait-lists, and 31 percent due to other reasons. There were no significant differences in family counseling service receipt pattern or in reasons why services were not received by Case Type.

There are two services which were recommended infrequently but are significant when examining differences by Case Type. Recreation services were recommended for 6 percent of the sample but only for Path One and Two cases; equal portions (3 percent) received the service versus did not ( $X^2=9.517$ ,  $df(4)$ ,  $p<.05$ ). Mentoring was recommended for 6 percent of the sample, primarily Community cases. About 5 percent of the families received the service while 1 percent did not ( $X^2=27.986$ ,  $df(4)$ ,  $p<.001$ ).

To examine the distribution of the number of services recommended overall, two scales were created. The first was a summation of the total number of services recommended and the second was the total number of the top five services recommended. For both scales, information was available for 158 cases. When considering the total number of services, an average of three services per case were recommended (standard deviation=2.18). The scale ranged from 0-18 but the maximum number of services recommended was 11 (the minimum was 0). An average number of two of the top five services were recommended per cases (standard deviation=1.35, minimum=0, maximum=5). There were no significant differences by Case Type in either of the two scales.

Although all of the factors examined thus far reveal important information regarding differences among families receiving services by Case Type, it is equally important to know the disposition of cases. The case file review captured information regarding how long families received services and what the outcome of the case was for those where the case was closed. The families in the case record sample received an average of three months of services (see Table 17). This varied significantly by Case Type ( $F=5.583$ ,  $df(2)$ ,  $p<.01$ ) such that Path One families received the fewest days of service (average=69 days) compared to Path Two cases (average=100 days) and Community cases (average=145 days). This is not surprising given that 32 percent of Path One cases were closed due to the family being unable to be contacted, moving, or for other reasons such as “no services needed at this time,” “services being received by another program,” “allegation addressed through school,” and “inconclusive allegation.”

**Table 17 Case Disposition at End of Study Period**

	Frequency	Total Percent	Community	Path One	Path Two
Duration of Services in Days (n=161)*					
Mean	94.14	--	144.87	68.56	99.58
St. Deviation	109.26	--	133.87	94.21	104.55
Case Disposition**					
Case still open	71	46%	37%	40%	58%
Positive outcome	23	15%	37%	11%	9%
Negative outcome	24	16%	15%	18%	13%
Unable to contact/moved/other	37	24%	11%	32%	20%
Total n	155				

\*  $p<.05$ , \*\*  $p<.01$ , \*\*\*  $p<.001$

Note: Positive Outcome=Goals accomplished/completed program successfully; Negative Outcome=Client refused services/non-compliant/children removed.

In terms of case disposition, 46 percent of cases were still open at the end of the study period. About 15 percent were closed with a positive outcome, which is defined as having goals accomplished either fully ( $n=18$ ) or partially ( $n=5$ ); 16 percent were closed with a negative outcome, defined as the client refused services ( $n=20$ ), children were removed ( $n=2$ ), or client is non-compliant with services ( $n=2$ ). In 24 percent of the cases, the worker was unable to reach the client ( $n=14$ ) or the client moved ( $n=18$ ). This proportion also contains 15 cases classified as other. The difference in case disposition by Case Type was significant ( $X^2=18.315$ ,  $df(6)$ ,  $p<.01$ ). Community cases were less likely to be open (37 percent) compared to Path One and Path Two cases (40 percent versus 58 percent). Community cases were also more likely to be closed due to a positive outcome (37 percent) compared to Path One (11 percent) and Path Two cases (9 percent). As mentioned above, a higher proportion of Path One cases were closed due to Unable to contact/moved/other reasons (32 percent) compared to Community (11 percent) and Path Two cases (20 percent).

## References

- Child Welfare Services Stakeholders Group. (2003). *CPS Redesign: The Future of California's Child Welfare Services, Final Report*. Sacramento, CA: Department of Social Services. Last accessed 10/16/06 from: [www.cwsredesign.ca.gov/res/pdf/CWSReport.pdf](http://www.cwsredesign.ca.gov/res/pdf/CWSReport.pdf)
- Department of Health and Human Services. (2003). *Final Report: California Child and Family Services Review*. Last accessed 6/20/07 from <http://www.cdss.ca.gov/cfsr/res/pdf/011303/CFSRfinalreport.pdf>
- Longoria, R. (2005). Is inter-organizational collaboration always a good thing? *Journal of Sociology and Social Welfare*, 33(3), 123-138.
- Mancini, J., & Marek, L. (2004). Sustaining community-based programs for families: Conceptualization and measurement. *Family Relations*, 53, 330-347.
- Schene, P., & Oppenheim, S. (2005). *Choosing the Path Less Traveled: Strengthening California Families Through Differential Response, What Works Policy Brief*. Sacramento, CA: County Welfare Directors Association of California and the Foundation Consortium for California's Children & Youth. Last accessed 10/16/06 from: [http://www.cwda.org/downloads/DifferentialResponsePolicyBrief\\_FINAL.pdf](http://www.cwda.org/downloads/DifferentialResponsePolicyBrief_FINAL.pdf)

# Appendices

## Appendix A. Prevention System Assessment Tool

### Small County Initiative II: Assessment Tool for County Systems of Child Abuse Prevention Services

**GENERAL INSTRUCTIONS:** This assessment is designed to get a snapshot of the system of child abuse prevention services in your County. While it deals with SCI-II funded activities and objectives (including the Redesign objective added to SCI-II), it also asks you to rate services and system elements **not** directly covered or affected by SCI-II. This assessment asks about a whole range of prevention activities, services, and arrangements. The goal of this assessment is to provide information about the progress your County has made in developing a comprehensive network of prevention services.

This assessment is to be completed by a team that is coordinated by the SCI-II program manager that includes 2 to 4 other knowledgeable service providers, CAPC members, administrators, or community representatives. It should take several hours to complete this instrument. It should be completed once a year, ideally by the same team, over the life of the SCI-II initiative.

**WHAT IS RATED:** The items below fall into broad categories that reflect the objectives of SCI-II and CWS redesign; namely 1) Community Capacity Development; 2) Differential Response and Service Availability to Vulnerable Families; and 3) Inter-Agency Coordination. There are specific questions under each category that look at services, collaborative functioning, CAPC involvement, funding and so forth. The meaning of those items should be self explanatory.

**THE RATING SCALES:** For each element, first note whether the element exists in your County, and the level of quality associated with that element. That is the “Status” ranking. Next, please note whether that item/element was a focus for development within the scope of work of the SCI, including the Redesign objective added onto the original SCI-II proposal. Rate how important each element was as a service/development objective for SCI-II using the scale below. Enter a number in each box.

County: \_\_\_\_\_

Date: \_\_\_\_\_

Team Members Completing Survey (name, position):

	Name	Position
1.		
2.		
3.		
4.		

<b>STATUS:</b>	<b>PRIORITY:</b>		
1. Element in place, excellent quality 2. Element in place, satisfactory quality 3. Element in place, quality needs improvement 4. Element does not exist  9 Not applicable	1. High priority for development in SCI 2. Moderate priority for development in SCI 3. Low priority for development in SCI 4. Not a priority for development in SCI		
		<b>STATUS</b>	<b>PRIORITY</b>
<b>SECTION 1: COMMUNITY CAPACITY DEVELOPMENT</b>			
<b>A. Child Abuse Prevention Council (CAPC) Organization</b>			
1.1 The CAPC has been established and designated by the Board of Supervisors.			
1.2 The Council is a non-profit or independent entity within county government.			
1.3 The Council's membership includes public CWS, criminal justice, prevention/treatment services, mental health services and education.			
1.4 The Council's membership includes representatives from the religious/faith community, business and civic leadership.			
1.5 CAPC membership includes parents/consumers of services.			
1.6 The community is aware of the Council's role in the community and of its activities.			
1.7 Clear and consistent policies and procedures have been formally established by the Council and are in place at the site.			
1.8 CAPC policies and procedures address issue of assuring cultural diversity.			
1.9 Trust fund money is used to fund child abuse and neglect prevention programs.			
1.10 The process for allocating revenue is open and accountable.			
1.11 The County collects and publishes data about the County Children's Trust Fund.			
<b>B. Neighborhood Partnerships</b>			
1.12 The Latino population is involved in planning, governance and delivery of services to their community.			
1.13 The Native American population is involved in planning, governance and delivery of services to their community.			
1.14 The African American population is involved in planning, governance and delivery of services to their community.			
1.15 Other cultural groups in the County (such as the Hmong) are actively involved in planning, governance and delivery of services to their community.			
1.16 The parents of special needs children are actively involved in planning, governance and delivery of services to children with special needs.			
<b>C. Public Education about Child Abuse and Prevention</b>			
1.17 Training and information about abuse, neglect, and preventive services is readily available to medical practitioners, teachers, and law enforcement personnel.			
1.18 Public Service Announcements air in local media to call attention to the Child Abuse and Abuse Prevention.			

<b>STATUS:</b>	<b>PRIORITY:</b>	
1. Element in place, excellent quality 2. Element in place, satisfactory quality 3. Element in place, quality needs improvement 4. Element does not exist  9 Not applicable	1. High priority for development in SCI 2. Moderate priority for development in SCI 3. Low priority for development in SCI 4. Not a priority for development in SCI	
	STATUS	PRIORITY
<b>D. Evaluation</b>		
1.19 Leadership in child welfare and prevention services are committed to the use of evaluation.		
1.20 Quality Assurance/continuous quality improvement is seen as essential and used by administrators.		
1.21 Program managers use outcome evaluation for planning and management purposes.		
<b>SECTION 2: DIFFERENTIAL RESPONSE AND SERVICE AVAILABILITY TO VULNERABLE FAMILIES</b>		
<b>A. Prevention Services</b>		
2.1 A system of services to support families with children is established in every community within the County.		
2.2 There is an adequate system of mobile service delivery to outlying communities.		
<b>In-Home Services</b>		
2.3 There is an adequate supply of in home services for families in need in the County.		
2.4 In home services are effectively linked to CPS and other services in the abuse prevention system.		
2.5 In-home services are connected to Family Resource Centers.		
2.6 In-home services are based on Family Support principles.		
2.7 Caseload size for home visitors is appropriate for program.		
2.8 Visits per month are specified by program and appropriate for case plan.		
2.9 Case management is coordinated among the MDT partners.		
2.10 Families do not have to wait to participate in the home visiting program.		
<b>Family Resource Center (FRCs)</b>		
2.11 FRCs exist in each major population center in the county.		
2.12 FRCs are available to the major populations in need of family support in the County.		
2.13 The FRCs are integrated with other child welfare services in the County.		
2.14 FRCs are effectively linked to child protective services in the County.		
2.15 Family Support Services emphasize and build on the existing strengths of families.		
2.16 There is strong client participation in FRC governance.		

<b>STATUS:</b>  1. Element in place, excellent quality 2. Element in place, satisfactory quality 3. Element in place, quality needs improvement 4. Element does not exist  9 Not applicable	<b>PRIORITY:</b>  1. High priority for development in SCI 2. Moderate priority for development in SCI 3. Low priority for development in SCI 4. Not a priority for development in SCI	
	<b>STATUS</b>	<b>PRIORITY</b>
2.17 FRC services are available to families in their native language (e.g., Spanish, Hmong).		
<b>Parent Education Programs</b>		
2.18 Parent education programs designed for specialized populations (teen mothers, developmentally disabled parents, etc.) are in existence and accessible to families.		
2.19 There is an adequate number of programs designed specifically to encourage father involvement with children.		
2.20 Parent education programs focusing on child development are generally available for families.		
2.21 There are a variety of life skills courses available for parents, including anger management, communication skills, budgeting, cooking, etc.		
<b>B. Treatment and Specialized Services for Vulnerable Families</b>		
2.22 Youth development (mentoring, after school activities, community service, family fun events) programs are available to families as needed.		
2.23 Advocacy programs and services are available to families.		
2.24 Specialized services are accessible to families with children in the first year of life.		
2.25 There are respite care programs available to families in need.		
2.26 Specialized services are available for families with children with special needs.		
<b>Health and Mental Health Services</b>		
2.27 Information and referrals are provided to family health and wellness agencies and services (health & dental services, mental health programs, Healthy Families and MediCal) as needed.		
2.28 There are no waiting lists for families to receive formal counseling.		
2.29 Counseling services are provided by licensed personnel.		
2.30 Support groups and mentoring programs are accessible to parents.		
<b>Economic Self Sufficiency</b>		
2.31 Family economics and self sufficiency (CalWORKs, job preparation and search, community employment board) programs are accessible to families in need.		
2.32 Emergency resources, such as food and shelter, are accessible to families in crisis.		
2.33 Family literacy and education support (ESL, tutoring, GED prep, technology center) are accessible to families as needed.		
<b>Substance Abuse</b>		
2.34 Information and referrals to Substance abuse treatment (counseling, self-help groups) are available to families as needed.		
2.35 There are no waiting lists to receive substance abuse treatment.		

<b>STATUS:</b>	<b>PRIORITY:</b>		
1. Element in place, excellent quality 2. Element in place, satisfactory quality 3. Element in place, quality needs improvement 4. Element does not exist  9 Not applicable	1. High priority for development in SCI 2. Moderate priority for development in SCI 3. Low priority for development in SCI 4. Not a priority for development in SCI		
		<b>STATUS</b>	<b>PRIORITY</b>
<b>Domestic Violence</b>			
2.36 Victims of domestic violence are referred to counseling in a timely manner.			
2.37 Referrals to emergency shelters for victims of domestic violence and their children are provided as needed.			
<b>Services to Families “At-Risk”</b>			
2.38 There are methods available to identify all children at risk of neglect and or abuse.			
2.39 A system of resources and referrals is available for “at-risk” families.			
2.40 Referrals are made in a timely fashion to “at-risk” families.			
2.41 Case management services are available to families “at-risk.”			
2.42 Services to “at-risk” families are well integrated with child protective services.			
2.43 Voluntary services are offered to “unsubstantiated” CPS referrals.			
2.44 A tracking system exists for “at-risk” families referred to child protective services.			
<b>SECTION 3: ORGANIZATIONAL CULTURE CHANGE</b>			
<b>A. The SCI Collaborative</b>			
3.1 The SCI budget and expenditures are reviewed annually by governing body.			
3.2 An Annual review of the SCI program addresses progress and barriers, as well as desired outcomes.			
3.3 Close collaboration between public CPS and community agencies is evident in the SCI program.			
3.4 SCI collaborative governing body has regular participation from consumers and parents in program planning, operations and review.			
3.5 Within the SCI collaborative, policy and procedures allow for the sharing of relevant client information.			
3.6 SCI planning involved meaningful input from community, agency, as well as County stakeholders.			
3.7 Stakeholders in the SCI program meet and communicate regularly.			
3.8 There exists a consensus among stakeholders for the need to sustain funding for Abuse Prevention programs when SCI terminates.			
3.9 There exists a clearly defined conflict resolution process among members of the SCI collaborative.			
3.10 The SCI collaborative demonstrates flexibility and adaptability to change.			
3.11 The SCI collaborative has a clear decision making protocol for organizational and resource allocation issues.			
<b>B. Child Abuse Prevention System Coordination</b>			

<b>STATUS:</b>  1. Element in place, excellent quality 2. Element in place, satisfactory quality 3. Element in place, quality needs improvement 4. Element does not exist  9 Not applicable	<b>PRIORITY:</b>  1. High priority for development in SCI 2. Moderate priority for development in SCI 3. Low priority for development in SCI 4. Not a priority for development in SCI	
	<b>STATUS</b>	<b>PRIORITY</b>
3.12 There exist formal public-private partnerships at all levels of government that help develop and integrate resources for families at risk.		
3.13 Viable public/private partnerships exist in each community in the county to increase the capacity to respond to the needs of the families in the community.		
3.14 Our County provides an opportunity for residents and CWS consumers to participate in prevention planning.		
3.15 The resources and opportunities provided in our County are aligned with the cultural values of families with at risk children.		
3.16 CPS refers unsubstantiated cases of abuse to appropriate agencies for follow-up.		
3.17 CPS and prevention services are well integrated within our County.		
3.18 A positive partnership exists between the community and Child Welfare Service to share responsibility and accountability for child safety.		
3.19 A system exists within our County to refer vulnerable families for family support services.		
3.20 Within our county there exists a follow-up system for families that have received supportive services (home visiting, etc.).		
3.21 Prevention services agencies are accountable for safety and well-being outcomes for children and families.		

Thank You!

## Appendix B. Case Abstraction Protocol

### Small Counties Initiative II -- Chart Abstraction Protocol

#### Section 1. Chart Information

1.1 Date of Review	
1.2 Name of Reviewer	
1.3 County	
1.4 Program	
1.5 UCLA Chart ID #	____ _ _ _ _
1.6 Chart Start Date	___ / ___ / ___
1.7 Chart End Date	___ / ___ / ___

Note: If days for dates are missing, write down the 15<sup>th</sup> of the given month

UCLA Chart ID Format: First 2 digits are county code 1-11 (see below); 3<sup>rd</sup> digit is program code (see below); last 2 digits are chart number (01-30, in the order reviewed)

County Code:	Program Code:
01 = Alpine	1 = Path 1
02 = Amador	2 = Path 2
03 = Calaveras	3 = Community only
04 = Del Norte	
05 = Glenn	
06 = Plumas	
07 = Siskiyou	
08 = Tehema	
09 = Trinity	
10 = Tuolumne	
11 = Yuba	

Other Codes for throughout form: (number of digits will be determined by variable, i.e., 8 v. 88 v. 888 etc.)

7 = Unknown  
 8 = Missing  
 9 = Not applicable  
 CMR = Case Manager Report

Section 2. Family Demographics

<p>2.1 Number of Children (under 18) in Household</p>	<p>_____</p> <p>777. Unknown</p>	<p>CMR?</p> <p><input type="checkbox"/></p>
<p>2.2 Number of Adults in Household</p>	<p>_____</p> <p>777. Unknown</p>	<p>CMR?</p> <p><input type="checkbox"/></p>
<p>2.3 People in Household</p>	<p><u>Circle all that apply</u></p> <p>1. Mother</p> <p>2. Father</p> <p>3. Guardian</p> <p>4. Sibling(s)</p> <p>5. Grandmother</p> <p>6. Grandfather</p> <p>7. Other relative(s): _____</p> <p>8. Other adults: _____</p> <p>9. Other: _____</p> <p>77. Unknown</p>	<p>CMR?</p> <p><input type="checkbox"/></p>
<p>2.4 Marital Status of Primary Caretaker at Start of Case</p>	<p><u>Circle one</u></p> <p>1. Married</p> <p>2. Separated</p> <p>3. Divorced</p> <p>4. Never married</p> <p>5. Widowed</p> <p>6. Co-habiting</p> <p>77. Unknown</p>	<p>CMR?</p> <p><input type="checkbox"/></p>
<p>2.5 If PC is not parent, then Marital Status of Parents at Start of Case</p>	<p><u>Circle one</u></p> <p>1. Married</p> <p>2. Separated</p> <p>3. Divorced</p> <p>4. Never married</p> <p>5. Widowed</p> <p>6. Co-habiting</p> <p>7. N/A</p> <p>77. Unknown</p>	<p>CMR?</p> <p><input type="checkbox"/></p>
<p>2.6 Relationship of Primary Caretaker to Child Note: if more than one child, choose youngest</p>	<p><u>Circle one</u></p> <p>1. Mother</p> <p>2. Father</p> <p>3. Adoptive Mother</p> <p>4. Adoptive Father</p> <p>5. Grandmother</p> <p>6. Grandfather</p> <p>7. Other Relative: _____</p> <p>8. Legal Guardian</p> <p>9. Other: _____</p> <p>77. Unknown</p>	<p>CMR?</p> <p><input type="checkbox"/></p>

2.7 Ethnicity of Primary Caretaker	<u>Circle one</u> 1. Caucasian 2. Latino/a 3. African American 4. Asian/Pacific Islander 5. Native American 6. Other: _____ 77. Unknown		CMR? <input type="checkbox"/>
2.8 Primary Language of Caretaker	<u>Circle one</u> 1. English      2. Spanish      3. Other: _____ 77. Unknown		CMR? <input type="checkbox"/>
2.9 Birthplace of Primary Caretaker	<u>Circle one</u> 1. Inside U.S.      2. Outside U.S.      77. Unknown		CMR? <input type="checkbox"/>
2.10 Age of Primary Caretaker	_____ years 77. Unknown		CMR? <input type="checkbox"/>
2.11 Child 1	<u>For children, start with youngest</u> 2.10a Age _____ yrs      2.10b Gender    0. F      1. M 77. Unknown      77. Unknown		CMR? <input type="checkbox"/>
2.12 Child 2	2.11a Age _____ yrs      2.11b Gender    0. F      1. M 77. Unknown      77. Unknown		CMR? <input type="checkbox"/>
2.13 Child 3	2.12a Age _____ yrs      2.12b Gender    0. F      1. M 77. Unknown      77. Unknown		CMR? <input type="checkbox"/>
2.14 Child 4	2.13a Age _____ yrs      2.13b Gender    0. F      1. M 77. Unknown      77. Unknown		CMR? <input type="checkbox"/>
2.15 Child 5	2.14a Age _____ yrs      2.14b Gender    0. F      1. M 77. Unknown      77. Unknown		CMR? <input type="checkbox"/>

2.16 Source of Income	<u>Circle all that apply</u> 1. TANF 2. SSI 3. SSDI 4. Employment (self) 5. Employment (partner) 6. Unemployment 7. Foster Care 8. Food Stamps 9. Other: _____ 10. None 77. Unknown	CMR? <input type="checkbox"/>
2.17 Child has Health Insurance?	<u>Circle one</u> 0. No      1. Private      2. Medi-Cal      7. Unknown	CMR? <input type="checkbox"/>
2.18 Primary Caretaker has Health Insurance?	<u>Circle one</u> 0. No      1. Private      2. Medi-Cal      7. Unknown	CMR? <input type="checkbox"/>

Section 3. Referral Information

<p>3.1 Source of Referral</p>	<p><u>Circle one</u>            1. CPS            2. Law Enforcement            3. Other Client            4. Self            5. Another Agency            6. School            7. Other: _____            77. Unknown</p>	<p>CMR?  <input type="checkbox"/></p>
<p>3.2 Reason for Referral</p>	<p><u>Circle all that apply</u>            1. Physical abuse            2. Sexual abuse            3. Emotional abuse            4. Neglect            5. Domestic Violence            6. Substance Abuse            7. Child Behavior Problems            8. School/Academic Problems            9. Parenting            10. Mental Health Concerns            11. Other Substantial Risk: _____            12. Other: _____            77. Unknown</p>	<p>CMR?  <input type="checkbox"/></p>
<p>3.3 Focus of Primary Referral</p>	<p><u>Circle one</u>            1. Child            2. Primary Caretaker            3. Other Adult            4. Combination            77. Unknown</p>	<p>CMR?  <input type="checkbox"/></p>
<p>3.4 Type of Referral</p>	<p><u>Circle one</u>            1. Voluntary            2. Mandatory            3. Mixed            77. Unknown</p>	<p>CMR?  <input type="checkbox"/></p>

Section 4. Initial Assessment

4.1	Assessment Conducted?	<u>Circle one</u> 0. No                      1. Yes                      7. Unknown	CMR? <input type="checkbox"/>
4.2	Date of Assessment	_____ / _____ / _____	CMR? <input type="checkbox"/>
4.3a	Team Involved in Assessment?	<u>Circle one</u> 0. No                      1. Yes                      7. Unknown                      9. N/A	CMR? <input type="checkbox"/>
4.3b	Position of Primary Assessor	<u>Circle one</u> 1. Case Manager 2. Therapist 3. Other: _____ 4. N/A, team assessment, no primary 77. Unknown	CMR? <input type="checkbox"/>
4.3c	Team Composition	<u>Circle all that apply (not including Primary Assessor)</u> 1. Program manager 2. Therapist (MFT, LCSW, etc.) 3. Case Manager 4. Nurse 5. School Representative: _____ 6. Other Agency Representative: _____ 7. Other: _____ 77. Unknown	CMR? <input type="checkbox"/>
4.4	Case Plan Developed?	<u>Circle one</u> 0. No                      1. Yes                      7. Unknown                      9. N/A	CMR? <input type="checkbox"/>
4.5	Participants in Case Plan Development	<u>Circle one</u> 1. Agency staff 2. Family 3. Both 4. N/A 77. Unknown	CMR? <input type="checkbox"/>
4.6	Date Case Plan Developed	_____ / _____ / _____	CMR? <input type="checkbox"/>
4.7	Referral for Secondary Assessment	<u>Circle one</u> 0. No                      1. Yes                      7. Unknown                      9. N/A	CMR? <input type="checkbox"/>
4.8	Secondary Assessments Conducted?	<u>Circle all that apply</u> 1. Substance Abuse 2. Domestic Violence 3. Developmental 4. Psychiatric 5. Other: _____ 6. None 77. Unknown 99. N/A	CMR? <input type="checkbox"/>

<p>4.8 Family Strengths at Start of Case (either at Initial Assessment or w/Hindsight)</p>	<p><u>Circle all that apply</u></p> <ol style="list-style-type: none"> <li>1. Family Cohesiveness</li> <li>2. Extended Family Support</li> <li>3. Accept Responsibility</li> <li>4. Social Support System</li> <li>5. Motivated to Change</li> <li>6. Cooperative</li> <li>7. Positive Attitude toward Children</li> <li>8. Participated in Realistic Planning</li> <li>9. Other: _____</li> <li>77. Unknown</li> <li>99. N/A</li> </ol>	<p>CMR? <input type="checkbox"/></p>
<p>4.9 Family Problems at Start of Case (either at Initial Assessment or w/Hindsight)</p>	<p><u>Circle all that apply</u></p> <ol style="list-style-type: none"> <li>1. Physical abuse</li> <li>2. Sexual abuse</li> <li>3. Emotional abuse</li> <li>4. Neglect</li> <li>5. Unsafe housing</li> <li>6. Abandonment</li> <li>7. No supervision</li> <li>8. Lack of shelter</li> <li>9. School problems</li> <li>10. Delinquent behavior</li> <li>11. Medical (Parent)</li> <li>12. Medical (Child)</li> <li>13. Mental health (Parent)</li> <li>14. Mental health (Child)</li> <li>15. Domestic violence</li> <li>16. Nonorganic Failure to thrive</li> <li>17. Prenatal drug exposure</li> <li>18. Unsafe environment</li> <li>19. Difficult child behavior</li> <li>20. Substance Abuse</li> <li>21. Other _____</li> <li>22. N/A</li> <li>77. Unknown</li> <li>99. N/A</li> </ol>	<p>CMR? <input type="checkbox"/></p>

<p>4.10 Child-related Risk Factors at Start of Case (either at Initial Assessment or w/Hindsight)</p>	<p><u>Circle all that apply</u></p> <ol style="list-style-type: none"> <li>1. Premature birth</li> <li>2. Developmental delay</li> <li>3. Disabled (phys. and dev.)</li> <li>4. Low birth weight</li> <li>5. Temperament: difficult or slow to warm up</li> <li>6. Chronic or serious illness</li> <li>7. Anti-social peer group</li> <li>8. Child aggression</li> <li>9. Behavior problems</li> <li>10. Attention deficits</li> <li>11. Other: _____</li> <li>77. Unknown</li> <li>99. N/A</li> </ol>	<p>CMR? <input type="checkbox"/></p>
<p>4.11 Environment-related Risk Factors at Start of Case (either at Initial Assessment or w/Hindsight)</p>	<p><u>Circle all that apply</u></p> <ol style="list-style-type: none"> <li>1. Low socioeconomic status</li> <li>2. Stressful life events</li> <li>3. Lack of access to medical care, health insurance, adequate child care, and social services</li> <li>4. Homelessness</li> <li>5. Social isolation</li> <li>6. Community violence</li> <li>7. Other: _____</li> <li>77. Unknown</li> <li>99. N/A</li> </ol>	<p>CMR? <input type="checkbox"/></p>
<p>4.12 Parent-related Risk Factors at Start of Case (either at Initial Assessment or w/Hindsight)</p>	<p><u>Circle all that apply</u></p> <ol style="list-style-type: none"> <li>1. Poor impulse control</li> <li>2. Depression/anxiety</li> <li>3. Low tolerance for frustration</li> <li>4. Feelings of insecurity</li> <li>5. Insecure attachment with own parents</li> <li>6. Childhood history of abuse</li> <li>7. High parental conflict</li> <li>8. Domestic violence</li> <li>9. Single parent with lack of support</li> <li>10. Substance abuse</li> <li>11. Separation/divorce</li> <li>12. Very young age/very old age</li> <li>13. High general stress level</li> <li>14. Negative attitudes/attributions about child's behavior</li> <li>15. Inaccurate knowledge/expectations about child development</li> <li>16. Unemployment</li> <li>17. Other Mental Illness</li> <li>18. Other: _____</li> <li>77. Unknown</li> <li>99. N/A</li> </ol>	<p>CMR? <input type="checkbox"/></p>

Section 5. Geographic Accessibility

5.1 Current Housing Situation	<u>Circle one</u> 1. own house 2. rent house 3. apartment 4. trailer 5. campground 6. hotel/motel 7. staying with friends/relatives 8. homeless/on streets 9. other: _____ 77. Unknown	CMR? <input type="checkbox"/>
5.2 Current Housing has Indoor Plumbing	<u>Circle one</u> 0. No                      1. Yes                      7. Unknown	CMR? <input type="checkbox"/>
5.3 Current Housing has Electricity	<u>Circle one</u> 0. No                      1. Yes                      7. Unknown	
5.4 Number of miles from program location currently	_____ miles	
5.5 Travel Time to program location currently	_____ hours _____ minutes	
5.6 Owns car currently?	<u>Circle one</u> 0. No                      1. Yes                      7. Unknown	
5.7 Primary Transportation to Program	<u>Circle one</u> 1. car 2. bus 3. friend/relative 4. other: _____ 7. Unknown	

Section 6. Service Delivery

6.1 Individual Counseling CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A	<u>Where provided?</u> 0. H 1. A/P 7. U 9. NA	<u>Who provided?</u> 0. A/P 1. O/P 7. U 9. N	<u>Intensity?</u> _____ per mo
6.2 Family Counseling CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A	<u>Where provided?</u> 0. H 1. A/P 7. U 9. NA	<u>Who provided?</u> 0. A/P 1. O/P 7. U 9. N	<u>Intensity?</u> _____ per mo
6.3 Group Counseling CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A	<u>Where provided?</u> 0. H 1. A/P 7. U 9. NA	<u>Who provided?</u> 0. A/P 1. O/P 7. U 9. N	<u>Intensity?</u> _____ per mo
6.4 In-Home Visitation CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A	<u>Where provided?</u> 0. H 1. A/P 7. U 9. NA	<u>Who provided?</u> 0. A/P 1. O/P 7. U 9. N	<u>Intensity?</u> _____ per mo
6.5 Health Care CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A	<u>Where provided?</u> 0. H 1. A/P 7. U 9. NA	<u>Who provided?</u> 0. A/P 1. O/P 7. U 9. N	<u>Intensity?</u> _____ per mo
6.6 Healthy Start CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A	<u>Where provided?</u> 0. H 1. A/P 7. U 9. NA	<u>Who provided?</u> 0. A/P 1. O/P 7. U 9. N	<u>Intensity?</u> _____ per mo
6.7 TANF CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A			
6.8 Cal-Learn CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A			
6.9 Food Stamps CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A			
6.10 Emergency Housing CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A			
6.11 Mentoring CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A			
6.12 Housing CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A			
6.13 Parent Education CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A	<u>Where provided?</u> 0. H 1. A/P 7. U 9. NA	<u>Who provided?</u> 0. A/P 1. O/P 7. U 9. N	<u>Intensity?</u> _____ per mo

6.14 Substance Abuse CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A	<u>Where provided?</u> 0. H 1. A/P 7. U 9. NA	<u>Who provided?</u> 0. A/P 1. O/P 7. U 9. N	<u>Intensity?</u> _____ per mo
6.15 Recreation CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A	<u>Where provided?</u> 0. H 1. A/P 7. U 9. NA	<u>Who provided?</u> 0. A/P 1. O/P 7. U 9. N	<u>Intensity?</u> _____ per mo
6.16 Respite CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A	<u>Where provided?</u> 0. H 1. A/P 7. U 9. NA	<u>Who provided?</u> 0. A/P 1. O/P 7. U 9. N	<u>Intensity?</u> _____ per mo
6.17 Employment CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A	<u>Where provided?</u> 0. H 1. A/P 7. U 9. NA	<u>Who provided?</u> 0. A/P 1. O/P 7. U 9. N	<u>Intensity?</u> _____ per mo
6.18 Domestic Violence CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A	<u>Where provided?</u> 0. H 1. A/P 7. U 9. NA	<u>Who provided?</u> 0. A/P 1. O/P 7. U 9. N	<u>Intensity?</u> _____ per mo
6.19 Food Pantry CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A	<u>Where provided?</u> 0. H 1. A/P 7. U 9. NA	<u>Who provided?</u> 0. A/P 1. O/P 7. U 9. N	<u>Intensity?</u> _____ per mo
6.20 Transportation CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A			
6.21 Child Care CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A	<u>Where provided?</u> 0. H 1. A/P 7. U 9. NA	<u>Who provided?</u> 0. A/P 1. O/P 7. U 9. N	<u>Intensity?</u> _____ per mo
6.22 Special Education CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A			
6.23 Auxiliary Funding CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A			
6.24 School Advocacy CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A			
6.25 Legal Advocacy CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A			
6.26 Parent Advcy/Ldrshp CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A	<u>Where provided?</u> 0. H 1. A/P 7. U 9. NA	<u>Who provided?</u> 0. A/P 1. O/P 7. U 9. N	<u>Intensity?</u> _____ per mo
6.27 Other: _____ CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A	<u>Where provided?</u> 0. H 1. A/P 7. U 9. NA	<u>Who provided?</u> 0. A/P 1. O/P 7. U 9. N	<u>Intensity?</u> _____ per mo

6.28 Other: _____ CMR? <input type="checkbox"/>	<u>Recommended?</u> 0. No 1. Yes	<u>Received?</u> 0. N 1. Y 7. U 9. N/A	<u>If not why not?</u> 1. CR 2. WL 3. O _____ 7. Uk 9. N/A	<u>Where provided?</u> 0. H 1. A/P 7. U 9. NA	<u>Who provided?</u> 0. A/P 1. O/P 7. U 9. N	<u>Intensity?</u> _____ per mo
6.29 Date of First Service at SCI P/A CMR? <input type="checkbox"/>	____ / ____ / ____					
6.30 Date of Last Service at SCI P/A CMR? <input type="checkbox"/>	____ / ____ / ____					
6.31 Duration of Services CMR? <input type="checkbox"/>	_____ days					
6.32 Is Case Closed? CMR? <input type="checkbox"/>	<u>Circle one</u> 0. No 1. Yes 7. Unknown 9. Not applicable					
6.33 Disposition, if Closed CMR? <input type="checkbox"/>	<u>Circle one</u> 1. Goals accomplished/completed program successfully 2. Client refused services 3. Client non-compliant/closed case 4. Children removed/placed 5. Goals partially accomplished 6. Other: _____ 7. N/A because not closed 8. Allegations not substantiated 9. Unable to contact 77. Unknown					

Note:

---Codes for if services received: 7. U=Unknown, 9. N/A=Not applicable

---Codes for why services not received: 1. CR=Client Refused, 2. WL=Client on wait-list for duration, 3. O=Other reason, 7. Uk=Unknown, 9. N/A=Not applicable

---Codes for Where Service provided: 0. H=Client's Home, 1. A/P=Agency/Program, 7. U=Unknown, 9. NA=Not applicable

---Codes fore Who provided: 0. A/P=Agency/Program, 1. O/P=Other Program, 7. U=Unknown, 9. N=Not applicable

---Under Intensity, note how often per month

## **Appendix C. Interview Protocol for First Round of Site Visits**

### **SCI-II Site Visit Protocol**

*Instructions: Prior to organizing the site visit it is important to review the County Proposal, Assessment Tool and Quarterly Report to understand its links to general and special topics. Once this has been reviewed, the interviewer should speak with the Program Director in advance either via telephone or e-mail to organize who to speak with in relation to each module. The interviewer should also allow time in between scheduled interviews to speak with individuals who may be important in understanding a certain aspect of the program.*

#### **Module List and Typical Informants:**

1. Overview of SCI and Re-Design

Typical informants: County DPSS/Child Welfare Director, CWS Manager/Informant, SCI Program Director

2. Client Direct Service Programs – Enumeration

Typical informants: SCI Program Director, Primary County Eval Contact

3. Client Direct Service Programs, ‘a’ through ‘n’.

Typical informants: SCI program director, Program managers, supervisors or line staff in the other SCI-II client direct service programs.

4. SCI-II Organizational Issues

Typical informants: SCI program director, CWS informant, CAPC informant.

5. Integration of SCI with CWS

Typical informants: SCI program director, CWS informant, CWS supervisor/line staff

6. Outreach to Specific Populations

Typical informants: SCI program director, SCI client direct service staff.

7. Kinship Care

Typical informants: CWS informant, CWS supervisor/line staff

8. At Risk Youth, Youth Violence and Youth Services

Typical informants: SCI program director or other informants



## **Module 1. Overview of SCI-II and Re-Design**

*To begin with, we want to understand the big picture of what is happening in this County with CWS redesign, your Program Improvement plan, and the SCI grant funded program. We also want to know if and how these activities relate to each other.*

### **1) What has been going on in your county with CWS Redesign?**

a) Topics to cover:

Differential Response

Practice related to Permanency

Practice related to Youth Development

Community Partnerships

Any other significant practice or organizational or policy or funding changes?

For each topic, understand: What practice changes or system changes have been introduced, how big a change that is, what progress is being made, and what are the major obstacles to overcome?

b) What are the special issues related to small, rural counties with Redesign? How about in this particular county, because of its rural nature?

c) How good are the CWS/CMS monitoring and outcomes data that are available for this County? Are there issues with data quality, accessibility, or expertise in the County?

d) What, if any, additional funding have you received? What is it being used for?

### **2) Overview of your SCI program.**

*Site visitor presents brief synopsis of SCI program and system elements gleaned from proposal, quarterly reports, assessment tools.*

a) How does the program as being implemented compare with program as planned and developed?

b) Review of each major planned program element, and implementation status.

c) General issues on SCI implementation.

**3) Relevance of SCI to your County's Redesign/SIP efforts?**

- a) How are they related?
- b) Do the SCI resources affect your ability to accomplish the CWS system change?
- c) Is the SCI program that you are developing integral to your CWS redesign and system change efforts? If so, in what way?
- d) Without SCI, would you be able to make these changes?

**4) What happened here when the SCI funding was delayed?**

- a) To County and County CWS
- b) To Contract Agencies
- c) To Staff
- d) To clients

## **Module 2. SCI-II Program elements – ENUMERATION**

*For each county the following “ENUMERATION” questions should be addressed to the SCI program director of CWS informant. Then, the questions about each program element should be addressed to the program manager/supervisor or line staff working in each program.*

**1) Your proposal lists the following client service programs: (include the major direct service programs within the SCI program)**

- a.
- b.
- c.
- d.

DR. The client service program addressing differential response under the SCI :

**2) *If applicable:* Since the time of your proposal, you have revised your plan so that your major client service programs are now noted as the following:**

- a.
- b.
- c.
- d.

**3) Best informant(s) for each program elements:**

- a.
- b.
- c.
- d.

### **Module 3. Program Elements—Client Direct Service Programs**

*The following sections are focused on client service programs operating under SCI-II. Prior to the interview, remember to familiarize yourself with programs. Some of these may have changed since the time of the original proposal.*

*The following series of questions should be asked for each of the Client service programs offered in the county. There may well be different respondents for various programs. It is essential that responses be organized separately for each program.*

*While it is not required for the site visit, if the opportunity arises to observe any or all of the programs in action, the evaluator should try to observe the program in operation.*

#### **1) Please briefly describe this program.**

- a) To what extent is the program supported by SCI?
- b) Totally new program vs. already existent?
- c) What are the rural issues specific to each program?

#### **2) Please describe the clients served by this program.**

Probes:

Number of clients

Type of clients and their presenting problems

Who refers clients to the program?

Where clients are referred to

Flow between the program and CWS clients

Issues specific to rural clients (e.g., distance, transportation)

#### **3) Please describe the program intervention model.**

Probes:

What is the rationale for the program?

Specific arrangements around rural issues?

#### **4) Describe governance for the program – who runs it?**

Probes:

County Governance

Agency Governance

Collaborative Governance

Client role/participation in governance

**5) How is the program staffed? Could you describe the staff of the program?**

Probes:

Number of people on staff-full/part time  
Qualifications: Degrees, Previous Experience  
Training – prior to employment, in-service  
Ethnicity/Language  
Recruitment and Turnover challenges  
Extent/Number of staff supported by SCI  
Specific Rural issues

**6) How does this program integrate with other programs in your county?**

- a) Are resources shared?
- b) Are there teams or work groups functioning?
- c) What is the interaction with CWS?
- d) Rural issues?

**7) Tell me about any barriers or obstacles you encountered in starting or operating the program effectively?**

- a) Getting started?
- b) Getting new clients or keeping clients?
- c) Meeting the goals you set for and with clients?
- d) Any special rural issues as obstacles?

**8) Are there currently any data/information being collected on outcomes?**

Probes:

Is there a plan for future data collection?  
Who is responsible for data collection and evaluation?

**9) Anything else?**

## **Module 4. SCI-II Organizational Issues**

*These topics refer specifically to organizational issues related to SCI-II. The focus is on the organizations, not the programs.*

**1) What is the relationship of County to OCAP and CDSS? What happened during the delay?**

**2) How is non-SCI prevention funding (PSSF, CAPIT, CBFRC) used in this county?**

a) How is its use decided?

b) How are the programs supported by these funds related to CWS practice and policy?

**3) Local management, funding, contracting issues between DPSS and contract programs.**

a) Is there active public/private cooperation?

b) What are the strengths and weaknesses of those arrangements?

c) Has there been recent change?

d) Has redesign or SCI played any role in change?

**4) Local collaborative, inter-agency issues**

a) Is the collaborative particular to SCI, or general to Prevention and CWS work?

b) Who belongs?

c) Which agencies participate in the SCI governance/collaborative?

d) Which are active?

e) Is there citizen participation?

f) What is the extent of client participation in governance and program operations?

g) Which community groups/ethnic groups are involved, and how/

**5) Local community, outreach, political issues**

a) Are there local political issues that affect prevention services?

b) Has there been effective outreach to the at risk groups in this County?

c) Are there any issues (if relevant) in relationship to Native American tribes in this county? Describe.

## **Module 5. Integration of SCI with CWS**

*These topics should be understood in conversations with the SCI Program Director and the CPS informant, and the CWS line staff interviewee(s). Data on these topics from the SCI direct service staff derive from interviews of specific program elements.*

### **1) The amount/degree of integration of SCI-II with CWS redesign?**

a) As the two initiatives have rolled out/unfolded have they worked together? Been interconnected?

b) Are/were there issues of timing?

### **2) At the case level, what is the interaction between CWS and each SCI program element?**

### **3) For each client direct service program, ask:**

a) How much, if anything do you know about it?

b) Do you refer clients to the program? Do you get referrals from the program? Are those referrals voluntary or involuntary, or in between?

c) How effective do you think the program is? What does it do well, what not so well?

### **4) Differential Response**

*To whom addressed: These topics should be understood in conversations with the SCI Program Director, the CWS informant, and at least one CWS line/direct service staff.*

a) What is DR service model in this County supposed to be? Who is involved?

b) DR implementation at this stage: What has been done, what is going well, what are the challenges?

c) DR program implementation, and how it relates to SCI: Is SCI money, resources being used for this? Is there a relationship to the program, at policy, staff or case levels?

d) The extent to which DR is something “new and different” in this County? What is new about it, what is a continuation of past practice?

## **Module 6. Outreach to Specific Populations**

*To whom addressed: The following topics should be covered in conversations with the SCI Program Director and the SCI/CWS direct service individuals. The interview subjects will depend on who actually does this and may vary from county to county.*

We would like to talk about specific populations. This is an area for discussion where the groups may overlap – our discussion will focus on underserved populations and specific groups.

**1) Describe who you perceive as underserved populations and describe your efforts at engaging these groups in voluntary prevention and early intervention.**

**2) Could you describe any specific groups – whether ethnic, religious or by problem – in your county and the outreach and service delivery efforts you have made with them?**

Probe about specific populations:

Migrant

Ethnic Groups: Latino, Native American, African American, Hmong, Others?

Religious Groups

Substance Abusers

Inaccessible Residents (utilize county terminology)

Families of children with special needs

For each group, discuss:

How do you engage with these groups?

What do you do for them?

How do they respond?

Their role in program governance

Involvement as staff

**3) Describe the special issues related to serving these specific populations in small rural counties.**

**4) Discuss the difference in service issues between towns and more geographically isolated areas?**

## **Module 7. Kinship Care (Optional)**

*This section is optional—ask about relationship of kinship care to SCI. If there is none, state that Kinship Care in rural counties is an interest of ours, and ask if they would mind discussing it with you for a few minutes.*

*The following question area should be pursued with the Program Director and anyone else s/he might suggest.*

Kinship care has received a great deal of attention as an important alternative to foster care placement. We also know that relatives may provide care for children outside of the foster care system in an informal manner. We'd like you to talk about how kinship care is used in your county.

### **1) Describe kinship care in the county**

Types of Services children/youth are receiving \_\_\_\_\_.

### **2) Describe the types of relative placements in your county? Are they mainly grandmothers rearing children, siblings or other relatives?**

### **3) Special populations kids come from**

Programmatic needs of these children and their families – do they differ?

### **4) Programmatic response involving kinship care – has this been part of SCI?**

- a) In what ways have SCI programs attempted to address the needs of kinship families?
- b) Have family support services been offered to these families?

### **5) Outreach to kinship care offered (if not already answered)**

Are there any specific programs established for kinship families in your County?

Probes:

support groups, parenting classes for grandparents, respite care, training, transportation, school based programs?

### **6) Special issues related to kinship care in small rural counties? Towns vs. outlying areas**

## **Module 8. At-Risk Youth, Youth Violence, and Youth Services (Optional)**

*This section is optional—ask about relationship of this topic to SCI. If there is none, state that at risk youth, and youth services in rural counties is in interest of ours, and ask if they would mind discussing it with you for a few minutes.*

*The following question area should be pursued with the Program Director and anyone else s/he might suggest.*

We are attempting to understand the relationship of at-risk youth and youth violence to prevention and early intervention. We'd like to talk to you about youth violence and youth services in your county.

### **1) Describe problems of youth violence and at-risk youth in your county.**

What are the major problems/issues?

### **2) Definitions of gangs, at-risk youth – what are they?**

### **3) Is youth violence and/or at-risk youth recognized as a policy/program issue? By whom?**

### **4) What is CWS/SCI Involvement with this issue?**

Does CWS or SCI have relationship to schools? Describe.

### **5) Do you have any programs? Describe.**

Has this been part of SCI?

### **6) Special issues related to youth violence/at-risk youth in small rural counties? Towns vs. outlying areas?**

## Appendix D. Interview Protocol for Second Round of Site Visits

### SCI-II Site Visit Protocol

#### Module List and Typical Informants:

1. Update regarding SCI-II and Re-Design since last site visit  
Typical informants: County DPSS/Child Welfare Director and SCI Program Director
2. Status of Goals and Objectives  
Typical informants: County DPSS/Child Welfare Director and SCI Program Director
3. Update regarding Direct Service Programs  
Typical informant: SCI program director
4. Update regarding SCI-II Organizational Issues  
Typical informants: County DPSS/Child Welfare Director and SCI Program Director
5. Update regarding Outreach to Specific Populations  
Typical informants: County DPSS/Child Welfare Director and SCI Program Director
6. Update regarding Assessment and Referral Process under DR  
Typical informants: County DPSS/Child Welfare Director, SCI program director, and DR screener/worker or other intake worker in charge of DR intakes/referrals
7. Update regarding Assessment Tool Elements  
Typical informant: SCI program director

#### County Interview Schedule

Name	Title	Modules



d) Has the county made any efforts to track cases under DR, both Path 1 and Path 2?

Areas to probe:

Do they know how many referrals are made?

If community agency responded?

If services were delivered?

Any outcomes/recidivism?

e) What, if any, additional funding, including SCI, have you received? What is it being used for?

**2) Overview of SCI program and Status of Goals and Objectives**

*Site visitor presents brief synopsis of SCI program and system elements gleaned from last site visit and data provided by county.*

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a) How does the program as being implemented compare with program as planned and developed? Any changes from last year, any new challenges/obstacles?

b) Review of each major planned program element, and implementation status.

c) General issues on SCI implementation.

d) The amount/degree of integration of SCI-II with CWS redesign?

**3) Relevance of SCI to your County's Redesign/SIP efforts?**

a) How are they related?

b) Do the SCI resources affect your ability to accomplish the CWS system change?

c) Is the SCI program that you are developing integral to your CWS redesign and system change efforts? If so, in what way?

d) Without SCI, would you be able to make these changes?

e) Sustainability: how will they continue support these programs that are currently getting SCI funds?

**Module 2. Status of Goals and Objectives**

*Now we would like to know about the current status of your county's Goals and Objectives from the Scope of Work.*

*Note: Site visitor will use the following space to write down the Five Goals and related objectives. If possible, can provide most recent data we have regarding status of goals (e.g., from quarterly reports) and ask for more information regarding that update.*

Goal 1

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Goal 2

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Goal 3

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Goal 4

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Goal 5

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## **Module 4. Update regarding SCI-II Organizational Issues**

*These topics refer specifically to organizational issues related to SCI-II. The focus is on the organizations, not the programs.*

### **1) Update regarding how non-SCI prevention funding (PSSF, CAPIT, CBFRC) is used.**

- a) Any changes in how its use is decided from last year?
- b) How are the programs supported by these funds related to CWS practice and policy?

### **2) Local management, funding, contracting issues between DPSS and contract programs.**

- a) Have there been any changes in public/private cooperation?
- b) What are the strengths and weaknesses of those arrangements?
- d) Has redesign or SCI played any role in change?

### **3) Local collaborative, inter-agency issues**

- a) Any changes/updates to collaborative in terms of who belongs or how it is related in particular to SCI, or in general to Prevention and CWS work?
- b) Any changes/updates regarding citizen participation?
- c) Any changes/updates regarding the extent of client participation in governance and program operations?
- d) Any changes/updates regarding which community groups/ethnic groups are involved, and how?

### **4) Local community, outreach, political issues**

- b) Any changes/updates regarding outreach to the at risk groups in this County?
- c) Are there any issues (if relevant) in relationship to Native American tribes in this county? Describe.

## **Module 5. Outreach to Specific Populations**

*To whom addressed: The following topics should be covered in conversations with the SCI Program Director.*

*We would like to talk about specific populations. This is an area for discussion where the groups may overlap – our discussion will focus on underserved populations and specific groups.*

### **1) Describe who you perceive as underserved populations and describe your efforts at engaging these groups in voluntary prevention and early intervention since the last site visit.**

Probes about specific populations:

Migrant

Ethnic Groups: Latino, Native American, African American, Hmong, Others?

Religious Groups

Substance Abusers

Inaccessible Residents (utilize county terminology)

Families of children with special needs

For each group, discuss:

Special issues related to serving the population in small, rural counties

How do you engage with these groups?

What do you do for them?

How do they respond?

Their role in program governance

Involvement as staff

### **2) What have been the successes/good strategies in providing outreach and what have been the obstacles/not-so-good strategies?**



**Module 7. Update regarding Assessment Tool Elements**

*To whom addressed: These topics should be understood in conversations with the SCI Program Director and the CWS informant.*

Review the latest Assessment Tool provided by county to get data regarding status of elements.

**Appendix E. Quarterly Reports**

**SCI-II COUNTY QUARTERLY REPORT**

This report is designed to obtain information about your County's progress on the goals and objectives set forth in the Small County Initiative (SCI), including progress on the three (3) measurable objectives that were established in consultation with the evaluators (UCLA). Please answer each question based on the information from the most recent complete quarter. The completed report should be signed by an authorized official and sent via mail or e-mail to UCLA and OCAP.

**County Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Quarter Covered:** \_\_\_\_\_

Please provide the name, title, and contact information of the person(s) completing the form:

<b>Name</b>	<b>Title</b>	<b>Contact (Phone/Email)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Submitted by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**Section I: Progress on the Implementation of the Scope of Work**

For Goals 1 through 5 below, please describe highlights of progress towards goal accomplishment, as related to implementation of the Scope of Work. For each goal, briefly describe important accomplishments and provide information about relevant challenges / barriers encountered. Attach any supporting documents as necessary.

***Goal 1: Recruitment and commitment of key stakeholders on planning, development and implementation of project.***

*Implementation Accomplishments:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Challenges / Barriers:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Goal 2: Community involvement, engagement, and networking to improve support of prevention activities and sustainability.***

*Implementation Accomplishments:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Challenges / Barriers:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Goal 3: Commitment to systemic change.**

*Implementation Accomplishments:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Challenges / Barriers:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Goal 4: Improve and expand outreach to isolated and special needs populations.**

*Implementation Accomplishments:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Challenges / Barriers:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Goal 5: CWS Redesign Element.**

*Implementation Accomplishments:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Challenges / Barriers:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section II: Progress on County-Specific Evaluation Objectives**

Please describe the progress made on each of the County’s unique objectives subject to evaluation. For each such objective, describe the activities performed towards meeting that objective, the measures/tools used to evaluate the progress on that objective, any outcomes observed (data or findings on short-term, intermediate, or long-term outcomes or impacts), and challenges/barriers to meeting or evaluating the objective.

**Progress on Specific Evaluation Objective #1**

*INSERT COUNTY-SPECIFIC OBJECTIVE HERE*

Activities Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evaluative Measures/Tools Used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Outcomes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Challenges/Barriers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Progress on Specific Evaluation Objective #2 :**

*INSERT COUNTY-SPECIFIC OBJECTIVE HERE*

Activities Performed: .

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Evaluative Measures/Tools Used: \_\_\_\_\_

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Outcomes: \_\_\_\_\_

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Challenges/Barriers: \_\_\_\_\_

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**Progress on Specific Evaluation Objective #3:**

*INSERT COUNTY-SPECIFIC OBJECTIVE HERE*

Activities Performed: \_\_\_\_\_

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Evaluative Measures/Tools Used: \_\_\_\_\_

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Outcomes: \_\_\_\_\_

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Challenges/Barriers: \_\_\_\_\_

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