



# DFCS Continuum of Learning

FEBRUARY 15, 2023





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Welcome (5m)

Damion Wright,  
Wendy Kinnear-Rausch

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Vision (10m)

Damion Wright,  
Wendy Kinnear-Rausch

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2022 Annual  
Report (10m)

Damion Wright,  
Wendy Kinnear-Rausch

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Case Study #1  
(30m)

Daniel Gutierrez

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Case Study #2  
(30m)

Caroline Masaniai Pomele

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WrapUp  
(5m)

Damion Wright,  
Wendy Kinnear-Rausch

agenda

W e l c o m e





# Vision

## Family Healing





2022

# Annual Report

Department of Family and Children's Services

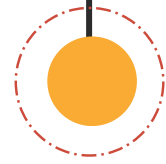


County of Santa Clara

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- 02 How does the community engage us?
- 03 How do we engage youth and families?
- 04 How do we support keeping children safe?
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- 06 What does it look like to work with our vulnerable communities?
- 07 What does the Continuum of Care look like for youth (and families)?
- 08 How can we achieve permanency for children?
- 09 What is best for families?





# Case Study #1





# CHILD FAMILY PRACTICE MODEL

## CORE VALUES AND PRINCIPLES

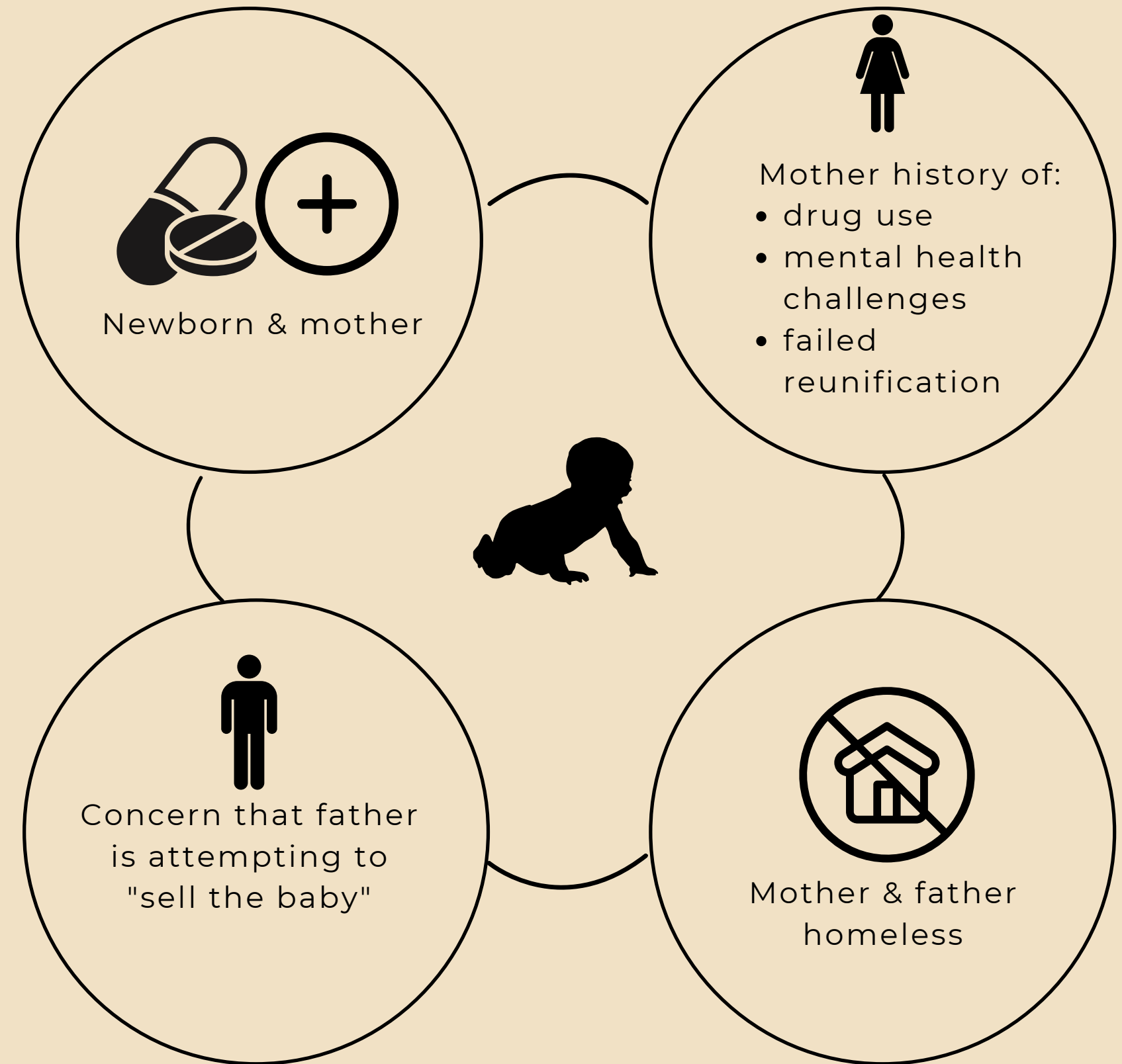
- Exploration and Engagement
- Power of Family
- Circle of Support
- Healing Trauma







# IMMEDIATE RESPONSE REFERRAL





# CHILD WELFARE SERVICES/CASE MANAGEMENT SYSTEM HISTORY

## TRAUMA HISTORY

- 11 Referrals over 10 years
- 5 children already in protective custody
- Reunification services terminated





# DAY 1: INITIAL CONTACT

! Priority: Ensure safety of newborn

## Goals

- Identify family strengths and partner with family to be solution oriented
- Build relationships with mother and relatives
  - Social Worker = Supportive Person

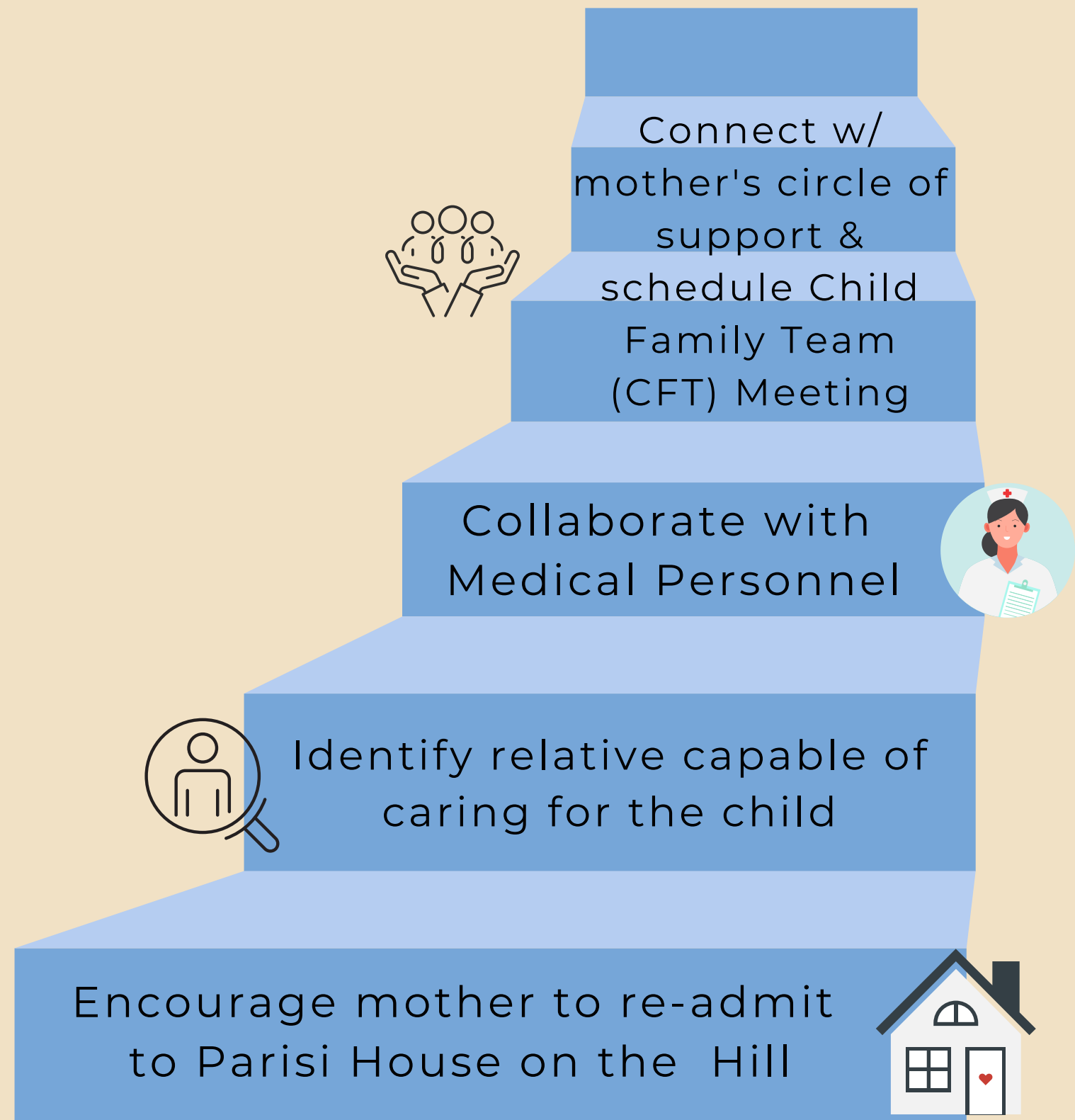
## Upon arrival to hospital:

- Make contact with hospital staff
- Discuss concerns, family history, and safety planning with mother and relatives
- Observe newborn





# DAY 1: SAFETY PLAN PROPOSAL





# DAY 1: CHALLENGES



Mother declined services and wanted to keep infant in her care

Coordinate w/ hospital for discharge dates

Maintain and manage support contacts and explore solutions




Mother VS relatives' wishes





# DAY 1: EXPLORATION & ENGAGEMENT

## CONTEXT

- Placing child in protective custody not necessary as the mother and child were both admitted to hospital with 24/7 care and support. 
- Child doing well in NICU 
- No imminent danger to child 

## EXPLORE & ENGAGE

- Explore alternative options & determine mother's willingness to work with DFCS
- Importance of family preservation
- Build relationships



# DAY 2: CONTINUED ENGAGEMENT



## CONTINUE TO:

- Engage mother and establish rapport
- Maintain relationships with circle of support
- Connect with medical team and medical social worker
- Observe newborn to ensure not medically fragile



# DAY 2: CHALLENGES

Mother difficult to engage. Changed decision multiple times.

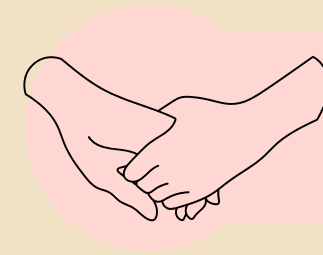
Grandparents did not support newborn w/ mother and agreed placement with aunt was best

Team with mother and relatives to find best outcome for child safety

Demonstrate respect, foster open and honest communication, and emphasize the importance of child safety.



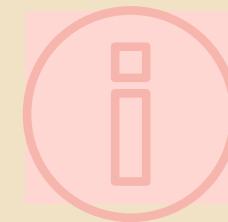
# DAY 2: POWER OF FAMILY



Continue collaboration w/ mother and family about child's safety & stability



Ensure family voice is being heard



Gather & apply relevant information to child/family safety & wellbeing



Conduct Child and Family Team Meeting



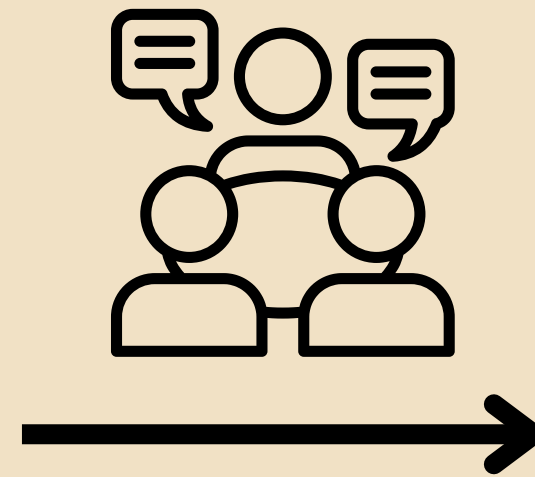
# DAY 3: SAFETY PLAN IN ACTION



# DAY 3: CHILD FAMILY TEAM MEETING

## AT THE TABLE:

- Mother
- Maternal Aunt
- Grandfather
- Grandmother

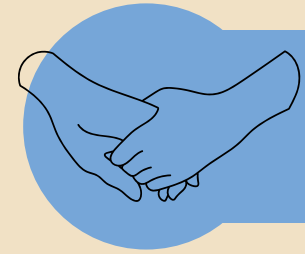


## MOTHER AGREED TO:

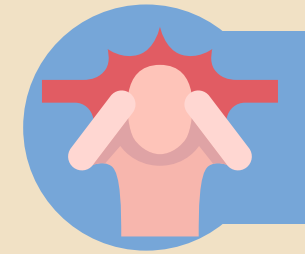
- Allow aunt to care for child
- Contact Parisi House on the Hill for treatment
- Mother and child to be discharged from hospital following day



# DAY 4: HEALING TRAUMA



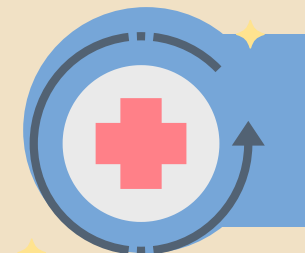
Partner w/ family to offer support and service



Remain trauma sensitive and culturally sensitive



Ensure family voice is being heard



Discuss recovery, safety, and wellbeing with mother and relatives



# DAY 4: OUTCOME



- Mother did not follow up with Parisi House on the Hill for treatment
- Aunt petitioned family court for emergency guardianship w/ support from DFCS
- Department circumvented removal and child remained with caring relatives



# OVERVIEW OF INVESTIGATION

13 Interviews  
over 4 days

26 contacts  
w/ mother  
and others

Consulted w/  
supervising  
manager

Coordinated  
Child and  
Family Team  
Meetings

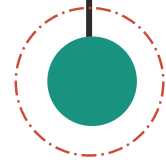
Prevented  
child from  
becoming  
statistic

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# Case Study #2





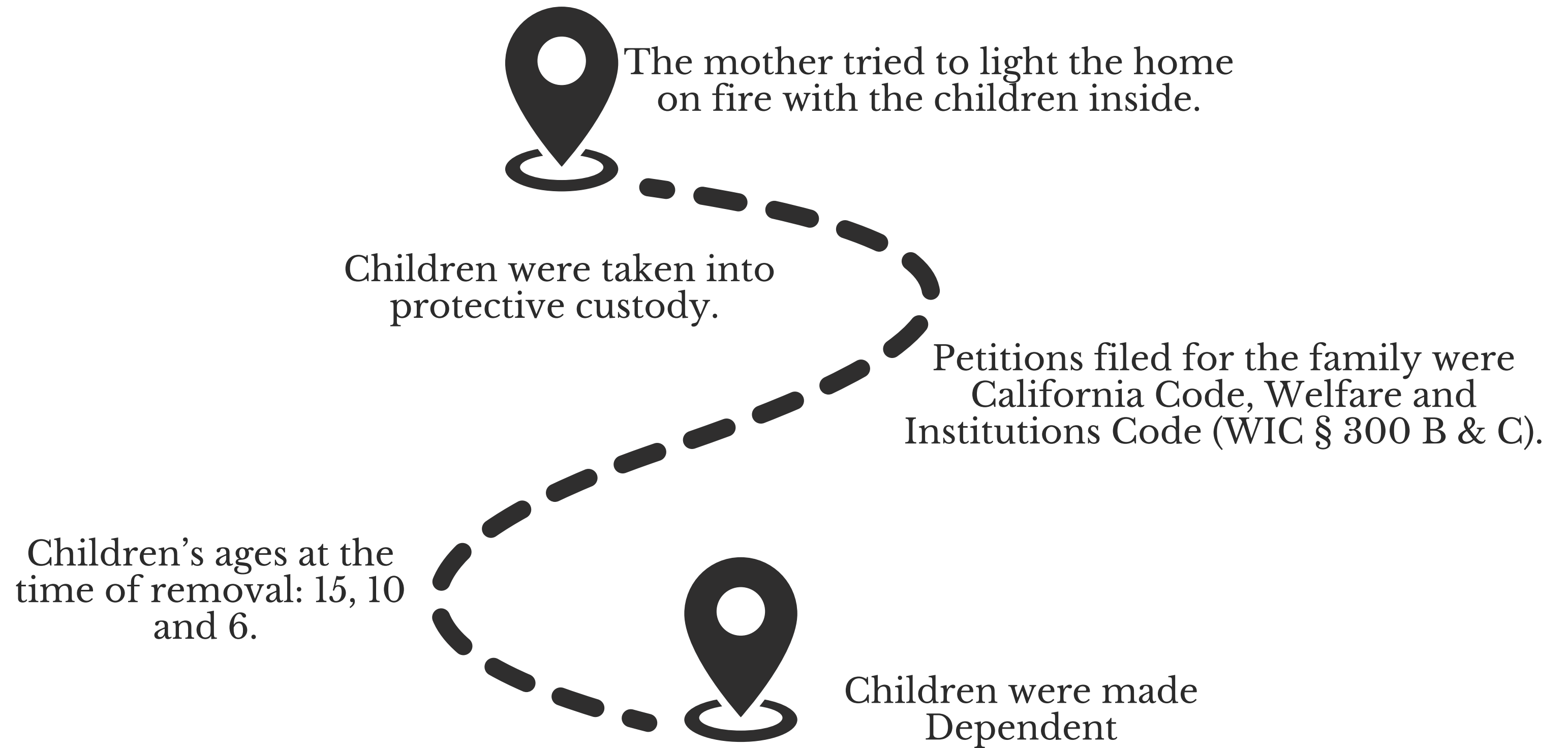
# Family Background

- History of domestic violence (DV)
- Declined voluntary family maintenance (VFM)
- Participated in differential response (DR) services





# DFCS Engagement



# Family Reunification (Court)

- Deliver case plan services
- Concurrent planning
- Visitation
- Placement with-Relative, Non Relative Extended Family Member (NREFM) or resource parents
- 6/12/18 month review to:
  - Continue Family Reunification
  - Or Return children home





# Family Reunification (Court)

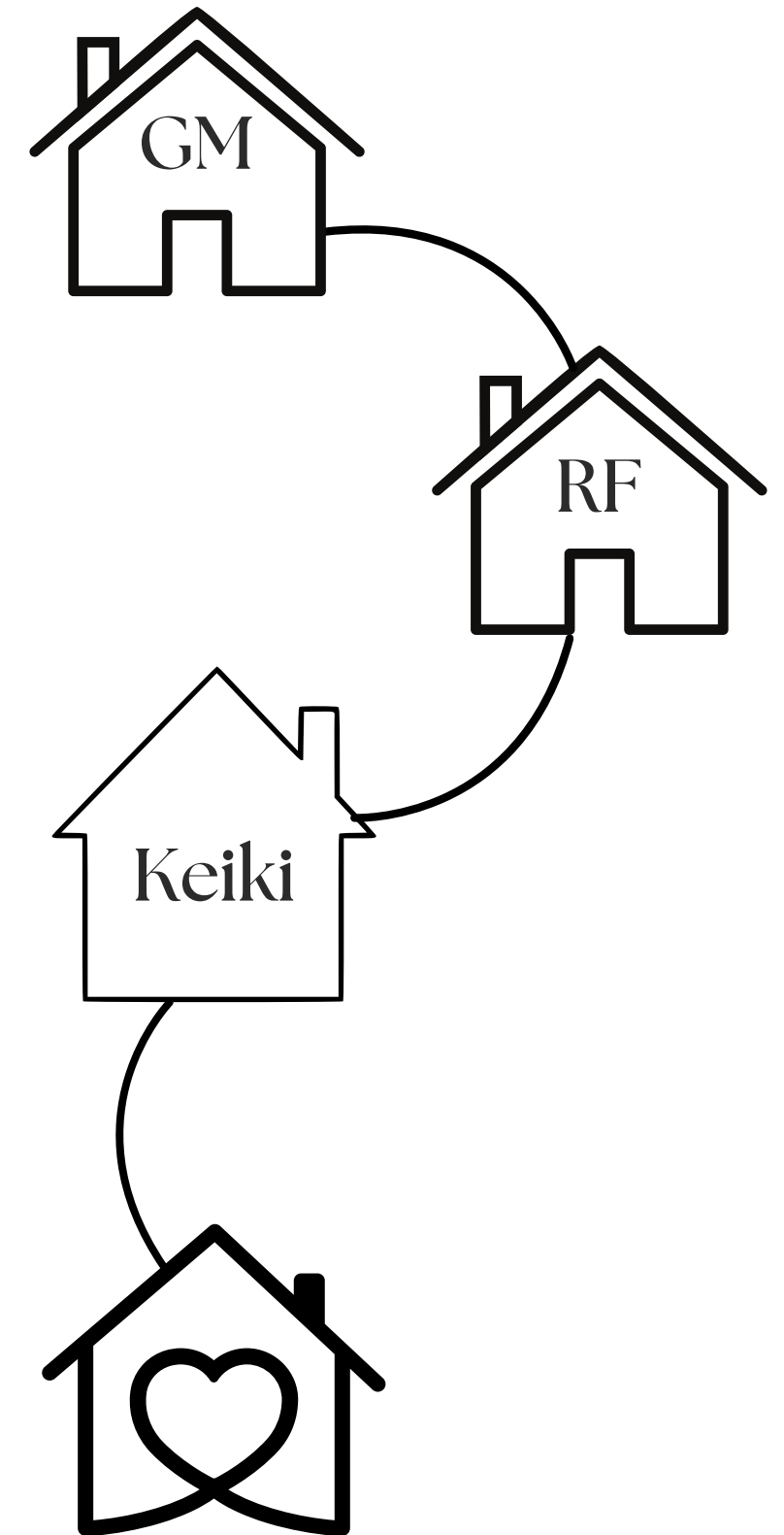
Children were initially placed with grandmother (GM)

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The Non-Verbal autistic child:

- Removed from GM.
- Placed in the care of a licensed Resource Family (RF).
- Returned to the Keiki Center.
- Placed in the care of a foster family in San Joaquin County.



# Family Reunification (cont.)

15-year-old brother

- Placed in a NREFM placement

10-year-old sibling

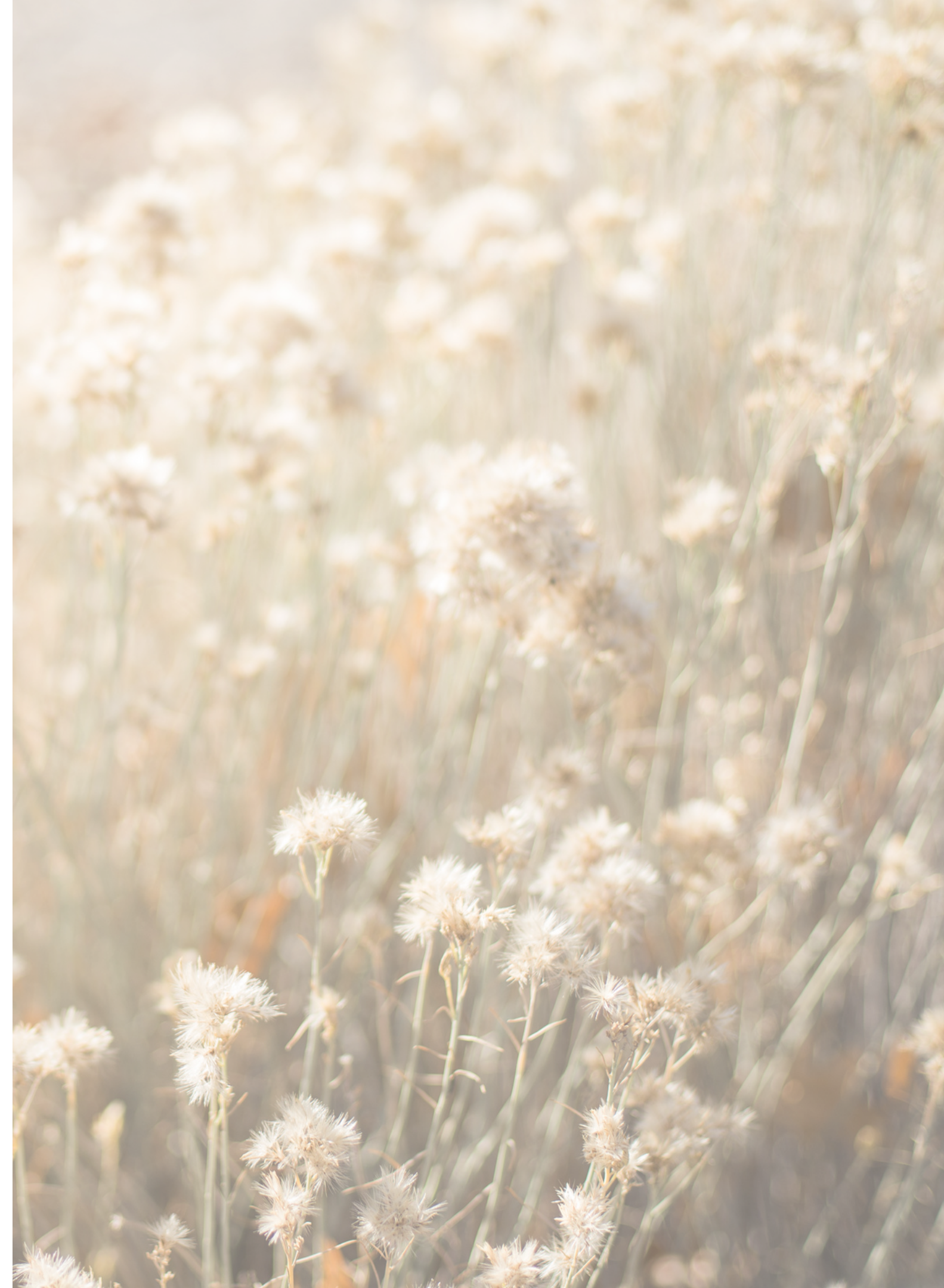
- Placed in a separate NREFM placement





# Power of Family

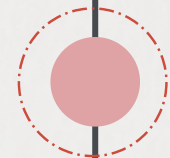
- Transparent and consistent communication and advocacy.
- Built on the family's strengths and moving forward.
- Built rapport and relationships with the family by:
  - Allowing the mother to be herself during meetings.
  - Meeting with the family and their natural supports for case planning purposes.
  - Facilitating meetings virtually and in person.





# Circle of Support

Transparent and consistent communication with:



The family (20 Child and Family Team (CFT))



Supervisor and Program manager (4 meetings)



Providers (6 meetings)





# Strength

## County

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- Acknowledged and addressed the mother's concerns.
- Tailored the mother's case plan.
- Involved the mother's natural supports.
- Offered consistent communication.
- Participated in educational meetings.
- Stepped down visitation to ease the transition.

## Mother

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- Advocated for her and her children's needs.
- Consistently engaged in services/visitation.
- Participated in educational and individualized education program (IEP) meetings.



# Challenges

A man in a black tank top and shorts is running up a set of concrete stairs. The background is a light, hazy sky. The stairs lead from the bottom left towards the top right of the frame.

## Engagement:

- Father was not actively engaging in services or visitation.

## Behavior:

- Mother's mental health was unstable/ suspected substance use.

## Trust:

- Mother was concerned about her non-verbal autistic child's safety in foster home.
- Children's schools and providers were concerned about the mother's mental instability and children's safety.
- Foster parents were guarded and fearful for their own and the non-verbal autistic child's safety.



# Strengthening the Family

## County

**Meetings and CFTs**  
Strengthen the mother's natural supports

**Safety Plan and Supports**  
Family Unification Programs/Housing  
Out-of-county case transfer

## Family

**Mother, grandmother, and caregivers**  
Were built on strength and support circle

**Children**  
Successful reunification





# Outcome Successful Reunification



- Mental Health → Stabilized
- Substance Use → Addressed
- Parenting → Effective
- Constant supervision/oversight
- Stable Housing
- Extended Supports



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# WRAP UP



Next Quarterly Community Forum on  
April 11, 2023



Next Continuum of Learning on  
August 30, 2023



Continuum of Learning Survey  
<https://forms.office.com/g/RmjEFgYpUm>



Ask questions to DFCS Director's Office  
<https://forms.office.com/g/Wwh8HRHtKi>