

DFCS COMMUNITY FORUM

October 10, 2023





AGENDA

Welcome (5 min)

Wendy Kinnear-Rausch Gilbert Murillo

System Improvement Plan (SIP) (20 min)

Don Long Naveen Sangwan

Comprehensive Prevention Program (CPP)(25 min)

Wendy Kinnear-Rausch Rocio Abundis Katie Hubner Patty Ramirez

Q&A & Wrap Up (10 min)

Wendy Kinnear-Rausch Gilbert Murillo





Implementation Work Plan Organized Around Five Objectives

Change agency culture to work differently with families Address Systemic Disproportionality

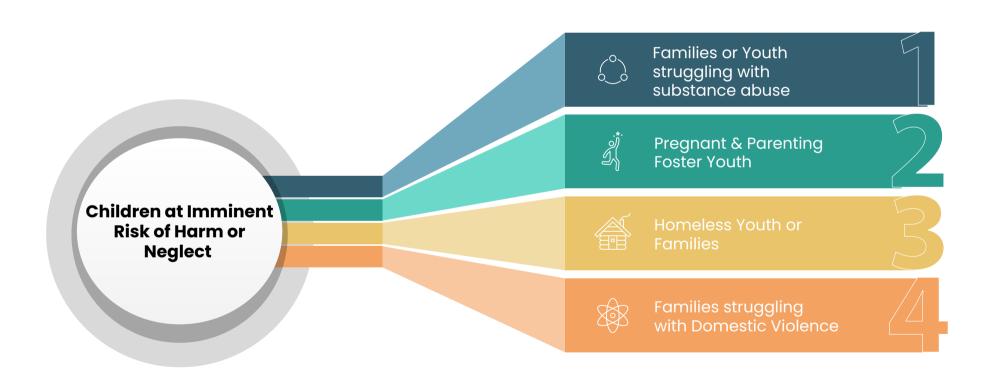
Establish a sustainable infrastructure

Increase access
to services to be
more relevant to
family needs

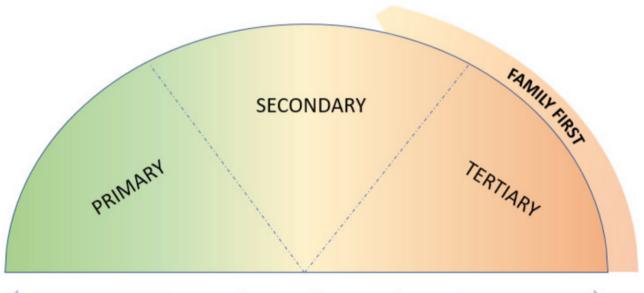


Utilize continuous
quality
improvement and
feedback loops to
ensure
accountability

Santa Clara County's PRIORITY POPULATION



Building the Prevention Continuum



Prevention Services Continuum

Primary Pre<u>vention</u>

Address general population needs and child well-being through social determinants of health approach

Secondary Prevention

Providing and evaluating direct services that develop and amplify protective factors and are provided to families objectively assessed to be at risk of child abuse or neglect

Tertiary Prevention

Provide services to support families in which child harm has already occurred or has been indicated. Activities must focus on trauma mitigation, reduction of negative consequences, and prevent recurrence.

Primary Prevention

GOAL

Address general population needs and child well-being through social determinants of health approach



TARGET GROUP

Universalism: All children, youth, and families in the community access what they need, including Priority Population:

- Families Struggling with substance use
- Homeless families or Youth
- Families struggling with DV
- Pregnant/Parenting Teens/Foster Youth



Strategies

- Expanded Fatherhood Support (for Substance Use, residential services, and general parenting)
- Home Visiting Program
 - Nurse-Family Partnership
 - Homebuilders
- Parent Education/Parent Navigation
 - Familias Unidas
 - Strong African American Families
 - Parent Anonymous
 - o Parent Child +
 - Parent Cafes
 - Safe Secure and Loved
 - Be Strong Families
 - Celebrating Families
 - o Differential Response
- Early Learning Programs / Pre-school
- Health & Dental Screenings
- Motivational Interviewing
- Therapy



NEEDS

- Inpatient/Outpatient services & supports
- Therapy/Therapeutic Supports
- Home Visiting
- Housing
- Increase protective factors
- · Improve economic stability
- Access to basic needs Resource Linkage/Concrete Supports
- School readiness
- · Access to healthcare
- Alternative opportunities for youth peer/school support
- Parent Education, and engagement



Outcome

- Build Resiliency
- Build knowledge, skills, provide tools, and resources for families to thrive financially, mentally, physically, educationally and emotionally.
- Increase protective factors
- Increase safety & well-being
- Decrease formal system involvement
- Decrease disproportionality
- Increase community & family knowledge, skills and resources

What can this look like? Case Scenario

- Mom goes to a nearby FRC to get diapers and food for the family.
 - o She talks to staff about also getting help with water and electric bill for the month.
- Mom and dad have no high school diploma. Both work part-time (12-20 hrs per week) at \$15 per hr.
- Mom struggles with depression and suicidal tendencies (several 51/50 (Psychiatric) holds in the past two years).
- Dad struggles with substance use (alcohol & marijuana) and has anger issues, short-tempered.
- Parents are constantly fighting.
 - Dad has physically abused mom in the past year. She has ended up in the hospital with extensive injuries but is afraid of leaving him.
- Frank (9 yrs old) is in school but struggling with keeping good grades and misses a lot of school.
 - He constantly gets in fights and gets referred to the office. He hits his mom when he gets upset when she is trying to address his bad behavior.
 - o The school has reached out to the parents about this behavior but nothing has changed.
- Lilly (Age 5) is developmentally delayed, is super active, and constantly getting hurt.
 - She does not speak but screams when she wants something.
 - She gets very aggressive with her mom, has gone after her with scissors, has scratched her face, and tends to throw anything around her trying to hit her mother.
- Mimi (age 1) is starting to walk and keeps getting hurt, but, mom cannot explain the bruising. She is also non-verbal.



Primary Prevention





Families (birth, caretakers, etc.) are stable and thriving in the community, resources available in community to address the stressors and prevent involvement with DFCS and Probation 12 to 24 months post supports

Secondary Prevention

GOAL

Providing and evaluating direct services that develop and amplify protective factors and are provide to families objectively assessed to be at risk of child abuse or neglect



TARGET GROUP

Families referred to CANC with at "imminent risk" of child abuse or neglect or juvenile probation involvement.

Priority Population:

- · Families Struggling with substance use
- Homeless families or Youth
- Families struggling with DV
- Pregnant/Parenting Teens/Foster Youth



Strategies

- Diversion Program
- SAFE Program
- Home Visiting Program
 - Nurse-Family Partnership
 - Homebuilders
- Parent Education/Parent Navigation
 - o Familias Unidas
 - Strong African American Families
 - Parent Anonymous
 - Parent Child +
 - Parent Cafes
 - Safe Secure and Loved
 - Be Strong Families
 - Celebrating Families
- Early Learning Programs/Pre-school
- Health & Dental Screenings
- Motivational Interviewing
- Therapy



NEEDS

- Access to basic needs
- Improve economic stability
- School readiness
- Access to healthcare
- Neighbourhood safety
- Engagement, education and outreach
- Parent engagement and education
- Substance Use support
- Domestic Violence support



Outcome

- Build knowledge, skills, provide tools, and resources for families to thrive financially, mentally, physically, educationally and emotionally.
- Build Resiliency
- Increase protective factors
- Increase safety & well-being
- Decrease formal system involvement
- Decrease disproportionality
- Increase community & family knowledge, skills and resources

What can this look like? Same Case Scenario

- Mom, Dad, 9 yr old (Frank), 5 yr old (Lilly) and 1 yr old (Mimi).
- Mandated Reporter calls in the CANC hotline to report possible child neglect as 9-year-old shared with Mandated Reporter that mom sleeps all day when not working and he has to take care of his siblings by himself.
- Mandated reporter is also concerned about domestic violence as child also shared his mom and dad fight a lot.

Child Abuse & Neglect
Center Assesses and
Refers to Voluntary
Services as appropriate.

START



Secondary Prevention

Prevention/Early Intervention: Family not involved with DFCS

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Referred to Community Provider

Family voluntary agrees to services and supports to address risk factors

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Prevention Case Plan Developed

Coordination & Delivery of Services

Case Management

SUCCESS

Enhanced
Case
Management
to address
risk factors
and address
need



Oversight of Case Plan & Safety Monitoring by CBO

CANC

START



Families are thriving, and risk factors are addressed, Family Stayed Together.
No DFCS/Probation involvement 12 to 24 months post supports

Tertiary Prevention

GOAL

Provide services to support families in which child harm has already occurred or has been indicated. Activities must focus on trauma mitigation, reduction of negative consequences, and prevent recurrence.



TARGET GROUP

Families & Children in Family Maintenance (FM) or Reunification (FR)



Strategies

- Intensive Family preservation services
- Parent Mentor programs
- Parent support groups
- Mental Health Services (Katie A.)
- Intensive WRAP around services & supports
- Parent Education/Parent Navigation
 - Familias Unidas
 - Strong African American Families
 - Parent Anonymous
 - Parent Child +
 - Parent Cafes
 - Safe Secure and Loved
 - Be Strong Families
 - Celebrating Families
- Substance Use Programs
- DV Programs
- Respite Care
- Parent Cafes



NEEDS

- Parenting education & Support
- Behavioural Health
- Permanency Planning
- Parent mentoring
- Strengthening families
- Substance Use Programs
- DV Programs/support
- Home visiting programs
- EBPs



Outcome

- Build knowledge, skills, provide tools, and resources for families to thrive financially, mentally, physically, educationally and emotionally.
- Increase protective factors
- Increase safety & well-being
- Decrease formal system involvement
- Decrease disproportionality
- Increase community & family knowledge, skills and resources
- Family reunification and stability

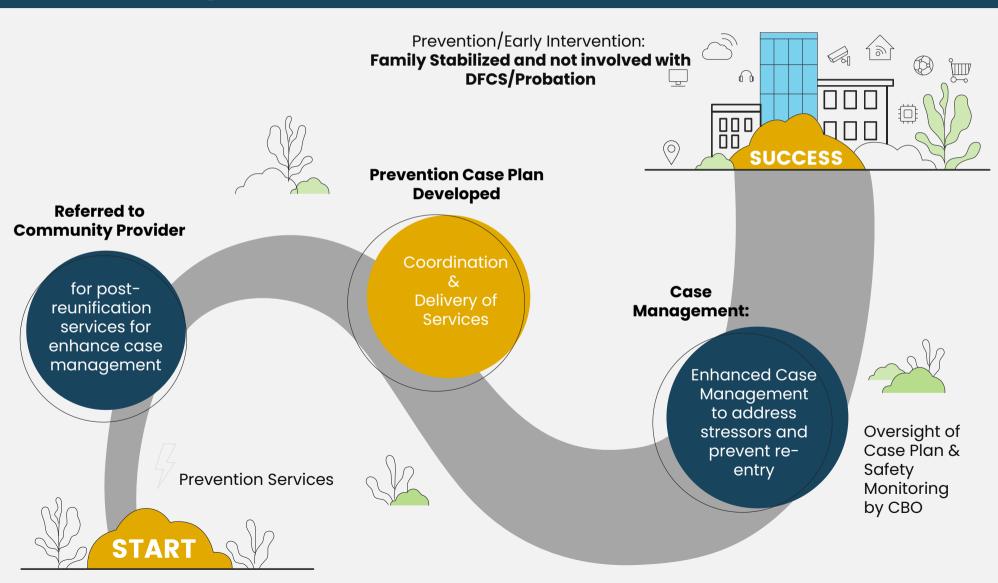
What can this look like? Case Scenario

- Mom, Dad, 9 yr old, 5 yr. old, 1 yr old
- Police removed the children after responding to a domestic violence call and both parents were arrested.
- Parents actively participated in all court-ordered services and reunited with their children, and the case was closed.

Support family to access culturally relevant after care resources to address the stressors and prevent re-entry.



Tertiary Prevention





Families are stable and thriving and have not been referred to DFCS in the past 12 to 24 months post-case closure.



Q&A





COUNTY SELF ASSESSMENT (CSA) & SYSTEM IMPROVEMENT PLAN (SIP)

CSA & SIP Overview

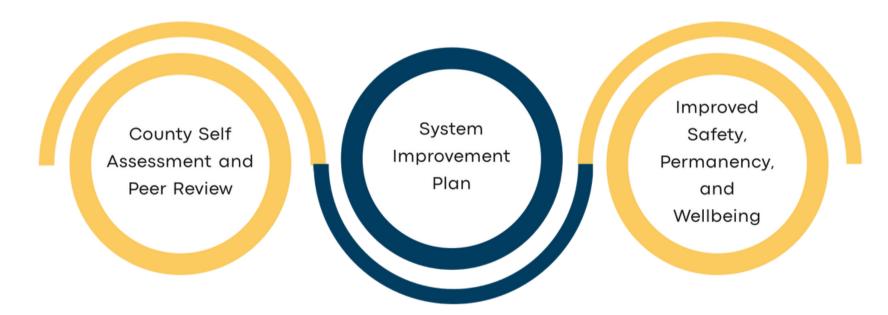
CSA Analysis

Peer Review Strengths & Opportunities

SIP Goals and Strategies, 2022-2027

Child Welfare & Probation

CSA/SIP



Discover/Assessment

- · How are we doing?
- How can we do better?

Create/Planning

- What do we need to strengthen & improve?
- What actions can we take to improve?
- How will we know we improved?

Act/Implement

 Together we work towards improving our services and outcomes.

CSA: WHAT & HOW?

Quantitative Analysis

Data collected and reviewed for the previous 5 years (2017 – 2022) to help determine areas of improvement for the next 5-year cycle (2022 – 2027).



PEER REVIEW: STRENGTHS & OPPORTUNITIES

STRENGTHS

- Low caseloads allowed for youth and family engagements
- o Children initially placed with siblings
- o Regular use of CFTs and warm handoffs
- Extensive worker experience in child welfare (5-20 years)
- o Increase number of specialized placements
- Increase number of services for Spanish-speaking families
- Trainings integrated into practice.



OPPORTUNITIES

- Matching placements with needs of children for specialized treatment needed more out of county and out of state placement, the primary cause due to shrinking in number of appropriate providers in SCC.
- o Continuing obstacles to maintain connections between family due to lack of transportation.
- Homelessness and connecting unhoused families with services through stable shelter has been a consistent challenge.
- Absence of substance abuse treatment for youth and support services for developmentally delayed clients, inaccessible WRAP and therapy services, and too few Spanish speaking providers to reduce long wait times for services were identified as significant gaps in services.

SIP GOALS

Caring Today, Thriving Tomorrow:

Safeguarding Children, Empowering Communities, Strengthening Children & Family Systems.



S2 Recurrence of Child Maltreatment:

- Current DFCS Performance: 6.1%
- California Performance: 8.3%
- National Performance Indicator: 9.7%



P2 Permanency for Children in Care 12-24 months:

- Current DFCS Performance: 40%
- California Performance: 43.2 %
- National Performance Indicator: 43.8%



P4 Re-Entry into Foster Care:

- Current DFCS Performance: 7.6%
- California Performance: 8.1%
- National Performance Indicator: 5.6%



SIP STRATEGIES

- Increase linkage to Differential Response Diversion and Aftercare Services to prevent recurrence of maltreatment and re-entry into foster care. Ensure youth and families are connected to community-based resources and supports. (S2, P4)
- Build natural support networks for stability throughout the life of the case as well as post reunification (P2, P4)
- Improve the use, consistency, and effectiveness of Structured Decision Making (SDM) - Safety, Risk, and Reunification Reassessment Tools.(S2, P2, P4)
- Improve integration of Safety Organized Practice into DFCS practice.(S2, P2, P4)





Q&A



WRAP UP

- Next Continuum of Learning on February 29, 2024
- Give us feedback on this Community Forum
 - https://forms.office.com/g/75ba1X12Rt
- Ask Questions to DFCS Director's Office
 - Click here