

The California Child Welfare Improvement Activities



Differential Response Guidelines and Resources for Implementation

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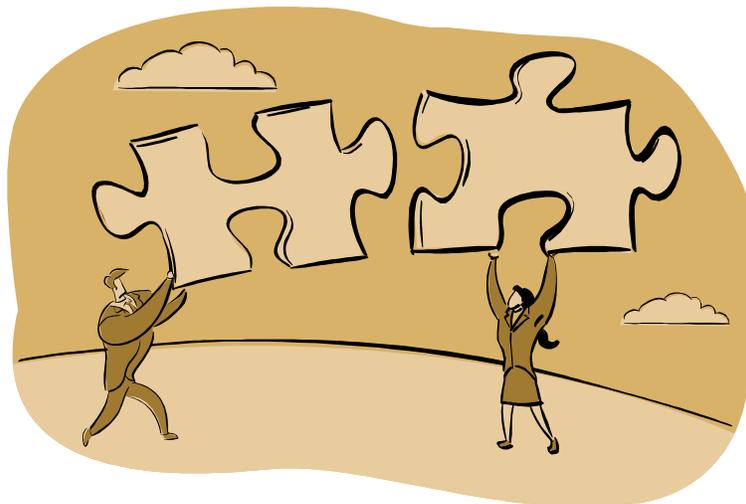


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The Child Welfare Improvement Activities: Differential Response

Introduction / Summary

This guide is prepared to provide guidelines for implementing Differential Response (DR) in a consistent manner throughout California. It also includes a brief historical perspective of Differential Response in child welfare programs, along with a description of the history of early DR implementation in some California counties. The definitions and practice of DR in California differ from practice in other states, though the intention is the same – to offer alternate methods of providing services to families who have come to the attention of child welfare.

In 2003, 43 California counties participated in a Breakthrough Series Collaborative (BSC) to test components of Differential Response. DR was chosen as the BSC focus based on several considerations: 1) DR was a critical element in Stakeholders Redesign and the Child Welfare Improvements; 2) enhanced community service capacity and community based networks of services and supports required to maximize DR effectiveness could also be available to assist families throughout their child welfare experience. This may include preparation for reunification and post-permanency support, so investing in community based networks would have positive effects beyond DR; 3) it was hoped that DR implementation would reduce ethnic and racial disproportionality; and 4) if implemented as conceived, DR would significantly change the nature of the interactions between families and child welfare staff, moving toward greater family engagement.

In 2004, 11 California counties were selected to participate in a pilot project to implement child welfare improvements, including DR. In 2008, the 11 pilot counties convened to address consistency and model fidelity of the DR program.

These guidelines were prepared by the pilot counties and a collaborative group to promote model fidelity, as well as to provide information to assist other county child welfare service agencies in implementing DR activities in a manner consistent with the standards established for California.

In addition to providing information to county child welfare agencies regarding the implementation of DR, these guidelines also offer helpful information for community or agency partners when a family is referred for services. These community partners provide significant prevention and early intervention support services to strengthen families and prevent child abuse and/or neglect in California.

Additional information regarding the Breakthrough Series Collaborative can be found in Appendices A and F.

What is Differential Response in Child Welfare Services (CWS)?

Differential Response is a strategy that creates a new intake and service delivery structure that allows a CWS agency to respond in a more flexible manner to reports of child abuse or neglect. The CWS response is a customized approach based on an assessment of safety, risk, and protective capacity as well as the ascertainment of facts to determine the strengths and needs of the child and his or her family.

DR has as its hallmark both flexibility and family engagement, which act as an umbrella for various responses and services. This represents a significant change for many CWS agencies. The DR approach also recognizes each family's unique strengths and needs, and addresses these in an individualized manner rather than with a "one size fits all" approach.

Differential Response involves more than the choice of a response path. It also focuses on *engaging* families, both to recognize behaviors that put or keep their children at risk and to change those behaviors through the assistance of supports and services. The focus of the response and service delivery is primarily based on the *assessment* of safety, risk, and protective capacity, rather than on the *investigation* of allegations. The assessment leads to the identification of both needs and strengths of the child and family. A DR approach includes innovative partnerships with community based organizations and other county agencies which can help support families in need before further crises develop. This focus is not intended to supplant the charge of CWS to investigate and assess allegations when necessary.

The CWS and/or its partners use assessment information to engage the family in developing a plan for change-oriented services. The expectation is that a larger proportion of referrals will actually be opened for services and that more services will be delivered to the child and family without involving out-of-home placement. When placement is necessary, decisions regarding reunification or alternative permanency arrangements are made quickly, giving parents and extended family members the opportunity to actively participate in those decisions. The choice of response path and service delivery in each county depends on local considerations such as community capacity and county policies and procedures.

The Structure of Differential Response:

- Depends on the existence of community partnerships.
- Responds to families in a non-adversarial manner, engaging them in the necessary change processes.
- Addresses the commitment to prevention and early intervention.
- Depends on the presence of a network of community based public and private services and supports to address the needs of vulnerable children and families, including creating networks where they do not exist, such as in rural areas.
- Is sensitive to and respects the family's culture and community values.

- Addresses fairness and equity issues by creating three paths of response that better match needs and services in a timely way.
- Requires maximizing collaboration, using existing funds more flexibly.
- At the social work practice and community services level, DR requires:
 - The ability to determine the appropriate response path and service delivery.
 - Customizing the response and service delivery to individual family needs.
 - Comprehensive family assessments of safety, risk and protective capacity as well as family strengths and needs.
 - Focusing the planning process on the changes needed to assure the ongoing protection of children.

By providing earlier and more meaningful responses to emerging signs of family problems, child welfare agencies can utilize resources to help families before difficulties escalate and child removal is required. This is a significant change from the traditional child welfare system of providing a “one size fits all” response to child abuse allegations where the overwhelming majority of child welfare referrals received an investigation but nothing further.

Implementation of DR is one way to ensure fairness and equity. The expansion of the availability of community resources helps ensure all children and families (including those of diverse backgrounds and those with special needs) obtain positive benefit from child welfare interventions. DR, by creating three paths, better matches needs and services in a timely manner.

Regardless of the agency or partnership conducting the face-to-face assessment, the critical question is, “~~h~~at will it take to keep this child safe?” What Differential Response means for California is that more children and families will receive the support they need to help keep children safely in their homes.

California Differential Response – How Does this Approach Respond Differently to Reports of Child Abuse and Neglect?

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

Differential Response is an enhancement in child welfare practice that has been adopted successfully by more than a dozen other states and represents a growing movement to provide services to children and families at the earliest signs of difficulties. According to the *National Study on Differential Response in Child Welfare* (American Humane Association and the Child Welfare League of America, 2006), twenty-six states were experimenting with DR and DR-type initiatives as of 2006.

A set of core values common to DR as opposed to a more traditional CWS response includes:

- Family engagement versus an adversarial approach
- Services versus surveillance
- Labeling as “in need of services/support” versus “perpetrator”
- Changing community perception of CWS from “threatening” to “encouraging”
- Changing community perception of CWS from “punishing” to “supporting”
- Having a continuum of response versus “one size fits all”

Differential Response – The Paths

There are three paths in California’s Differential Response approach. Based on information collected from the initial call/report, the intake or hotline social worker assigns the referral to one of three paths. The three response paths are described below:

Path #1: Community Response

Community response is selected when a family is referred to CWS for child maltreatment but as a result of the hotline/pre-contact assessment, the allegations do not meet statutory definitions of abuse or neglect, yet there are indications that a family is experiencing problems that could be addressed by community services. In the current system, these families are often ‘evaluated out’ and may or may not receive a referral to a community agency. In counties with DR, these families are linked to services in the community through expanded partnerships with local community organizations and other county agencies. Some of the specific services the partner agency provides include engaging the family in an assessment of family needs and providing feedback to CWS concerning family participation, per County agreements. This feedback includes whether or not the family engaged in services.

Path #2: Child Welfare Services and Agency Partners Response

The CWS and Agency Partners Response path involves families in which the children are at low to moderate risk of abuse and neglect. Safety factors may be low, but some risk is present. This path is chosen when allegations meet statutory definitions of abuse and neglect, and assessments indicate that with targeted services a family is likely to make needed progress to improve child safety and mitigate risk. This path focuses on voluntary involvement in services through engagement of families, but in the interest of protecting the child, the authority of the juvenile court may be utilized. The ideal in this path is a teamwork approach between CWS and interagency and community partners. In this situation, social workers team with staff from other county agencies and/or community organizations to provide a multidisciplinary approach in working with families.

The CWS and community partners response path involves an initial face-to-face assessment by CWS, either alone or with one or more interagency and/or community partner who are enlisted based on the information gathered at screening. The initial face-to-face meeting focuses on assessing the safety of the child, as well as engaging the family in a process of recognizing the risks to their child. An assessment is made of the family's protective capacity resources. Facts are ascertained and documented relative to the allegations of maltreatment, the levels of safety, risk, protective capacity, as well as recommendations for further service delivery. If any risk factors are present, an immediate plan is developed to assure the safety of the child.

Exploring protective capacity will help the family and the social worker to develop a safety plan that may prevent separation of the child from the immediate custody of the parent or guardian. At this important first meeting with the family, the immediate service and support needs are also identified and assistance initiated.

CWS and relevant interagency and community partners meet with family members, including the children and other members of their support system, as appropriate, to participate in a comprehensive assessment of safety, risk, protective capacity, family strengths and family needs. The focus of this —*path*— centers on a family's willingness to make needed improvements. If a family situation deteriorates and a child's safety is in question, child welfare staff intervenes as needed. The team also explores strategies to support changes to diminish risk and enhance safety and protective capacity. From this meeting a plan emerges, reflecting shared responsibilities and commitments as well as specific services to be provided and the time frames for re-evaluation.

Path #3: Child Welfare Services Response

This path is most similar to the child welfare system's traditional response. It is the path chosen if the initial assessment indicates the child is not safe. This path always involves the likelihood that the children are unsafe, risk is moderate to high for recurring child maltreatment and actions must be taken to protect the child, with the family's agreement whenever possible. Actions may be taken without the family's consent to improve child safety and mitigate risk. Court orders and law enforcement may be involved.

CWS will be responsible for the first face-to-face visit and other agency partners, including law enforcement, may be included depending on the circumstances. The safety of the children is assessed. Facts are ascertained regarding any pattern of maltreatment, safety, risk and protective capacity factors, as well as family strengths and needs. If indicated, efforts are undertaken to help the family members recognize the seriousness of the concerns and to engage them in a commitment to change. The level of risk may require the involvement of the court to assure children are safe. Efforts are made to engage the family in order to preserve the connections of the child to family members.

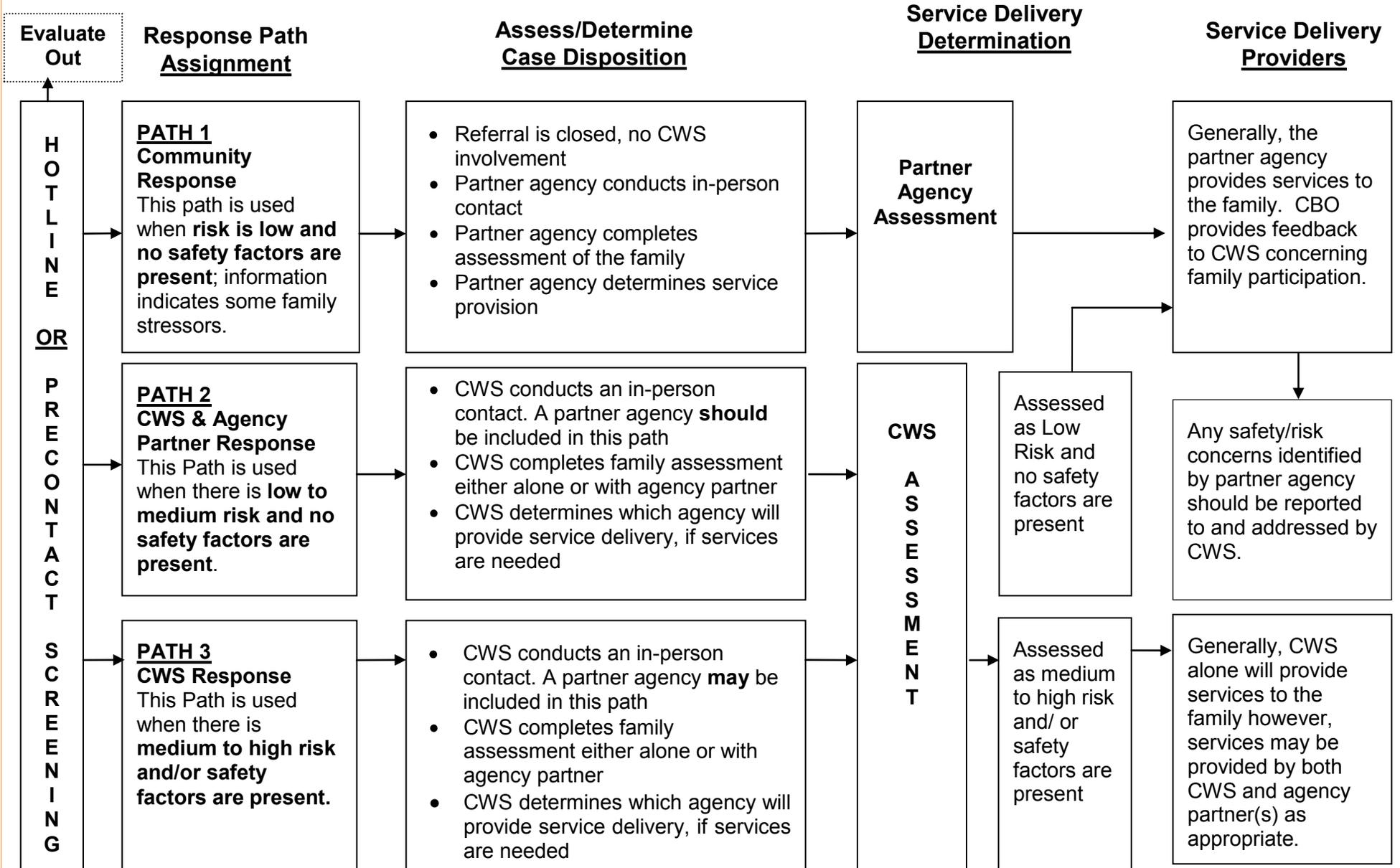
A safety plan is developed to address any identified safety factors. This could involve the child being placed in out of home care or other means of assuring safety, such as the removal of an offending adult from the home, or introducing a protective relative or other responsible adult into the home. CWS initiates a comprehensive family assessment and arranges for any immediate support services needed. Engagement of the family and ascertaining of facts is the focus of all assessments. This focus is not intended to supplant the charge of CWS to investigate allegations when necessary. The recommendations and provision of services are customized based on the individual child and family.

Determining Service Delivery for All Paths

Service delivery, either by CWS or community partner, is based on any presenting safety and/or risk factors. Safety and/or risk factors determine who will be delivering the service. As indicated in the *California Differential Response Path Assignment flowchart* (next page), for families experiencing low risk factors, the community partner will provide services to the family; however, CWS will address any identified risk and/or safety factors. For families experiencing high risk factors and/or safety factors, CWS will take the lead; in this situation, services may be provided by both CWS and partner agencies as appropriate.



California Differential Response Path Assignment



Differential Response

Guidelines

Guidelines for Establishing Differential Response in Your Agency

Internal Child Welfare Services Components of DR

The implementation of DR may require that the organizational and operational structure of your agency be adjusted. There are seven DR framework components to be determined prior to the implementation of the program:

1. Intake Structure

Intake structure provides three pathways of service response to child abuse and neglect reports.

- Assessments are made at the point of intake to determine which path is most appropriate for the family being referred: Path 1 - community response, Path 2 low to moderate risk CWS / community partner response, or Path 3 – moderate to high-risk CWS response.
- Teams are in place to provide further assessment as needed following intake, especially for priority populations: families who are homeless, families with children ages zero to five, and families struggling with chronic neglect and/or substance abuse.
- Information regarding prior referrals, actions taken with regard to those referrals, and outcomes of prior CWS referrals are utilized during decision making at intake.
- In the Path 1 community response track, identified community agencies will serve as referral agencies, engaging the families and arranging for appropriate services through the community-based network of services and supports.

2. Assessment

A standardized assessment tool is utilized to determine safety, risk, protective capacity and needs.

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

3. **Family Engagement**

Families are engaged to achieve better outcomes; using voluntary participation when possible.

- A key to engaging families is a shift in focus from substantiating abuse and neglect to addressing the needs of families. This focus is not intended to supplant the charge of CWS to investigate and assess allegations when necessary.
- Child welfare social workers and community-based service providers build a relationship with families that include communication, honesty, respect, information, and clear objectives.
- Child welfare staff and partners offer change-oriented services based on family need and level of risk rather than on substantiation of child abuse and neglect.
- Families understand the assessment and referral process and give permission for voluntary referral to community-based services.
- The wisdom of families and the people they trust is used in the assessment, safety, and case planning processes.
- Team Decision Making approaches are utilized to engage families and community partners in the assessment, case planning and service delivery processes.
- Requirements for reporting substantiated allegations to the Child Abuse Central Index are consistent with the goals of DR and cross-agency information sharing, while also meeting current regulations.

4. **Service Array**

An available and accessible network of integrated, culturally appropriate resources and opportunities is established to address the needs of vulnerable children and families.

- The network includes formal and informal supports and services to meet identified needs.
- Each community has a clear understanding of existing resources, patterns of access to services and gaps in core services.
- Service and resource gaps are addressed through capacity development and coordinated case management strategies.
- CWS implements performance-based contracts with community agencies.

5. **Staffing**

Child welfare and community agency staffs have the support they need to engage, assess and serve families well.

- Child welfare partners have thorough knowledge of the network of community resources available to support families.
- Child welfare partners receive cross-agency training that includes skills and knowledge development in culturally appropriate assessment, engagement of families, and family-based practice.

- A well-articulated system of coordination among CWS staff and the network of service providers is in place to support better utilization of existing services. Staff at all organizational levels—administrative, supervisory and direct service—understand and support each others’ roles in the DR process.

6. **Monitoring Outcomes**

Tracking systems are implemented to document improved outcomes for children and families.

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

7. **Community Partnering and Network Development**

Close partnering and clear communication exist among CWS, other public agencies and community-based organizations to address child safety, permanency and well-being.

- The roles and obligations of CWS and its community partners are clear with regard to referrals, assessments, service provision, case management and information sharing.
- Procedures are established collaboratively and are clear to all network members.
- Ongoing communication mechanisms are in place among community agencies, CWS, and other public agencies to provide relevant information regarding the families they are serving.
- All relevant stakeholders understand the goals, processes, risks and benefits of DR and the implications for organizational culture, philosophy and service delivery.
- Based on shared goals and common populations served, CWS and its public and private partners work together on an ongoing basis to strengthen service coordination and maximize utilization, focusing and leveraging of existing resources in order to improve outcomes.
- CWS and its public and private partners make effective use of resources to capitalize on each discipline’s expertise and resources.

Building Community Partnerships and Strengthening Service Networks

Establish Local Teams

1. Establish a Core County Leadership Team comprised of agencies and groups beyond the boundaries of the traditional Child Welfare Services system in order to support expand and sustain the focus, momentum and energy of DR and other efforts geared toward improving CWS and outcomes for children and families. Suggested members include board of supervisor representatives, the business community, community leaders, Community Based Organizations (CBO), Family Resource Centers (FRC), private foundations, interagency partners and the CWS director and deputy director. The team's purpose is to plan, coordinate and champion implementation efforts in local communities.
2. Establish a CWS County Team to focus on DR as the new intake structure; members include CWS, partner agencies and CBO staff. This team determines the nature and scope of the policy, program and practice issues in implementing DR and address cultural competence as well as fairness and equity issues.
 - a. The CWS County Team undertakes an assessment of existing resources, gaps in core services and patterns of access in order to identify what has to be developed and ways to make needed changes in patterns of utilization and access. The end product is consistent with the demographic characteristics of county residents and includes and engages contracted private providers and community partners.
 - b. The CWS County Team establishes availability and access to a continuum of core services in order to address the needs of vulnerable children and families, including but not limited to:
 - Health care for medical and dental check-ups including the assessment and treatment of potential injuries to children.
 - Mental health services for children and parents.
 - Assessment and treatment services for alcohol and drug problems.
 - Developmental assessment and services for children.
 - Domestic violence counseling and shelter services for families.
 - Assistance with housing.
 - Availability of foster homes and out of home care facilities for children who cannot remain at home and/or need specialized therapeutic services due to abuse and/or neglect.
 - In-home safety services and mentoring services (e.g. shared family care)
 - Emergency assistance related to food, clothing and/or shelter.
 - Community-based family support services.
 - Early childhood development programs.

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

- Child welfare
- Family, extended family members and other significant persons at the family's discretion (including non-formal community resources)
- Alcohol and drug programs (including advocates, sponsors, etc.)
- CalWORKs
- Education
- Mental health
- Health services
- Juvenile court
- Domestic violence prevention
- Other support and service providers as appropriate

Implement Engagement Strategies and a Less Adversarial Approach

Emphasis is placed on family engagement and staff is trained accordingly. It is important to develop and implement ways to communicate the shift in focus from the substantiation of allegations to a face-to-face, less adversarial engagement of family members and others involved with the family. There is a greater effort to ascertain facts and, in a joint effort with the family, determine a course of action to reduce/alleviate risk and strengthen family functioning. This focus is not intended to supplant the charge of CWS to investigate and assess allegations when necessary.

Building Workforce and Service Capacity

Increasing workforce and service capacity are essential steps to building an effective DR system. This may be achieved by identifying and redirecting current resources to provide joint response and service delivery for families beset by chronic mental health, substance abuse and domestic violence issues.

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

Expand Workforce Capacity

Although the workforce will be fortified by new partnerships at the community level, there is still a need for sufficient recruitment and retention to secure enough personnel to meet the demand for services.

1. Local Level Strategies:

- Encourage public and private agencies to continue to adequately recruit and train staff to provide culturally competent services.
- Conduct job previews for CWS social workers that demonstrate the challenges, rewards, complexities and level of skill required to perform this work.
- Streamline the hiring process.
- Utilize Title IV-E tuition and fees incentives. This is one way to attract new recruits to the field of CWS.
- Encourage career ladders within the CWS department.
- Create entry level opportunities via internships and AmeriCorps staff.

2. Support Manageable Workloads

For DR to be embraced as relevant and useful, it must be viewed by the existing child welfare workforce as a solution to the current stress on the system. The following strategies are useful in addressing workload issues:

- Leverage flexible funding strategies to provide workload relief
- Allow flexibility in assignment of case related activities.
- Leverage partnerships to reflect workload needs within the new CWS intake system.
- Re-structure staff time to align with goals of DR.

3. Build Workforce Skills through Integrated Learning Systems

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

The following strategies may be useful when using Integrated Learning Systems:

- Establish leadership support for workforce learning.
- Assess current learning culture of your organization.
- Assess the learning strengths and needs to perform DR at all levels of both CWS and community services staff.
- Set learning objectives at organizational, team and individual levels and create a realistic training plan to support DR.

- Utilize statewide and regional training resources to meet learning objectives.
- Provide multi-disciplinary learning opportunities and on-the-job reinforcement.
- Evaluate progress toward meeting learning objectives and assess results of engagement in learning opportunities.
- Set performance expectations and acknowledge demonstration of learning.

Developing Protocol with Partner Agencies to Sustain and Support Services

1. The CWS County Team undertakes an evaluation of existing resources, gaps in core services, and patterns of access in order to identify what has to be developed and ways to make needed changes in patterns of utilization, access and communication.
2. The CWS County Team determines the network of community resources to be used for direct referrals from intake to the community response path (Path 1).
3. The CWS County Team will make a determination of the qualifications and skills of the community partner agencies.
4. The CWS County Team works within the community partnership structure to designate a community agency or agencies with responsibility to:
 - Report back to CWS whether the family followed through with the referral and participated in services, per county agreement.
 - Re-refer to CWS if the family situation rises to the level of a mandated report.
 - The CWS County Team will:
 - Develop a protocol for referral and initial community response.
 - Arrange for the appropriate services from the array of community services and resources.
 - Develop a network of community support for the designated community agencies.
5. The CWS County Team implements guidelines for the initial face-to-face meetings. The County team also implements a process for identifying and communicating the obligations and roles of case specific team partners including functions related to:
 - Completing a family needs assessment.
 - Providing services to a family.
 - Coordinated case management.
 - Shared accountability for outcomes.
 - Leveraging resources to achieve common goals.
 - Communicating progress and needs.

Building Trust and Engaging Service Providers to Participate as Team Members

1. The CWS County Team develops greater clarity and agreement with inter-agency and community partners on their role, responsibility and contribution to mutually agreed outcomes. This process can be facilitated by all participants.
 - Recognizing and agreeing to federal and state regulations that mandate CWS' bottom-line legal and fiscal accountability.
 - Measuring CWS responsiveness to community feedback via pre- and post-surveys.
 - Developing clear definitions of how CWS, inter-agency and community partners conceptualize —~~to~~ “*teams*” in terms of discipline and affiliation, communications and roles across the CWS system. This process, in turn will help to create a team culture defined by shared experience, traditions, values and belief systems related to child safety and well being.
2. Shifting the organizational culture toward DR: Although the degree of change needed to implement DR may look very different in each child welfare organization across California, it is CWS personnel and their partners in each location who will ultimately transform the system. When this element is fully implemented, the culture of each organization embraces the value and new direction of DR. All policies, practices, structures and functions are aligned and consistent with the objectives of DR.

The following strategies may be useful in shifting organizational culture toward Differential Response:

- Decide why participating in a DR strategy is better than the status quo.
- Decide what scope of change is needed in your location.
- Keep organizational change effort focused on the results it will achieve for children and families.
- Share information and support with community partners to facilitate changes necessary for them to engage effectively.
- Align the organization's mission, vision and guiding principles with DR.
- Update agency policies, procedures and other operational materials to be consistent with DR.
- Align management structure and staff assignments to support DR.
- Help staff and partners gain firsthand experience of why and how DR strategies work.
- Seek out feedback throughout the change process and adjust to improve results.

Training and Preparation for Partner Agencies

1. CWS will ensure that staff and community partners are trained in an overview of child welfare services, including:

- Mandated reporting laws.
- Confidentiality laws pertinent to child welfare, particularly those geared toward community partners and their unique roles.
- Interagency and community partners understanding of their roles, the roles of CWS and how they differ, including how CWS will focus on ascertaining facts related to safety, risk and protective capacity of the family. This focus is not intended to supplant the charge of CWS to investigate and assess allegations when necessary.
- Strength-based and family engagement training.

2. Considerations for Community Based Organizations:

- On-going participation in community partnership activities.
- Regular meetings with other agencies so there is shared information regarding services provided to the community and collaborative problem solving and quality improvement.
- Access local information and referral resources to work with the families.
- Commitment to on-going community and family engagement to assess strengths, needs and resources.
- Conjointly participate in application for grants in partnership with CWS and other county departments.
- Provide feedback to CWS about family participation in services, per county agreement.
- Certification as a non-profit agency or have a Memorandum of Understanding (MOU) with a parent agency that is certified as a non-profit agency.
- Experience in case management services.
- On-going utilization of quality assurance strategies.
- Ability to fulfill a performance-based contract.
- Employment of staff that is reflective of community diversity.
- Services which are culturally and linguistically appropriate to the community being served.



More information regarding **Integrated Learning Systems** can be found in Appendix D

Suggested Phases of Activities for All Paths

The initial hotline activities remain the same. Based upon the information obtained, the hotline screener makes the initial path determination.

Hotline/Pre-contact

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

1. Receipt of referral.
2. Gathering of collateral information.
3. Initial screening for safety concerns based on referral information.
4. Make path decision.

Depending on which path is chosen by the CWS hotline screener, each path is distinguished by phases of activities which help families move through the system.

Low Risk – Path 1 (Community Response)

When it has been assessed that there is low risk and there are no safety concerns, generally, the agency and / or community partner will provide the services to the family. CWS will address any identified safety/risk factors. The specific activities for the agency and/or community partner include the following:

- Assist in arrangements for services, including contacting agencies and transportation.
- Identify any problems in implementation and work with family and others to resolve them.
- Provide direct services as appropriate.
- Maintain regular contact with key family members, particularly the child.
- Coordinate schedules and arrangements for counseling and other services.
- Regularly assemble teams for decision making; adjust team membership as appropriate.
- Regularly reassess family strengths and needs; adjust service plan as needed.
- Acknowledge achievements and successes.
- Depending on the agreement between the CWS agency and the individual interagency or community partner, report to CWS whether or not the family followed through with voluntary services.

Low to Moderate Risk – Path 2 (Child Welfare Services and Agency Partner Response)

When it has been assessed that there is low to moderate risk, generally CWS and a community and/or agency partner will respond to the referral in a team effort to provide services to the family that best fits their needs. Services may be voluntary, or may be required by the juvenile court.

Moderate to High Risk – Path 3 (Child Welfare Services Response)

When it has been determined that the family's circumstances are moderate to high risk cases where risk and/or safety concerns are present, generally CWS will take the lead. Services may be provided by both CWS and partner agencies as appropriate.



Path 1 – Community Response: Phases of Activity

This path is used for referrals that are determined to be low risk and when no safety factors are present.

1. Hotline/pre-contact
2. Assign as Path 1 in CMS/CWS¹
3. Initial and follow up contact with family by partner agency.

Use County Specific Protocols to Refer Families to Community Services

Each CWS agency is required to complete all of the above activities in order to ensure that there are no safety concerns that might require further CWS involvement and to ensure that the family has the opportunity to receive services from a community partner in a timely manner. Once the referral is screened and referred to the community agency partner, CWS will close the referral in CMS/CWS.

Initial and Follow-Up Contact with Family by Partner Agency

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

Task 1: Determine Who Will Make First Visit

- Teams are an important element of CWS improvement activities. Partner agencies will determine whether a team approach will be effective in making the first contact with the family; if so, they will need to select the members of the team who will meet with the family.

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

- Review and organize Information that has been gathered, including cultural aspects.
- Determine key questions and issues to explore in the face-to-face meeting.
- Collect or supplement information that has been received from other service providers.
- Decide who should participate on the response team and confirm availability; attempt to enlist team members whose culture is compatible with that of the family.
- Decide time, location, and method of face-to-face assessment meeting.

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

¹ See ACIN I-03-07 (DR special codes for CWS/CMS)

http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin07/pdf/I-03_07.pdf



Mandated Reporting

If at any time the partner agency has a reasonable suspicion of child abuse and/or neglect, then the partner agency has a duty to file a report per California Penal Code, Section 11165.7 (a)

Path 2 – Child Welfare Services and Agency Partner Response: Phases of Activity

This path is used for referrals with low to moderate risk and when low or no safety factors are present

1. Hotline/pre-contact
2. Assign as Path 2 in CMS/CWS²
3. Initial contact with family
4. Service Delivery
5. Resolution

Initial Contact with Family

This phase encompasses the specific activities essential for engaging families in services necessary to assist them in improving the circumstances that might pose a safety risk to the child (ren). Based on information in the original referral to the CWS agency as well as information gathered in the initial face-to-face visit, some specific needs of the family can be identified. The initial face-to-face activities with the family are carried out by CWS alone or with agency partners, although a joint response with agency partners and CWS staff is recommended.

The specific activities include the following:

- Assemble team
- Prepare for the face-to-face meeting
- Complete a comprehensive family assessment
- Plan for placement / permanence when necessary.

Task 1: Assembling the Response Team

Teams are an important element of child welfare improvement activities. It is preferable that response teams be used whenever possible for all Path 2 families, beginning with the first visit. Each team will be, to the extent possible, ethnically, racially and culturally compatible with the family. Depending on the nature of the referral, the team may include law enforcement.

To the extent possible, with the family's permission, it is important to bring specialists from other disciplines such as mental health counselors, drug and alcohol assessment specialists, and public health nurses who can help with the family's assessment. Team Decision Making and Family Group Conferencing processes are ideal ways to convene such teams.

² See ACIN I-03-07 (DR special codes for CWS/CMS)

http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin07/pdf/I-03_07.pdf

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

- Review and organize information that has been gathered, including cultural aspects.
- Determine key questions and issues to explore in the face-to-face meeting.
- Collect or supplement information from other service providers who may have had contact with the family.
- Decide who should participate on the response team and confirm availability.
- Decide time and location of face-to-face assessment meeting.

Task 3: Comprehensive Family Assessment

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

The assessment process should include as many members of the family and the family's support network as feasible. It is critical to ensure that the family members understand they are part of the assessment process and why an assessment is being made. In other words, what is done *with* them, not *to* them? This is best accomplished by:

- Reviewing the information received in the CWS referral (excluding the identity of the reporter).
- Reviewing information gathered in the initial face-to-face visit.
- Reflecting information that the family members have provided regarding their own sense of what they need in order to provide a safe and nurturing home for the child.
- Continuing to engage the family as facts related to safety and risk are discussed.

The comprehensive family assessment should begin with understanding that the family's strengths are the basis for anticipating how specific needs may be addressed. The comprehensive family assessment for DR will include, but is not limited to, assessing safety, risk and the family's needs and strengths. Use observation and interviewing methods designed to help people tell their story and share information about safety concerns, family strengths and mitigating circumstances. Upon completion of the assessment, if it is determined that the children are safe, not at risk and the family is not in need of services, the referral can be closed.

Task 4: Planning for Placement / Permanence when Necessary

When safety issues are identified, a safety plan will be made if the family is to receive community based child welfare services. The plan may include the child remaining in the home under the care of the parents, guardians or others who can safeguard the child's safety or placement in another home.

Planning includes the following activities:

- Extensive youth and family participation.
- Customization for each family
- Involving agency partners.
- Identification of case management roles and responsibilities.
- Identification of specific services needed and identification of service providers.
- Discussion and agreement about next steps and follow-up.

In all circumstances it is necessary to create a plan to ensure that all safety considerations are identified and addressed for the child.

a) Involve youth and other family members, including extended family and family supports in formulating plan

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

b) Involve agency partners in formulating plan

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

c) Determine level and type of service delivery needed

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

d) Discuss permanency needs when removal is necessary

The primary goal is to keep families together in moderate-to-low risk referrals; however, it is possible that the child may need to leave the home as the only means of ensuring the child's safety. At the time of the assessment, it is important to clarify the possibility that the child may not be able to remain at home and to explore other temporary or permanency options. A discussion of the permanency needs of the child will help the family, the family's supports and the agencies reach consensus about options which need to be explored.

e) *Set specific outcomes and objectives*

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

f) *Provide timelines for the accomplishment of objectives and attainment of outcomes*

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

g) *Case Management responsibilities and expectations are articulated*

In Path 2, depending on the information gathered at the initial face-to-face visit and during the comprehensive family assessment, if CWS determines that there are no safety concerns and only low-to-moderate risk, the community partner agency may assume responsibility for service delivery and resolution. In that event, the CWS agency may close its referral, initiating procedures to receive a report from the community partner agency confirming that the family has been contacted and that services have been accepted or declined.

Service Delivery

During comprehensive planning, services have been identified which are best suited and most accessible to effect family change and provide safety for the child. When services are provided by both CWS and agency partners, CWS is responsible for arranging the delivery of services. When agency partners are the primary providers of the specific services, they are responsible for working directly with certain family members. CWS and the agency partners must address the following issues:

- The need to focus on areas that require change in order to ensure child safety and enhance protective capacity.
- The need for services customized for the individual child and family
- The need for services which will strengthen and support the family.
- Assistance regardless of where the child is residing (in home or out of home).
- The need to be aware of, understand and implement any court orders relating to the family, including juvenile and criminal court orders.
- The use of alternative decision making techniques to resolve issues that may be present within the family or pose potential risk to the child's safety. This is especially important in meetings that will address plans for permanency for the child. Examples of this include mediation, Team Decision Making and Family Group Conferencing
- The need to focus on reunification and family restoration if the child or others have been removed from or left the home, as well as the need to identify and include

other family members or non-related extended family members in the planning and implementation of case plans.

- The need to work toward a permanent arrangement for any child who has left, or will soon be leaving the home.
- The need to provide on-going services and assistance to any child approaching or anticipating transition to adulthood.

Resolution

The final phase in working with families is oriented toward the completion of service plans and interaction between agencies and the family. If the child is to remain at home or be returned to the home, strategies must be implemented to ensure that families are linked to community resources for continuing services and support.

Task 1: Plan Strategy for Closure

- Convene teams as appropriate.
- If the child is to remain at home, or be returned to the home, confirm that there are no safety factors to address prior to closure.
- Prepare a transition plan to maintain family progress and address potential future challenges.
- Identify community services and facilities that can provide assistance after closure of the case.
- Confirm permanency outcomes for the child.

Task 2: Implement Steps for Closure: Child at Home

- Refer family to community agencies for continuing support.
- Confirm that family and child(ren) have information and knowledge of resources and facilities in the community.

Task 3: Implement Steps for Alternative Permanent Plan: Child Placed Out of home

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

Path 3 – Child Welfare Services Response: Phases of Activity

This Path is used for families with moderate to high risk and/or when safety factors are present.

1. Hotline/pre-contact
2. Assign as Path 3 in CMS/CWS³
3. Initial contact with family
4. Coordinate with law enforcement; the nature of the referral may require a cross-report to law enforcement or a joint response.
5. Service delivery
6. Resolution.

Initial Contact with Family

This phase involves the initial face-to-face activities carried out by CWS, alone or with agency partners, and the family.

Task 1: Assemble the Response Team

Teams are an important element of DR. However, in the CWS Path 3 response, the CWS agency may determine that a team approach is not appropriate due to the nature of the allegations and the need to conduct a specific investigatory interview. In this case, CWS or CWS with law enforcement will make the first visit. If CWS determines that a team approach will be effective in making the first contact with the family, CWS will need to select the members of the team and engage those team members to meet with the family.

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

Review and organize information that has been gathered, including cultural aspects.

- Determine key questions and issues to explore in the face-to-face meeting.
- Collect or supplement information from other service providers who may have had contact with the family.
- Decide who should participate on the response team and confirm availability.
- Decide time and location of face-to-face assessment meeting.

Task 3: Comprehensive Family Assessment

Based on the facts obtained from the referral and the family, a comprehensive family assessment should be initiated. It is important to obtain the family's permission to include the community team members in the assessment process. Team Decision

³ See ACIN I-03-07 (DR special codes for CWS/CMS)

http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin07/pdf/I-03_07.pdf

Making, Family Group Conferencing and other family engagement models may be used in the development of the comprehensive family assessment.

This phase encompasses the specific activities that are essential for engaging families in the services that are necessary to assist them in improving the circumstances which may pose a safety risk to the child.

- *Assemble the response team*
Based on information in the original referral to CWS and gathered in the initial face-to-face visit, some specific needs of the family can be identified. To the extent possible, with the family's permission, it is important to bring specialists from other disciplines who can help with the family's assessment, such as mental health counselors, drug and alcohol assessment specialists and public health nurses. Team Decision Making and Family Group Conferencing processes are ideal ways to convene such teams.
- *Involve family members and supports*
The assessment process should include as many members of the family and the family's support network as feasible.
- *Family engagement*
It is critical to ensure that the family members understand they are part of the assessment process and why an assessment is being undertaken. In other words, what is done *with* them, not *to* them. This is best accomplished by:
 - Reviewing the information received in the CWS referral (excluding the identity of the reporter).
 - Reviewing information gathered in the initial face-to-face visit.
 - Reflecting information that the family members have provided regarding their own sense of what they need in order to provide a safe and nurturing home for the child.

The comprehensive family assessment should begin with understanding the family's strengths are the basis for anticipating how specific needs may be addressed. The comprehensive family assessment for DR should include, but is not limited to, assessing safety, risk and the family's needs and strengths.

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

- Continue engaging the family as facts related to safety and risk are discussed.
- Use observation and interviewing methods designed to help people tell their story and share information about safety concerns, family strengths and mitigating circumstances.

- Upon completion of the assessment, if it is determined that the children are safe, not at risk and the family is not in need of services, the referral can be closed.
- Determine level and type of service delivery needed:
The members of the team should be able, with the family, to identify the types and intensity of services needed. Specific services will be delineated in the service plan based on the broad parameters identified in the comprehensive family assessment. A court petition may be necessary based upon the family's circumstances as revealed through the assessment process.
- Discussion of permanency needs (if it is determined that the child(ren) should be removed from the home):
While the primary goal is to keep families together and it is assumed that this is the case in moderate-to-low risk circumstances, it is possible that the child may need to leave the home as the only means to ensure the child's safety. At the time of the assessment, it is important to clarify the possibility that the child may not remain at home and to explore other permanency options. A discussion of the permanency needs of the child will help the agencies, the family and the family's supports reach consensus about options they may need to explore.

Task 4: Planning for Placement / Permanency, if Necessary

- Involve youth and other family members, including extended family and family supports in formulating plan:
The members of the family and their extended support network are best able to help the family understand the need for the specific services that are recommended in the plan and the importance of their participation in those services. It may be necessary to exclude some family members from this facet of the planning if their presence would present concerns for the safety of the child, other family members, CWS workers or interagency and community partners.
- Involve agency partners in formulating plan:
As in the assessment process, it is important to ensure that the plan is formulated with the participation of specialists in areas of family need, such as drug and alcohol treatment, mental health treatment, developmental services, and health services. Those specialists can help identify the most appropriate levels and types of treatment required to address the family's needs.
- Set specific outcomes and objectives:
Child welfare system improvement activities are focused on providing change-oriented services. Clearly stated outcomes and objectives in the service plan help clarify why it is important to engage in services and what behavioral changes are expected as a result of participation in those services.
- Provide timelines for the accomplishment of objectives and attainment of outcomes:
 - The service plan should be time-limited and specific timelines should be agreed upon.
 - Dates for reassessment and updating the service plan should be set at reasonable intervals and as required by mandates.
 - Case Management responsibilities and expectations are articulated.

In Path 3, depending on the information gathered at the initial face to face visit and during the comprehensive family assessment, if CWS determines that there are no safety concerns and only low to moderate risk, the community partner agency may assume responsibility for service delivery and resolution. In that event, the CWS agency can close its referral, initiating procedures to receive a report from the community partner agency.

If CWS determines there are safety concerns and moderate to high risk, CWS will be responsible for case management in the CWS cases. Partner agencies may be called upon to provide services and to report to CWS, and, in dependency cases, to the court, on the participation of the family members included in the case plan.

Service Delivery

Services will be identified which are best suited and most accessible to effect family change and provide safety for the child. For medium to high risk cases where risk and/or safety concerns are present, generally CWS will take the lead; however, services may be provided by both CWS and partner agencies as appropriate.

When services are provided by both CWS and agency partners, CWS is responsible for arranging for the delivery of services. When agency partners are the primary providers of the specific services, they are responsible for working directly with certain family members. CWS and the agency partners must address the following issues:

- The need for services which strengthen and support the family.
- The need to focus on areas that require change in order to ensure child safety and to enhance protective capacity.
- Assistance regardless of where the child is residing (in home or out of home).
- The need to be aware of, understand and implement any court orders relating to the family, including juvenile and criminal court orders.
- The use of alternative decision making techniques to resolve issues that may present within the family and pose potential risk to the child's safety and in addressing plans for permanency for the child. An example of this would be mediation, Team Decision Making and Family Group Conferencing.
- The need to focus on reunification and family restoration if the child or others have been removed from or left the residence; the need to identify and include other family members or non-related extended family in the planning and implementation of case plans.
- The need to work towards a permanent arrangement for any child who has left, or will soon be leaving the home.
- The need to provide on-going services and assistance to any child approaching or anticipating the transition to adulthood.

Resolution

The final phase in working with families is oriented toward the completion of service plans and interaction between agencies and the family. If the child is to remain at home, or be returned to the home, a strategy to ensure that families are linked to community resources for continuing services and support.

Task 1: Plan Strategy for Closure

- Convene teams as appropriate.
- If the child is to remain at home, or be returned to the home, confirm that there are no safety factors that should be addressed prior to closure.
- Prepare a transition plan to maintain gains that have been made and to address potential challenges that may arise.
- Identify community services and facilities that can provide assistance after closure of the case.
- Confirm permanency outcomes for the child.

Task 2: Implement Steps for Closure: Child at Home

- Refer to community agencies for continuing support.
- Confirm that the family and child have information about, and knowledge of resources and facilities in the community.

Task 3: Implement Steps for Alternative Permanent Plan: Child Placed Out of Home

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

Appendices

Resources for Implementation

Appendix A

California's Initial Efforts on Differential Response

Breakthrough Series Collaborative (BSC)

The California Department of Social Services, the Foundation Consortium for California's Children and Casey Family Services joined forces beginning in 2003 to sponsor a Breakthrough Series Collaborative (BSC) dedicated to the implementation of Differential Response in 43 California counties. More information about the process can be found in Appendix F. The BSC is a quality improvement method that uses small-scale changes in practice to make larger systems change manageable, practical and possible.

Each county was responsible for identifying a five-person Core Team to work together, make changes and implement new systems over the course of two years. Teams were guided and mentored by experts as they studied, tested, and implemented the latest knowledge and evidence available. All participating teams attended three learning sessions which began by collecting baseline data and determining their primary goals and priorities. Each team, guided by the faculty and co-chairs of the BSC, worked individually, to provide instruction about a change model for improvement and the framework for change. Each learning session also provided the teams with an opportunity to share information, report on their progress and what they had learned, and participate in collaborative problem solving with their colleagues in other counties. The most critical part of each learning session was the time each team spent together planning for real changes within its system, coached and facilitated by the experts in Differential Response and the Breakthrough Series methodology.

The time between each learning session was used to test different approaches that were discussed during the prior learning session and to document the results. These periods of intense work were supported by the BSC faculty, frequent conference calls, and ongoing communication between teams and experts via a project extranet. The teams submitted monthly reports to the BSC faculty to track progress and share knowledge between the learning sessions.

A key component of the BSC model was to ensure that these changes were ultimately spread to other counties. The teams' senior leaders must be strongly committed to the Collaborative and are responsible for facilitating the spread of this work within their organizations and throughout the field.

Desired outcomes as a result of Differential Response implementation were defined by the Child Welfare Stakeholders Group in January 2004. The following measures were being tracked monthly by all participating teams:

1. Decrease in the number and percentage of re-referrals of families to child welfare services (CWS).
2. Increase in number and percentage of families actually receiving services within 30 days of intake.

3. Increase in the number and percentage of referrals in which families are assigned to a response track.
4. Increase in the number and percent of families who felt helped and supported by the agency.
5. Increase in the number and percent of families who participate in their own assessment and case planning.

Eleven-County Pilot on Child Welfare Improvements

In 2005, eleven California counties – Contra Costa, Glenn, Humboldt, Los Angeles, Placer, Sacramento, San Luis Obispo, San Mateo, Stanislaus, Tehama, and Trinity – were selected to pilot three strategies to improve outcomes for children and families served by the child welfare system. These three strategies were selected because they had previously achieved positive results in other states and in some California counties. They are:

- Standardized Safety Assessment
- Differential Response
- Permanency and Youth Transition

These eleven counties served as case studies in which promising strategies, along with other improvement efforts underway in California, are combined to fundamentally change the child welfare system. The Results Group, an organizational consulting firm, evaluated the effectiveness of the three strategies in the pilot counties and documented their findings in a report (*Eleven-County Pilot Project Evaluation Final Report*). The data suggests that positive outcomes of safety, permanency, well-being and system improvements are being observed as a result of the implementation of the three strategies.

You can find more information regarding the Eleven-County Pilot Study by referring to the *Eleven-County Pilot Project Evaluation Final Report* at www.childsworld.ca.gov in the “Featured Links” section.

Appendix B

Glossary / Definitions

These definitions are only in relation to implementation of the California Differential Response (DR) program. They are not meant to be comprehensive or universally applicable.

Agency Partner: Encompasses both community and interagency partners.

Assessment: The collection of information to inform decision-making about a child, youth, or family. It is always conducted as a means to an end to identify issues the family is facing, design a plan, and provide services that will assist in resolving the issues identified.

Breakthrough Series Collaborative (BSC): A quality improvement method dedicated to the implementation of DR that uses small scale changes in practice to make larger systems change manageable, practical and possible.

California DR Path Assignments: Multiple paths for ensuring child safety, all of which include engaging families to the maximum extent possible to help identify solutions to the challenges they may be facing and that are posing risks to a child's safety and well being.

Case Plan: The written document that is developed based on an assessment of the circumstances that required child welfare services intervention; and in which the social worker identifies a case plan goal, the objectives to be achieved, the specific services to be provided, and case management activities to be performed. [Manual of Policies and Procedures, Division 31-002(c)(3)]

Community Partners: Community based organizations, family resource centers and faith based organizations.

Community Based Organization (CBO): Non-profit agencies that have met the expected qualifications to work with CWS in implementing DR and can address the needs of vulnerable children and families.

Comprehensive Family Assessment and Planning: The focus of DR response and service delivery for a family which include safety, risk and protective capacity as well as family strengths and needs

County Leadership Team: Team comprised of agencies and groups beyond the boundaries of the traditional Child Welfare Services (CWS) system in order to sustain the focus, momentum and energy of differential response and other efforts geared toward improving Child Welfare Services. Team may be comprised of board of supervisor representatives, the business community, and community leader,

Community Based Organizations, private foundations, interagency partners and the CWS director and deputy director.

CWS County Team: A team whose members include CWS and agency partner staff. Their focus is to determine the nature and scope of the policy, program and practice issues in implementing DR and will address cultural competence as well as fairness and equity issues.

Differential Response: A broader set of responses to reports of possible child abuse or neglect, including prevention and early intervention, engaging families to address issues of safety and risk, and improving access to services, including allowed voluntary access by families.

Faith Based Organizations: Certified non-profit agencies that have met the expected qualifications to work with CWS in implementing DR and can address the needs of vulnerable children and families.

Family Group Conferencing (FGC): A meeting held to make a decision that creates safety, permanency and well-being for children. Preparations are made for the meeting and the family has private family time to craft a plan.

Family Resource Center (FRC): Certified non-profit agencies that have met the expected qualifications to work with CWS in implementing DR and can address the needs of vulnerable children and families.

Interagency Partner: State and local government agencies.

Investigation: Fact gathering related to the current safety of a child and the risk of subsequent maltreatment that determines whether child maltreatment occurred and whether child protective services are needed.

Learning Sessions: The BSC forums provide opportunities for shared learning and instruction about rapid-cycle change model for improvement and the framework for change.

Multidisciplinary Personnel: "Multidisciplinary personnel" means any team of three or more persons who are trained in the prevention, identification, and treatment of child abuse and neglect cases and who are qualified to provide a broad range of services related to child abuse. The team may include but not be limited to: (1) Psychiatrists, psychologists, marriage and family therapists, or other trained counseling personnel (2) Police officers or other law enforcement agents (3) Medical personnel with sufficient training to provide health services (4) Social workers with experience or training in child abuse prevention (5) Any public or private school teacher, administrative officer, supervisor of child welfare and attendance, or certificated pupil personnel employee. [Welfare and Institutions Code (W&IC), Section 18951(d)].

Multidisciplinary Personnel Team: Notwithstanding any other provision of law, members of a multidisciplinary personnel team engaged in the prevention, identification,

and treatment of child abuse may disclose and exchange information and writings to and with one another relating to any incidents of child abuse that may also be a part of a juvenile court record or otherwise designated as confidential under state law if the member of the team having that information or writing reasonably believes it is generally relevant to the prevention, identification, or treatment of child abuse. All discussions relative to the disclosure or exchange of any such information or writings during team meetings are confidential and, notwithstanding any other provision of law, testimony concerning any such discussion is not admissible in any criminal, civil, or juvenile court proceeding. As used in this section, "child abuse" has the same meaning as defined in W&IC Section 18951. As used in this section, "multidisciplinary personnel team" means any team of three or more persons, as specified in W&I Code Section 18951, the members of which are trained in the prevention, identification, and treatment of child abuse and are qualified to provide a broad range of services related to child abuse. [W&IC, Section 830]

Path 1 – Community Response: This path is used when risk is low and no safety factors are present; however, the information does indicate some family stressors. The partner agency will conduct in-person contact; complete an assessment of the family and determine service provision

Path 2 – Child Welfare and Agency Partner Response: This path is used when there is low to moderate risk and low or no safety factors are present. CWS will conduct an in-person contact. Agency partner will be included in this path. CWS completes the family assessment either alone or with agency partner. CWS determines which organization will provide services, if services are needed

Path 3 – Child Welfare Services Response: This Path is used when there is moderate to high risk and/or safety factors are present CWS conducts an in-person contact. Agency partner may be included in this path. CWS completes family assessment either alone or with agency partner. CWS determines which organization will provide services, if services are needed.

PDSA (Plan-Do-Study-Act) Cycle: A method to test change — by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method that was used in the BSC for action-oriented learning.

Response and Service Delivery Team: The team established by the agency partner in a Path 1 response when preparing for the face-to-face meeting with the family.

Response Team: The team established by CWS in Path 2 and Path 3 responses when preparing for the face-to-face meeting with the family.

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

Risk Assessment: The process utilized by social workers to determine the likelihood that a child will be abused, neglected or exploited. Risk elements are the focus of the case plan for change-oriented interventions. They indicate what has to be addressed

as the child protection system works with the family to change the conditions that put the child at risk, as well as potential future safety challenges. The assessment of risk also incorporates the elements of protective capacity.

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

Safety Assessment: The process utilized by a county social worker to determine if a child is currently safe from physical abuse, sexual abuse, emotional abuse, neglect, and/or exploitation. The safety assessment is conducted as part of the initial CWS intervention and continues throughout the life of the case.

Safety Plan: A plan derived from the safety assessment if it is determined that safety factors are present but the child is safe enough to remain in the home with a plan set in place. The plan establishes external controls to protect the child(ren) from harm.

Service Delivery Team: The team established by CWS in Path 2 after the initial face-to-face meeting with the family.

Service Plan: A plan derived from the risk assessment, which is intended to bring about internal change in the family to keep the child safe

State Leadership Team: Team comprised of agencies and groups beyond the boundaries of the Children and Family Services Division (CFSD) in order to sustain the focus, momentum and energy of DR and other efforts geared toward improving child welfare services. The team may be comprised of legislative representatives, community advocacy groups, and State oversight agencies, interdepartmental partners and the CFSD Division Deputy Director or Chief Deputy Director.

Team Decision Making (TDM): A meeting held to make immediate placement decisions for every family served by the public child welfare agency.

Appendix C

Suggested Actions to Support Caseload Standards

1. Leverage flexible funding strategies to provide workload relief.
 - Several flexible funding strategies could promote creative workload solutions. These include contracted administrative support, coordinated foster family payment for mental health and substance abuse services, funding for multi-disciplinary teams, reinvestment of foster care savings and performance based contracting.
2. Allow flexibility in assignment of case related activities.
 - Currently, several time-consuming tasks are done by the assigned caseworker, rather than the person on the team who can most efficiently and effectively perform the task. Some of this is driven by habit and some is due to current child welfare regulations. Sharing responsibility with the community for child protection and promoting relationship consistency for children suggests opportunities to distribute case management responsibilities differently in certain circumstances.
3. Leverage partnerships to reflect workload needs within the new CWS intake system.
 - As DR is implemented and stronger partnerships are formed between the county child welfare agency and community based organizations, private agencies and others; consider the role of case manager as a more flexible assignment. Certain circumstances may require CWS to retain case management authority and responsibility, such as court involvement and/or the severity of the client or family condition.
4. Re-structure staff time to align with goals of DR.
 - In order to create the time and space to implement DR, a thorough examination of current practices needs to occur. The goal of this review is to identify and eliminate unnecessary activities that detract from caseworkers' ability to engage with families and children to promote positive outcomes—which is the ultimate goal of the reform.

Appendix D

Recommended Actions to Build Workforce Skills through Integrated Learning Systems

1. Establish leadership support for workforce learning. Learning is essential to sustain change over time and promote the team-based approach woven throughout DR. This will require leadership within CWS and its partners to encourage mastery of the knowledge base, the techniques and the skills necessary for each segment of the workforce.
 - Invite training directors and educational leaders of other systems and disciplines within the child welfare workforce (e.g., mental health, Alcohol and Other Drug, law enforcement, courts, schools) to join county and leadership teams.
2. Assess the learning strengths and needs to perform DR at all levels of staff and partners at each operational level of the workforce: direct service, program management and policy administration needs to be prepared for Differential Response with appropriate skills and knowledge. The unifying principle of teamwork inherent in DR encourages CWS staff and its partners to demonstrate the capabilities essential to achieving positive outcomes for children and families.
 - Conduct ongoing dialogue within the County Leadership Teams to identify and address the training implications for DR.
 - CWS County Teams determine the new roles and expectations for practice and management specific to their county's implementation of DR.
 - Set learning objectives at organizational, team and individual levels and create a realistic, staged training plan to support DR.
 - Focus strengths and needs assessment on the members of the workforce (e.g., CWS staff, community-based organizations, resource families) who will be performing the functional roles.
 - Identify learning gaps that exist for each segment of the workforce (e.g., CWS staff, community partners and resource families) to prepare for setting training priorities to meet county needs.
3. Set learning objectives at organizational, team and individual levels and create a realistic, staged training plan to support DR. Learning for the workforce needs to be guided by the knowledge and skills across CWS and its partners. This will best achieve the desired outcomes for children and families. The following suggested actions create a tighter link between what the entire workforce learns and the results for which the system is ultimately held accountable:
 - County Teams utilize accountability and outcomes framework via the county Self Assessment and System Improvement Plans and three year county-based planning process to promote the learning objectives of each county environment.

- Engage county-based multi-disciplinary partnership via the Core County Leadership Team to identify learning priorities that will meet demands of service population.
 - Evaluate client outcome data and peer review results to prioritize learning objectives for intervention and management teams.
 - Survey individuals and teams to identify what they need to learn over time.
4. As resources become available, build on statewide and regional training resources to meet learning objectives. California presently has a strong infrastructure that is regionally based through the University of California campuses, California State University system, the Regional Training Academies and the community college system. Building upon this existing context will serve to expand and leverage the strengths of the current system.
- Meet learning needs locally by pooling resources and leveraging other regionally based mechanisms to deliver knowledge base (e.g., community colleges, family support centers).
 - Work with local training and education entities to coordinate access to training resources and serve as clearinghouse for materials, curricula and trainers to promote learning in all sectors of child welfare workforce.
 - The CDSS will work with counties, the California Social Work Education Center (CalSWEC) and the Regional Training Academies (RTAs) to develop requirements and competencies for child welfare workers and supervisors with the goal of strengthening case practice.
 - The CDSS will provide training to child welfare and probation supervisors on enhanced case planning practice, including involvement of all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children's needs; assessing all in-home children's educational needs and assessing all in-home children's mental health needs.
 - The CDSS will conduct focused training regarding Indian Child Welfare Act (ICWA) requirements and cultural considerations of Native American children for both county staff and tribal ICWA workers. This training will include training for Indian tribes on their rights and responsibilities regarding intervention on Indian Child Welfare Act cases.
5. Provide multi-disciplinary learning opportunities and on-the-job reinforcement. The complex problems faced by vulnerable children and families often exceed the expertise of a single discipline. Thus, multiple professionals—social workers, teachers, nurses, counselors, physicians, public administrators, psychologists and others—must work collaboratively, understand each other's roles and expertise, be able to communicate and learn from each other, share resources and plan together with families. The following suggested actions encourage all team members be provided with regular and ongoing occasions to learn.

- Ensure training plan includes pre-service education for professionals and Para-professionals to work effectively in a multi-disciplinary service environment.
 - Meet common training needs to perform collaborative functions of child welfare through multi-disciplinary cross-training events.
 - Use the configuration of the service team to form groups with similar learning objectives or establish “learning partners” within the same unit.
 - Plan relevant learning opportunities for these groups to attend together and/or share what they learned with each other. Such alliances promote peer support for learning desired skills that are immediately applicable to the direct service environment.
 - Provide time for learning to occur, to integrate new concepts and to practice new techniques.
 - Support learners within their own organization to reinforce their learning through multiple means (e.g., coaching, mentoring, supervision, interdisciplinary teams). “Teachable moments” in team meetings or in supervisory sessions can be powerful reinforcement of key concepts introduced in more conventional training settings.
6. Evaluate progress toward meeting learning objectives and assess results of engagement in learning opportunities. Regular data collection, customer feedback, analysis and evaluation of results can reveal how effective the learning system is in helping workforce members meet their learning objectives. These evaluative efforts need to be grounded in a client-focused perspective. Below are some suggested actions to that end:
- Incorporate ways to track achievement of learning objectives, including supervision meetings, performance reviews, team evaluations and informal conversations.
 - Involve workforce members in the evaluation process. Ask learners what training they found most useful and what improvements could make a particular training or event a more powerful learning experience.
 - Utilize the county-based multi-disciplinary partnership via the core county leadership team to evaluate and improve the local learning system.
 - Track and analyze community needs to adjust learning objectives toward better serving client populations.
7. Set performance expectations and reward demonstration of learning. The need to learn is not a sign of inexperience, but a necessary part of striving for excellence. Motivation to learn and job satisfaction can increase when workforce members are clear about performance expectations and their accomplishments are recognized in meaningful ways. The following suggested actions promote this approach:
- Define performance expectations and develop mechanisms to evaluate performance at individual, team and community levels.
 - Utilize “systemic” performance evaluation methods that include customer, peer and management feedback on learner’s performance.
 - Develop ways to acknowledge and reward demonstration of learning.

Appendix E

Shifting Organizational Culture toward Differential Response

1. Decide why participating in Differential Response (DR) is better than the status quo. Answering the —**why** are we doing this?” question is an essential part of building commitment to lasting change.
 - Engage your Core County Leadership Team to determine why this activity makes sense for your county and what the expected benefits for families, workforce members and the agency will be.
 - Identify reasons why engaging in DR activities is compelling for all who have a stake in the outcome—children and families, staff, Board of Supervisors, partners and the community.
 - Assess the current learning culture in your organization and determine what key organizational culture shift will promote implementation of DR.
2. Decide what scope of change is needed in your location. With the diversity that exists across California’s child welfare enterprise, how DR looks and the degree of change that will be made in each county will fall along a continuum.
 - Select relevant aspects of DR for implementation that maximize your location’s ability to reach improved outcomes for children and families.
 - Build on the strengths of your county’s current reality using your Outcomes and Accountability System Self Assessment Plan.
 - Utilize your Core County Leadership Team to establish agreed upon results for children and families that the DR effort needs to accomplish.
 - Plan the degree of change in organizational structure, staff roles, supervisory responsibilities, case management processes, and hiring, training and promotional expectations for staff that can be accomplished within available and potential resources.
3. Keep organizational change effort focused on the results it will achieve for children and families. The success of Differential Response revolves around improving outcomes for children and families. The purpose of the organizational change is to create a culture that helps achieve this result.
 - Prioritize the organization’s time and energy to resolve organizational structure and process-related issues that improve outcomes for children and families.
 - Consistently emphasize and reinforce the benefit to children and families of shifting the organizational culture.
 - Know the realities of the client population in your particular county and be aware of **biases regarding class, race, gender, and economic disparity that may influence which** organizational culture changes are made.
 - Be accountable for the impact of organizational change efforts on the children and families your workforce serves and adjust accordingly.

4. Share information and support with community partners to facilitate changes necessary for them to engage effectively. Strong partnerships simultaneously attend to the organizational change demands within the agency and assist Community-Based Organizations (CBOs) and other county partners involved in safety, permanency and well-being to make necessary shifts within their own organizations.
 - Use the contracting process to reinforce the new expectations and principles of the Improvement activity.
 - Formalize communication by appointing management team members (or a special liaison from the agency to the community) to help CBOs and other partners make the changes needed to support the Improvement activity.
 - Share internal marketing materials with CBOs and partners.
 - Provide education and training opportunities about DR to CBOs and agency partners.
5. Align the organization's mission, vision and guiding principles with DR. Your mission, vision and guiding principles create an operational framework for the organization's approach to "doing business." These underpin the actions and decisions of people at all levels of the organization—line staff, supervisors and management. It also sets the tone for how your organization interacts with clients, families and partners.
 - Engage stakeholders in a process to ensure that the mission, vision and guiding principles of the organization are congruent with the improvement activity.
 - Involve families, advocacy groups, staff, agency management, partnering agencies, and County Board of Supervisors representatives to validate the mission, vision and guiding principles.
6. Make agency policy, procedures and other operational materials consistent with DR. Putting DR into practice will require changes in behavior across the workforce. Examples of topics that may require revisions to agency policies, procedures or other operational materials include: infusing fairness and equity at all levels of decision-making; applying a standard approach to assessment of safety, risk and protective capacity; and consistent use of multi-disciplinary teams.
 - Align protocols that guide decisions and actions of the workforce with the expectations of DR.
 - Ensure consistency with DR in decision-making protocols and other operational guides related to policy administration, staff supervision, assessment, planning, intervention, service delivery and case management.
 - Communicate the new policies and protocols to all workforce members who have a role to play in carrying out these operations.
7. Align management structure and staff assignments to support DR. Bringing the entire structure and function of the organization into alignment with DR will be a critical step in moving from where you are now to where you want to be in the future.

- Critically examine how the current structure of the workforce within your organization would facilitate the implementation of DR. Consider whether or not this is the most effective configuration to implement DR in your location.
 - Take a strengths-based approach to uncover any underutilized strengths, skills and talents in the workforce that may have been hidden by the current structure.
 - Make necessary structural alignments. Examples of structural alignments may include: reassignment or reclassification of staff and job description revisions to reflect the DR approach to serving children and families; co-location of staff and partner agencies to promote family engagement, prevention and early intervention; and collaborative management structures to reflect the multi-disciplinary nature of DR pathways.
8. Help staff and partners gain first-hand experience of why and how DR strategies work. Rather than telling people about the benefits of DR, it can be far more powerful to show them. With significant innovation already at work in California, there are opportunities to learn first-hand about successful DR strategies. Examples include:
- Have staff observe or shadow multi-disciplinary teams in action and hear from families about the benefits of the team approach.
 - Develop a communication vehicle, such as a newsletter, website or practice digest publication to focus on DR progress, success stories and challenges.
 - Video tape a panel discussion with “early implementers” about lessons learned to share with other counties.
 - Create time at staff meetings to share learning, insights and challenges so that efforts to put DR strategies into practice are recognized.
9. Seek out feedback throughout change process and adjust to improve results. Set the expectation from the management level that changing the organizational culture matters and what is learned in the process is valuable.
- Early in the process, identify expected outcomes and performance indicators, tell people what they are and use them to monitor and measure progress.
 - Utilize continuous internal feedback (e.g., formal meetings, informal encounters between management and staff, staff gatherings, performance evaluations) to reinforce guiding principles and ensure that staff are performing in the new ways expected of them. When people are not making the change, be sure to engage with them to explore why and what steps are needed for improvement.
 - Regularly solicit external feedback from families, community based organizations, juvenile court and other partners to determine how effective DR strategies are for them and ask for their suggestions on how to improve. Examples of methods to collect this feedback include client satisfaction tools, focus groups or individual interviews.

Sample Assessment of the Current Learning Culture*

**Developed by Leslie Ann Hay*

Using the response options below, write the number that best describes your answer in the blank after each statement. Tally to reach a total score.

Response Options:

1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always

1. There is freedom for people to speak their minds; different views are encouraged. _____
2. Overall quality of the work environment is improving _____
3. Systems, structures and procedures are adaptive and flexible _____
4. Differences in learning styles are recognized and respected _____
5. People are encouraged and provided the resources to become self-directed learners _____
6. Teams as well as individuals are recognized and rewarded for innovation _____
7. Mistakes are viewed as opportunities for growth throughout the system. _____
8. Mistakes are reframed in “lessons learned” sessions in order to produce clear, specific and long term system changes _____
9. There is a willingness to change existing patterns that pose organizational barriers to execution of daily work. _____
10. The general stress level is manageable and does not hinder learning _____
11. Continuous improvement is expected, treated receptively and practiced at all levels in the organization. _____
12. Cross-functional learning is encouraged; people are given the opportunity to understand the function of other different yet related jobs and partner organizations. _____

Total Score _____

Your total score determines the developmental stage of your learning culture and the key task for your organization to address as indicated on the next page.

12 to 24: Focus on creating a safe environment to foster learning.

25 to 42: Build on current foundation to reinforce learning.

43 to 60: Lead by example and share your lessons learned with other counties and partner organizations.

Appendix F

Plan-Do-Study-Act (PDSA)

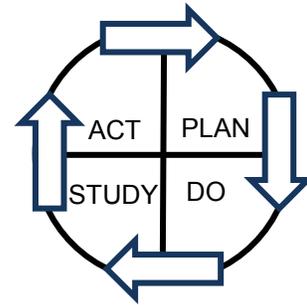
The **Breakthrough Series Collaborative** (BSC) provides a process for the counties to test and implement the changes proposed in these guidelines for implementing differential response via a PDSA. PDSA stands for **Plan**, **Do**, **Study**, and **Act**, and by applying a PDSA; the counties can test and implement a potential change in practice, program and/or policy. PDSA is a methodology to implement when making changes to improve. It is based on breaking down change into manageable chunks by testing change on a micro level and analyzing the results to validate improvement before implementing across the organization. PDSA is a practical, common sense based approach that is easy to understand.

Including the right people on a process improvement team is critical to a successful improvement effort. Teams vary in size and composition. Each organization builds teams to suit its own needs. The team must first address three fundamental questions:

1. **What are we trying to accomplish?** Improvement requires setting goals. An organization will not improve without a clear and firm intention to do so. The goal should be time-specific and measurable; it should also define the specific population that will be affected. Agreeing on the goal is crucial; so is allocating the people and resources necessary to accomplish the goal.
2. **How will we know that a change is an improvement?** Measurement is a critical part of testing and implementing changes; measures tell a team whether the changes they are making actually lead to improvement.
3. **What changes can we make that will result in an improvement?** While all changes do not lead to improvement, all improvement requires change. The ability to develop, test, and implement changes is essential for any individual, group, or organization that wants to continuously improve.

Once a team has addressed the fundamental questions, the next step is to test a change in the real work setting. The PDSA cycle is shorthand for testing a change — by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method, used for action-oriented learning. After testing a change on a small scale, learning from each test, and refining the change through several PDSA cycles, the team can implement the change on a broader scale — for example, for an entire pilot population or on an entire unit.

PDSA Form



Plan:

Objective for this PDSA:

Questions to be answered:

Predictions:

Who/How/When/Where will the test be conducted?

How will data be collected about the results?

Do:

Carry out the change as described above and collect data on results.

Study:

Analyze the data and summarize what was learned.

Act:

Based on what you learned, what will your next PDSA be? Were your predictions correct?

Appendix G

DIFFERENTIAL RESPONSE IMPLEMENTATION LOG (DRIL) Community Capacity and Partnership Building

The Differential Response Implementation Log (DRIL) is a checklist document to assess the county's status and future steps in building the community and county agency capacity for implementing Differential Response. The status comments at the end of each guideline component help to summarize strengths and challenges and current and potential Plan Do Study Acts (PDSAs). **Please note that this assessment is comprised of suggested activities, not state mandated activities.**

I. COMMUNITY CAPACITY BUILDING/PARTNERSHIPS – INITIAL GUIDELINES				
A. INITIAL GUIDELINES				
	Yes/No	NEXT STEP(s)	RESPONSIBLE PARTY	TIMELINE
1. Have you established a Core County Leadership Team or reconfigured existing groups to be the Core County Leadership Team?				
2. Have you established a CWS County Team?				
3. Has the CWS County Team undertaken an assessment of existing resources, gaps in core services, and patterns of access in order to identify what has to be developed and ways to make needed changes in patterns of utilization and access?				
4. Has the CWS County Team established availability and access to a continuum of core services including:				
a) Mental health services for children and parents				
b) Assessment and treatment services for alcohol and drug problems				

	Yes/No	NEXT STEP(s)	RESPONSIBLE PARTY	TIMELINE
c) Developmental assessment and services for children				
d) Domestic violence counseling and shelter services for women and children				
e) Assistance with housing				
f) Availability of foster homes and out of home care facilities for children who cannot remain at home and/or need specialized therapeutic services due to abuse and neglect.				
h) In-home safety services and mentoring services (e.g. Shared Family Care)				
i) Emergency assistance related to food, clothing, shelter				
j) Community-based family support services				
k) Early childhood developmental program				
5. To aid decision making for assessment and case planning, has the CWS county team developed core standards for team composition and team member participation including:				
a) Child welfare				
b) Extended family members (including non-formal community resources)				

	Yes/No	NEXT STEP(s)	RESPONSIBLE PARTY	TIMELINE
c) Alcohol and drug programs (including advocates, sponsors, etc.)				
d) CalWORKs				
e) Education				
f) Mental health				
g) Health services				
h) Juvenile court				
i) Domestic violence				
Have PDSAs (via the Breakthrough Series Collaborative) been incorporated into the process of testing and implementing changes to the system?				
6. In working with the family, is there a primary focus on ascertaining the facts and engaging the family? This focus is not intended to supplant the charge of CWS to investigate and assess allegations when necessary.				
7. Is there a coordinated effort by the agency to examine its policies, regulations, and practices to ensure fairness and equity?				
8. What alternate action, if any, have you taken to implement the initial guidelines for community capacity?				
Summarize status of implementing initial guidelines for community capacity building/partnerships. Summarize strengths and challenges in implementing this particular component. Reference PDSAs employed.				

II. COMMUNITY CAPACITY BUILDING/PARTNERSHIPS – GUIDELINES FOR BUILDING WORKFORCE AND SERVICE CAPACITY

A. EXPAND WORKFORCE CAPACITY

	Yes/No	NEXT STEP(s)	RESPONSIBLE PARTY	TIMELINE
1. Have you taken any steps to:				
a) Increase workforce capacity by redirecting resources to meet families' needs?				
b) Encourage public and private agencies to continue to adequately recruit and train staff to provide culturally competent services?				
c) Conduct job previews?				
d) Streamline the hiring process?				
e) Offer recruitment bonuses?				
2. What alternate action, if any, have you taken to implement guidelines for building workforce and service capacity?				

B. SUPPORT MANAGEABLE WORKLOADS

1. Have you taken any steps to:				
a) Leverage flexible funding strategies to provide workload relief?				
b) Allow flexibility in assignment of case related activities?				
c) Leverage partnerships to reflect workload needs within the new CWS intake system?				

	Yes/No	NEXT STEP(s)	RESPONSIBLE PARTY	TIMELINE
d) Re-structure staff time to align with goals of Differential Response?				
2. What alternate action, if any, have you taken to support a manageable workload?				
C. BUILD WORKFORCE SKILLS THROUGH INTEGRATED LEARNING SYSTEMS				
1. Have you taken any steps to:				
a) Establish leadership support for workforce learning?				
b) Assess current learning culture of your organization?				
c) Assess the learning strengths and needs to perform Differential Response at all levels of staff and partners?				
d) Set learning objectives at organizational, team and individual levels and create a realistic, staged training plan to support Differential Response?				
e) Build on statewide and regional training resources to meet learning objectives?				
f) Provide multi-disciplinary learning opportunities and on-the-job reinforcement?				
g) Evaluate progress toward meeting learning objectives and assess results of engagement in learning opportunities?				

	Yes/No	NEXT STEP(s)	RESPONSIBLE PARTY	TIMELINE
h) Set performance expectations and reward demonstration of learning?				
2. What alternate action, if any, have you taken to build workforce skills through integrated learning systems?				
Summarize status of implementing guidelines for building workforce and service. Summarize strengths and challenges in implementing this particular component. Reference PDSAs employed.				
III. COMMUNITY CAPACITY BUILDING/PARTNERSHIPS- EXPECTED QUALIFICATIONS FOR STAFF OF PARTNER AGENCIES				
EXPECTED QUALIFICATIONS				
1. Has CWS provided training in an overview of child welfare services, including:				
a) Mandated reporting laws.				
b) The understanding that CWS will focus on ascertaining facts related to safety, risk and protective capacity of the family. This focus is not intended to supplant the charge of CWS to investigate and assess allegations when necessary.				
c) How to give feedback between community agency and CWS regarding the initial contact referral.				

	Yes/No	NEXT STEP(s)	RESPONSIBLE PARTY	TIMELINE
2. Has CWS used the following criteria in the contracting with private agencies:				
a) Participate in community partnership activities that already exist in the community.				
b) Meet with other agencies so there is shared information on all the services provided to the community.				
c) Access local information and referral resources to work with the families.				
d) Conjointly participate in application for grants in partnership with CWS and other county departments.				
e) Provide feedback to CWS about participation in services.				
f) Engage the family in an assessment of family needs.				
g) Certified as a non-profit agencies or have a Memorandum of Understanding (MOU) if not, parent agency needs to be certified as a non-profit agency.				
h) Experienced in case management services				
3. What alternate action, if any, have you taken to meet expected qualifications for staff of partner agencies?				

<p>Summarize status of implementing expected qualification for staff of partner agencies. Summarize strengths and challenges in implementing this particular component. Reference PDSAs employed.</p>	
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IV COMMUNITY CAPACITY BUILDING/PARTNERSHIPS-BUILDING PARTNERSHIPS TO SUSTAIN AND SUPPORT SERVICES

A. PARTNERSHIP BUILDING

	Yes/No	NEXT STEP(s)	RESPONSIBLE PARTY	TIMELINE
<p>1. Has the CWS County Team determined the network of community resources to be used for direct referrals from Intake/Pre-Contact to Community Services response path?</p>				
<p>2. Has the CWS County Team worked within community partnership structure to designate a community agency or agencies with responsibility to:</p>				
<p>a) Develop a protocol for referral and initial community response?</p>				
<p>b) Arrange for the appropriate services from the array of community services and resources?</p>				
<p>c) Report back to CWS whether or not the family actually was connected to services?</p>				
<p>d) Re-refer to CWS if the family situation rises to a level of a mandated report?</p>				

	Yes/No	NEXT STEP(s)	RESPONSIBLE PARTY	TIMELINE
e) Develop a network of community support for the designated community agency(s)?				
3. Has the CWS County Team developed and implemented county-wide guidelines for if and when a community partner will accompany CWS and the process for identifying and communicating the obligations and roles of case specific team partners including functions related to:				
a) Completing the family assessment of needs				
b) Providing services to a family				
c) Coordinated case management				
d) Shared accountability for outcomes				
e) Leveraging resources to achieve common goals				
4. What alternate action, if any, have you taken to build partnerships to sustain and support services?				
Summarize status of implementing guidelines for building workforce and service capacity. Summarize strengths and challenges in implementing this particular component. Reference PDSAs employed.				

IV COMMUNITY CAPACITY BUILDING PARTNERSHIPS - BUILDING TRUST AND ENGAGING SERVICE PROVIDERS TO PARTICIPATE AS TEAM MEMBERS FOR ASSESSING, PLANNING AND PROVIDING SERVICES TO FAMILIES

A. BUILDING TRUST

	Yes/No	NEXT STEP(s)	RESPONSIBLE PARTY	TIMELINE
1. Has the CWS County Team developed greater clarity and agreement with contracted public-private partners and community providers on their role, responsibility and contribution to mutually agreed outcomes by:				
a) Recognizing and agreeing to federal and state regulations that mandate CWS's bottom-line legal and fiscal accountability				
b) Measuring CWS responsiveness to community feedback via a pre and post survey				
c) Developing clear definitions of how CWS public-private partners and community interact and conceptualize their "teams".				
2. What alternate action, if any, have you taken to build trust?				

B. SHIFTING THE ORGANIZATIONAL CULTURE TOWARD DIFFERENTIAL RESPONSE

	NEXT STEP(s)	RESPONSIBLE PARTY	TIMELINE
1. Has the CWS agency decided: Why participating in a Differential Response strategy is better than the status quo?			

	NEXT STEP(s)	RESPONSIBLE PARTY	TIMELINE
2. What scope of change is needed in your location?			
a) To keep organizational change effort focused on the results it will achieve for children and families?			
b) To share information and support with community partners to facilitate changes necessary for them to engage effectively?			
c) To align the organization's mission, vision and guiding principles with differential response?			
d) To make agency policy, procedures and other operational materials consistent with differential response?			
e) To align management structure and staff assignments to support differential response?			
f) To help staff and partners gain first-hand experience of why and how differential response strategies work?			
g) To seek out feedback throughout change process and adjust to improve results?			
2. Please comment on any alternate action, if any, you have taken to shift the organizational culture toward differential response?			