

# May 12, 2020 DFCS Continuum of Learning **Questions & Answers**



**1. For those calls that do not warrant generating a referral but have an open case/referral, is there a new protocol to deal with formerly known as 'non-reports'?**

Any new referral regarding a family, who already has an open referral or case, will be assigned to the social worker who is assigned to the open referral or case. DFCS is in the process of developing a mechanism to capture data for the reports that come in as Non Reports. With this new data capability, we will be able to understand reporting trends and potential community needs. We are exploring strategies on how to serve those families called in and classified as a NR and to figure out the best possible way to engage them.

**2. How do the Snapshots numbers compare with prior years? What are the trends over time?**

Snapshots should be available in June.

**3. What are the efforts to streamline and expedite DR referrals? Especially from schools (now closed due to shelter in place) and also kinship? Seems like the need is there, and capacity in CBO programs, but linking up the two is taking time.**

Currently, DFCS is working with Morgan Hill Unified and Luigi Aprea and Las Animas schools in Gilroy Unified on several pilots to allow direct referrals to DR from schools. We continue to work with other schools on this as well. We hope to assess the impact of our DR program within the school-based population and then expand to other school districts throughout SCC. We acknowledge there is great need during this SIP period. We have been contacted by different school districts with concerns of family needs and we have expanded our services to meet those family's needs on a case-by-case basis.

**4. Do all reports that come from Probate and Family Courts automatically generate a referral or are those also evaluated for the information received?**

Yes, all reports coming from Probate and Family Courts are assigned to a social worker for follow up.

**5. What type of license are the scattered sites (apartments/houses) operating as?**

We are following prior transitional shelter licensure requirements for training, staff ratios, and incident reporting. We have been working with CCL on possible future solutions.

**6. Per the new visitation order, are visits happening virtually and/or by phone? When does DFCS anticipate that visits will transition back to in-person? Are there plans for the visits that were missed to be made up at a later time?**

The Courts asked that social workers assess on a case-by-case basis how best to provide visitation for each family. Many visits are currently being done virtually. DFCS is in the process of moving many families back to in person visits, especially for those families with children age 3 and under.

**7. Are DFCS services (i.e., differential response, wrap-around Kin-GAP) being provided virtually, by phone or in person?**

DR is providing virtual services during the SIP. DR CBO providers are also assessing and asking families if anyone in the home is ill and deciding how to proceed based on that. Some in person visits are occurring based on the family's need. Many of our providers are providing families with basic needs, delivering food, connecting to resources as well as virtual therapeutic services via telehealth. CBO's report that families are actually more open to telehealth than in person visits.

**8. What are the enhanced family finding efforts? Are there tools case-carrying social workers can use to identify possible relatives?**

Enhancing family finding- includes adding extra help family finding social workers- and plans for additional training for staff in 2020 and 2021

**9. What is a Transitional Foster Home?**

These are aimed at those children we are not able to secure placement for within 23 hours and 59 minutes. Most likely they will be youth with more acute needs or youth that cause caregivers to question or pause in taking placement. For instance, youth who have come back from a placement that did not work, return from runaway or children with behavior concerns, substance abuse or developmental concerns top the list of those we struggle to secure placement even in ESH homes. In order not to leave these children in congregate care (Keiki or new Welcoming Center) and make sure they are moved to an individualized family based setting with a caregiver in a no reject policy. Ideally, the child would also be able to stay in the placement if the youth is doing well. This type of placement also provides additional time to identify and enable relative placement.

**10. How will the CQI and Systems Improvement Plans address issues around equity and racial equity?**

Historically, there has been racial disproportionality and un-equity within child welfare. The DFCS System Improvement Plan and CQI process are both aimed at assessing our system with regards to safety, permanency, and well-being. Through CQI and our SIP, we can look at data around race and equity within our operations and create policies, procedures, and trainings that will better inform our decision making.

### **11. Do we need to re-evaluate the actual services that we provide to the youth who are re-entering foster care system?**

Some of the following enhancements in services are aimed at supporting re-entry and greater support for families, parents or children/youth. Most of the children re-entering have additional behavioral health needs and qualified for Katie A and wrap around services. We are looking at better understanding children/youth's needs as well as offering more therapeutic placement options (Continuum of Care Placement contracts) that support youth and support their parents on a more individualized basis and create more placements in County for greater access to resources and support services. In addition, we are looking at wrap around services for voluntary cases to support parents and avoid further involvement in the Child Welfare system. We're looking at CANS assessments to better evaluate the services needed and integrate into the family's case plan of services and better utilization of Differential Response building after care services through a CFT prior to a family exiting our system. Many families needed additional support and a better build-up of their natural support systems. Additional services that have been added are more resources to expand Parent Advocates for more support to parents and the New Hope for Youth contract for services to support youth with challenging behaviors to connect back to their community.

### **12. It sounds like we have good correlative data (eg. more special projects means higher re-entry) so what is it causing a youth/family to need extra special project services and what causes return into care?**

Special projects correlate to referred and needed services. A referral for any service is based on need. We know that the children with needs for multiple types of services to address multiple concerns (i.e. mental health, WRAP, on-going CFTs) re-enter at a higher rate. The child's needs are complex and we need to look into how to better support families so the child can remain safely at home.

### **13. Even if a re-entry is in another county, the concern would be they did re-enter and we would want to track them regardless of where they are at- right?**

All re-entries need to be tracked to determine how to improve processes and policies to better serve these children and families. When a child moves to another county, Santa Clara County no longer has jurisdiction over the family's child welfare information. SCC cannot provide services or monitor their needs and progress. The county of residence maintains all of the information for the family and would track the re-entry data.

**14. A lot of resource families have constraints and are unable to attend these monthly meetings. How are ideas/agenda items/feedback from the RPAG group disseminated to those not in attendance? Where or with who is this information housed? If for example caseworkers or RFA workers are not in attendance, who else can the families seek out to get updates?**

All resource parents, for whom we have an email address, receive the agenda, the notes for the last meeting and the work plan for the Resource Parent Advisory Group (RPAG) a week before each meeting. Currently we are identifying what is the best way to distribute short survey questions to resource parents to get their feedback when the RPAG (and the Quality Parenting Initiative – QPI) make recommendations that would significantly change practice or policy.

**15. Are parents emotionally ready to share with foster parents when a child is placed?**

Some birth parents, and resource parents will be emotionally ready and capable of sharing with and some will not. The idea is to assess for the benefit and appropriateness of the call rather than to automatically rule out the possibility that a call could help the child, the birth parent and the resource parent to adjust more quickly to the transition and minimize trauma. Additionally, the call could acknowledge the birth parent as the expert on their child and help them maintain a parenting role in their child's life. This will initiate a co-parenting relationship which will support progress toward family reunification.

**16. With regard to African American children and re-entry into foster care, what steps are being taken to provide culturally competent services to these children and their birth families?**

We do not have specific goals for African American children re-entering the system but are looking at trends and the need to enhance or provide additional resources. We are looking at our decision points and practices and reviewing re-entry and the link to disproportionality. We just completed a review of studies on disproportionality and overtime and have noted that Department practices may lead to particular decisions. We are further examining next steps in partnership with the Children of Color Workgroup and our Agency Office of Evaluation. We have the Cultural Broker program for families that can be utilized for those families in Emergency Response which can stay with the family into Differential Response or Voluntary. New Hope for Youth has been able to offer cultural matches for youth referred to the program. We are able to match youth for a cultural match in placement when this is important for a youth or family.

**17. Recruiter families are able to obtain the Sibling Supplement when caring for more than three siblings. What is the reason that relatives and NERFMs do not receive these funds?**

The Sibling Supplement Program is a county program designed to entice families to take sibling groups of 3 or larger to keep them together. DFCS is exploring funding feasibility to extend this program to relative and NREFM caretakers as well.