

DFCS Community Forum



October 11, 2022





AGENDA

Welcome (5 min)

- Introduction
*Daniel Little, Wendy Kinnear,
Damion Wright*

Prevention (25 min)

- Presentation
- Q and A
*Rocio Abundis
Wendy Kinnear*

Family Preservation & Family Engagement (30 min)

- Presentation
- Q and A
*Daniel Little
Hilary Kerrigan*

Wrap Up

Daniel Little

DFCS PREVENTION

- ▶ Join us in for a look into the stories of compassion, partnership, support, and services needed to overcome obstacles.



BE STRONG FAMILIES PARENT CAFÉ

- **CULTURALLY COORDINATED SERVICES** joins the Parent Café Team!
- Safe space for caregivers to discuss the challenges/victories of raising a family.
- Caregivers experience deep-reflection and supportive **peer-to-peer** learning.
- Parents explore their strengths, learn about the **Protective Factors** and create strategies from their own wisdom and experience to help strengthen their families.

Contact info@bestrongfamilies.net



Safe, Secure & Loved: RESILIENT FAMILIES

- Parents understand their child's social/emotional development and needs;
- Parents will practice stress management and self-compassion which will help reduce parents' reactivity while increasing sensitive & nurturing care giving;
- Parents develop six **habits of resilience**; and
- Parents lead the sessions.

Contact BMBURNSresilientfamilies@gmail.com for more information.





Safe, Secure and Loved: Resilient Families Program

"VOICES OF POWER" VIDEO PRESENTATION
[HTTPS://YOUTU.BE/LVSEIOAMRBI](https://youtu.be/LVSEIOAMRBI)

PREVENTION PROGRAMS

https://socialservices.sccgov.org/sites/g/files/exjcpb701/files/documents/Prevention_Brochure.pdf



Community Prevention Services

Department of Family & Children Services



Safe, Secure, & Loved[©] Resilient Family Program

- Parent led and organized by Sacred Heart Community Service.
- Parents have the opportunity to develop six habits of resilience.
- Parents learn how to promote their children's executive functioning skills.
- Parents will practice stress management and self-compassion which will help reduce parents' reactivity while increasing sensitive & nurturing care giving.
- Contact BMBURNSresilientfamilies@gmail.com for more information.



• Be Strong Families Parent Café

- Provides safe space for caregivers to discuss the challenges and victories of raising a family.
- Caregivers experience deep-reflection and supportive peer-to-peer learning.
- Parents explore their strengths, learn about the Protective Factors and create strategies from their own wisdom and experience to help strengthen their families.
- Contact info@bestrongfamilies.net for more information.

New Hope for Youth (NHFY)



- Serve at-risk, gang impacted, gang intentional youth, their families, and communities.
- Services include school-based services, truancy reduction, conflict mediation, mentoring, case management, pro-social activities, Joven Noble, circle groups and home visits.
- For youth ages 13-24 residing in Santa Clara County. Priority slots provided to youth residing in target zip codes: 95111, 95112, 95116, 95122, 95127 and 95020.
- Contact info@newhopeforyouth.org for more information.



Differential Response (DR)



- A culturally sensitive service that aims to prevent child welfare involvement and foster care entry or re-entry. Identifies the safest, most appropriate, least restrictive and least intrusive intervention to prevent abuse and/or neglect issues from developing in families who are already in crisis.
- Services include case management, linkages to resources, parent education, parent coaching, therapeutic services, medication management, crisis intervention and youth support.
- Care coordination services facilitate healthcare services between the families private insurance and the child for the provision of mental health assessment and services.
- Families are linked to community providers such as Seneca Family of Agencies, Rebekah Children's Services, Gardner Health Network & Uplift Family Services.
- Target Population: Families with or without child welfare involvement that have child(ren) in the home between ages of 0-17 and reside in Santa Clara County. Families with or without Medi-Cal and/or private insurance can also access services.
- Contact Differential.Respo@ssa.sccgov.org for more information.

Mandated Reporter Training

- In collaboration with Seneca Family of Agencies the Mandated Reporter trainings provide necessary tools to identify and report child maltreatment as required by the Child Abuse and Neglect Reporting Act. Mandated Reporter trainings include:
 - Definitions of abuse and neglect
 - Bias and disproportionality in reporting
 - Impact of poverty
 - cultural values and barriers to services
 - Signs and risk factors
 - Prevention strategies
 - When and how to make a report
- Contact SantaClaraMRT@senecacenter.org for more information.*



Community Outreach & Events

- DFCS in collaboration with agencies offers outreach and education about child abuse, neglect, and the importance of healthy relationships. They include:
 - Fatherhood Conference
 - Santa Clara County Child Abuse Prevention Council (CAPC)
 - Healthy Relationships Campaign
 - National Night Out
 - Social Worker and Caregiver Resource Fair
 - Party in the Park
 - CAPC Symposium
 - Child Abuse Prevention Summit
- Contact Prevention@ssa.sccgov.org for more information.



FLEX FUNDS

Immediate support in situations where we do not open a case or may need to bridge a response before Differential Response or other community based service.



Food



Beds, dresser or car seat



Support for basic bills- electricity or water



Clothing/Uniforms



Pest control, clean up, car repair



Other tangible immediate needs

STORY OF SUPPORT



In the past month, Social Worker 1's were able to support 2 different guardianship situations for relatives assisting with care for family members with little notice.

- ▶ An uncle needed a car seat and crib to step up to care for his niece with his girlfriend so his sister could make a decision about a substance abuse treatment program.
- ▶ A mother of three children was unable to work due to her youngest being in the neonatal intensive care unit (NICU). She was going to multiple hospital appointments with her baby as well as court dates. Flex funds were used to get her a bassinet, baby essentials, clothes for the girls, and groceries. This mother was extremely thankful because she was worried about having food for her daughters. She is now connected to Differential Response and community based resources.



First Call for Families Dependency Advocacy Center (DAC) Pilot and Expansion

First Call for Families



*We advocate for thriving,
intact families rooted in
strong communities.*

www.sccdac.org

Launched in 2021

- Know your rights presentations
- Warm line - phone advice and intake
- Community partnership
- EXPANSION September 1st (DAC) contract directly vs First 5)
 - Valley Medical Center on site at NICU
 - Warm line across Santa Clara County
 - Support for Cases across 6 high referral zip codes (DAC parent mentor, Social Worker and Attorney)
- Support for families referred to probate
 - Restraining order support

To get connected to First Call,
call us at our toll-free warm line:

408-856-2992

Monday through Thursday,
9:00 am - 4:00 pm

extended hours Thursday,
5:00 pm - 8:00 pm

31 N. 2nd Street, Suite 300
San Jose, CA 95113
www.sccdac.org



QUESTIONS

A young child with dark hair, wearing a white tank top and grey sneakers, is sitting on a paved surface. The child is focused on playing with a small blue toy car. The background is slightly blurred, showing green foliage and a dark structure, possibly a playground. The overall scene is bright and natural.

Family Preservation and Family Engagement

Daniel Little, Director of the Department of Children and Family Services
Hilary Kerrigan, Lead Deputy County Counsel



Agenda

Harm of Removal and
Foster Care Outcomes



Child Welfare Currently



Practice Refinements
Reducing Removals



Common Case Scenarios



Prevention & Evaluation

Impact of Removal

- Removal is not “harm-free.”
- Removal creates significant and lasting trauma.
- Removal hurts children.

Evidence of the Harm of Removal

- Attachment disruptions have lasting long-term consequences for children's emotional well-being.
- Threats to relational health are as toxic to children as discrete traumatic experiences.
- Even short-term separations have been shown to inflict lasting trauma

Foster Care Outcomes

- Long-term health impacts of family separation.
 - “40% chance of very poor health 10 years later” for “[a]dults who lived in foster and residential care during childhood.”
 - “70% more likely to **die prematurely**” if lived in out of home care as a child.

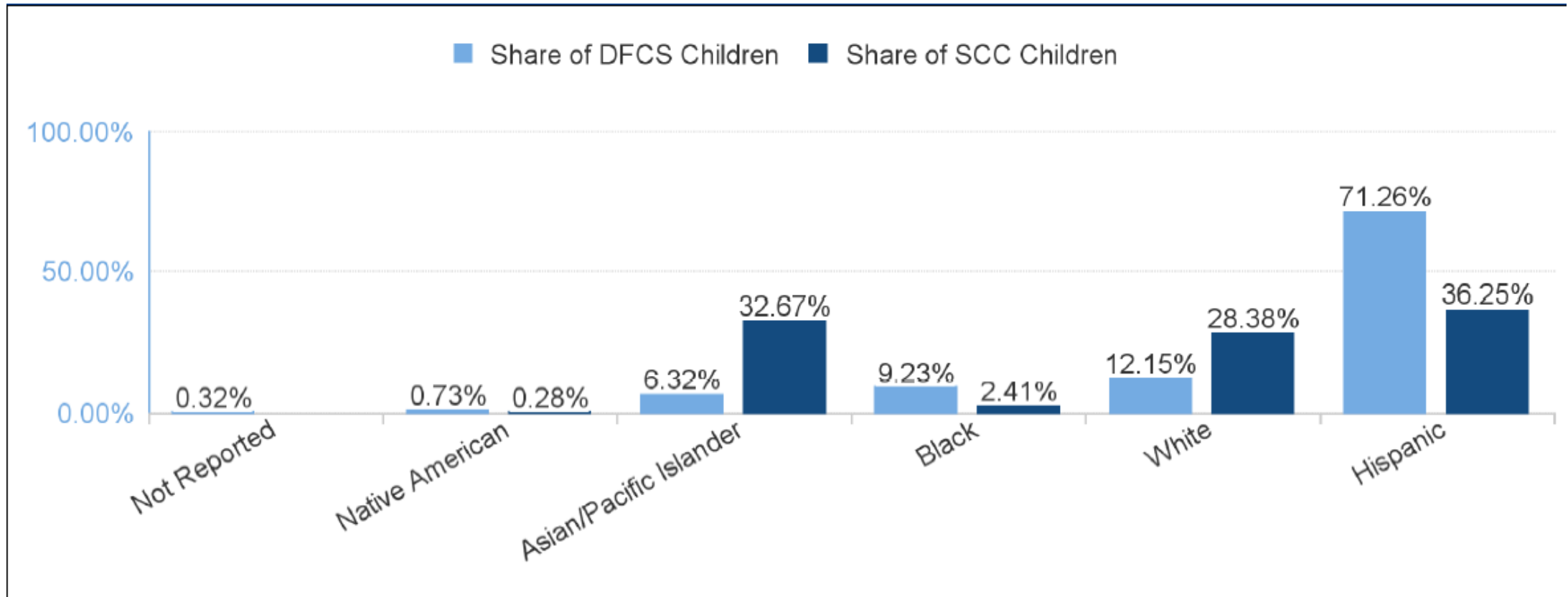
Emily Murray et al., *Non-parental care in childhood and health up to 30 years later: ONS Longitudinal Study 1971–2011*, 30 Eur. J. Pub. Health 1121 (2020).

- Between 2003 and 2016, children in foster care were 42% more likely to die than children in the general population, and the disparity was largely irrespective of race or age

[All-Cause Mortality Among Children in the US Foster Care System, 2003-2016 | Child Development | JAMA Pediatrics | JAMA Network](#)

Disproportionate Impact

“Black and Native American Children are far more likely than white children to be removed from their homes, even when the circumstances surrounding the removal are similar.” -- President Biden’s White House Proclamation on National Foster Care Month, 2021.



Where is Child Welfare Currently?

- Nationally, number of children removed and placed in foster care has been **declining for over a decade.**

“While the *number of youth who come into formal contact with the court system has declined in recent years*, little progress has been made in reducing racial and ethnic disparities.”

Where is Child Welfare Currently?

California - Statewide Decline

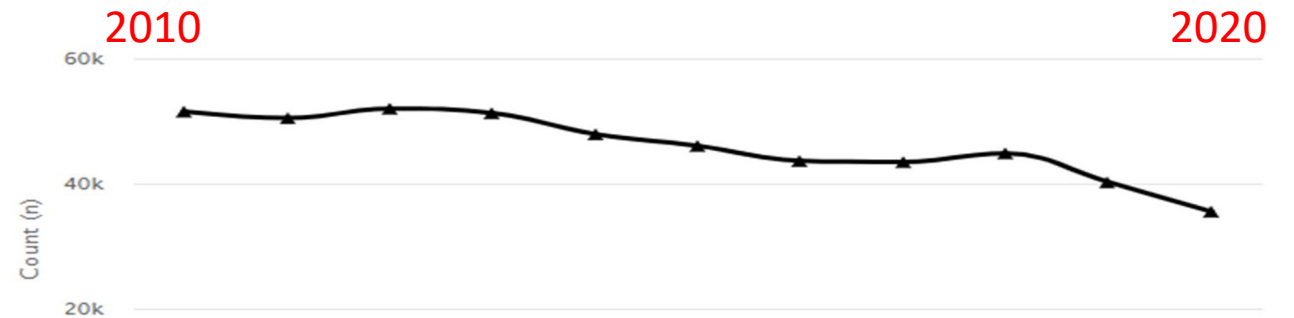
- 51,463 new cases in 2010
- 35,486 new cases in 2020

California Child Welfare Indicators Project (CCWIP)
University of California at Berkeley
California Department of Social Services, Research and Data Insights Branch



Case Openings
Agency Type: Child Welfare
Selected Subset: Case Count: Children with Openings
Selected Subset: Days Case Open: 8 days or more

California



Where is Child Welfare Currently?

During the COVID-19 Pandemic, reports of suspected child abuse and neglect came down and so did the number of removals.

- Mandated reports declined during the pandemic.
 - Children were not interacting with mandated reporters in person (*e.g.*, teachers).
- Families had increased access and support through safety net services.
 - Eviction moratoriums kept families in housing.
 - CARES Act.
 - First 5.

Guiding Principles:

Children do best
with their
families.

Family
engagement is
non-negotiable.

Families have
the tools to
solve their own
problems if
given the
opportunity.

There is no
safety without
healing.

Practice Refinements at DFCS

1. Robust use of Child and Family Team Meetings.
2. Child Family Practice Model Implementation.
3. Fidelity to Structured Decision-Making.
4. Increased Leadership Support and Oversight.



Practice Refinement 1

Robust use of Child and Family Team Meetings

- **Holding a Child and Family Team (CFT) meeting before removal whenever it is safe.**
 - **ER and DI have started engaging previously non-custodial parents, relatives, and other natural supports much earlier in the process.**
 - **The CFT unit has been very successful in helping families come up with their own plans that prevent the need for removal.**

Practice Refinement 1

Robust use of Child and Family Team Meetings

➤ **Why are CFTs important to improving practices?**

“There is an *increasing body of evidence* showing that services for children and families are most effective when delivered in the context of a single, integrated team that includes the child or youth, his or her family, natural and community supports, and professionals. . . *It is based on the belief that children, youth, and families have the capacity to resolve their problems if given sufficient support and resources to help them do so.*”

Practice Refinement 2

Implementing the Child Family Practice Model (CFPM)

- The Child and Family Practice Model is key to our County's core philosophy.
- We have seen social workers have the opportunity to slow down and practice full fidelity to the model.

Practice Refinement 2

Implementing the Child Family Practice Model (CFPM)

What does CFPM look like for families and children?

- Social workers focus on engaging family to keep the child safe.
- Social workers identify strengths, instead of focusing on family deficiencies.
- Organizational focus moves away from imposing government will on families to listening to their needs and strengths.

Practice Refinement 3

Structured Decision-Making (SDM) Tool



- Child welfare cases are:
 - Emotional and personal.
 - At risk for bias.
- SDM guides social workers through objective assessments to assess at-risk families.
 - **Hotline:** how quickly a response must be made.
 - **Safety:** if it is safe for a child to remain home.
 - **No override option.**
 - **Risk Assessment:** whether to open a case.
 - **Family Strength and Needs Assessment:** what services would benefit family.
 - **Reunification Assessment:** whether a child can return home.

Practice Refinement 4

Increased Leadership Support and Oversight

- Ensure Consistency in Decision-Making.
- Avoid Variation from Social Worker to Social Worker.
- Collective Review and Support.

- DFCS Commitment
 - Recognize the long-term emotional impact of a family separation.
 - Reach the **right decision** for each child **based on the evidence.**

Common Case Scenarios

- Five common scenarios
- Traditional Practice v. Child and Family Centered Practice

Common Case Scenario 1

1. Both parents are in law enforcement custody for reasons unrelated to child safety.
2. Law enforcement places the child into protective custody because there is no one available in the home to care for the child.

Traditional Practice	Child and Family Centered Practice
<p>Child is removed from family and placed in foster care while DFCS petitions the juvenile court.</p> <p>→ DFCS later looks for and assesses any identified relatives under the Resource Family Approval standards.</p> <p>→ If approved by the court, DFCS may move the child to relative care.</p> <p>Parent offered reunification services.</p>	<p>Child is taken into protective custody.</p> <p>→ Social Worker immediately communicates with law enforcement and parents to determine an appropriate care plan while the parents are unavailable.</p> <p>→ Social Worker then helps facilitate the plan.</p> <p>Child released from protective custody to appropriate relative or friend.</p>

Common Case Scenario 2

1. Child suffers from abuse or neglect at the hands of one parent.
2. The child's other parent does not live in the home and is non-offending.

Traditional Practice	Child and Family Centered Practice
<p>Child is removed from parent and placed in foster care while DFCS petitions the juvenile court.</p> <p>DFCS begins searching for the other parent.</p> <ul style="list-style-type: none">→ If parent located and assessed to be appropriate, child may be released <u>several weeks later.</u>→ If DFCS determines the other parent was neglectful for being unaware and not preventing the abuse or neglect, the child is kept in foster care.	<p>During emergency response, social worker looks for the other parent immediately.</p> <ul style="list-style-type: none">→ If the other parent is appropriate, child does not enter foster care and is released to that parent.→ DFCS supports the other parent in taking custody of their child by providing supportive services and/or supporting the other parent in obtaining family court orders if needed.

Common Case Scenario 3

1. Parent is suffering from substance use disorder that affects their ability to safely care for their child.

Traditional Practice	Child and Family Centered Practice
Child is removed from family and placed in foster care while DFCS petitions the juvenile court.	<p>Social Worker arranges and professionally facilitates a Child and Family Team meeting including all available relatives and natural supports for the family to develop a plan to keep the child safe.</p> <p>→ If a safe plan is reached, DFCS refers the family to community resources or directly provides supportive services to ensure the success of the plan.</p> <p>→ If a safe plan is not reached, DFCS may remove the child.</p>

Common Case Scenario 4

1. Child has significant behavioral health needs.
2. Parent struggling to meet child's behavioral health needs.

Traditional Practice	Child and Family Centered Practice
<p>DFCS petitions the juvenile court because dependency was previously required to establish eligibility for wraparound services to the family.</p>	<p>DFCS provides wraparound services to the family without the juvenile court's involvement.</p>

Common Case Scenario 5

1. Parents' whereabouts are unknown.
2. Appropriate relatives are caring for the child and want to continue to provide and care for the child.

Traditional Practice	Child and Family Centered Practice
<p>DFCS petitions the juvenile court because the child has no legal caretaker.</p> <p>Child potentially put into foster care while waiting for approval of the relative under the foster care placement standards.</p>	<p>DFCS refers the relative to First Call for Families or Catholic Charities Kinship Resource Center for support in executing a caregiver affidavit or seeking guardianship to establish legal authority to care for the child.</p>

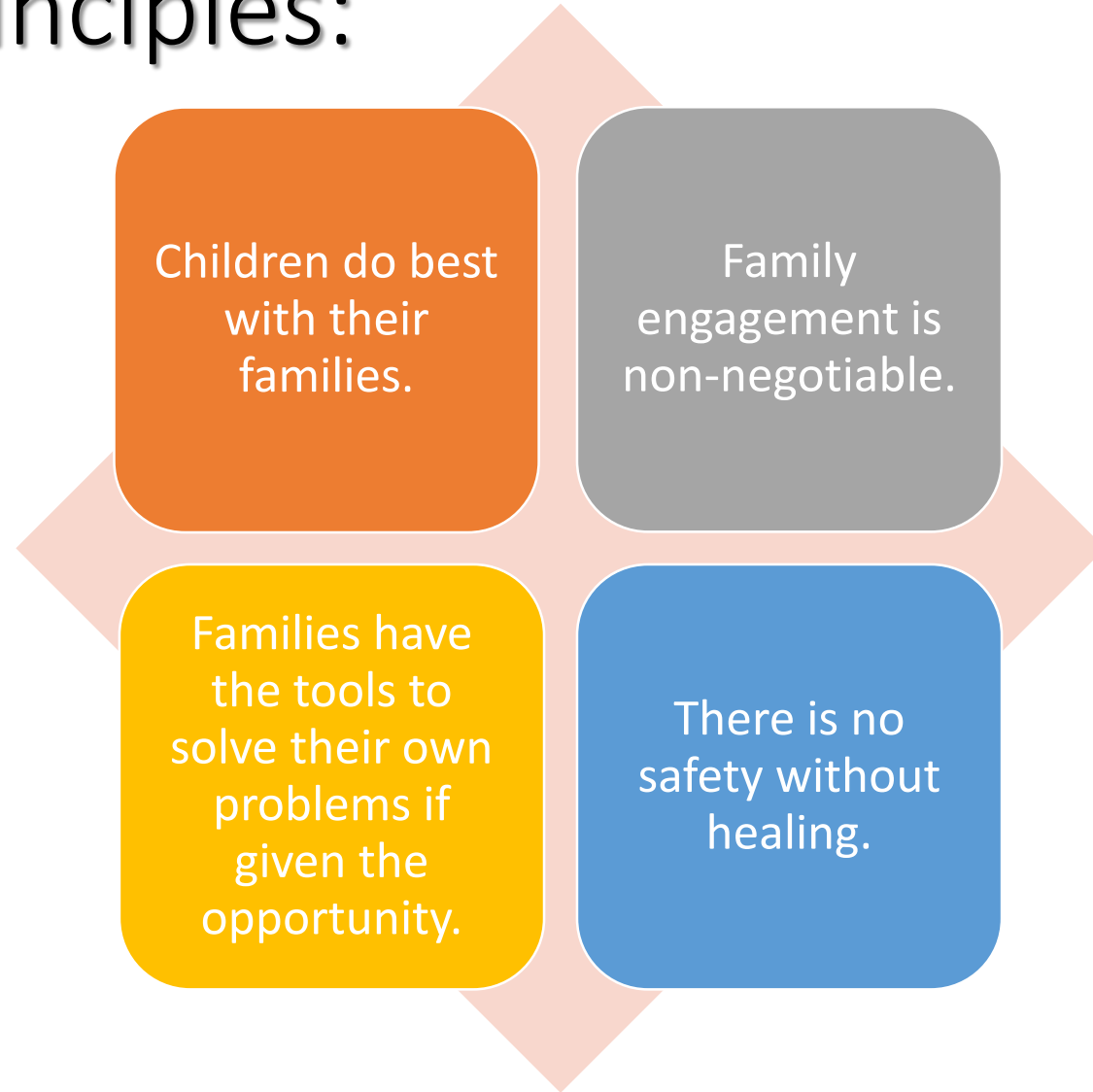
Prevention Services Continuum

- Prevention goals:
 - Empower and strengthen families to care for their children.
 - Meet their needs with natural supports and community resources.
- Families who need help should not be required to be in crisis to access support.
- Examples
 - Neighbor-to-Neighbor.
 - First Call for Families.
 - Flexible funding at the Emergency Response stage for essential items (*e.g.*, diapers, cribs, beds, cleaning supplies, and childcare).
 - Services available without court involvement (*e.g.*, wraparound, expanded Differential Response, placement stabilization, parent skill building program).

Evaluation

1. Internal peer review and quality improvement process.
2. Re-occurrence of maltreatment data.
3. Review of efficacy in other jurisdictions.
4. Expert consultation.
5. Listening sessions with stakeholders with an emphasis on children and families served.
6. Looking for partnership in designing additional evaluations.

Guiding Principles:





QUESTIONS

WRAP UP

- Next Quarterly Community Forum on January 10, 2023
- Next Continuum of Learning on February 15, 2023
- Ask Questions to DFCS Director's Office
<https://www.surveymonkey.com/r/3X7J22N>

