



SOUTHERN AREA CONSORTIUM OF HUMAN SERVICES

Differential Response- Effective Prevention and Intervention Models; Implementation and Financing *Review of the Literature*

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EXECUTIVE SUMMARY

At the request of the Southern Area Consortium of Human Services (SACHS) Directors, the following review of the research highlights effective prevention and intervention strategies for differential response from California's eleven pilot counties. A synthesis of the results following the recent evaluation of these pilot differential response programs (referred to as the Breakthrough Series Collaborative), are also described. This evaluation reveals various achievements, and recognizes differential response as a critical strategy to: expand outreach; reduce recidivism; reduce occurrence of child maltreatment; increase family engagement; and improve relationships with community organizations.

This report goes on to outline guiding principles and potential strategies to consider when implementing or expanding a differential response program. The report concludes with identification of differential response funding challenges and limitations, as well as potential funding streams and innovative approaches to sustainability.

Portions of this report were adapted from a previous SACHS Literature Review (February 2008), prepared by Jillian Barber, MPH Student, titled: *Impact of Differential Response on County System Improvement Plans* (see References for web-link). Other main sources included: Casey Family Programs-Breakthrough Series Collaborative; *California Child Welfare Services: Eleven-County Pilot Project Evaluation Report*; Child Welfare Information Gateway; Children's Bureau Express; BASSC Executive Development Training Program Participatory Case Studies; and *California's Title IV-B Child and Family Services Plan*. Please refer to the References section for details.

DIFFERENTIAL RESPONSE: BACKGROUND

The passage of the Child Welfare Outcomes and Accountability System Act (AB 636) in 2001 encouraged the implementation of differential response programming in social services for California counties. Briefly, differential response (DR) is defined in California as:

..developing 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 allowing voluntary access by families.

(Casey Family Programs-Breakthrough Series Collaborative, 2007, p. 1)

The goal of DR is to **provide early and a broad range of services at first signs of concern to prevent the increase in severity of problems**. When possible, DR seeks to avoid the ushering of families into the child welfare services system. In addition, if and when foster care services are deemed necessary, DR planning is designed to result in quicker decision making that also includes the active participation of parents and extended family. This DR strategy of response is constructed around three guiding principles:

- 1. Children are safer and families are stronger when communities work together**
- 2. The earlier issues in families are identified and addressed, the more improved outcomes**
- 3. Families can resolve issues more successfully when they voluntarily engage in services** (Casey Family Programs-Breakthrough Series Collaborative, 2007, p. 2)

Six core values guiding the development, implementation and evaluation of DR consistently highlight the distinction between the traditional investigative child welfare approach and that of a family assessment response. These core values (developed by the American Humane Institute of Applied Research and Minnesota consultants in 2007) include:

- 1. Engagement versus adversarial approach*
- 2. Services versus surveillance*
- 3. Label of in need of services/support versus “perpetrator”*
- 4. Encouraging versus threatening*
- 5. Identification of needs versus punishment*
- 6. Continuum of response versus one size fits all*

(Kaplan, & Merkel-Holguin, 2008)

In California, DR follows a three “path” model¹ in provision of services, **where the appropriate response path is determined through the intake assessment-measuring risk level, safety, family protective capacity, and the needs of the family**. These three paths include:

- **Community Response-** when the family is experiencing problems, but the situation does not meet statutory definitions of abuse or neglect. Families are linked to services in the community through partnerships with local organizations.

¹ *Some California counties have also adopted a Path 4, or “aftercare” support/services to prevent the reoccurrence of abuse for families who have been in the system (e.g. in Santa Clara County this support is provided via FIRST 5 Family Partner agencies)*

- **CWS and Partner Response-** when the report meets statutory definitions of abuse and neglect. County staff assesses the child as safe and at low-to-moderate risk of future harm and the family as likely to make changes and mitigate risk voluntarily. The county child welfare agency works with the family and community-based organizations to identify strengths and needs. If the family is unwilling to make needed improvements or the situation deteriorates, endangering the child, the case is re-referred to the child welfare agency.
- **CWS High Priority Response-** when the child is assessed as unsafe and at moderate to high risk of continued abuse or neglect. Actions may be taken with or without the family's consent, court orders may be sought, and criminal charges may be filed. Social workers seek to engage families more fully and work with other county agencies and community organizations to provide focused services. This pathway is most similar to the child welfare system's traditional response.
(Casey Family Programs-Breakthrough Series Collaborative, 2007, p. 8)

As of June 30, 2008, thirty-four of California's 58 counties have implemented Differential Response (DR). In reference to the future of DR implementation in California, *California's Title IV-B Child and Family Services Plan states the following goal: By June 30, 2009, barring any unforeseen barriers to implementation and if budgeted in the state budget, CDSS will have implemented Differential Response Intake Structure in all 58 counties.* (CDSS-Children and Families Services Division, 2008, p. 15)

BREAKTHROUGH SERIES COLLABORATIVE: RESULTS

(From: Casey Family Programs-Breakthrough Series Collaborative: *Implementing Differential Response in California*, 2007; Wright, M., Tickler, S., Vernor, K., 2008. *California Child Welfare Services: Eleven-County Pilot Project Evaluation Report*).

The **California Department of Social Services (CDSS), the Co-Investment Partnership (formerly known as the Foundation Consortium for California’s Children) and Casey Family Programs joined forces to sponsor the Breakthrough Series Collaborative (BSC)** to promote and support the implementation of DR in California counties. **The BSC provided training and technical assistance to 43 counties in California, and extended services to eleven pilot counties - Contra Costa, Glenn, Humboldt, Los Angeles, Placer, Sacramento, San Luis Obispo, San Mateo, Stanislaus, Tehama, and Trinity** – that were commanded to take the lead in implementing three pilot strategies (**Standardized Safety Assessment; Differential Response; and Permanency and Youth Transition**) and sharing results through December 2006. These 11 pilot counties served as “case studies.”

Counties learned how to effectively study, test, implement and evaluate practice changes in child welfare through educational sessions consisting of in-person learning, strategizing and networking. In addition, national experts- faculty who mentored the participating counties- led these educational meetings/trainings. *Over the course of the BSC, county agencies conducted more than 300 small tests of change to support DR practice shifts.* The resulting promising practices identified via interviews with the county teams and a synthesis of the results from various counties reveal the strengths and promise of DR.

RESULTS OF BSC CALIFORNIA PILOT PROJECTS

The three pilot strategies (Standardized Safety Assessment; Differential Response; and Permanency and Youth Transition) were primary drivers in the BSC. These strategies were implemented over several years, and in different ways (e.g. some strategies are only being implemented in a small part of a given pilot county). It is of particular significance that **the 11 pilot counties together show greater improvement than the 47 non-pilot counties on a variety of indicators**, as described below:

SUCSESSES:

- **Families Served**
 - As a result of the implementation of DR in the 11 pilot counties, **8,800+ families have received services that originally would not have been offered them**
- **Reunification and Re-entry**
 - **Since 2000, the reunification rate (within 12 months) has increased by over 30% (2,000+ children) in the pilot counties, but less than 3% in the non-pilot counties.**
 - Focus groups indicate this is largely attributable to the effectiveness of Team Decision-making Meetings (TDM) and collaboration with other agencies to provide services that strengthen families.
 - **In pilot counties, the number of children who re-entered foster care did increase but only very slightly—less than 1.5% (n=92).**

- Across the country, when children that are reunified with their families within 12 months there is almost always an increase in the number of children who re-enter foster care.
 - Overall, **in the pilot counties, more than 1,900 children who would otherwise have stayed in the system found permanency and safety.**
- **Adoption**
 - The **pilot counties have increased the percentage of children who are adopted within 24 months by 19%, while the non-pilot counties improved by about 10%**
 - Staff in the pilot counties attribute this to a general emphasis on permanency, as well as specific pilot-project improvements such as family-finding programs and expediting adoption by foster parents.
- **Relatives**
 - **The pilot counties have increased the number of children initially placed with relatives by 12%. The non-pilot counties showed a 2% decrease.**
 - Pilot county staff attribute this to family-finding programs, TDM, and other pilot strategies.
- **Long-Term Care**
 - Statewide, **fewer children remain in long-term foster care, but the decrease has been greater in the pilot counties.** The number of children in care for more than 36 months has declined steadily.
 - This is **particularly attributable to Los Angeles.**
 - For the remaining 10 pilot counties, the number of children in long-term foster care has been relatively small since 2000, and has decreased slightly.
- **Recurrence**
 - Since 2000, the percentage of children who experienced no recurrence of maltreatment has improved slightly statewide, in both the pilot and non-pilot counties.
 - Since **2004, when the pilot strategies can be expected to have had the greatest impact, the pilot counties have shown slight improvement each year.**
- **Entries into Foster Care**
 - **When a referral is substantiated, it is more likely in the pilot counties that the child will enter foster care.**
 - In 2000, the percentage of substantiated referrals that resulted in an entry to foster care increased in the pilot counties, but remained unchanged in non-pilot counties.
 - Staff in the pilot counties indicate that those referrals that are substantiated more often involve families who have serious issues. Also, the Standardized Safety Assessment tools may be providing a clearer indication when children need to be removed from the home.
 - Data indicate that the pilot strategies, **have not decreased the pilot counties' commitment to child safety.**
- **Least Restrictive Setting**
 - **The pilot counties have successfully moved children out of the most restrictive placement settings, primarily into guardianship or adoption**

- The **pilot counties have decreased the number of children in all three of the most restrictive settings (shelters, group homes, and foster family agencies) at a greater rate than the non-pilot counties.**
- They have **accomplished this in large part by increasing their rates of reunification and adoption.**
- **Decision-Making**
 - **The pilot strategies support improved decision-making**
 - The Standardized Safety Assessment approach provides a research-based structure for collecting information to support decision-making.
 - DR involves other agencies in assessing and supporting families.
 - TDMs bring people with diverse perspectives and expertise into the decision-making process.
- **Involvement**
 - **Families are more involved and take greater responsibility for achieving positive outcomes.**
 - The pilot strategies **offer numerous opportunities for families to influence their own case outcomes.** Families are involved in making decisions about the future of the children and the family.
 - The **strengths-based approach shows families a portrait of their capabilities and potential for success,** which the family and CWS can then work together to build upon. **Families also feel more empowered** to take charge of their lives and undertake the hard work of self-improvement.
- **Collaboration**
 - **CWS has shifted to a more collaborative, rather than enforcement, approach to working with families and community organizations.**
 - The pilot strategies **change the role of CWS staff from enforcer to family supporter and community collaborator.**
 - Workers assess a family's strengths, then develop a plan to build on these strengths to improve family functioning.
- **Community Perception**
 - **CWS' reputation in the community has improved and residents appear to be more willing to contact and work with CWS.**
 - Community members, local agencies, and CWS staff report that word is spreading in the community about the positive shifts noted above.
 - **Child welfare workers indicate that they are better received and sometimes warmly welcomed** –many community members no longer perceive that a referral will result in the children being “automatically taken away.”
 - **In some instances, after witnessing improvement in families served by CWS, at-risk families have inquired about how they can self-refer to receive services.**

CHALLENGES:

While the 11 pilot counties have achieved success, like any fundamental system change, challenges also emerged. The following are issues noted by CWS staff, their community partners, parents, foster parents, and the consultants during site visits to the pilot counties:

- **CWS caseloads are shifting to families with greater needs and more difficulty achieving success.** As a result of the pilot strategies and other efforts in California, many of the families in the CWS system who are readily able to respond to services and reunify have done so. Many of the children who can be placed with relatives or adopted have been. Thus, over time it can be expected that the families remaining in the system will have greater needs.
- **The pilot strategies require CWS staff to spend more time working with families, especially those with greater needs.** To achieve success, the pilot strategies require that CWS staff and community partners spend the necessary time and resources working with the youth and families they serve.
- **The pilot strategies require additional resources at the outset. However, some are likely to increase both the efficiency and effectiveness of the child welfare system over time.** Additional activities (e.g. DR requires provision of services to families who do not enter the child welfare system, and additional support services for families who do) can require additional resources. However, over time the pilot strategies have the potential to change the child welfare services system to be more efficient and cost-effective, as well as increasing its ability to meet families' needs.
- **Current funding structures often do not fit well with the pilot strategies, or with the needs of today's families.** Funding streams such as Title IV-E are tied to the removal and maintenance of children in out-of-home care. This creates challenges for counties in implementing, developing, and sustaining DR that incorporate prevention and early-intervention approaches.
- **Mobilizing community services for families can be challenging.** The pilot strategies require that county CWS staff work with community service providers to serve families. This requires developing common systems and overcoming logistical and bureaucratic barriers. Issues of sharing confidential information between county CWS agencies and community partners can create barriers.
- Furthermore, some counties do not have adequate services available in the community.
- **Strategies will require further refinement and adaptation of existing systems.** DR will require continued evolution of procedures for referring families to community agencies, monitoring progress, and assessing outcomes.

Even with the noted challenges, **overall given the results achieved and the positive qualitative results from staff, parents and other stakeholders, *California Child Welfare Services: Eleven-County Pilot Project Evaluation Report* (Wright, Tickler, & Vernor, 2008) recommend planning implementation statewide should be a priority.**

DIFFERENTIAL RESPONSE: PROMISING PRACTICES

(From: Casey Family Programs-Breakthrough Series Collaborative: *Implementing Differential Response in California*, 2007, p. 15-57; Adapted from: Barber, J. 2008. *Impact of Differential Response on County System Improvement Plans: Literature Review*. SACHS, Academy for Professional Excellence)

Via the BSC, specifically, *nine strategies and several dozen concrete practices were identified*. The strategies, organized *under the core elements of broader response, family engagement, and community partnership*, are as follows:

<i>Differential Response Focus Area</i>	<i>Promising Child Welfare Strategies</i>
<i>Broader Response</i>	<ul style="list-style-type: none"> • Developing tools to support path assignments • Building teams to conduct joint path assignments • Adjust eligibility criteria • Establishing partnerships to assess families
<i>Family Engagement</i>	<ul style="list-style-type: none"> • Respectfully engaging families early in the process • Utilizing partners to engage birth families • Including families in all aspects of decision-making
<i>Community Partnerships</i>	<ul style="list-style-type: none"> • Building professional relationships between partners and the child welfare agency • Creating effective strategies for information sharing • Jointly assessing the community’s needs

BROADER RESPONSE

In the context of broader response, a number of initiatives were found to have significant impact on improving the outreach of services to families in need. These strategies included: newly enhanced/developed *assessment tools for both families and community partners*; adjustment of *eligibility criteria* in path assignments, utilization of teams in *joint decision-making processes*, as well as the *incorporation of community partners* (domestic violence advocates, etc.) for more *specialized assessments of domestic violence, substance abuse and mental health family interventions*.

➤ ***Collecting Strength-Focused Information***

- *Contra Costa County*: One of the first counties to implement strength-focused questions at intake through a newly created ***“Enhanced Screening Tool.”*** Contra Costa team members experienced repeated success with this tool, as well as Emergency Response Workers. The “Enhanced Screening Tool” was eventually incorporated in the development of the ***Comprehensive Assessment Tool (CAT)***.

- Why this practice makes a difference:
 - Improved relationships with mandated reporters, who came to see child welfare in a new light—doing assessments and working to support families rather than simply conducting investigations.
 - Increased awareness among reporters about DR and what it means for families and for the community.
 - Increased awareness among reporters about the strengths that families have. Counties reported that identifying strengths was initially difficult for some reporters, but that the questions helped encourage reporters to think about families differently.
 - Improved morale and job satisfaction among intake and hotline staff who reported that asking these questions allowed them to feel like “social workers” rather than “investigators.” In one county a long-time hotline worker said this was the most satisfied she had been in her job in years because she finally felt like she was helping families again.
 - Improved relationships with families through the assessment process as assessment workers connected with families about their strengths before discussing allegations. These improved relationships ultimately helped engage families with the agency and with community services, which was the initial goal of the test.
- **Utilizing Path Assignment and Assessment Tools**
 - *Humboldt County*: By adjusting the eligibility criteria and increasing the age limit in assignment of children and families to DR Path 1, Humboldt County saw a significant increase in the number of families served through Path 1.
 - *Glenn County*: Glenn County was part of the collaboration team for the CAT tool, and began full implementation of the CAT hotline tool with all workers in July 2005. Their work resulted in an assessment tool that engages families early and provides social workers and community partners with information to support decision-making.
 - Why these practices makes a difference:
 - The assignment of pathways becomes increasingly standardized as workers become accustomed to using the same key factors for making determinations.
 - Workers feel supported in their decisions, both by supervisors and through the use of the tools themselves.
 - The concrete criteria provided by a definitive tool offers community partners and families more clarity about how decisions are made.
 - The tools can be used to cross-educate staff, community partners, and mandated reporters about DR, how pathway determinations are made, and the criteria used for making these determinations.
 - Because the tools are focused on a family’s strengths, they help staff, community partners, and mandated reporters see families through a strengths-focused lens.

➤ **Using Teams for Joint Decision Making**

- *Placer County*: Placer County's test of change began with *involving Family Resource Centers in case reviews with social workers*. Eventually CalWORKs partners were included, and community partners were trained on decision-making tools. Now, community partners, child welfare workers, emergency response workers, and CalWORKs partners meet weekly to make appropriate decisions regarding pathway assignments for families.

➤ Why this practice makes a difference:

- Partners gain a better understanding of the child welfare system.
- By meeting and talking about actual families, learning about the tools that the child welfare agency uses to make decisions, and contributing to the decisions about risk and safety in families, community partners deepen their knowledge of the strengths and limitations of the child welfare system.
- Child welfare staff and partners have the opportunity to learn more about the roles and responsibilities that each plays in the lives of families. This helps foster personal and professional relationships between colleagues.
- Community partners feel more invested in and committed to the decisions made.
- Because each party comes with a different perspective, a different understanding of the situation, and possibly a different knowledge of the family, better decisions about families' strengths, needs, and the appropriate pathways are reached.

➤ **Crafting Community Partner Assessment Tools**

- *Stanislaus County*: In order to ensure that the services offered through community partners would truly engage families, *Stanislaus County developed a common tool for use by Family Resources Centers (FRCs) that would also meet requirements to have a standardized assessment to constitute a Multidisciplinary Team (MDT)*. Collaborative development of and training on these tools has ensured that families in Stanislaus County receive consistent messages from community and county staff.

➤ **Conducting Specialized Assessments for Mental Health, Substance Abuse and Domestic Violence (DV)**

- *San Joaquin County*: After initial integration of a DV Specialist in their response protocols, San Joaquin County's child welfare agency currently responds to twelve referrals with its DV advocate on a weekly basis. These joint responses have allowed child welfare agencies to further define their roles, and gain clarity on what functions and responsibilities they have to the families they serve.

➤ Why this practice makes a difference:

- Child welfare agencies and their partners can clearly define their roles. Through collaborative work, they gain more clarity on what roles and responsibilities each has in the life of the family.
- Families often develop different types of relationships with different agencies and organizations. Joint assessments allow

families to draw upon these relationships to ensure that they, too, can be partners during the assessment process.

- Collaborating in this way offers child welfare agencies and their partners yet another opportunity to develop mutual respect for one another's work, roles, and responsibilities. Joint assessments serve as another vehicle for cross-training and enrich existing working relationships.
- Because each agency has a different involvement with the family, each develops a unique perspective on the family situation. When agencies work together, they merge their knowledge and perspectives to create a much more comprehensive and holistic picture of the family. As a result, the family can benefit from the most fair and complete assessment possible.

FAMILY ENGAGEMENT

Promising practices concerning family engagement consisted of *altering the language used with families*, implementing *more sensitive methods for initial* contact with families, integrating *community engagement specialists* to support the transition of families to community resources, developing *team decision-making teams* for permanency planning, and the incorporation of *Intensive Service Workers* to provide specialized support services to those families involved with the legal system.

➤ ***Changing Social Worker Language:***

- *Santa Barbara County:* Through the understanding that language has a direct impact on the perceptions of child welfare agencies by families, the *change to more positive and less punitive language* in Santa Barbara has both expanded community members' understanding of the role of child protection as well as improved the worker's ability to engage families.
 - Why this practice makes a difference:
 - The language used in approaching families has a direct impact on the way families perceive the child welfare agency and how open and honest they are willing to be with workers.
 - As community members begin to see the language and actions used by the child welfare agency as more positive and less punitive, their understanding of the role of child protection begins to expand.

➤ ***Creating a Differential Response Brochure for Families:***

- *San Mateo County:* Developed materials to hand to the family during their first visit. When families are in crisis they can miss the explanations and content of initial conversations. By providing a written description of service options that they can walk away with, staff anticipated families would be more inclined to review the information and make informed decisions. The team members created a brochure that would explain the DR project and what services were available.

- Why this practice makes a difference:
 - When communications from the agency to families are crafted with the intention of engaging families and not simply providing information, families hear and receive the information differently—often more fully and positively.
 - Having written materials to which families can refer helps the worker in the process of family engagement.
 - Families are often more responsive to services if they have written materials to which they can refer for complete descriptions of the system and the process of receiving services.

- ***Sending a Letter or Calling Families Prior to Initial Contact:***
 - *San Luis Obispo County-* Through the *provision of valuable written materials to reinforce verbal interaction that families may not initially grasp*, families are provided with optimal opportunity for participation in effective decision-making. This practice has enabled San Luis Obispo County to report much improved success engaging families in Path 1 since it began utilizing a written letter prior to the initial contact. County now has a “yes” rate of about 50%- a significantly improved response.
 - *Sacramento County-* Acknowledging that *unannounced first visits often put families on the defensive and can create a strained relationship from the beginning*, Sacramento County tested the phone call to families prior to the first visit. After numerous phone script revisions with input from workers and community partners, many Sacramento County *families were more receptive to the appointment when called ahead for an “assessment” rather than an “investigation”*. Sacramento workers also *afforded families the option regarding meeting location*. Due to its success, Sacramento County has implemented this practice for all Path 1 and Path 2 families.
 - Why these practices makes a difference:
 - Calling ahead provides an opportunity to talk about the role of the agency prior to the knock on the door.
 - It is respectful and immediately begins to dispel the image of child protective social workers as individuals who show up at the door and “snatch babies.”
 - Families often bring other family members and members of their support system to their home for the visit, which enhances the initial assessment.
 - Child welfare agencies may be able to get permission from the family to bring a community partner on the visit.
 - Child welfare workers save time and avoid wasted trips by visiting when they know the family is at home.
 - According to county leaders, the simple act of calling the family began to change the way many workers perceive families.

➤ **Community Engagement Specialists/Transitioning Families from Child Welfare Agencies to Community Partners:**

- *Contra Costa County-* Recognizing that *direct connection of Path 1 families face-to-face with community partners would lead to improved family engagement in voluntary services*, the use of community engagement specialists (CESs) in Contra Costa County has yielded overwhelmingly positive results. Findings also suggest that *families were likely to both engage initially and remain actively involved when there was a “warm handoff” from the social worker to the community partner*. As a result of these outcomes, the county has adopted policies which promote the practice of joint visits at every possibility and 85% of their Path 2 case transitions occur via “warm handoffs.”

➤ **Why This Practice Makes a Difference:**

- CESs have the time to make these important multiple efforts at building family trust because it is their sole responsibility.
- The CES can assist the transition to the community case manager, ensuring that the family does not get lost or confused in the process. The CES can also stay engaged.
- When families do not relate to their case manager, the CES can intervene and help improve the relationship or, if necessary, help connect the family to another community case manager.
- Both social workers and community partners are convinced that joint visits have a strong positive impact on engaging families
- The use of a referral form, while it may save time, fails to provide personal connection and continuity that families need in stressful situations. A person-to-person transition where the family is involved in the hand-off familiarizes families with the process, ensures they understand the next steps, and gives them confidence that the community partner understands the family’s issues.
- With an effective transition process, families better understand how the pieces of the system link together.
- A “warm hand-off” increases the family’s engagement in voluntary services and is a worthwhile investment of the worker’s time for both Path 1 and Path 2 families.

➤ **Conducting Team Decision-Making (TDM) Meetings for Placement Decisions:**

- *Glenn County-* In light of the fundamental difficulty that many families have with the discussion of placement, TDM creates an important space for family concerns in this process. Glenn County *implemented TDM for all decisions about initial removal* on July 1, 2005 and found that *connecting the family with community services before this meeting was an effective strategy* to reduce the hardship of these discussions.
- *Trinity County-* In Trinity County, a survey posed to families receiving services requested feedback regarding the TDM process, and participating families reported positively that the TDM meetings were efficient strategies; *the families felt listened to, appreciated, and more had a greater investment and active role in seeing through the plans defined during the TDMs*.

- Why These Practices Make a Difference:
 - Family members can rally around one another and create safety plans so that children do not have to be removed from their parents. Kin can often assist families in generating solutions to avoid placement or identify additional placement options.
 - Families are more accepting of a placement when they have a voice in who cares for their child and how the placement will occur.
 - Families frequently generate solutions to their own problems when invited to be part of the process. Often they can identify placements for their children that the agency has not considered.
 - When the family has a say in the placement process, it is much more likely to stay involved throughout the placement. This gives the family has a greater chance at being reunited successfully.

- **Utilizing Intensive Service Workers for Court-Involved Families:**
 - *Los Angeles County-* This practice speaks to the critical *importance for a highly-invested champion for families involved in the court systems*. Such a champion would invest the time and attention that typical social workers could not incorporate into their already overwhelmed schedules. In Los Angeles County the “Intensive Service” Worker (ISW) partners with the social worker to address the needs of those families involved in the court systems through the assignment of an ISW at the time of initial child removal. *The ISW serves as a coach, advocate, and champion for the family, making sure families’ voices are integrated into all decision-making meetings*. As a result of this effort, the Compton Office reported increased reunifications and increased adoptions within 12 months.
 - Why This Practice Makes a Difference:
 - Court-involved families struggling to make difficult and significant changes in their lives have an internal, consistent, and available champion to assist and support their efforts.
 - Social workers, who are often very involved in the court process, have a trusted internal partner to help the family make required changes. The partnership between the social worker and the ISW is effective in helping the family navigate the system and make needed changes.

COMMUNITY PARTNERSHIP

Successful strategies for community partnership demonstrated by this effort included: “*ride alongs*,” and *visits to partner offices* in order to build relationships and educate community partners; *co-location* of community partners in their facilities; the implementation of *joint trainings*; and the development of a *universal release form* to enhance communication. In addition, *multidisciplinary teams* and *resource identification teams* have been proven to enhance the relationships between community social service agencies.

➤ **Creating Relationships and Raising Awareness of Roles and Services:**

- *Sacramento County:* This effort serves to address the historically tense and mistrustful relationship between social workers and community partners, so that families may be better served by the strength of these partnerships. In Sacramento County, “ride alongs” sought to create a foundation for joint response to families needs (where community partners “rode along” to home visits with social workers), in order to clarify responsibilities and perspectives of both the social workers and community partners. This practice achieved many levels of understanding, and as cycles of “ride alongs” evolved, more home visitors and child welfare staff (including supervisors and managers) participated in “ride alongs” and provided successful reports.
- *Placer County:* Placer County took a further step in strengthening the relationships between social workers and community partners through visits to partner offices. These tests began with a *child welfare staff visit to the local Family Resource Center (FRC) and resulted in a new appreciation and understanding of the services provided by the FRC.* Consequently, child welfare staff now refer to the FRC on a more regular basis, and more comfortably share information with their FRC partners. At this point, *FRC staff are now included in team discussions*, and in time the county hopes to transform these visits into a co-location and to outstation a child welfare worker at the FRC one day per week.

➤ Why These Practices Make a Difference:

- Ride-alongs led to the practice of riding together during joint response. Social workers and community providers now arrive in the same car at the same time, making the visit less embarrassing and intrusive for families.
- As community partners build relationships and gain insight into one another’s roles, they also gain a better understanding of how to make a “good” report on the abuse or neglect of children.
- Ride-alongs and office visits build stronger relationships between partners, reducing mistrust and misunderstandings about roles and responsibilities. With these practices, partners gain a heightened appreciation for how they can help one another help families.

➤ **Co-Locating Child Welfare Staff and Community Partners:**

- *Kern County:* Building on the concept that co-location would improve communication and relationships between community partners and child welfare workers, Kern County enthusiastically reported positive results with *out-stationing a CW worker at their local FRC.* One CW worker responded: “I can better protect children when I better understand their neighborhoods, their families, and their culture.” As a result of effectiveness of this practice, Kern County currently has eight workers out-stationed at the FRC and plans to increase that number in the future.

➤ Why This Practice Makes a Difference:

- Social workers and staff from community partner agencies collaborate with greater ease when the social worker is situated in the partner’s office.

- Social workers are more accessible to the community when their offices are located in the community rather than in a government office building. This helps the community get to know and trust the social workers.

➤ **Conducting Joint Trainings:**

- *Placer County:* With the importance given to cultivating community partnerships, joint trainings help to address the challenge of communication across partners at an institutional level. Joint trainings not only provided a forum for sharing information about roles and responsibilities under DR initiatives, but also a means for different community partners to gather new systems of communication and a new concept of partnership. In Placer County, the effectiveness of these joint trainings has prompted the decision to dedicate a distinct number of enrollment slots to community partners in every training event.

➤ Why This Practice Makes a Difference:

- Joint trainings help both child welfare workers and community partners better understand practice changes across the county.
- This practice is yet another way to improve relationships between the child welfare agency and community partners.
- Over time, the topics for trainings can be jointly defined, giving community members greater input in building community capacity and skills, and fortifying their commitment to partnership and shared work.

➤ **Sharing Information Through Universal Release and Utilizing Multidisciplinary Teams:**

- *Glenn County:* The development and implementation of a universal release-of-information form, serves as a key tool to share information between the CW agency and its partners. With families' informed consent, the form permits the information to be shared across multiple systems and significantly improves the ability of agencies to provide tailored services to their families. In Glenn County the universal release form is complete and in use throughout the county, and is refined every six months as appropriate. The form has dramatically enhanced the county's capacity to provide targeted and helpful resources to families in an efficient manner.
- *Stanislaus County:* Among other benefits this practice serves as an effective method to process issues of confidentiality, while also enabling different agencies to provide the appropriate and efficient services to families in need. Currently in Stanislaus County multidisciplinary teams and cross training are both regular elements of protocol, although they undergo continuous refinement. These teams, and the flow of information between them regarding the needs of families they serve, reduce gaps in and duplication of services.

➤ Why These Practices Makes a Difference:

- Meetings to share information are helpful and informative for both child welfare staff and community partners. Such meetings can be used to raise procedural questions and focus on engaging families.
- When partners share their experiences, a common orientation toward practice can grow within a community. Partners are able to

redirect a deficit-focused practice orientation to a strengths-focused approach, share strategies for engaging families, and model respectful approaches to holding conversations with and about families.

- Because the child welfare agency and partner agencies can pool their knowledge and experiences about a family's strengths and needs in "real time," the family is ultimately better served by all involved in their case.
- Sharing information about a family's needs and about the services and supports provided by various agencies allows each agency to best meet the family's needs. Additionally, this sharing reduces both gaps in services and duplication of services.

➤ **Identifying Services and Barriers Through Resource Identification Teams:**

- *Sacramento County:* In order to more specifically address gaps in services to families in need, Sacramento County developed a *Resource Specialist Team*. This team ensured that families had access to specialized services, and included representatives from the public health department, child welfare agency, home visitors, CalWORKS, Alcohol and Other Dependencies (AOD), schools, and mental health agencies.
- *Contra Costa County:* A similar approach to identifying service barriers taken in Contra Costa County was the implementation of *Community Case Review Teams*. These teams provided a forum for community partners and child welfare workers to communicate about their experiences with families. As a result these forums helped to identify gaps in services and to generate partnerships between community case managers and county consultation/response teams. In addition, these meetings have benefited relationships between CalWORKS staff and community case managers and consequently the county has invested further in the continuation of these meetings.

➤ **Why These Practices Make a Difference:**

- Meetings provide forums for ongoing conversations about the resources needed to meet families' needs.
- Meetings cultivate relationships between community partners by creating a common value base for practice, increasing awareness of what a system of "community child protection" might look like, and renewing commitments to effective collaboration.
- Community problem resolution comes from addressing individual family's needs. When gaps are identified for one family, it is extremely likely that the same gaps exist for other families. As service gaps are filled, the community becomes stronger.
- When resources are shared, everyone learns new information, and a growing number of people become expert about community resource options.

DIFFERENTIAL RESPONSE: GUIDING PRINCIPLES FOR IMPLEMENTATION

IMPLEMENTATION IN THE PILOT COUNTIES

(From: Bryant, M., Price, A., Conley, A., Berrick, J.D., et al (2007) (Table). *In Differential Response and Alternative Response in California*. Berkeley, CA: University of California at Berkeley, CalSWEC)

For DR implementation the following chart shows that most of the 11 pilot counties contract with and train community based organizations (CBO's). The table also indicates how the counties target their Path 1 and Path 2 efforts. Also noted here

Differential Response Implementation in the Pilot Counties²⁷

County	Contracts With CBOs* to Provide Services	Provides Training/Funding to other agencies for Path 1 and/or 2	Target Area Based on		
			Age of Child	Zip Code	Other
Contra Costa	•	•	•	•	
Glenn		•		•	
Humboldt	•	•			Entire County
Los Angeles	•	•		•	Compton Area
Placer	•	•			Date referral received
Sacramento	•	•	•	•	
San Luis Obispo	•	•			Entire County
San Mateo	•	•			Entire County
Stanislaus	•	•	•	•	
Tehama	•	•			Entire County per CBO availability
Trinity		•			Entire County

* Community-based organizations may include faith-based organizations.

KEYS FOR ORGANIZATIONAL CULTURE SHIFTS

(From: *Implementing Differential Response: An Assessment of Community Organization's Capacity and Interest*. January 31, 2006. Submitted to: County of San Mateo, Human Services Agency)

The impact of DR on County System Improvement Plans (SIPs) has prompted deeper analysis of the capacities and interests of organizations in implementing these new programs. For child welfare agencies to embrace practice rooted in the principles of DR, a shift in values and beliefs about both families and the role of the community in child welfare must occur. The experience of counties participating in this BSC revealed that *three key transformations were needed for this organizational culture shift to occur:*

- ***Belief in the Intrinsic Value of Family Voice***

When family voice is valued, social workers and community providers cannot imagine planning for the life of a family without the family in the room. They believe that all decisions are more effective and children and families are better served when the family voice guides the discussion.

- ***Belief that Community Partnership is the Most Effective Way to Protect Children***
When child welfare agency and community partners hold this belief, their relationship with one another becomes fully interdependent; they cannot imagine doing the work in isolation. With this transformation, partners become virtual champions of one another in the community to support the work of supporting families.
- ***Committed Leadership Willing to Take Risks***
For the implementation of differential response, child welfare agencies must expand their vision and practice in serving and supporting families. Leaders must create an environment where new practices can emerge, where people are encouraged to speak out about changes needed in the system, where a line worker has as valid a perspective as an administrator, and where each employee believes he or she can make an important difference in the quality of service. Additionally, leaders must expand the roles that they ask community partners and families to play in the design of the service system. Successful implementation of DR requires engaging the agency, community, and family voices in conversations through which problems are identified and solutions are discovered. This transformation relies largely on leaders who are willing to take risks as they help others at various levels work through these changes.

FUNDAMENTALS AND FIRST STEPS

(From: Child Welfare Information Gateway. 2008. *Differential Response to Reports of Child Abuse and Neglect Issue Brief.*)

Lessons learned from research and experiences with DR can help move the field forward. Child welfare administrators and policymakers may benefit from the following considerations when implementing or expanding DR systems at the State or local levels:

- ***Address the core concerns of child safety and risk.*** It is important to remember that all of the children and families served, regardless of assigned track, have been reported to CPS for potential maltreatment and their cases have been screened in as legitimate referrals. As such, *all of these situations warrant an assessment of both the children's safety and the parents' capacity and willingness to participate in protective interventions.* CPS systems must take care to ensure that initial contacts, even if made by another agency, address safety and risk.
- ***Implement systematic structures for selecting a response track and allowing changes.*** When and how the choice of response track is made has important practice implications. *Tracks should be assigned based on a careful assessment of the family's safety, needs, and resources.* Experience indicates that track changes are very infrequent—usually less than 2 percent. This may be appropriate, but comprehensive and ongoing assessment of the family often leads to the discovery of information about the family that would not have come to light through a traditional investigation. This additional information gathered by workers should help them identify when changes in track assignments are warranted, particularly to protect a child's safety.
- ***Promote assessments that explore underlying conditions and needs.*** DR is based on the assumption that assessments will be comprehensive and go beyond traditional risk and safety assessments. *More comprehensive assessment processes explore the strengths and needs of children and families and develop service plans that respond to underlying issues affecting the child's safety.*

- **Ensure service availability and strengthen community relationships.** Successful implementation of DR systems requires the availability of an array of community services to support families. Child welfare agencies implementing DR have found it helpful to *work with community partners to identify and secure services from public and private agencies and help develop additional services as needed. Increasing and diversifying relationships with other service providers may require CPS agencies to address issues such as resource allocation, confidentiality agreements, accountability for shared case management, and co-training of staff.*
- **Foster natural supports.** Bringing broader systems of support to bear on the protection of children has proven to be a challenging task for some jurisdictions implementing differential response. *Identifying, assisting, and nurturing families' informal support systems can complement traditional services to help sustain healthy family functioning and child well-being over time.*
- **Train staff.** To conduct comprehensive assessments and encourage parents' participation in voluntary services, *CPS caseworkers must be skilled in engaging families.* Jurisdictions implementing DR have noted that *training administrators, supervisors, and frontline staff is critical to the success of this approach.*
- **Examine workload impact.** Building trusting relationships, fully exploring strengths and needs, linking families to other services and supports, and developing case plans in partnership with families *can take more time than typical caseloads allow. Evaluations in Missouri and elsewhere suggest the full benefit of DR was not realized because of the counteracting pressures of large caseloads.*
- **Track outcomes.** States implementing DR systems learned a great deal from measuring outcomes. *Collecting data, tracking outcomes, and conducting rigorous evaluations can help States and local agencies understand the effectiveness of reforms and make mid-course corrections as needed.* These efforts can also help shape plans for statewide expansion of pilot programs and communicate benefits to various stakeholders.
- **Accommodate and explain changes in data.** DR may affect reporting and recurrence data and create apparent oddities in multiyear trends. When a majority of the referrals are not accompanied by a substantiation decision—as is the case with the families not on the investigation track—*the proportion of substantiated reports to total reports decreases significantly. The important work done with families whose reports were not substantiated must be accommodated within existing information systems and communicated to policymakers.*
- **Tap into lessons learned.** Contact with State and local agencies experienced in implementing DR can help those who are just starting the process to *replicate promising approaches or avoid common mistakes.* In addition, the *Children's Bureau's National Resource Centers and Child Welfare Information Gateway can provide technical assistance and information on a number of topics related to DR.*

DIFFERENTIAL RESPONSE: FINANCING

(From: BASSC Executive Development Training Program Participatory Case Studies:
Ambar, 2007 and Boyden, 2007)

Funding DR presents challenges since the child welfare funding system is primarily designed to support out-of-home placement and very *little funding is allocated for prevention activities*. Funding streams such as Title IV-E are tied to the removal and maintenance of children in out-of-home care. This creates an enormous challenge for counties in implementing, developing, sustaining DR and other programs that incorporate prevention and intervention services. Many counties initially secured private funding to support DR efforts; however, *private funders primarily fund pilot programs, not ongoing operational costs*. While foundations may fund the design, start-up and early implementation of effective new strategies like DR, the funding philosophy of private investors does not typically support continued funding. California counties are faced with the task to be resourceful and creative in their efforts to leverage various funding streams in order to sustain current DR efforts and develop the capacity for expanding the breadth of this promising practice.

In an attempt to identify successful funding practices and funding challenges Bay Area Social Services Consortium (BASSC) Executive Development Training Program participant, Cynthia Lee Ambar (2007) surveyed eight California counties (Contra Costa, Monterey, Humboldt, Placer, San Francisco, San Mateo, and Santa Cruz.) regarding their funding strategies and sustainability planning to identify successful funding practices and challenges. The scope of her review was limited to DR funding for Path 1 and Path 2 in FY07. Since Path 3 represents the traditional child welfare response, funding for Path 3 was not included in the analysis.

FUNDING SOURCES (FY 07)

The discussion of funding sources below is primarily confined to funding designated specifically to support DR. It should be noted that in 2007 only one county had sufficient resources to provide services countywide; all other counties limit services by geographic area, age, DR path or family risk factors.

- **Child Welfare Services Outcome Improvement Project Funds (CWSOIP) were overall the most significant revenue source** for counties surveyed.
 - CWSOIP funds have been appropriated by CDSS on an annual basis since FY06. They are available to counties through a competitive application process for program improvements in the areas of safety, permanency and well-being as identified in System Improvement Plans, Self-Assessments or Peer Quality Case Reviews.
 - The total state CWSOIP appropriation was \$10,792,000 in FY07 remaining stable in FY08. Six of the eight counties surveyed, Contra Costa, Humboldt, Monterey, San Francisco, San Mateo and Santa Cruz, received CWSOIP funds in FY07. CWSOIP was the sole funding source for both Monterey and San Francisco counties in FY07.
- **Child Welfare Services Improvement Pilot Allocation were the second most significant overall revenue source** for counties surveyed.
 - There was a total of \$3,171,960 Child Welfare Services Pilot funds for FY07. Pilot funds have been appropriated by CDSS on an annual basis since FY04. Funding was limited to 11 designated pilot counties. These counties applied and were selected as pilots or learning labs for targeted child welfare improvements. Four of the eight

counties surveyed, Contra Costa, Humboldt, Placer and San Mateo are pilot counties. The total appropriation for all 11 pilot counties in FY07 was \$13,745,000, a modest 7% decline from the \$14,845,000 appropriated in FY06. The state appropriation for FY08 remained at FY07 levels. Although pilot funds also support standardized risk assessment and youth permanency and transition efforts, counties surveyed utilized this funding source primarily, if not exclusively, for DR.

- **First 5 Funding was also a very significant revenue source** for the counties surveyed.
 - At \$1,450,000 for FY07, First 5 (funded by Proposition 10, the tobacco tax), funds are appropriated by local First 5 Commissions. First 5's mission is to support the healthy development of children, prenatal to five. Two of the eight counties surveyed, Alameda County and Santa Cruz County, receive First 5 funding. In addition to its financial contributions, First 5 has also played an important role in the provision of services and expertise to support DR efforts.
- **Promoting Safe and Stable Families (PSSF) was also a significant revenue source** for two of the counties surveyed.
 - At \$348,605 for FY07, PSSF dollars come from Title IV-B funds, which are appropriated by CDSS on an annual basis to all child welfare agencies. Title IV-B funds can be used to provide services and, for many counties, are the primary source of funding for prevention efforts. Three of the eight counties surveyed, Contra Costa, Placer and Santa Cruz, utilized part of their PSSF allocation to support DR. Local PSSF allocations decreased slightly in FY07 and are anticipated to further decline in FY08. In addition, the allocation methodology for PSSF is in the process of revision and, depending on the formula chosen, may result in significant changes to allocations for some counties in the future.
- **Child Abuse Prevention, Intervention and Treatment (CAPIT) Funds** were a modest source of revenue for one county surveyed.
 - At \$75,000 for FY07, CAPIT funds were appropriated by CDSS on an on-going annual basis for child abuse prevention activities and are most frequently given to local Child Abuse Councils for distribution. Typically, Child Abuse Councils limit funding to non-profit agencies; however, community-based organizations contracted to provide DR services can apply for CAPIT funds. Santa Cruz County secured CAPIT funds in FY07. Like PSSF funds, the allocation methodology for PSSF is in the process of revision and depending on the formula chosen, may result in significant changes in allocations for some counties in the future.
- **Maternal and Child Health Funding (MCH)** were a modest source of revenue for one county surveyed.
 - At \$90,000 for FY07, MCH funds are appropriated by the California Department of Health Services to county public health departments. Santa Cruz County worked with its local public health department to secure MCH funds in FY07 to support nursing positions.
- **Lucile Packard Foundation for Children's Health** were a modest source of revenue for one county surveyed.
 - At \$80,000 for FY07, Packard funds are private funds. The foundation's mission is to support the physical, mental, emotional and behavioral health of children and their emphasis is on children ages zero to five and focuses on the prevention of abuse and neglect. San Mateo County secured Packard funds in FY06 as well as FY07.

- **Other Revenue Sources**

- Several counties are *utilizing funding from their general child welfare allocation* to support DR efforts.
- A number of agencies are planning to *rely more heavily on their internal resources*.
- A significant number of counties *leverage Medi-Cal/EPSDT funding*.
- Santa Cruz County also utilized \$15,000 in *Children’s Trust Fund revenues* and had access to \$12,641 from an agency *Medi-Cal Administrative Activities (MAA) trust fund*. Santa Cruz does not have ongoing MAA revenue, but has previously claimed for *Public Guardian activities associated with Medi-Cal outreach*.
- Alameda County participates in *California’s Title IV-E Waiver Capped Allocation Project*, so has more flexibility to utilize resources at the front end for prevention.
- In FY 08 Monterey County received a significant amount of assistance from their Mental Health Department in the way of Proposition 63 funds and a SAMSHA grant.
- San Mateo County is working with their Child Abuse Council to obtain resources for direct services for DR families and is applying collaboratively with community-based organizations for transportation funding.
- *All counties support DR through in-kind contributions*, using internal staff positions and other resources; however, no counties were given general fund revenue specifically designated for DR in FY 07.

COUNTY EXAMPLE: DR BUDGET ANALYSIS FOR SANTA CLARA COUNTY

Santa Clara County DR Budget Analysis (FY 06/07)	
<i>Funding Sources</i>	<i>Percent of SCC DR Budget</i>
<i>CWSOIP</i>	8%
<i>FIRST 5 SCC</i>	20%
<i>LPFCH</i>	3%
<i>PSSF</i>	26%
<i>SCC General Fund</i>	43%
<i>TOTAL</i>	100%

Similar to other California counties, funding for DR in Santa Clara County is pieced together through a number of funding sources (see table above for FY 06/07). Promoting Safe and Stable Families (PSSF) (a federal funding program) was the first to provide funding in September 2006 for a DR system. Soon afterwards FIRST 5 Santa Clara County funding support followed. In FY 06/07 DR was funded in Santa Clara County by a combination of FIRST 5 Santa Clara County, Lucile Packard Foundation for Children’s Health (LPFCH), Santa Clara County General Fund, DFCS Promoting Safe and Stable Families (PSSF) funds, and DFCS Child Welfare Outcome Improvement Project (CWSOIP). The total FY 2006/2007 DR budget was just over \$1.5 million.

SANTA CLARA COUNTY: RECOMMENDATIONS TO SECURE FUNDING

Ambar (2007) provided the following recommendations specifically for Santa Clara County to potentially secure additional funding for DR (*many of these strategies can be applicable to other California Counties*):

- **Develop a cost-benefit analysis to improve the probability of securing general fund and other revenue.** Continue with and expand collection of outcome data to support funding requests.

- **Work with the agency’s grant writer to identify additional private funding sources.** Focus on Path 4 since it is unique to Santa Clara County and will increase the probability of obtaining funding.
- **Consider collaborative applications with community partners and/or other governmental agencies to widen the pool of available funding.**
- **Work with the local Child Abuse Council to promote targeting of Child Abuse Prevention, Intervention and Treatment Funds (CAPIT) to support DR efforts**
- Continue to participate on the Child Welfare Director’s Association Title IV-E community-based organizations workgroup. This workgroup is assessing the potential for drawing down Title IV-E funds for administrative costs for community-based organizations.
- **Seek assistance from current funders in identifying additional funding sources, strategies and key contacts.**
- **Support and provide technical assistance to assist community-based organizations providing DR services in securing additional funding.**
- **Assess the probability for enhanced leveraging of Medi-Cal/EPSDT** and other funding sources.
- **Meet with the Mental Health Department to identify services they have available to support DR efforts.** Determine if participants can be given priority status for services.
- Discuss **funding possibilities with the local United Way.** This agency has contracts with a number of agencies who could assist in filling service gaps.
- **Involve faith-based communities in DR planning efforts.**
- **Attempt to secure more flexible funding for families.** Flexible funding has been critical in engaging families and eliminating barriers to full participation in service plans.
- **Reapply for First 5 funding when current funding expires.**
- **Continue to reapply for CWSOIP funding on an annual basis.**
- **Continue to utilize PSSF Family Support and Family Preservation funds and consider increasing funding ratios.**
- Consider re-applying to Lucile Packard when current funding expires (however, because Packard practice is to fund one project per agency, first assess funding needs for other agency projects)
- **Continue to participate in Proposition 63 planning efforts and attempt to secure resources to support DR.**

CHALLENGES AND LIMITATIONS

Some counties, such as San Mateo, *maximize the number of families served by providing case management for a shorter time period, while others provide services for as long as 12 months.* In addition, while a number of counties have been able to provide comprehensive service packages, *many require additional funding to address service gaps that are critical to ensuring successful outcomes for families. These include funding for mental health, domestic violence, drug and alcohol services, transportation, and, in particular, housing and other basic needs.* Specific challenges and limitations include the following:

- **Pilot funding is a substantial revenue source for DR for the 11 pilot counties, but is not available on a statewide basis.**
- **Since CWSOIP funding is allocated annually on a competitive basis, it is difficult to hire staff and engage in long-term planning.**

- **PSSF funding is one of few ongoing funding streams that can be utilized for child abuse prevention. However, reliance on PSSF funds to support DR requires that funding be diverted from other prevention efforts. In addition, at most, only 60% of PSSF allocations can be utilized for Path 1 and 2 services; 40% must be targeted for family reunification and adoption support.**
- **First 5 revenues are in decline and their capacity to support DR efforts in the future is in question. The current focus of First 5's efforts in a number of counties is early learning.**
- **Private funders typically prefer to fund pilot projects and cannot be considered an ongoing source of funds for operational costs. In addition, services may need to be restricted to the funders' target populations and for activities in support of the funders' missions, which may or may not be entirely in alignment with the goals of DR.**
- **Other governmental agencies and many community-based organizations are experiencing reductions in funding, and as a result have fewer resources available to assist in supporting DR efforts.**

KEYS TO SUCCESS

Counties surveyed are committed to systemic change and have been *innovative in securing funding to implement DR efforts despite the lack of access to designated funding streams*. The need to look externally to secure sufficient resources has also resulted in *greater collaboration between child welfare agencies, funders and community partners, and has extended beyond DR to other child abuse prevention activities*. The overall key to success has been in *building partnerships*. More specific keys to success include the following:

- **Engaging the community at the beginning of the planning process**
- **Obtaining the support of elected officials**
- **Partnering with funders and drawing on their expertise to identify other funding sources and/or to obtain support for DR from other funded agencies**
- **Partnering with other governmental agencies such as Mental Health and Public Health, for both revenue and services for DR**
- **Partnering with non-profit family resource centers and other community-based organizations for assistance in providing services and filling service gaps**
- **Partnering with local child abuse councils, who have access to CAPIT and other funding streams**
- **Partnering with First 5 commissions that focus on child abuse and neglect for both revenue and services**
- **Engaging in capacity-building for local community-based organizations, educating them about leveraging funding, obtaining funding and other resources and providing in-depth technical assistance for sustainability**
- **Leveraging of Medi-Cal/EPSDT and other funding streams**
- **Accessing funder databases, such as the Foundation Center**

IMPACT OF FUNDING ON STATEWIDE EXPANSION

(From: CDSS, 2008. *California's Title IV-B Child and Family Services Plan: Federal Fiscal Year 2008-Annual Progress and Service Report*)

Even with the funding challenges outlined above, California continues to move forward, refining existing DR systems and expanding into new jurisdictions. The *California's Title IV-B Child and Family Services Plan: Federal Fiscal Year 2008-Annual Progress and Service Report* highlights **the following safety benchmark: *By June 30, 2008, if implementation is identified as appropriate and doable, CDSS will begin phasing in an additional 16 counties to implement the Differential Response Intake Structure was met.***

- In order to fund this growth, **CDSS requested funding from the Legislature to be able to expand the DR Intake Structure to additional counties in SFY 2006/07.** Funding was included in the Governor's budget for SFY 2006/07 for the continued implementation of the DR Intake Structure to additional sites.
- **In SFY 2006/07, 3 additional counties requested to implement DR programs using CWS Outcome Improvement funds. Another 12 counties requested and received funding through CWS Outcome Improvement funds to expand existing DR programs.**
- **The 11 pilot counties continued to receive funding for DR, and in the past three years several other counties used a portion of their Outcome Improvement Project (OIP) funds to either implement or enhance DR.**
- Other counties have implemented DR using other funding sources (such as PSSF and grants) but future expansion will depend on available funding (p. 18)

The annual report outlines that in FY 2009, PSSF funds will continue to be used to broaden the network of services that counties have available to serve families without having to open a case in the CWS system. The goal is that PSSF funds will be used to build a network of services through the partnership between CWS and community providers.

Funding for future years, and whether or not the remaining DR safety benchmark (***By June 30, 2009, barring any unforeseen barriers to implementation and if budgeted in the state budget, CDSS will have implemented Differential Response Intake Structure in all 58 counties***) ***can be met*** is heavily dependent on the amount of state General Fund monies available for the CWS System improvement activities. Although PSSF funding is utilized, the amount of federal funds received are insufficient to sustain these improvements.

CONCLUSION

In summary, current data reveals differential response has been a positive development in child protection. DR is proven to impact both system and practice in the state of California. Evaluations demonstrate that: Outreach is provided to a greater number of families; children are at least as safe as in traditional practice; reunification and adoption numbers are notably increasing; parents are more engaged in services; community collaboration and perceptions have improved and families, caseworkers, and administrators are supportive of the approach.

Due to the documentation of DR pilot projects, various promising practices and lessons learned are available as resources to counties at the beginning stages of DR implementation. Some of these include: improvements in communication with families, development of various assessments and universal release forms, co-location with community agencies, and the creation of multidisciplinary teams designed to deliver a more specialized response to particular family needs.

According to *California's Title IV-B Child and Family Services Plan*, California intends to implement DR in all 58 of its counties by the end of FY 2009. It is currently on track meeting all previous DR benchmarks (2005-2008). However, progress in the widespread implementation of DR initiatives will depend largely on organizational resources. Limitations—including available funding, community services, and time for caseworkers to facilitate connections to resources pose as challenges to full implementation.

REFERENCES

- Ambar, C. (2007) *The Differential Response Dilemma: Creating Systemic Change Without Designated Funding Streams*. BASSC Executive Development Training Program Participatory Case Study. Full report available at:
http://cssr.berkeley.edu/bassc/cases/2007/Cynthia_Lee_Ambar.pdf
- Barber, J. (2008). *Impact of Differential Response on County System Improvement Plans: Literature Review*. Southern Area Consortium of Human Services, Academy for Professional Excellence. Full report available at:
http://theacademy.sdsu.edu/programs/SACHS/literature/Differential_Response_Literature_Review_FINAL.pdf
- Boyden , C. (2007). *Differential Response in Santa Clara County: Supporting Families to Improve Child Well-Being and Family Stability*. BASSC Executive Development Training Program Participatory Case Study. Full report available at:
http://cssr.berkeley.edu/bassc/cases/2007/Clara_Boyden.pdf
- Bryant, M., Price, A., Conley, A., Berrick, J.D., et al (2007) (Table). *In Differential Response and Alternative Response in California*. Berkeley, CA: University of California at Berkeley, California Social Work Education Center.
- California Department of Social Services-Children and Families Services Division. (2008). *California's Title IV-B Child and Family Services Plan: Federal Fiscal Year 2008-Annual Progress and Service Report*. Full report available at:
<http://www.childsworld.ca.gov/res/pdf/APSR2008.pdf>
- Casey Family Programs-Breakthrough Series Collaborative. (2007). *Implementing differential response in California: Promising practices and lessons learned*. Full report available at:
<http://www.casey.org/NR/rdonlyres/47C04B01-063F-4E13-8965-C7892267C523/1141/BSCDifferentialResponseCA.pdf>
- Child Welfare Information Gateway. (2008). *Differential Response to Reports of Child Abuse and Neglect Issue Brief*. Full Report Available here:
http://www.childwelfare.gov/pubs/issue_briefs/differential_response/differential_response.pdf
- Conley, A. (2007). Differential response: A critical examination of a secondary prevention model. *Children and Youth Services Review*, 29 (11),1454-1468.
- County of San Mateo Human Services Agency (2006). *Implementing differential response: An assessment of community organization's capacity and interest*. The Sphere Institute. Full report available at:
http://www.sphereinstitute.org/publications/DR_Report_FINAL.pdf

County Welfare Directors Association of CA (2005). *Child welfare system improvements in CA 2003-2005: Early implementation of key reforms*. Full report available at:
<http://www.cwda.org/downloads/2yearreport.pdf>

Johnson, C., Sutton, E. S., & Thompson, D. (2005). Child welfare reform in Minnesota. *Protecting Children*, 20(2/3), 55-60.

Kaplan, C. & Merkel-Holguin, L. (2008). Another look at the National Study on Differential Response in Child Welfare. *Exploring Differential Response: One Pathway to Reforming Child Welfare*, 23(1-2), p. 7.

Lohman, L. Anthony & Siegel, G. (n.d.). *Alternative response in Minnesota: Findings of the program evaluation*. *Protecting Children*. 20(2/3), 78- 92. Full report available at:
<http://www.iarstl.org/papers/ARinMNfromProtectingChildren.pdf>

Sawyer, R., & Lohrbach (2005). Differential Response in Child Protection: Selecting a pathway. *Protecting Children*, 20(2/3), 62-77.

Schene, P. & Oppenheim, S. (2005). *Choosing the path less traveled: Strengthening California families through differential response*. Foundation Consortium for California's Children and Youth. Full report available at:
<http://www.californiafamilyresource.org/PDFs/Choosing%20the%20Path%20Less%20Traveled%20Strengthening%20CA%20Families%20through%20Differential%20Response.pdf>

Schene, P. A. (2001). *Meeting each family's needs: Using differential response in reports of child abuse and neglect*. Best Practice Next Practice: Family-Centered Child Welfare. Full report available at:
<http://www.cwresource.org/Online%20publications/Spring%202001.pdf>

Wright, M., Tickler, S., Vernor, K. (2008). *California Child Welfare Services: Eleven-County Pilot Project Evaluation Report*. Full Report available at:
<http://www.childsworld.ca.gov/res/pdf/11CountyPilot2008.pdf>

ADDITIONAL RESOURCE:

American Humane 2008 Conference on Differential Response in Child Welfare

In November 2008, American Humane held its third national conference on DR Response in Child Welfare. More than 450 participants from 24 states and 5 Canadian provinces attended the event in Columbus, Ohio. Below is a sampling of presentations that were available to participants:

<http://www.americanhumane.org/protecting-children/programs/differential-response/past-conferences-events.html>