County of Santa Clara
Social Services Agency

353 West Julian Street
San Jose, California 95110-2335

DATE: February 6, 2024

TO: Honorable Board of Supervisors

FROM: Daniel Little, Director, Social Services Agency DS DL
Damion Wright, Director, Department of Family and Children's Services DS DW

SUBJECT: D.2 – Options for Increased Oversight of Cases

At the December 19, 2023 Special Meeting of the Board of Supervisors, the Board requested Administration provide policy options for the Board to consider that allow for increased oversight of cases, where appropriate, even where there is not a removal. The Board specifically requested information about expanding the number of cases that are referred to court supervision and other methods to make safety plans and family service referrals mandatory, not voluntary.

Below, we describe recent efforts to ensure robust supervision of families where there has been a substantiated finding of abuse or neglect but where children are able to remain with their families if appropriate safety plans are in place and are followed. We also describe opportunities to increase investment in services and associated support and supervision for the Board's consideration.

Current In-Home Child Welfare Intervention(s)

DFCS's goal in determining the level of intervention needed in any case is to ensure a child is not harmed or that harm does not reoccur. The level of intervention must match the level of support needed by a family, as determined by the social worker's assessment, supported by the risk factors and safety concerns identified through the state-mandated Structured Decision Making (SDM) Tool.

If DFCS has substantiated an allegation of abuse or neglect but has determined that the family can still support the child in the home safely, the intervention can be (A) the family voluntarily accepts DFCS's oversight or (B) DFCS will file a petition with the Court mandating that the family accept supervision by DFCS and the Court. Both types of cases include services for the child and family.

In addition, the safety plan—which includes a "safety network" of persons that support the plan for the child to remain safe—are vital pieces of any intervention where the children are in the home.

The outcome for either case is for the parents or caregivers to demonstrate behaviors which support "acts of protection" that directly address any safety threats and show that the parents or caregivers can ensure the safety of the child long-term.

Efforts to create clearer protocols for when court supervision should be utilized and to increase its use began in 2022 through creation of a workgroup within DFCS. On June 1, 2023, the DFCS Executive Team issued a memorandum to all DFCS staff regarding when to seek court supervision, including directing staff to seek court intervention in cases where families has been the subject of multiple referrals.

More recently, the DFCS director provided interim direction to DFCS staff on November 15, 2023, which provided direction on various issues, including identifying court supervision where the child remains with their parents as a strategy that should be used in all appropriate cases, to support families with an increased need of supervision based on risk level.

Since issuance of that November guidance, use of court supervision for families where children are remaining at home has significantly increased. Prior to the November guidance, the average number of court supervised cases where a child remained with their family was approximately one per month. Since the direction, the average has been nine cases monthly.

Month	Children with court involvement who remained with parents	Children with court involvement who were removed from parents
January 2023	1	1
February 2023	1	8
March 2023	1	9
April 2023	0	3
May 2023	0	10
June 2023	2	17
July 2023	0	6
August 2023	0	14
September 2023	0	4
October 2023	2	5
November 2023	6	28
December 2023	12	24

DFCS will continue to monitor this data, to ensure that court supervision is being sought in appropriate cases and assess whether further guidance and training for staff on appropriate use of court supervision are needed.

Current In-Home Services

When children are able to safely remain in the home with their parents or caregivers, DFCS has many services available to support the parents or caregivers to help address the risk and safety concerns to the child. Most of these service program and providers are community-based and offer supportive services to the family such as parenting education, substance use treatment, or linkages to tangible resources (i.e., housing support).

DFCS has several contracted programs that provide in-home stabilization services including but not limited to Placement Stabilization Services (PSS), Intensive Stabilization Services (ISS), and Wraparound. Importantly, each of these programs ensure children are in frequent

contact with mandated reporters who can both provide a high-level of service to the family and are required to immediately report any concerns through either the child and family team (CFT) or, if they involve abuse or neglect, to the CANC.

Other supports can also be part of the family's established safety and support network including but not limited to family members, schools and their programming, and or medical providers. Crisis supportive services are also available to support during times of particularly difficult situations such as Wraparound services, Intensive Supportive Services (ISS), and Placement Supportive Services (PSS). While these services historically have focused on supporting children in foster care, DFCS made adjustments to provider contracts which allows for support in parental homes in voluntary contracts.

Other programs provided by County partners are also crucial to creating a support network for families, and likewise increase informal oversight through increased presence of mandated reporters. These programs include:

- CalWORKs Home Visiting Program (HVP)

The HVP is an evidence-based, culturally competent, voluntary program model that pairs new parents with a nurse or other trained professional who makes regular visits to the participant's home to provide guidance, coaching, access to prenatal and postnatal care, and other health and social services. The program supports positive health, development and well-being outcomes for pregnant and parenting women, families and infants born into poverty. This program is supported through Department of Employee and Benefit Services (DEBS), and there is a referral process between DEBS and DFCS.

- First 5 Public Health Nurse Home Visiting Program

Public Health's In-Home Nursing Programs (also called home visitation programs) provide nursing services in homes and community settings throughout Santa Clara County. Nurses provide connections to health and social services to help with other needs. Babies and children who are 5 years old or younger and live in Santa Clara County can be referred by DFCS along with pregnant foster youth ages 18 to 21.

- Differential Response - Community-based resources that support families with concrete supports. Differential Response (DR) is only provided to families prior to a case opening or after a case is closed.

Opportunities to Expand In-Home Services and Thereby Increase Informal Supervision

DFCS has identified several opportunities to strengthen the ability of DFCS and communities to support children and families so that children can thrive at home. These services can prevent maltreatment, prevent foster care entry, and increase child and family well-being by strengthening families in their communities before problems occur or escalate. These services not only increase family wellness, but also provide "eyes on (children) and arms around (families)" in a way that is supportive, gets to the needs of the child and family, and ensures many adults are also looking for signs of distress, abuse, or neglect. Opportunities include creation or expansion of the following programs:

  - Wraparound-like services for Children 0 – 5

Wraparound providers currently provide services to children over age 5, delivering behavioral health services through their contracts with the Behavioral Health Services Department and other supportive services under their contracts with DFCS. DFCS could develop a Wraparound-like program to support children ages 0 – 5 to address the unique mental and behavioral health needs and those of their caregivers. This program would be a home visiting program that provides a comprehensive, strengths-based programing that occurs in a team setting to engage support networks for children and families. The proposed program would require additional County funding to support children outside of the current federal funding structure of Medicaid and Title IV-E funding.

- In-home supportive services program (DFCS)

DFCS social worker Is (SWIs) would provide skill building around the protective capacity needed to be evidenced by parents or caregivers, and provide specific monitoring and oversight over activities, and follow up needed to ensure ongoing safety of the child. The SW Is also form a partnership with families to assess the families' strengths and needs. They focus on addressing any risk factors while using a family centered approach. Through the primary social worker, the SWIs help families follow their case plan, which lists the steps that will be taken to achieve the goals that are jointly developed with each family.

The proposed program would be a new iteration of the SWI Supervised Visitation Program, which supported families with supervised visitation in their home to allow for SWIs to support integrated monitoring and coaching to help facilitate family reunification. This program would provide support to families where children who remain in the care of their parents by providing integrated support to allow for coaching and evidenced skill of acts of protection by parents or caregivers.

- Enhanced Collaboration with First 5 Public Health Nurse Home Visiting Program

As an evidenced based practice, in home nursing support for young children and families is a critical component for supporting high-risk or very high-risk families where children remain in the home. DFCS would continue to partner with Public Health to explore an enhanced First 5 Public Health Nurse Home Visitation Program, with an expanded scope to serve additional families in a collaborative approach.

Reference

- Welfare and Institutions Code 300

Attachments

- Attachment A: June 1, 2023 DFCS Executive Team Guidance
- November 15, 2023 Interim Direction (see attachments to memorandum B.3)
- Attachment B: Nurse Family Partnership Research Trials and Outcomes

Attachment A – June 1, 2023 DFCS Executive Team Guidance

County of Santa Clara
Social Services Agency

373 West Julian Street
San Jose, California 95110-2335

Date: June 1, 2023

To: All DFCS Staff

From: DFCS Executive Team

Subject: DFCS Memo 23-Dz03 - **SDM and SOP Practice Clarification and Assessments of Safety and Risk and Supporting Child & Family Wellbeing**

In the past year and a half, DFCS has been supporting clarity in practice in use of Structured Decision Making (SDM) assessment tools to ensure consistent practice, safety, and wellbeing of children. The consistent practice includes ensuring that safety plans and if necessary, the removal of children are informed by the SDM tools. Training and Coaching have been key strategies to support teams with SOP and SDM. Collectively, we have worked together to identify gaps and build out additional strategies, resources and supports. Training and coaching of SOP and SDM has been delivered intentionally to the front end over this last fiscal year in alignment with implementation science guidance. DFCS is growing the training and coaching efforts from the lessons learned. Thank you to all for the collective efforts that lead to a reduction of children in care and ensuring that the children that do come into care are the children and families where safety is a concern and risk is very high.

In the last several months, several of you have participated in workgroups, trainings, or given feedback to help fine tune our practice and to support Santa Clara County's efforts to integrate the Child and Family Practice Model (CFPM), Structured Decision Making (SDM) and Safety Organized Practice (SOP).

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The following is a summary of where we are to date and next steps:

1. Ensure consistent use of SDM assessment tools.
    a. Focus on Safety and Risk Assessments and Safety Planning.
    b. Continue additional training across teams, followed by coaching and opportunities to practice and ask additional clarifying questions.
    c. Clearly outline use of mapping and case staffing to support decision making that requires overrides within SDM assessment tools.
    d. Continue to work across the Department with the SOP/SDM Implementation Team comprised of social workers, supervisors, managers, social service analysist, social work training specialists and external subject matter experts.
2. Clarify practice and decision making for Differential Response and Voluntary.
3. Incorporate SOP and SDM as a core strategy in DFCS System Improvement Plan (SIP).

The following outline our process around safety vs. risk, decision making and safety planning:

I. Safety and Risk: Methods of Family Engagement
II. Structured Decision Making and Safety Planning
III. SDM Decision Tree for Differential Response and Voluntary Services

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I. Safety and Risk: Methods of Family Engagement - How the WORK aligns

Click here or on graphic below for latest revised version.

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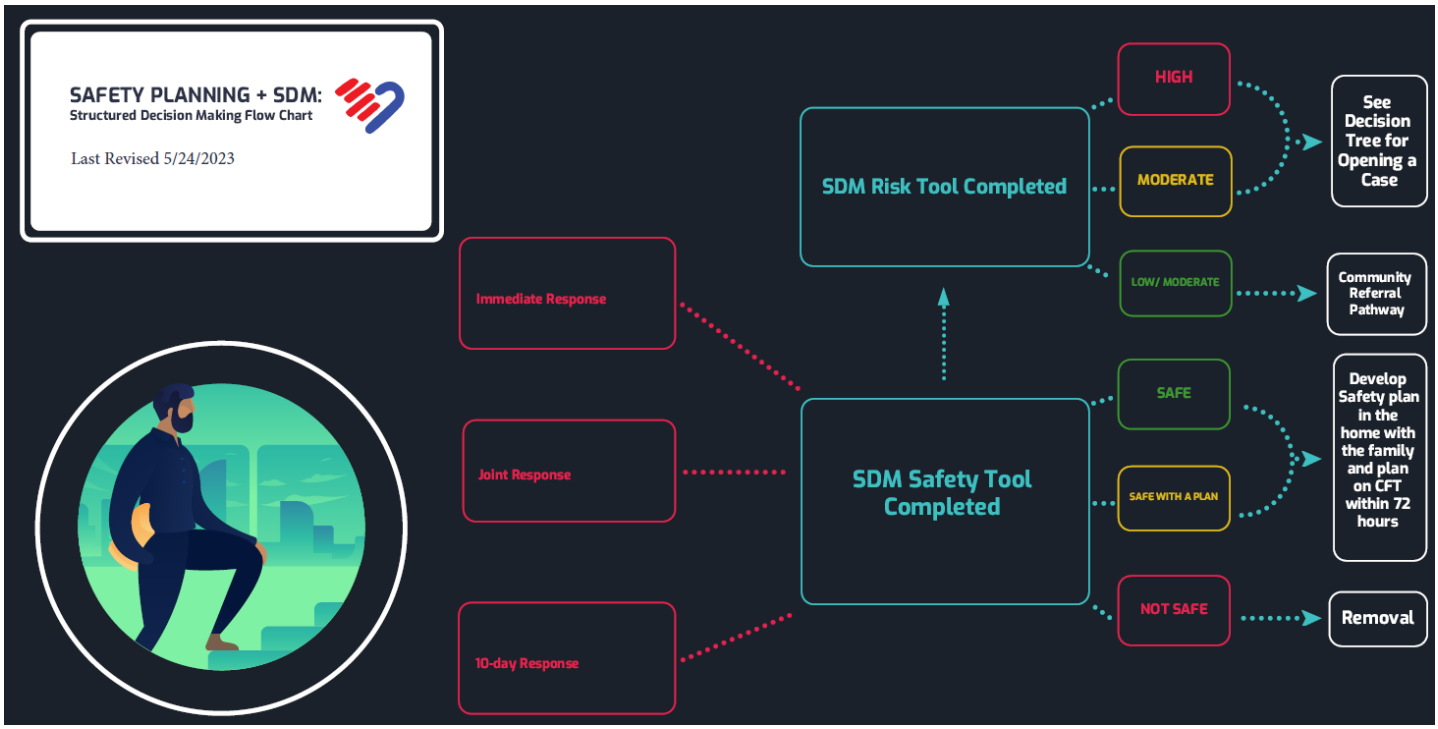
II. Structured Decision Making and Safety Planning

Click here or on graphic below for latest revised version.



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III. SDM Decision Tree for Differential Response and Voluntary Services

Click here or on either graphic below for latest revised version.

SDM DECISION TREE:
Differential Response and Voluntary Services

Last revised: 5/31/2023

	Low Risk	Moderate Risk	High Risk		Very High Risk	
			Refer to Allegation Disposition		*Refer to Allegation Disposition*	
Safe	Refer to Community Services Click here for Quick Links to Resources	Refer to Community Services (DR can be considered if higher needs for families. See "Description of Differential Response Services" in Quick Links below.) Click here for Quick Links to Resources	**Unfounded**	**Inconclusive / Substantiated**	**Unfounded**	**Inconclusive/ Substantiated**
			DR or VFM (SSPM Approval for DR and family must consent)	Voluntary Services unless SSPM Approval for DR and family must consent OR need to staff for out-of-custody petition	(DR not appropriate for Very High Risk) Voluntary services and family must consent to services (Needs SSPM approval)	If Voluntary Services - family must consent to services, and no recent child welfare history within 1 year (see below). If family does not consent, staff for out-of-custody petition (*SSPM approval and staffing BEFORE offering voluntary)
Safe with Plan AND Safe for High or Very High Risk	Offer Voluntary Services if High or Very High Risk Families with a "Safe with a Plan" Safety Assessment going to Voluntary Services, or Safe and Very High Risk. Need to ensure the following: • Family is able and willing to engage in the development of a safety plan and sign an agreement. If family is not engaging or agreeing, need to staff that case to determine if increased intervention is needed. • No history of DR, VFM, or open case in the past 12 months to address current need or area of concern, or no failed DR or VFM in last 3 years. (Exceptions can be made if family engaged in services more than 12 months prior or engaged in services for different support needs.) • The risk factors can be reasonably addressed within a 6-month timeframe and that family agrees to participate for this timeframe. (Note: Services can be extended up to a year if needed.) • Current situation does not involve a serious injury or death of a child. • Current situation does not involve serious substance abuse (e.g. confirmation of recent methamphetamine use). Families not meeting the above requirements require SSPM approval before being referred to Voluntary Family Maintenance/Reunification Services. Requirements may be waived for families with past child welfare involvement with SSPM approval, particularly if social worker can provide evidence that the family's circumstances and commitment to safety plan has changed since prior engagement. **If any of the above items are not met, must staff for an out-of-custody petition.**					
Unsafe	**(Active safety threat not adequately addressed through safety planning)** In-Custody Petition					

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SDM DECISION TREE:
Differential Response and Voluntary Services

Safety Assessment

- Safety Assessment is to be completed at all referrals assigned for an in-person response.
  - *Legal consultation with County Counsel to occur if there is a removal or consideration of an out of custody.*
  - *Legal consultation at Exec level to occur if removing or filing and do not meet the legal threshold. If after staffing at the division/bureau level, if any disagreements exist, can lift to the exec level to be staffed within 72 hours.*
- If a safety plan was initiated, there must be an updated safety assessment documenting that the safety threats have been resolved before a case can be closed or diverted to Differential Response. DO NOT close any case with a safety threat still present or with an SDM Safety of safe with a plan. Safety Plans must be included in the document section of CWS/CMS and SDM Safety and Risk tools should also be attached in the same section.
  - *By July 1, 2023, DFCS will implement reviews of high risk referrals and mappings for staffing cases.*
  - *Families exiting at the Emergency Response level as high risk and for voluntary and court cases closing MUST be offered Differential Response services and a warm hand off completed.*
  - *For Voluntary and Court cases closing, a closure or transition CFT must occur.*

Safety Plan Documentation

- Safety Plans must be included in the document section of CWS/CMS and SDM Safety and Risk tools should also be attached in the same section.

High or Very High Risk Families with a "Safe with a Plan" Safety Assessment to be referred to Voluntary Services

- High or Very High Risk Families with a "Safe with a Plan" Safety Assessment to be referred to Voluntary Services when:
  - *No history of DR, VFM, or open case in the past 12 months to address current need or area of concern, or no failed DR or VFM in last 3 years. (Exceptions can be made if family engaged in services more than 12 months prior or engaged in services for different support needs.)*
  - *The risk factors can be reasonably addressed within a 6-month timeframe and that family agrees to participate for this timeframe. (Note: Services can be extended up to a year if needed.)*
  - *Families not meeting the above requirements require SSPM approval before being referred to Voluntary Family Maintenance/Reunification Services. Requirements may be waived for families with past child welfare involvement with SSPM approval, particularly if social worker can provide evidence that the family's circumstances and commitment to safety plan has changed since prior engagement.*

Reviewed by: Wendy Kinnear-Rausch
Damion Wright
Assistant Directors
Department of Family & Children's Services

Attachment B – Nurse Family Partnership Research Trials and Outcomes

Nurse-Family Partnership

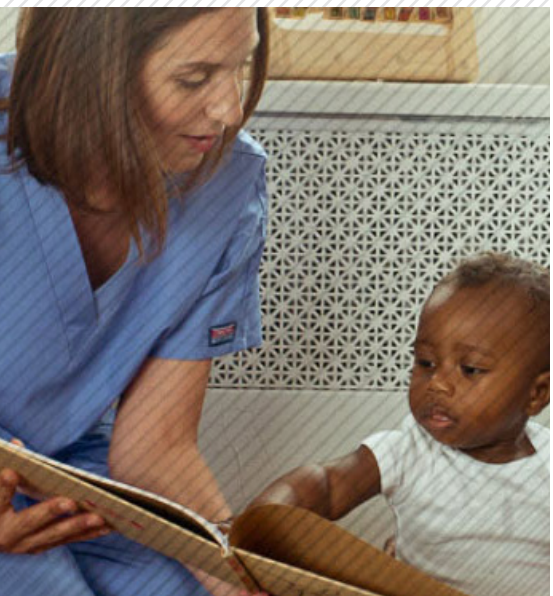
RESEARCH TRIALS AND OUTCOMES

FACT

THE GOLD STANDARD OF EVIDENCE

Nurse-Family Partnership® is an evidence-based health program with over 40 years of evidence showing significant improvements in the health and lives of first-time moms and their children living in poverty.

> "IT IS NOT JUST EMPIRICAL EVIDENCE [THAT NURSE-FAMILY PARTNERSHIP HAS] THAT'S IMPORTANT; IT'S A CERTAIN TYPE OF EMPIRICAL EVIDENCE, NAMELY EVIDENCE FROM RANDOM ASSIGNMENT EXPERIMENTS. BECAUSE THAT'S THE GOLD STANDARD OF RESEARCH AND WE HAVE LEARNED OVER AND OVER AGAIN THAT ANY OTHER KIND OF STUDY IS LIKELY TO PRODUCE AN INCORRECT ANSWER. SO NOT ONLY IS THERE GOOD EVIDENCE FROM THE STUDY, BUT THE EVIDENCE IS FROM THE VERY BEST KIND OF RESEARCH."
>
> **RON HASKINS,**
> Senior Fellow, Economic Studies Co-Director,
> Brookings Institution Center on Children and Families



TRIAL OUTCOMES

Trial outcomes demonstrate that Nurse-Family Partnership delivers against its three primary goals of better pregnancy outcomes, improved child health and development and increased economic self-sufficiency — making a measurable impact on the lives of children, families and the communities in which they live.

For example, the following outcomes have been observed among participants in at least one of the trials of the program

- **48%** reduction in child abuse and neglect[1]
- **56%** reduction in ER visits for accidents and poisonings[2]
- **50%** reduction in language delays of child age 21 months[3]
- **67%** less behavioral/intellectual problems at age 6[4]
- **79%** reduction in preterm delivery for women who smoke[5]
- **32%** fewer subsequent pregnancies[6]
- **82%** increase in months employed[7]
- **61%** fewer arrests of the mother[1]
- **59%** reduction in child arrests at age 15[8]

A Cornerstone of Nurse-Family Partnership

Nurse-Family Partnership is an evidence-based community health program that helps transform the lives of vulnerable, low-income mothers pregnant with their first child. Built upon the pioneering work of David Olds, Ph.D., Nurse-Family Partnership's model is based on more than 40 years of evidence from randomized, controlled trials that show it works.

Beginning in the early 1970s, Olds initiated the development of a nurse home visitation program for first-time mothers and their children. Over the next three decades, he and his colleagues continued to test the program in three separate, randomized, controlled trials with three different populations in Elmira, NY, Memphis, TN and Denver, CO. The trials were designed to study the effects of the Nurse-Family Partnership model on maternal and child health and child development, by

RESEARCH TRIALS AND OUTCOMES

1977
Elmira, NY
400
Low-income whites
Semi-rural area

1987
Memphis, TN
742
Low-income blacks
Urban area

1994
Denver, CO
735
Large proportion of Hispanics
Nurses and paraprofessionals

comparing the short- and long-term outcomes of mothers and children enrolled in the Nurse-Family Partnership program to those of a control group of mothers and children not participating in the program.

A Lasting Impact

Today, Olds and his team at the Prevention Research Center for Family and Child Health at the University of Colorado continue to study the model's long-term effects and lead research to continuously improve the Nurse-Family Partnership program model. Since 1979, 14 follow-up studies tracking program participants' outcomes across the three trials have been (and continue to be) conducted. The implementation of longitudinal studies enables Nurse-Family Partnership to measure the short- and long-term outcomes of the program. Although the Nurse-Family Partnership National Service Office maintains a close association with the Prevention Research Center, the two remain professionally independent.

Adherence to the Nurse-Family Partnership Model

Today, Nurse-Family Partnership maintains fidelity to its model by using a web-based performance management system designed specifically to collect and report Nurse-Family Partnership family characteristics, needs, services provided and progress toward accomplishing program goals as recorded by Nurse-Family Partnership nurses. This process is fundamental to ensuring successful program implementation and beneficial outcomes that are comparable to those from the randomized, controlled trials.

A Basis for Evidentiary Standards

The evidentiary foundations of the Nurse-Family Partnership model are among the strongest available for preventive interventions offered for public investment. Given that the original trials were relatively large, resulted in outcomes of public health importance, and were conducted with nearly entire populations of at-risk families in local community health settings, these findings are relevant to communities throughout the United States.

Nurse-Family Partnership's emphasis on randomized, controlled trials is consistent with the approach promoted by a growing chorus of evidence-based policy groups including the Coalition for Evidence-Based Policy, Blueprints for Violence Prevention, the RAND Corporation and the Brookings Institution, which seek to provide policymakers and practitioners with clear, actionable information on programs that work — and are demonstrated in scientifically valid studies.

Nurse-Family Partnership
Helping First-Time Parents Succeed®

1900 Grant Street, 4th Floor
Denver, Colorado 80203
NurseFamilyPartnership.org
866.864.5226

1. Reanalysis Olds et al. Long-term effects of home visitation on maternal life course and child abuse and neglect fifteen-year follow-up of a randomized trial. Journal of the American Medical Association. 1997
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