Acknowledgements

- The Pathways to Safety contracted agencies and staff who spent an enormous amount of time and effort working with these families and documenting the results of those efforts.
- The Family and Children’s Services social workers and staff who worked closely with the ACTION Council to deliver quality services to families in need.
- The staff members of the ACTION Council, Door to Hope, and Alisal Family Resource Center.
- Design support provided by Your Social Marketer, Inc.
- Data and statistics support provided by Arthur Lomboy.
- Evaluation support provided by David Dobrowski.
- Development, research, and data provided by Daniel Bach and Larry Imwalle.
Dear Community,

The Pathways to Safety team is pleased to present this 4th annual Program Outcomes Report to the community. I’m pleased to report that we have been able to offer this early intervention focused approach to child welfare to nearly 5,000 families—and over 1,000 have voluntarily participated in intensive case management services. The 2010-2011 program year was a year of significant change. Most notably, we shifted Path 1 services from a 90-day home visiting/case management model to a information & referral focused approach coordinated through the Family Resource Centers in Monterey County. This change allowed us to expand Path 2 response to 7-days a week (up from 4 days), and direct more of our resources to work with families at greater risk of coming back into contact with the child welfare system.

The key program outcomes for the 2010-2011 program year include:
• 1,198 families had the opportunity to participate in comprehensive support services through Monterey County’s differential response system, and over 70% of these families had a face-to-face follow-up contact.
• 21% of all families referred to Pathways to Safety voluntarily engaged in intensive case management services.
• 44% of families that completed the 90-day program showed measurable improvement on formal assessments.
• Path 2 cases directed to Pathways, while experiencing a similar rate of re-referral between 90-180 days as those not sent to Pathways (about 4%), did experience a lower rate of substantiated re-referrals than those cases not sent to Pathways.

As we move into the 2011-2012 program year further changes are in store. We will begin Path 3 services in July 2011. New program elements mean new challenges, but given our commitment to ongoing learning and data informed practice, I’m confident we will continue to make progress in our efforts to keep children safe and families intact.

Larry Imwalle,
ACTION Council of Monterey County
In California...

More than 90% of calls to child abuse hotlines do not qualify to become official child abuse and neglect cases.

Monterey Statistics show that once a report is made, families are at highest risk of re-referral the following 3 years.

Community support and services assist families with issues that, if left unaddressed, can harm children and families, and lead to a further escalation and additional referrals.
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"During my fourth year as supervisor, I have observed the coordinated efforts of the Social Workers and Family Resource Specialists to become much more seamless and have seen them become an increasingly effective team in connecting families to resources in our community."

-Karen Clampitt-
I. Referrals & Demographic Information
Differential Response is a statewide, early intervention initiative designed to keep children safe in their homes and out of the child welfare system. In Monterey County it is called Pathways to Safety. The initiative is based on two core beliefs – that families can resolve issues more successfully when they voluntarily engage in services, supports and solutions; and that children are safer and families stronger when communities work together.

A referral to Pathways to Safety begins with a call to Family and Children’s Services (Child Welfare). If the legal threshold for abuse and neglect that would allow for an Immediate Child Welfare Response is not met, families are “Evaluated Out” or marked for a “10-Day” follow-up by a social worker.

These families can be referred to Pathways to Safety and offered support and services to address the problems that may have triggered the call to Family and Children’s Services in the first place. Depending on each situation and the level of concern, families are either directly referred to community-based Family Resource Specialists (Evaluated Out, Path 1) or jointly approached by them and Family and Children’s Services (10-Day Follow-up, Path 2). In Program Year 10-11, 859 families were reviewed for Path 1 and 1188 families were reviewed for Path 2.

In Program Year 10-11 of the 859 child welfare referrals that were “Evaluated Out” 468 were not referred to Pathways to Safety. Of the 1188 child welfare referrals marked for a “10-Day” follow-up 263 families were not referred to Pathways to Safety.

Note: Reasons why a family may not be referred to Pathways to Safety include that Child Welfare cannot locate the family; the family lives outside of Monterey County or on federal land; the incident was an accidental injury; or the child/children may already represent an open case in the child welfare system. In addition, for part of the past year Path 2 was only implemented a limited number of days per week.
In Program Year 2010-2011, **2,047 families** representing **2,573 children** were reviewed for Pathways to Safety (859 to Path 1 and 1,188 to Path 2).
Overview of Evaluation Methodology

The data presented in this report reflect Pathways to Safety Year 4 program data, covering the period from April 1, 2010 through March 31, 2011. The source data for this report comes from two primary sources of information: CMS/CWS and ETO.

- **CMS/CWS** is the child welfare case management system. It is the source for the information on the number of child abuse referrals, and the demographic characteristics of the child welfare population.

- **ETO (Efforts to Outcomes)** is the Pathways to Safety community case management database that contains the intake and assessment data collection through the community based response. This includes the initial intake, case plans, pre/post family assessments (FAST), and family support funds requests.

In order to produce this report, a matched dataset of ETO and CWS/CMS data was created and this set is the source of all information in this report.

- *It must be noted that as this initiative has developed the amount and quality of data has improved, allowing us to ask more and more questions. In the following pages you will review demographics, summary data and some comparative evaluation data. It is our goal to continue to provide an expanded base of reliable information on program performance.*

-The Evaluation Team-

Members of the Pathways to Safety Evaluation Team:
Daniel Bach, Larry Imwalle, Arthur Lomboy, David Dobrowski.
Demographic Information

**GENDER**

Chart 2 represents the gender breakdown for all children represented in the referrals reported during the program year. The data shows that females were referred at a slightly higher number than males.

**AGE GROUPS**

Chart 3 represents the age group breakdown for all children represented in the referrals reported during the program year, with children 6-10 as the largest reported age group.
ETHNICITY

Chart 4 represents total numbers for the ethnicity breakdown for all children represented in the referrals reported during the program year.
10-11 Path I Allegations

Chart 5.

10-11 Path II Allegations

Chart 6.

Allegation Demographics

PATH 1 ALLEGATIONS
Chart 5 represents a breakdown of allegations for Path 1. Allegations reported are unduplicated and recorded only once by highest level of severity. General neglect had the highest frequency.

PATH 2 ALLEGATIONS
Chart 6 represents a breakdown of allegations for Path 2. Allegations reported are unduplicated and recorded only once by highest level of severity. General neglect had the highest frequency.
“Due to the economic conditions, families are continuing to struggle with providing basic needs for their families and are facing increased stressors. Pathways is still strongly committed to dealing with these issues and keeping children safe while providing for those basic needs.”

-Norma Smith, MSW ACTION Council-
II. Assessment Information

Marketing Poster developed during training session.
The Department of Social and Employment Services (DSES) continues to contract with the ACTION Council to facilitate and implement the community response component of Pathways to Safety. The ACTION Council provides training as well as fiscal and administrative oversight for all Family Resource Specialists. Family Resource Specialists are located at the ACTION Council, Door to Hope, the Alisal Family Resource Center and the Cabrillo Family Resource Center. When families are referred to either Path 1 or Path 2, they are assigned to a Family Resource Specialist in one of those four locations (please refer to Chart 7).

What happens after a Family is referred to Pathways to Safety?
Within 24 hours of the referral, the family is assigned to a Family Resource Specialist (FRS) and sent a welcome card. Within one week of the referral, the assigned FRS visits the family in person with or without a social worker. Several attempts are made to connect with the family. It is important to note that families are not obligated to work with a FRS – engagement is absolutely voluntary. Once contact has been established, the FRS works with the family to identify a list of problem areas that the family wants to address. The FRS chooses to work with the family on those issues that have the highest potential to move the family towards self-sufficiency, typically for up to 3 months.
Pathways to Safety Family Resource Specialist
Assignments by Community Partner Agency

N=1198 – 73 (Missing site identifier)

(Total is defined by those with a completed intake assessment)

<table>
<thead>
<tr>
<th></th>
<th>Path 1</th>
<th>Path 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Council</td>
<td>117</td>
<td>506</td>
</tr>
<tr>
<td>Door to Hope</td>
<td>84</td>
<td>193</td>
</tr>
<tr>
<td>MCSTART</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alisal</td>
<td>123</td>
<td></td>
</tr>
<tr>
<td>Healthy Start</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cabrillo Family</td>
<td>39</td>
<td>136</td>
</tr>
<tr>
<td>Resource Center</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Information on families that are referred to Pathways to Safety is collected through several data forms and assessments, including the Intake Assessment, Service Plan, FAST Intake and FAST Exit. In addition, the activities and efforts of Family Resource Specialists with families are recorded in the Pathways to Safety ETO database.

Information represented shows assessments completed within the evaluation data set.

**ENROLLMENTS AND COMPLETED ASSESSMENTS BY SITE**

Chart 8 shows the total number of assessments in the Pathways to Safety, for Paths 1 & 2, by program site.
These charts provide basic demographic information on the children that were referred to Pathways to Safety.

**REFERRALS BY ZIP CODE**

As reported in Chart 10, approximately 35% of all referrals were in the Salinas area followed by 15% in South County, 25% on the Peninsula and 7% in North County.

The 18% that is reported as not entered or unknown is reflective of information not being available at the time of the original referral to Family and Children Services.
FAMILY CASE PLAN GOALS
Families that engage in services develop case plans that identify one or more of eight possible goal domains. Chart 11 reports the goal domains identified in family service plans. The most frequently selected goal domains were Parental Capabilities (56%) and Child Well-being (21%).

FAMILY SUPPORT FUNDS
A limited pool of resources was available to pay for direct services to support families in their efforts to achieve their goals, and to improve family stability and child safety in general. Chart 12 reports the expenditures of support funds by category. A majority of support funds were used to assist families with counseling and housing.
Identified Needs

Chart 13 reports the family needs identified at intake and enrollment into Pathways to Safety for each path. This information is collected by the Family Resource Specialist through observation and interview and recorded into the ETO database via the Intake Assessment. Family Resource Specialists document any and all family needs identified at intake.

As Chart 13 illustrates, the most frequently reported family needs were counseling/mental health, parenting education, and housing/shelter.

In order to meet the high number of parenting concerns, a limited number of parenting classes were provided to parents and children through Pathways to Safety.
In an effort to address the needs of families, ACTION Council through efforts with Pathways to Safety offered 4 parenting series of 6 sessions each that brought parents and their children together to work on behavioral changes and improved communication.

Classes were facilitated by Norma Smith, MSW and Efrain Ramirez, MFT.

<table>
<thead>
<tr>
<th></th>
<th>Series 1</th>
<th>Series 2</th>
<th>Total Parents</th>
<th>Total Teens</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>English Attendance</strong></td>
<td>21</td>
<td>28</td>
<td>35</td>
<td>11</td>
</tr>
<tr>
<td><strong>Spanish Attendance</strong></td>
<td>28</td>
<td>19</td>
<td>28</td>
<td>19</td>
</tr>
</tbody>
</table>

Total Number Attended = 93
The Contreras Family:

I’m a single father of five children, two sons ages 13 and 7; three daughters ages 9, 5, and 10 months…

“Before my initial meeting with FRS Mayra Cortes, I felt that there was no way out of my situation. My children looked sad and were affected by 15 years of domestic violence perpetrated by my wife, who was incarcerated and now deported to Mexico. The situation was bad enough that we were evicted from the garage in which we were living. I had no job, due to continuous absences due to multiple calls from the schools.”

“I believe this program helped me a lot. I’m able to feel good about myself. I received a lot of support not only financially, but also emotionally. I’m very grateful to Mayra Cortes, who provided lots of support. I knew that if I ever needed any help, that I could call on Mayra or her supervisor for help. I’m eternally thankful.”
III. Outcomes
As reported in Chart 14, data from the Intake Assessment indicates that 21% of all families referred to Pathways to Safety engaged in intensive case management services.

**REASONS FOR NOT ENGAGING IN CASE MANAGEMENT SERVICES**

The reasons for families not engaging in Pathways to Safety services were also tracked through the ETO database. As illustrated in Chart 15, the most frequently cited reason was families declining services, families reporting their situation has stabilized.
The data presented here are for a matched set of intake/exit assessments with 185 families who engaged in services. This number is reflective of families that entered the program during the 10/11 program year. The FAST is scored on a 5-point scale ranging from -3 (Clear Problem) to +2 (Clear Strength).

**FAST Comparison and Improvement by Domain**

As shown in Chart 16, participating families with a pre/post assessment, on average, showed measurable improvement across all 8 domains of the FAST Assessment. The average increase in the mean score from intake assessment to exit assessment ranged from .06 for Social/Community Life to .23 for Family Interactions.

**FAMILY IMPROVEMENT BY DOMAIN**

Chart 17 shows the percent of families that exhibited improvement for each goal domain of the FAST Assessment. Overall, families demonstrated improvement across all domains during the 90-day period of case management. The largest categories of improvement were: parental capabilities (23.9%), family interactions (22.3%), and child well-being (18.0%).
This chart provides information on the number of referrals that were re-referred between 90 – 180 days from the initial referral. Data is broken out by those evaluated out referrals that were not assigned to Pathways and those that were placed in Path 1. From the point of re-entry the chart then shows the new determined response (Evaluated Out, 10-Day, or Immediate) and the substantiated disposition of the referrals. The disposition numbers reported are for those referrals that were investigated.

Number of re-referrals for families that were not referred to Pathways to Safety (Path 1): 15

Number of re-referrals for families referred to Pathways to Safety (Path 1): 17
This chart provides information on the number of referrals that were re-referred between 90 – 180 days from the initial referral. Data is broken out by those evaluated out referrals that were not assigned to Pathways and those that were placed in Path 2. From the point of re-entry the chart then shows the new determined response (Evaluated Out, 10-Day, or Immediate) and the substantiated disposition of the referrals. The disposition numbers reported are for those referrals that were investigated.

*Chart 18 and 19 reflect a single point in time snap shot for referrals in the 2010 – 2011 program year. Chart 20 shows our evolution from before Pathways to after Pathways implementation. Currently we know that since the implementation of Pathways department substantiations have been fluctuating in a positive direction and that the severity of our response to the referral has declined.*
Recurrence Over Time

Chart 20.

2003/04
Baseline
Total Referrals: 2,729
Evaluated: 1,862
Re-referral: 519
No Re-referral: 1,343
10 Day Referral: 867
Re-referral: 347
No Re-referral: 520
10 Day Out: 1,343
Re-referral: 520
No Re-referral: 520

2004/05
Total Referrals: 2,757
Evaluated: 1,978
Re-referral: 584
No Re-referral: 1,394
10 Day Referral: 779
Re-referral: 296
No Re-referral: 483
10 Day Out: 1,394
Re-referral: 483
No Re-referral: 483

2007/08
Pathways to Safety
Total Referrals: 2,627
Evaluated: 1,716
Re-referral: 468
No Re-referral: 1,248
10 Day Referral: 911
Re-referral: 292
No Re-referral: 619
10 Day Out: 1,248
Re-referral: 619
No Re-referral: 619

Program Year 1

Pathway 1: 1,058
Re-referral: 236
No Re-referral: 822
Pathway 2: 1,084
Re-referral: 280
No Re-referral: 804

Program Year 2

Pathway 1: 1,146
Re-referral: 118
No Re-referral: 1,028
Pathway 2: 1,156
Re-referral: 128
No Re-referral: 1,028

Program Year 3

Pathway 1: 1,146
Re-referral: 118
No Re-referral: 1,028
Pathway 2: 1,156
Re-referral: 128
No Re-referral: 1,028

Re-referrals Period
90/180 days 180/365 days 1 & 2 years
Re-referral Rate
Substantiated

2003/04
163 183 173 28% 63
2004/05
116 125 108 40% 50
2007/08
149 153 166 27% 43
2008/09
73 108 55 22% 20
2009/10
97 114 45 22% 34
A voluntary telephone survey was conducted with families that completed services before March 31, 2011. As reported in Chart 21, almost with no exception, families that responded to the survey were satisfied with services that were provided.

In developing a survey collection process, we are inherently aware of reporting bias that is reflected in the following graphic. Further efforts to represent those who did not engage or who discontinued services will be a focus of future data development.

### 10-11 Completed Satisfaction Surveys

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The FRS was knowledgeable and provided information that was helpful to my Family.</td>
<td>84</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The FRS presented information to my family in a way that was clear and easy to understand.</td>
<td>84</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The FRS was understanding and respectful of our culture/ethnic background and/or lifestyle.</td>
<td>84</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. My family was actively involved in developing the goals and services described in our plan.</td>
<td>82</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>5. The FRS was effective in assisting my family reach our goals.</td>
<td>82</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>6. The services that my family needed were accessible at convenient times.</td>
<td>80</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>7. The services that my family needed were accessible and available at convenient locations.</td>
<td>80</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>8. The service providers were understanding and respectful to our culture/ethnic background and/or lifestyle.</td>
<td>84</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. The services my family received were appropriate to address the goals we set with the FRS.</td>
<td>81</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>10. I am satisfied with the progress my family made as a result of participating in Pathways to Safety.</td>
<td>82</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Building trust and collaboration...
A referral to Pathways to Safety begins with a call to Family and Children’s Services…

A typical example of a call is from a concerned community member, such as a neighbor who notices that the utilities in the home of the child have been turned off or that children appear to be unsupervised. Or the call could come from a teacher who notices that a child is coming to school late or dirty, or hears from the child that there is no food in the home.

Traditionally, these families received no further assessment because the legal threshold for abuse and neglect that would allow Family and Children’s Services to respond is not met. Now, these families are referred to Pathways to Safety and offered support and services to address the problems that may have triggered the call to Family and Children’s Services in the first place.

…and ends with solutions and supportive services to help families keep their children safe and out of the child welfare system.
IV. Glossary & Recommendations
Program Recommendations

- Continue to explore impacts on families within the Child Welfare System.
- Develop Family Resource Centers in the provision of Path 1 support within their existing information and referral programs.
- Expand program implementation for Path 3.
- Continue Team Building and Communication for Pathways.
- Explore data evaluation on the impact of recurrence as it corresponds to foster care entry.
- Refine continuous quality improvement to increase data collection.
- Ensure the completion of program assessments and monitor client engagement.
- Investigate the drop in Path 1 referrals.
### Glossary of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-Day</td>
<td>Child Welfare Response Code</td>
</tr>
<tr>
<td>ACMC</td>
<td>ACTION Council of Monterey County</td>
</tr>
<tr>
<td>Allegations</td>
<td>Categories of reported concerns as defined by Welfare and Institutions Code</td>
</tr>
<tr>
<td>Assessments</td>
<td>Data collection and performance tracking forms used by Pathways to Safety</td>
</tr>
<tr>
<td>Child Welfare Response</td>
<td>Categories of response time as defined by Welfare and Institutions Code</td>
</tr>
<tr>
<td>CWS/CMS</td>
<td>Case management system used by child welfare</td>
</tr>
<tr>
<td>Disposition</td>
<td>Categories of referral resolution as defined by Welfare and Institutions Code</td>
</tr>
<tr>
<td>DR</td>
<td>Differential Response</td>
</tr>
<tr>
<td>DSES</td>
<td>Department of Social and Employment Services</td>
</tr>
<tr>
<td>Engagement</td>
<td>Those families who received an intake and initial FAST</td>
</tr>
<tr>
<td>Enrollments</td>
<td>Those families referred to Pathways to Safety</td>
</tr>
<tr>
<td>EO</td>
<td>Child Welfare Response Code - Evaluated out</td>
</tr>
<tr>
<td>ETO</td>
<td>Efforts to Outcomes, the case management system for Pathways to Safety</td>
</tr>
<tr>
<td>FAST</td>
<td>Nickname for North Carolina Family Assessment Scale, General</td>
</tr>
<tr>
<td>FRS</td>
<td>Family Resource Specialist</td>
</tr>
<tr>
<td>Goal Domains</td>
<td>8 areas of focus within the FAST Assessment</td>
</tr>
<tr>
<td>Path 1</td>
<td>Evaluated out referrals entering Pathways to Safety</td>
</tr>
<tr>
<td>Path 2</td>
<td>10 day referrals entering Pathways to Safety</td>
</tr>
<tr>
<td>Path 3</td>
<td>24 hour referrals entering Pathways to Safety</td>
</tr>
<tr>
<td>Program Year</td>
<td>Defined as April 1 to March 31</td>
</tr>
<tr>
<td>Re-referral</td>
<td>A referral that comes back to CPS</td>
</tr>
<tr>
<td>SAS</td>
<td>Statistical Analysis Software</td>
</tr>
</tbody>
</table>
Family and Children’s Services
Daniel Bach
(831) 796-3525

The ACTION Council of Monterey County
Larry Imwalle
(831) 783-1276