Program Outcomes
April 1, 2009 – March 31, 2010
Acknowledgements

- The Steering Committee members for Pathways to Safety who have lent their time, skill, and expertise to this initiative.
- 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.
- Design support provided by Your Social Marketer, Inc.
- Data and statistics support provided by Arthur Lomboy and David Dobrowski.
- Development, research, and data provided by Larry Imwalle and Daniel Bach.
Dear Reader,

The Pathways to Safety Team is pleased to share with you this 3rd annual Program Outcomes Report. Since its inception in April 2007, Pathways to Safety has been able to offer this prevention and early intervention focused approach to child welfare to over 3,600 families in Monterey County. The guiding principles of Pathways to Safety place a strong emphasis on continuous program improvement through data, evaluation, and flexible program design. This report, which summarizes the key indicators and outcomes for the April 1, 2009 – March 31, 2010 program year, is an essential part of putting our principles into practice.

We have many positive outcomes to celebrate this year:
• 1,486 families had the opportunity to participate in comprehensive support services to address the warning sings that triggered a referral to child welfare, and 78% of these families had a face-to-face follow-up contact.
• 23% of families with a face-to-face contact agreed to voluntarily participate in more intensive services.
• 54% of families that completed the 90-day case management period showed measurable improvement on assessments of family functioning and stability.
• Path 2 cases directed to Pathways to Safety experienced a lower-rate of re-referral within 90-180 days than those not referred to Pathways to Safety; and among those cases that experienced a re-referral, Pathways to Safety cases were less likely to have a substantiation.

It is our hope that the information presented in this report demonstrates the positive impact Pathways to Safety has had in serving Monterey County families, and at the same time, sheds light on how we can continue to make strides in continuing 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.

Statistics show that about 1/3 of hotline referrals are re-referrals of the same families from the previous year.

Community support and services assist families with issues that, if left unaddressed, can harm children and families, and lead to a later removal of a child.
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Pathways to Safety – a big change for child welfare in Monterey County.

“The collaborative effort by social workers, family resource specialists, public and private agencies, and most important, communities have presented unique opportunities for families to make changes.”

–Karen Clampitt, Pathways Supervisor
I. Referrals & Demographic Information

Marketing Poster developed during training session.
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 09-10, 1281 families were reviewed for Path 1 and 1274 families were reviewed for Path 2.

In Program Year 09-10, of the 1281 child welfare referrals that were “Evaluated Out” 614 were not referred to Pathways to Safety. Of the 1274 child welfare referrals marked for a “10-Day” follow-up 456 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, over the past year Path 2 was only implemented a limited number of days per week.
In Program Year 2009-2010, **2,555 families** representing **3,222 children** were reviewed for Pathways to Safety (1,281 to Path 1 and 1,274 to Path 2).
Overview of Evaluation Methodology

The data presented in this report reflect Pathways to Safety Year 3 program data, covering the period from April 1, 2009 through March 31, 2010. 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 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 was created and this set is the source of all data provided in this report. Information provided in Chart 18, 19 and 20 will be discussed in the recommendation section of this report.

- It must be noted that as this initiative develops we are faced with the normal challenges that come with linking data from different sources. In doing so we have been able to identify areas that challenge the provider with their data collection efforts and increase the difficulty in matching data sets. The data presented in this report can be replicated, is consistent with its original intended usage and can be reliably matched.

-The Evaluation Team-

Members of the Pathways to Safety Evaluation Team: Arthur Lomboy, Daniel Bach, Larry Imwalle, 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 males were referred at a slightly higher number than females.

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.
Chart 4 represents total numbers for the ethnicity breakdown for all children represented in the referrals reported during the program year.
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.
“Many families feel overwhelmed with losing a job or needing to have two jobs, high rents, and not finding enough time to devote to themselves and their children. Pathways to Safety is able to provide some relief and time to share feelings, receive encouragement, support and gain new skills in dealing with daily issues.”

-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.
Chart 7.

Pathways to Safety Referrals — Path 1

<table>
<thead>
<tr>
<th></th>
<th>Path 1</th>
<th>Path 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Council</td>
<td>270</td>
<td>387</td>
</tr>
<tr>
<td>Door to Hope</td>
<td>264</td>
<td>260</td>
</tr>
<tr>
<td>MCSTART</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alisal Healthy Start</td>
<td>91</td>
<td>48</td>
</tr>
<tr>
<td>Cabrillo Family Resource Center</td>
<td>75</td>
<td>80</td>
</tr>
</tbody>
</table>

N = 1485 – 10 (Missing site identifier)
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.
Referrals by Zip Code

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 38% of all referrals were in the Salinas area followed by 23% in South County, 10% on the Peninsula and 3% in North County.

The 26% 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.
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 (57%) and Self Sufficiency (34%).

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, parent education 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 parenting education, counseling/mental health, and housing/shelter.

In order to meet the high number of parenting concerns, 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 7 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.

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<table>
<thead>
<tr>
<th></th>
<th>Series 1</th>
<th>Series 2</th>
<th>Series 3</th>
<th>Series 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Attendance</td>
<td>6</td>
<td>32</td>
<td>20</td>
<td>35</td>
</tr>
<tr>
<td>Spanish Attendance</td>
<td>49</td>
<td>30</td>
<td>49</td>
<td></td>
</tr>
</tbody>
</table>

Total Number Attended = 221
Personal Perspective – The Family

I, Crisanta Alvarez, participated in community services offered through the Pathways to Safety initiative. My husband and I registered for parenting classes and counseling. Parenting class was beautiful because my daughter was able to go with us.

My family and I learned a lot of things that we did not know before. My husband and I learned how to speak to our daughters. Before the classes, whenever they would bother us we would scold them, especially with one of our daughters who was very defiant and would not obey us.

Now, our daughter listens to us and we have a better communication. Now, my husband is more affectionate with the family. He talks to me about work and is interested in how we are doing. Also, he learned how to discipline our daughters and when they behave well, he brings them gifts like bread and fruits when he comes home from work. For now, everything is going fine because everyone on the program helped us a lot. They were all excellent.

Crisanta Alvarez
November 5, 2009
III. Outcomes

Marketing Poster developed during training session.
As reported in Chart 14, data from the Intake Assessment indicates that 78% (1163) of the referrals had a face to face contact and of those 23% (274) engaged in more intensive services. Note: 30 or 2% were not able to be identified.

**REASONS FOR NOT ENGAGInG IN 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 (36.5%), or being unable to locate families based upon the information provided in the referral (20.7%).
The data reported here are for a matched set of pre/post assessments with families who engaged in Pathways to Safety services. The number is reflective of families that exited program year 09/10, (N=249)

**FAST INTAKE/EXIT COMPARISON**

As shown in Chart 16, participating families, with a pre and post assessment, on average showed considerable improvement across all 8 domains in the FAST Assessment. The average increase in mean score from initial assessment to post assessment ranged from .05 for Social-Community Life to .39 for Parental Capabilities.

**FAMILY IMPROVEMENT BY DOMAIN**

Chart 17 shows the percent of families that showed measurable improvement for each goal domain of the FAST Assessment. Overall, families demonstrated improvement across all domains. The largest number of families showed improvement in parental capabilities (30.1%), child well-being (21.7%) and family interactions (21.3%). Overall, 54% of families showed improvement on one or more domains.
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): 28

Number of re-referrals for families referred to Pathways to Safety (Path 1): 27
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.
Recurrence Over Time

Chart 20.
A voluntary telephone survey was conducted with families that completed services before March 31, 2010. As reported in Chart 20, 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 need to be pursued in future data development.

## 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>90</td>
<td>3</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>91</td>
<td>2</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>92</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>88</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>5. The FRS was effective in assisting my family reach our goals.</td>
<td>87</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>6. The services that my family needed were accessible at convenient times.</td>
<td>89</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. The services that my family needed were accessible and available at convenient locations.</td>
<td>89</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. The service providers were understanding and respectful to of our culture/ethnic background and/or lifestyle.</td>
<td>90</td>
<td>3</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>87</td>
<td>4</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>88</td>
<td>3</td>
<td>1</td>
<td>1</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

Marketing Poster developed during training session.
Recommendations

- Continue to explore impacts on families within the Child Welfare System.

NOTE:

In order to move forward on this recommendation it has required many hours of discussion on how to capture the information to evaluate the impact. Chart 18, 19 and 20 are a summary of that discussion. Chart 18 and 19 reflect a single point in time snap shot for referrals in the 2009 – 2010 program year. Chart 20 shows our evolution from before Pathways to after Pathways implementation. This discussion is not over as we look even closer at this evaluation track.

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. This has defined our research question and our next steps will be to refine the data and to refine how to look at the impact to create validity. Overall this recommendation is one that is in constant motion and will require ongoing dedication to pursue.
Recommendations

- Engage Family Resource Centers in the provision of Path 1 support within their existing information and referral programs.
- Expand program implementation for Path 2 from four days per week to seven days per week.
- Shift primary focus to Path 2 to maximize impact on family and children.
- Discuss integration for Path 3.
- Continue Team Building and Communication for Pathways and to support full time Path 2 joint-response.
- 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.
Glossary of Acronyms

10-Day - Child Welfare Response Code

ACMC - ACTION Council of Monterey County

Allegations - Categories of reported concerns as defined by Welfare and Institutions Code

Assessments - Data collection and performance tracking forms used by Pathways to Safety

Child Welfare Response - Categories of response time as defined by Welfare and Institutions Code

CWS/CMS - Case management system used by child welfare

Disposition - Categories of referral resolution as defined by Welfare and Institutions Code

DR - Differential Response

DSES - Department of Social and Employment Services

Engagement - Those families who received an intake and initial FAST

Enrollments - Those families referred to Pathways to Safety

EO - Child Welfare Response Code - Evaluated out

ETO - Efforts to Outcomes, the case management system for Pathways to Safety

FAST - Nickname for North Carolina Family Assessment Scale, General

FRS - Family Resource Specialist

Goal Domains - 8 areas of focus within the FAST Assessment

P2S - Pathways to Safety

Path 1 - Evaluated out referrals entering Pathways to Safety

Path 2 - 10 day referrals entering Pathways to Safety

Program Year - Defined as April 1 to March 31

Re-referral - A referral that comes back to CPS

SAS - Statistical Analysis Software