



Partnership and Innovation: A program and data review of P2S in Monterey County

*A Joint Effort of ACTION Council of Monterey County and
Monterey County Family and Children's Services*

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ACKNOWLEDGEMENTS

Monterey County's Differential Response Program, P2S (P2S), was designed as a voluntary program for families who were referred to Family and Children Services through the child abuse reporting hotline with moderately low or low risk referrals. The intention of P2S is to reduce the risk of child abuse and neglect and to prevent additional referrals for the families involved in the service.

We would like to acknowledge and thank the following individuals and organizations:

- The Steering Committee members for P2S who have lent their time, skill, and expertise to this initiative
- The P2S contracted agencies 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 ACMC to deliver quality services to families in need
- The Data and Statistics Unit of the Monterey County Department of Social and Employment Services
- The staff of Social Solutions, Efforts to Outcomes software, for database development
- The staff members of the ACTION Council



Partnership and Innovation in Differential Response



Dear Reader;

P2S has been operating in Monterey County since April 2007. This report, however, will chronicle the evolution of P2S from the conclusion of the planning phase on September 30, 2006 to the beginning of the implementation of Path 2 in November 2007. Along with this information we will present an initial review of our data from April 1, 2007 through March 31, 2008. The report will focus on several key and innovative aspects of P2S (from both a qualitative and quantitative perspective) while documenting the effectiveness of the recommended implementation strategies, the impact of the initiative on the children and families referred, and the resulting changes in the public and private service community.

In order to provide a sound basis for analyzing the implementation process, notes were taken at committee meetings, Family Resource Specialists (FRS) documented interactions with families and questions were asked of key stakeholders (Family and Children's Service (FCS) and ACTION Council of Monterey County (ACMC) staff, FRS, steering committee members, service providers, FRS contracting agencies) either in writing, phone interview or focus group. Without exception, everyone felt that the rollout exceeded their expectations, that problems were addressed and resolved promptly, and the potential for P2S to positively help families was significant. Areas of improvement and direction for continued program development are evident, and the flexibility inherent in P2S has allowed this initiative to continue to adjust to the needs from both the qualitative and quantitative perspective.

Our continued dedication to early intervention and prevention are modeled in this joint partnership aimed at the support of families and children in Monterey County.

ACTION Council of Monterey County
Monterey County DSES, FCS



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Part I

Program Review

Background Information

Differential Response (DR) is an early intervention program based on the concept that child safety is the mutual responsibility of communities and child welfare agencies. Communities can respond to children who are in danger of abuse and neglect at the first sign of a problem. Because of chronic under-funding and outdated funding structures that focus on child removal rather than strengthening families, county governments have few resources to invest in providing prevention services.

However, in a number of California counties Differential Response, part of the State's child welfare re-design, is creating valuable connections among community agencies, county programs and families. The result is a more responsive child welfare system, enhanced community services and improved family and child well being. (Foundation Consortium for California's Children & Youth, Summer 2005). In Monterey County, the Differential Response program is known as Pathways to Safety.

Through P2S, families referred through the Child Abuse Reporting Hotline are offered access to the services they need to keep their kids safe and at home. In this community-based program, families who do not reach the legal definitions for abuse and are not assessed, instead meet with a Family Resource Specialist/case manager and are assessed and referred to community agencies for services. In P2S, this is called Path 1 and is focused on children who are at low risk of harm.

Monterey County FCS has no legal authority to hold cases open on these families or mandate that they access services. However, the community can engage and support families in prevention services that stabilize and strengthen their relationships and reduce their chances of entering the child welfare system. By working with families to identify solutions, P2S promotes voluntary engagement in community services and a collaborative approach to keeping children safe.

Differential Response/P2S Path 2 is a child welfare services and community response option and is chosen when the CPS report meets the statutory definition of abuse and neglect and child risk is determined to be low to moderate. In Path 2, families work with county child welfare workers and community-based organizations to identify family risks and strengths and to build on a family's willingness to make necessary improvements and engage in community-based supports and services.

Path 3 is often referred to as the “traditional response”, where a child is deemed unsafe and actions must be taken on the child’s behalf with or without the family’s consent. Often this involves court intervention. With P2S, efforts can be made to voluntarily engage the family through comprehensive assessments; in-depth case plans and focused services and supports. Such efforts, especially with non-offending family members, can help preserve connections between the child and those family members, while protecting the child from harm. Through the “Family to Family” Program and Team Decision Making, Monterey County is already implementing many of the tenets of P2S.

After a 12 month planning process that began in 2005, the ACTION Council of Monterey County (ACMC) was selected to manage the incubation of Differential Response to ensure it was community-based and flexible, with a steering committee, similar to a nonprofit board of directors, providing oversight and working committees to accomplish specific implementation tasks. Specific lessons learned through the planning process and pilot project informed the recommended initiative model and subsequent implementation:

1. Provide on-going, joint training for FCS and community staffs.
2. Take time to build trust between FCS and community workers.
3. Family Resource Specialists (community case workers) engagement skills are crucial to success in connecting families to resources.
4. Resource specialists should be deployed geographically, while some should have skills in dealing with particular issues families face like substance abuse.
5. Community capacity building is essential in meeting the families’ service needs and to the sustainability of resources beyond P2S funding.
6. Internal capacity building and culture change at FCS is necessary to the success of the initiative.
7. Build in the ability to change course when needed to ensure effective implementation.

The rollout would occur in stages, with Path 1 beginning in April 2007 and Path 2 starting 6 months later. Both paths would be implemented countywide for children of all ages. A specific timeline was delineated in the recommendations — with responsibilities defined for ACMC, FCS, the steering committee and working committees — for the development of each component: protocols, funding processes, training, community development, evaluation, sustainability and culture change.

The County contracted with ACMC to administer the program from December 1, 2006 to June 30, 2007 for \$505,824. The contract was then extended through the subsequent fiscal year ending June 30, 2008 for \$867,127—for a total of \$1,372,951 for the 19 month period.

Prior to the start of that contract, staff from ACMC initiated a series of meetings with other funders, public agencies and faith-based groups to discuss potential linkages, braided funding and overlapping services (Community Action Partnership, United Way, Monterey County Behavioral Health, First 5, Community Foundation/Podar Popular, School Readiness, police chiefs, church associations). One purpose of those meetings was to identify services already funded within the county to help preserve limited P2S monies. We had also hoped to develop joint funding opportunities, but this did not prove workable. We did, however, identify Mental Health Services Act (Proposition 63) funding as a potential source of funds for P2S as part of the upcoming early intervention and prevention initiative.

ACMC also began developing the steering committee membership, which met for the first time on November 2, 2006. The following people were recruited and, with a couple of exceptions, have continued to meet on a monthly basis as overseers on this project: Mitch Winick (ACMC board member and committee chair), Robert Taniguchi (DSES/FCS), Tom Berg (MCBH), Barbara Verba (DSES/Community Action Partnership), Francine Rodd (First 5 Monterey), Jenny Botta (formerly Children's Services Inc.), Kim Batiste (Door to Hope), Olivia Weatherbee (former foster youth), Shaun McBride (E.D. Children's Circle of Friends), Jay Bartow (minister) and David Maradei (Child Abuse Prevention Council). Staffing the committee were Ricki Mazzullo (ACMC Executive Director), Jane Parker (ACMC P2S Coordinator), Larry Imwalle (ACMC Evaluator), Margaret Huffman (FCS Program Manager) and Daniel Bach (FCS Management Analyst III). In April 2007, Karen Clampitt joined the staff as FCS P2S Supervisor.

By December 2006, five working committees were active: evaluation (developing the evaluation tools and a web-based data management system), community development (developing the community input and funding process, conducting organizational assessments) guidelines (developing protocols for making and tracking referrals), and training. FCS also put together an internal capacity development committee, whose initial focus was internal department-wide communication. Job descriptions for each committee as well as the steering committee itself were developed.

It should be noted here that many felt that Differential Response was not very useful or descriptive, and wanted a name that presented a picture of the initiative's purpose. The steering committee embarked

on a decision-making process in December that resulted in the new name, P2S, being officially adopted in March 2007 in time for the rollout of Path 1. The Spanish name that was agreed-upon was *Rumbos Seguros*.

Guiding Principles:

Over the course of the year, a series of guiding principles became evident and have dictated the course of P2S. These principles were presented at the national conference on Differential Response in November 2007 and embody the innovative approach taken by Monterey County in its implementation of P2S:

1. Strong public-private partnerships determine the design, development and implementation of Differential Response in Monterey County.
2. Conduct an open and flexible funding process to tap into all existing and potential community resources.
3. Focus on sustainability through capacity building with all stakeholders: families, staff, services providers and FCS.
4. Commit to on-going, multi-dimensional evaluation of family progress, service provision and initiative design.
5. Incorporate flexibility into the framework to ensure responsiveness to families' strengths and needs.

Public-Private Partnership: The implementation of P2S is unique in the country: Monterey County is the only venue where a community agency is responsible for leading the administration (managing the referrals and overseeing the funding) of Differential Response in collaboration with Family and Children's Service. The county has provided ACMC with a specific mandate, which allows a broad range of decision-making authority and responsibility. This partnership requires a high level of trust between agencies and an open channel for ensuring effective communication between staffs. Both agencies had to work diligently to ensure that such communication occurred on all levels: executive management, program management and line staff.

ACMC and FCS have a solid history of working together to effect systems change in child welfare, so a foundation of trust already existed. However, bridges between ACMC and county social workers had to be nurtured and built, a process that has been very successful.

Based on recommendations from FCS staff after a pilot project during the planning phase, all trainings of FRS and social workers were jointly held. Because of the nature of the referral process, the ACMC P2S Coordinator met regularly with the Intake workers at FCS to give them feedback on how the process was working. [Intake specialists are responsible for processing incoming calls to the Child Abuse Reporting Hotline and determining whether a Path 1 referral should be made to P2S. The day's referrals are then forwarded to ACMC and assigned to a specific family resource specialist.]

A P2S Supervisor was hired by FCS to oversee the referral process and act as liaison with the ACMC Coordinator. This relationship and the resulting daily communication between the two workers facilitated any problems that arose in the process and brought speedy resolution. Several opportunities were created for line staff to meet and get to know each other to allow for greater understanding of their respective roles and an appreciation for each other's expertise.

Key management staff from each agency met regularly as a leadership team to discuss necessary changes, suggest strategies for dealing with problems, to define issues to bring to the steering committee and resolve any difficulties that arose between the agencies. This leadership team's goal was to ensure flexibility by anticipating potential problems and taking immediate action.

The steering committee itself brought together representatives from both the public and private sector. The intention was that this configuration would provide oversight not only to the initiative as a whole, but would ensure that both ACMC and FCS were accountable for their respective roles in the process. The committee also retained responsibility for adopting flexible, remedial actions to ensure effective implementation when changes were necessary and approved the recommendations for funding that would go to the ACMC board of directors for final approval.

The intended role of the steering committee was one of oversight, insuring accountability and developing strategies for effective implementation. This proved difficult for many reasons: spotty attendance, lack of clear direction and staff dominance. However, the committee provided an excellent sounding board for new ideas and provided insight and suggestions when changes needed to be made. Some view the committee as in transition now that Path 2 has been implemented and see the next

phase as one of ensuring sustainability for the initiative. They also feel it should be infused with new members that could include service providers, which would give the rest of the committee a sense of progress made by families.

One important generalization can be made regarding the working committees: they did accomplish the work needed to implement the program - protocols were developed, staff training was conceived and implemented, an evaluation system is in place, etc. The only negative comments regarding committees involved their mission drift – committees would discuss issues that were not part of their specific responsibilities – and the devolvement of the FCS internal capacity committee into a marketing committee. The suggestion was made that this committee become a part of the department rather than an adjunct of P2S.

In addition, APMC sub-contracted with two community-based organizations to provide engagement and case management services to families: Alisal Community Healthy Start (ACHS), whose presence in East Salinas is well-established and respected (geographic), and Door to Hope (DTH), an agency whose mission is to provide substance abuse counseling and treatment countywide (issues based). Both agencies had participated on the planning committee and in the pilot project. All other family resource specialists were employed by APMC, including one staff member stationed at the Cabrillo Family Resource Center.

Program start-up proved difficult for ACHS because of the short turn-around time after the funding was granted. They had been allocated two FRS slots to serve the 93905 and 93906 zip code areas – the zip codes with the highest number of referrals in prior years. Existing ACHS personnel were designated to staff these positions until permanent dedicated staff could be hired. Despite a promise to have new staff in place by May 2007, it was August before two staff were fully available to serve families and within the month, one of those staff was pulled from the project by the school district. APMC was forced to make a tough decision in order to ensure that families would be served and that there would be continuity of staffing. ACHS was allowed to continue serving the 93905 zip code, but APMC hired a resource specialist of its own to work with families in 93906.

DTH contracted with several individuals with substance abuse expertise who could be deployed countywide depending on who was available and the cultural considerations of the family. All referrals that had any indication of substance abuse were referred to DTH. They also received referrals when the geographically focused FRS' caseload was too high.

Both staff and management from DTH are satisfied with their role in the project, feel the FRS were well-prepared and the trainings were effective. They are happy with the referral process, although not satisfied with the numbers of referrals being made. At the time of the interviews, Path 2 had been implemented for two months. Everyone from DTH felt that they could easily take on additional referrals, and suggested an increase in the number of implementation days from one to three. They also felt that weekly meetings while beneficial initially, could be reduced to bi-weekly.

However, as noted in the evaluation of the pilot, supervision of case management staff who are employed by a different agency is problematic. This proved to be true for P2S as well. ACHS Family Advocates have specific job descriptions that differ from that of a P2S FRS, and although the tasks are similar, the philosophy of the programs is not. As a result, although all FRS met weekly with the P2S Coordinator, standardization of case handling was difficult across agencies. Furthermore, the ACMC FRS were supervised by a staff person dedicated to P2S working for the agency that designed the initiative. Other agencies, whose supervisors manage multiple programs, could not offer the same level of commitment to this project. There were obvious differences in the intensity of the interactions with families because of these factors.

Flexible Funding Process: ACMC held a series of community forums, utilizing a process called Open Space, to bring together community providers to jointly develop strategies to keep children healthy and safe. The Community Development Committee assisted ACMC staff in identifying community providers who should attend and publicizing each event to ensure a high level of participation.

The process allows people to propose projects to the group and then more fully develop their ideas in small groups of participants who wish to discuss that particular project and how they can collaborate to bring it to fruition. During the course of the first Open Space meeting on February 2, 2007 attended by over 120 people, more than two dozen ideas were discussed as potential ways of serving the proposed population including the establishment of mini school-based family resource centers, in-home parent education, addressing domestic violence, advocating for children with disabilities, and eliminating transportation barriers. In addition, participants identified resources to share posted in a “resource bank” and filled out organizational assessment forms to assist ACMC in mapping community resource and service assets.

The first Open Space was quickly followed by a request for proposals to provide services to the P2S population and funding allocation guidelines were established by the steering committee. Initially, funds

were divided by region depending on total referrals from the area and according to the following categories: 55% to direct services, 30% to case management and 15% to capacity building. Funds were also set aside under direct services for meeting basic family needs (rent, food, transportation) and for fee-for-service arrangements rather than MOUs. As the year progressed, the need for more FRS became apparent and funds for case management were increased to 38% of the total, with a corresponding decrease in funds to direct services.

ACMC developed several MOUs with agencies and individuals to provide such services as counseling, violence and bully prevention, teen parenting, assistance to relative caregivers, black parenting classes, and after school programs for middle school students. These funds spanned both the direct service and capacity building categories, and generally covered the time period from April 1, 2007 – June 30, 2008. MOUs were developed for both ACHS and DTH for case management services. ACHS's agreement also included funds to provide domestic violence training for their staff and the FRS, and assistance in developing a plan for seeking nonprofit status.

The steering committee was disappointed in the proposals received because there were no proposals to provide services in South or North County or in Marina where there had been tremendous interest expressed during the Open Space for a collaborative with services administered at school sites. Consequently, the decision was made to hold three additional open spaces in Marina, North County and South County in April and May to identify additional providers and services in those areas. These efforts, coupled with the work of a consultant hired by ACMC to facilitate and assist community groups in the proposal development process, yielded some positive results.

In general, key people believe that the Open Space process is effective at bringing people together to generate ideas and encourage collaboration. However, it became very clear that additional work was necessary to ensure that a broad range of services were available and extensive follow-up was required to move agencies forward. Because ACMC did not rely on standard RFP and contracting processes, it was possible to tailor agreements to very specifically meet clients' needs. FCS allowed ACMC a lot of discretion in crafting these agreements and in developing successful service delivery. In retrospect, we should have planned a series of follow-up meetings with groups that developed projects during the open space process to help design collaborative services in concert with agencies – from the onset, rather than having to do it after-the-fact.

Additional Support Provided: Ultimately, a consultant was hired to provide additional support, specifically with the Cabrillo Family Resource Center, the Monterey Peninsula Unified School District, Epiphany Lutheran Church, DTH, Community Human Services and Harmony at Home to design a traveling resource center in Marina providing an array of services at Crumpton and Mar Vista schools and Epiphany Church. \$40,000 in funds were allocated to pay for half of a coordinator's salary (the other half is paid through First 5), classes and services, and space rental, beginning in September 2007. It was hoped that this project would serve as a model for other parts of the county.

A subsequent meeting was held in South County to offer the consultant's assistance in setting up a collaborative to be headquartered at the family resource center in King City. Although resource center staff and the consultant invested a good deal of time into this proposal, by the time it was received in February 2008, the state budget picture had changed and the decision was made (recommended by staff and endorsed by the steering committee) not to fund the new services so late in the fiscal year.

Because funds were not being spent on direct services, particularly in north and south counties, a decision was made to use some of the funds for marketing the program, particularly to benefit the agencies that were providing some services to families. It was felt that P2S was a program that would appeal to donors, thus contributing to the sustainability of the services and a marketing consultant was hired to develop collateral materials for this purpose. As a result, a brochure, power point presentation and two digital stories were created for agencies to use with donors to encourage contributions.

Meeting Families' Needs: By June 2007 it became clear, through feedback from FRS, that families had very basic and often chronic needs - rental assistance, food, diapers, transportation – that pre-empted other, deeper issues from being addressed. Until the family was stabilized, it was difficult for the FRS to make referrals for counseling or parenting classes, because the families were not at the point where they could accept (or access) this kind of help. It was difficult for the FRS to find emergency services agencies with guidelines that families could meet for a variety of reasons. It became evident that funds would have to be set aside to meet these basic needs. Furthermore, working through these issues before families could begin to attend to their service goals necessitated more intense and longer case management. FRS needed administrative support so they could focus more time on case management.

It should be noted here, that some FRS felt that families actively avoided dealing with deeper issues that may have led to their current circumstances and found it more comfortable to focus on "surface" problems like lack of food and money. Most FRS felt it was their responsibility to delve more deeply and

push families to accept services that would help them alleviate some of the personal barriers they face to achieving stability, others believe they were not counselors and did not have the skills to safely explore these issues.

It was clear that some families did not feel comfortable seeking help for their problems. However, we knew that the FRS were building trust with families and were allowed to work with them in their homes. We realized that we were missing the opportunity to offer services in the home, where people felt safe; therefore ACMC determined that it would be beneficial to hire a FRS with therapy skills to provide in-home counseling. The FRS-therapist would provide support and assistance to the other FRS to help them work with more difficult cases and find ways to help families access and benefit from services offered.

In order to accommodate the need for administrative support and to provide additional in-home services, ACMC asked the steering committee to re-allocate funds that had been earmarked for direct services to staff these two positions. Despite the fact that we had MOUs with agencies like Planned Parenthood, Kinship Center and Partners for Peace, no referrals had been made to these agencies. Research into families' perceived service needs had indicated that such services would be utilized; but what we discovered is that families had more immediate pressing needs (food, rent, utilities) that needed to be addressed before they could seek these kinds of services. The steering committee decided to authorize approximately \$100,000 from direct services to allow ACMC to hire a therapist and an administrative assistant, both of whom started work in September 2007. However, MOUs were kept in place because reimbursement was calculated on a fee-for-service basis and we did not want to assume no referrals would be made before June 30, 2008.

We found that there was limited availability in the community for low-cost counseling, although Medical eligible individuals could access counseling services by assessment by MCBH and subsequent referral to Community Human Services. However, waiting lists were long and such delays in receiving services were a huge barrier to families. The decision was made to develop contracts with individual counselors to provide a specified number of sessions (up to 12) at more affordable rates than those charged by existing vendors (e.g. \$90/hour to see an intern). ACMC contracted with five therapists, many bilingual to provide these services – making it possible for families to receive needed counseling with no wait. FRS still worked with families to enroll in public insurance programs, but it was felt that as a prevention and early intervention program having to wait months for services created barriers that would likely not be overcome.

One agency stands out in terms of working beyond the scope of the original MOU to meet the counseling needs of clients and to make every effort to work with ACMC to ensure families received needed care. Harmony at Home, whose original mandate was to provide in-school group and individual counseling for children who had witnessed domestic violence, agreed to provide counseling for children and parents outside the school setting and arranged locations to meet with families to provide the services. Their charge was minimal-\$25/hour for individual counseling (loaded cost) and \$12/hour for group sessions.

It is also worth noting that efforts were made to set up an arrangement with Catholic Charities to enable the families to seek assistance with basic needs (rent, utilities, and food). The reasoning behind this effort was to encourage families to seek such aid on their own without a FRS bringing the funding or the food to the families. Success in accomplishing these tasks would help families empower themselves to seek additional services. ACMC would ensure success by reimbursing Catholic Charities for funding these basic needs for P2S families. In meeting with their staff, we learned that they had a very specific process for granting emergency funds to people that was based on Federal Emergency Management Agency guidelines, which included only helping a family once every 24 months. Despite our intention to pay for any services families' received, we could not convince Catholic Charities to change their rules in order to help these families stabilize.

It should be evident from the above examples that a considerable amount of time was invested in designing and establishing new service delivery systems, an enormously time-consuming task not anticipated in the contracted scope of work. However, the kind of systems change required for the long-term success of P2S could not really be accomplished if services were offered in a "business as usual" format. If the only services families have available are exactly the services that have always been available, their ability to access them will not dramatically increase. Of course, the FRS are providing case management and encouragement, but if families continue to find barriers to accessing services; i.e. long waiting lists, long distances to service sites, non-accessible hours, they will still be without needed help. This topic was discussed at the steering committee level and all agreed that it was important to try and augment available services (build community capacity).

Capacity Building: One of the most innovative aspects of P2S is the focus of energy on and the allocation of funds to capacity building, which is practiced on several levels: community service providers, the FRS and FCS.

Community Development: Both APMC and County staff realized that in order for the community to serve potentially thousands of new clients; the service capacity of the community would need to increase. Furthermore, we felt that P2S could leave a legacy in the county by helping agencies to build their internal capacity to serve, even if funding for the initiative dried up. APMC developed several avenues for achieving community development: direct funding to develop new programs, services and delivery systems, organizational assessments, training workshops, individualized consulting, and matching funds for technical assistance grants.

1. *Direct Funding:* grants were awarded to four agencies to allow them to develop new programs and/or expand existing programs to new populations: The Salvation Army in Seaside was awarded funds to hire a new staff person to develop an after school program for middle school children modeled on their elementary school program. Even though this program would eventually serve children who were not referred through P2S, it was felt such a program would benefit the community and build Salvation Army's capacity to service this age group, which would include P2S children. NAACP received funds to train staff and start up a new black parenting program on the Peninsula that would serve both P2S parents and other African-American families who could benefit from learning these skills. Girls Inc. of the Central Coast was awarded funds to expand their high school leadership program to North County. ACHS was awarded funds to explore the efficacy in becoming a nonprofit agency rather than a program of the school district in terms of providing better, more cost-effective services to the East ACHS community.
2. *Organizational Assessments:* APMC conducted two tiers of assessments. The first was a quick organizational assessment survey and service delivery data form that was part of the RFP and Open Space process. Information was used to catalogue who was providing services, the nature of those services, populations served and location of services. Once MOUs had been signed, agencies worked with an APMC intern to complete a more formal assessment of their organizational strengths and needs. Information from these assessments was used to inform the type of training workshops provided to community agencies and to hire consultants to work with the agencies on their areas of need.
3. *Training Workshops:* APMC entered into a contract with the Community Foundation of Monterey County's Management Assistance Program (MAP) to develop a series of training workshops for community agencies participating in P2S based on the needs identified in the

organizational assessments. All workshops would also be open to the community because P2S families were referred to many service agencies not holding MOUs with ACMC and we wanted the community as a whole to benefit from these workshops. Among the topics covered were fund raising (an intense 5-day training), cultural competency (cross cultural communication, working with African-Americans, people with disabilities, etc.), addictions, and child abuse. The MAP arranged for the trainers, set the training dates and locations and advertised the workshops through their regular mailings to the community, although ACMC retained responsibility for informing P2S agencies of the workshops.

4. *Consultants*: Every agency was allowed up to 14 hours of individual consulting with professional consultants hired specifically by MAP to work on the issues defined in the assessments, such as fund development, strategic planning, board and organizational development, etc. The consultants worked with agencies on developing a capacity building plan and are currently working toward achieving the goals described in the plans. In addition, the NAACP was awarded additional funds to work with a consultant to develop a new nonprofit, The Village Project, to avoid having to operate under the bureaucracy of the national organization.
5. *Technical Assistance Funds*: The MAP offers matching grants up to \$4,000 to agencies and groups who need technical assistance such as consulting, strategic planning sessions, computer technology, etc. For needs identified with the consultants, agencies were allowed to request funds from P2S to help meet the match for these grants.

Agency	Type of Capacity Building Support Received		
	Training & Workshop	Technical Assistance	Direct Services
ACHS Community Healthy Start	●	●	
DTH	●	●	
MPUSD	●	●	
Girls Inc.	●	●	●
Harmony at Home	●	●	●
Kinship Center	●		
The Village Project	●	●	●
The Salvation Army	●	●	●
Kate Miller-Balderas	●	●	
Epiphany Church			●

Both ACHS and FCS staff recognized that building the capacity of the service community to provide services for families and children would benefit the community as a whole, but also those agencies that work with the population served by the Department and P2S, whether or not MOUs or contracts were in place with those agencies. Referrals are made daily to agencies providing needed services but are not a part of the P2S program because their services are funded through other sources. However, our population still benefits from enhanced service delivery by these agencies.

Two rather obvious examples will illustrate the point. Several of the training workshops dealt with cultural competency issues: working with people with addictions, people with disabilities, working with African-Americans, etc., and these workshops were open to all to the community as well as P2S staff and partner agencies. It is clear that our population will benefit from the information and skills imparted during these sessions because referrals are made based on the needs of the families, not whether or not the agencies have contracts with ACMC or DSES. Secondly, many agencies participated in the fund raising school, where they learned the best way to solicit donations from individuals (the best and largest source of funding for nonprofits). By teaching staff from agencies such as CHS, Cabrillo Family Resource Center, Harmony at Home, and others, to shift their reliance on government or grant sources to donations, agencies become more independent and sustainable - which means they will be able to continue providing services to the community.

ACMC, in collaboration with FCS staff and a steering committee representative worked for several weeks to prepare a proposal to the federal government for community capacity building. A grant award would have provided approximately \$500,000 in ACMC management and direct capacity building funds to community agencies, making it possible to focus on this important aspect of P2S and divert allocated capacity building funds to other areas like case management and direct services. This request for proposals involved similar strategies to those we were employing through the implementation and validates the value in helping agencies with all aspects of organizational development in order to enhance services to the community. Unfortunately, we were not awarded funding, which tended to go to faith-based organizations,

The main partner in providing training and consultants was the MAP at the CFMC. Feedback from CFMC staff indicated that those organizations that took advantage of the workshops and the consultants really showed improvement in their capacity and ability to serve. However, they also reported that attendance was not stellar and attributed that to varying degrees of organizational readiness, failure of organizations to see direct, immediate usefulness of trainings and the willingness to take the time needed to attend sessions when they are “busy putting out fires.”

It was suggested that ACMC improve the marketing of the workshops to P2S agencies and have an additional fund available so they can attend other trainings available through MAP or elsewhere. CFMC staff also suggests that the consultant assistance be on an application-only basis, so only those agencies

that really want to take advantage of this assistance will be involved. If everyone continues to be offered trainings and consulting, then it should be explicitly stated in the MOU that they participate.

Family Resource Specialists: As stated previously, the FRS were trained jointly with FCS staff in preparation for Path 1 in March and Path 2 in October. The Path 1 three-day training focused on engagement strategies, the intake and referral process, family assessment tools and service plans and making referrals. Path 2 training focused on joint engagement with an Emergency Response (ER) worker and how it differs from Path 1 engagement, personality types and certain personality disorders. The purpose of both trainings was to give FRS both information and practical skills in working with families under stress.

The FRS received additional trainings both through the MAP contract and at their weekly meetings on such topics as: cultural competency, domestic violence, child sexual abuse, substance addictions, public assistance benefits, setting healthy boundaries, recognizing signs of abuse, team decision making and encouraging contraceptive use. They were also trained to be certified application assisters so that they could enroll families in Healthy Families and Medi-Cal. The trainings were designed to give specific content information how to work with families facing such issues and how to recognize signs of abuse and addiction.

Without exception, the FRS found the MAP and weekly trainings extremely beneficial in assisting them to do their jobs. They were eager for more training, particularly longer sessions on substance abuse and child sexual abuse to help them identify such abuse and give them the skills to work with families experiencing these issues. The supervisors also believe the trainings were very useful and found that the FRS became better able to respond to families' needs as a result.

The FRS were particularly impressed with the initial Path 1 training and really learned a lot from both the FCS staff and the trainer. Everyone felt that the trainer was excellent and did a great job with both Path 1 and Path 2 trainings. They did not find the Path 2 training quite as useful, perhaps because they had so many more months of practical experience that it wasn't as exciting or stimulating as the first training. Again, however, they really liked working with the social workers in this training and expressed tremendous respect for their abilities.

A multi-disciplinary team (MDT) was developed to offer the FRS additional expertise on a monthly basis in mental health, health and public health, domestic violence, CalWORKs and other public benefits, and

social services. The intention was that FRS could bring difficult cases to the MDT and get help in how to resolve specific issues from an expert in that field. However, the consensus was that more time was spent discussing resources available to families than brainstorming solutions to families' problems.

While some members of the MDT believe that more time should be spent discussing cases rather than resources, the FRS believe that adequate time was spent discussing cases. Some MDT members believe that there should be more utilization of the expertise of the team members and would like to see the FRS trained in how to ask questions that will help them help their families. In addition, there is a role for the new Coordinator, in providing leadership to the FRS on how to best use the MDT. Some believe they need additional expertise on the MDT, especially in the legal arena, and that we should revisit which people/expertise are the most useful for the FRS.

Family and Children's Services: An internal capacity building committee was established in the first month of this phase to ensure that P2S was accepted and appreciated by department staff, that information was readily available to staff about P2S and that staff could actively participate in making decisions regarding the implementation process. Prior to this, several FCS staff were involved on the original planning committee and the pilot project, so they had direct input into the recommendations for full implementation of P2S.

A social marketer was hired to establish a strong internal communication network that included a departmental marketing plan for DSES as a whole and FCS in particular. An initial survey to staff helped to determine how people wanted to receive information and monthly updates were developed and distributed. Presentations were made to other DSES departments by a team of presenters representing ACMC, FCS and the FRS. These were very well-received and effective in communicating the power of P2S to transform lives.

As previously stated, this committee could become a permanent part of FCS because staffing and capacity are on-going issues. The committee itself focused primarily on internal marketing and culture change. However, due to a lack of increase in funding for DSES, the ability to address capacity could not be addressed.

Path 1 and Path 2 were designed to not add extra social work tasks, so that the already over tasked workers and understaffed emergency response units would not have to take on additional workload. A P2S supervisor was hired to oversee all referrals and act as a liaison to ACMC based on specific

recommendations from department staff after the pilot. Joint training, another suggestion from staff, and meetings with their FRS geographical counterparts allowed everyone to become acquainted and helped to build trust, especially prior to Path 2 implementation and joint visits to families.

Multi-dimensional Evaluation: Evaluation of P2S would occur on several levels: outcomes for families (individually and aggregate), effectiveness of service delivery, effectiveness of case management by FRS, results of community development activities, and initiative implementation as a whole.

Families: The P2S evaluation committee determined that the best tool for evaluating family progress was the North Carolina Family Assessment Scale, General (NCFAS-G). This tool, referred to as the FAST, measures family functioning across 8 domains. FRS would complete the assessment once a family engaged and then again after 90 days or when the case is closed. Because families might be referred to several agencies for services, it was deemed best to have the case managers be the primary evaluators of individual outcomes.

Unfortunately, for the first seven months of Path 1 delivery (April – November), FRS did not systematically complete the FAST either at the onset of case management or when a case was closed. Much of the emphasis with the FRS was on successful engagement, and it appears that completing the required paperwork was a distant second. It is also true that the web based data management system was not fully operational, and staff were not trained, until November, so information could not be entered into the system until that time. However, all FRS should have had complete paper files on each family and current review of the past year's activities indicates this is not the case.

Operational Flexibility: Both FCS and ACMC believe that the ability to make course corrections during this incubation of P2S was critical to its success. The preceding narrative includes several examples of how problems were anticipated, corrected and new strategies implemented wherever feasible. In summary, flexibility in implementation is paramount and makes it possible for the initiative to evolve to serve the unique needs of Monterey County families, leaving behind those strategies that were not viable or effective.

To reiterate, here are some examples of operational flexibility:

Issue: Families living on the edge have very basic and often chronic needs and may require longer case management in order to stabilize.

Solution: Allocate more funds to family assistance rather than to services, and hire an FRS who can provide in-home counseling to families and support/expertise to other FRS.

Issue: The most pressing family need is counseling, yet there are few options for counseling services and long waiting lists for Medi-Cal funded services.

Solution: Contract with independent therapists (many bilingual) who will provide short term counseling at a reasonable cost. Increase referrals to Harmony at Home, an agency willing to expand its scope of work to meet client needs, and Kate Miller Balderas, a counselor with a broad range of practical family solutions.

Issue: Open space attendees could not pull together their ideas into coherent projects.

Solution: Provide consulting and technical assistance services to the community to establish mini family resource centers.

Issue: The community does not have the capacity to meet families' needs.

Solution: Fund capacity building activities that not only help agencies develop new services, but also provide training and consulting in organizational development and internal capacity building.

Issue: There is not case management capacity to fully implement Path 2 as originally planned, nor was the department ready to take on full implementation.

Solution: Implement Path 2 one day per week beginning in November 2007; increase to 2 days as soon as possible.

In summary, the implementation process for P2S was effective and relatively smooth. There was a strong commitment both from ACMC and FCS to work together, build upon existing trust and resolve problems immediately. This commitment facilitated a roll-out that met and even exceeded people's expectations.

It is also clear that the recommendations put forth in the Phase 1 Report on Differential Response were well thought-out and accurate. They presented a vision of how to structure and implement DR that was unique and innovative, characterized by using the ACTION Council as the administrative manager of the initiative, which insured that flexibility would be a hallmark of the implementation. This course of action was informed by the planning process but also by the shared vision of ACMC and FCS staff to create a

powerful alternative to families entering child welfare by ensuring that families have access to services and that the community was able to deliver those services.

Attention was paid to the lessons learned in the pilot, particularly around issues of trust-building, joint trainings, having “point people” (P2S Supervisor at FCS, in particular), engagement strategies and flexibility. Each of these issues was addressed and again, a commitment was made to develop open, direct and on-going communication between the two agencies. Thus, when difficulties arose in the referral process, for example, they were corrected almost immediately.

We believed, based on all our research and the pilot results, that service delivery mechanisms had to change to truly meet the needs of families. Services needed to be in people’s communities or neighborhoods, at hours that were accessible to working families and responsive to their particular needs. We found it difficult to find agencies that could provide counseling at a reasonable rate without long waiting lists, we had to hire our own counselor to work with people in their homes and found it almost impossible to get basic needs met by existing “emergency” services providers. Changing these patterns is difficult; many agencies do not feel that such changes should be initiated from the outside.

Evaluation of the impact of the program on families will follow. Qualitative reports from service providers and FRS are positive: families feel empowered, they are making changes and they do seek services once engaged. It will be crucial to determine if the innovation practiced by Monterey County ultimately has an impact on its families and succeeds in lowering the number of re-referrals.

There have been many questions regarding the efficacy of spending money on community capacity building in general and in the specific methods employed to affect the results. Everyone agrees that the additional training provided to the FRS was invaluable and gave them many additional tools and skills in working with families and providing them with appropriate referrals. The workshops developed for community agencies were based on needs identified in their organizational assessments. However, these workshops were not well attended and it appears that even though agencies had working MOUs with P2S, they did not necessarily feel connected to the program or see the benefit in participating in the workshops. One notable exception was the fundraising school, a five-day intensive training on developing a fundraising program that focuses on donors rather than grants or contracts. Fundraising was the most often-identified need and APMC was insistent on providing agencies with the means to move beyond grant sources, which are not reliable revenue sources. This training was attended by at

least half of the contracted agencies and everyone attending benefited from the information and skills presented.

Funds were also spent to provide agencies with consultants to work with them on their specific issues. Currently, this whole collaboration with the MAP is being evaluated and the results should tell us how to restructure this portion of the initiative to more effectively improve the community's capacity to deliver services to families. However, it was again part of the vision for P2S that our families would ultimately benefit from better service delivery whether or not an agency was currently part of the program or whether contracted agencies were also providing services to families not referred by P2S. It was our belief that agencies could improve their programming and service delivery and this would benefit P2S families, even if not immediately. A good example is the NAACP/Village Project Black Parenting Program. It was decided that they could begin serving families with this new program as soon as possible, even if no one from P2S participated in the first round of classes. We felt that since it was a new program that had not been tested in Monterey County, there was value in having the staff perfect the program and plan for the arrival of P2S families.

Capacity building funds were allocated to hire a consultant to develop a collaborative in Marina and South County. The Marina collaborative is operating and South County had submitted a proposal. This process, while time-consuming, resulted in attempts to provide services in two parts of the county where services were scarce.

PART II

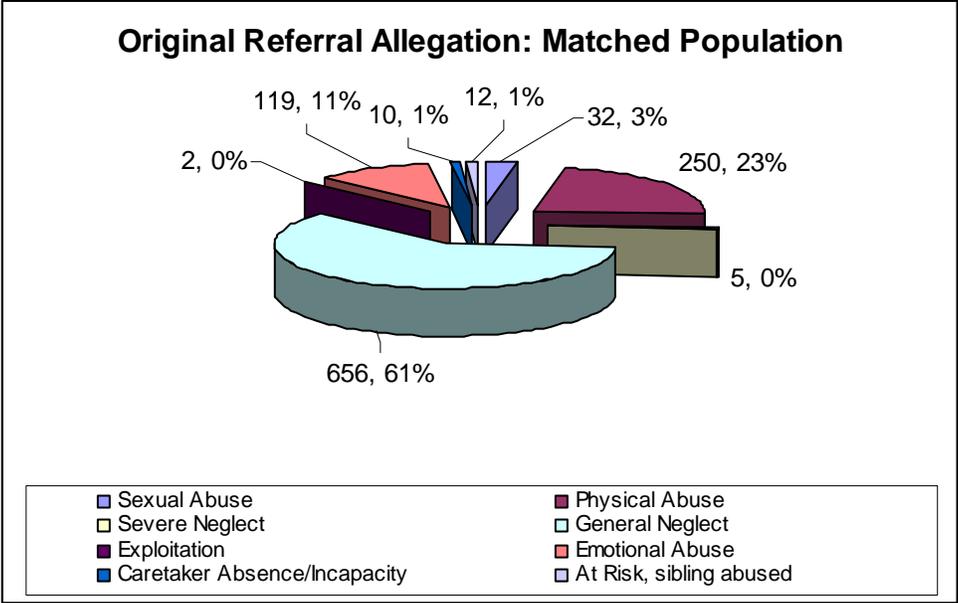
Data Review

Implementation and Program Design

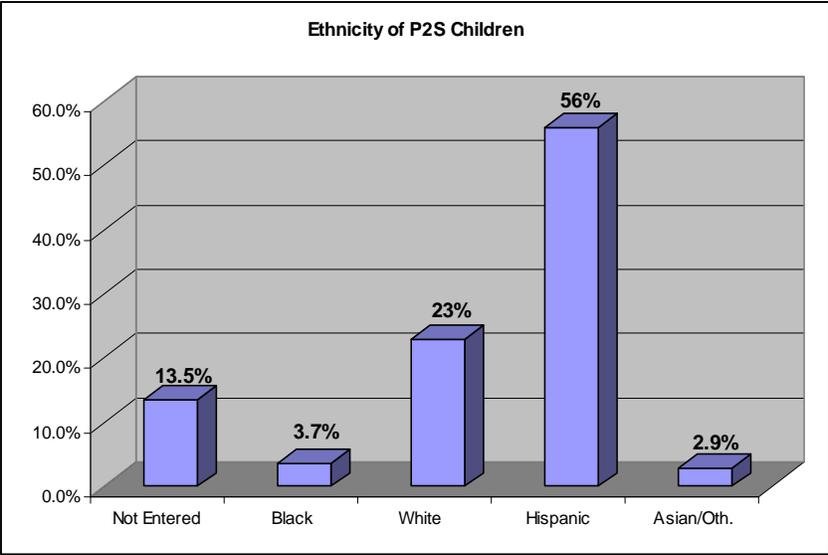
The preceding section provided a qualitative evaluation of the P2S program implementation. In the following section, we turn to a more quantitative data analysis and evaluation of the data collected and entered into the Efforts to Outcomes (ETO) database by each agency participating in P2S for the period April 1, 2007 to March 30, 2008. Although the period of analysis encompasses a full-year, it should be noted that full utilization of ETO by FRS for case managing families did not begin until November 1, 2007. During this period, Monterey County Department of Social and Employment Service, Data and Statistics Group, worked closely with ACTION Council and FCS to develop reports matching data from ETO to the Child Welfare Service Case Management System (CWS/CMS) for the purpose of creating demographic reports (age, gender, race/ethnicity), evaluate recurrence of referrals, and track client outcomes and interface with the larger system.

Referral Process and Case Characteristics (CMS/CWS)

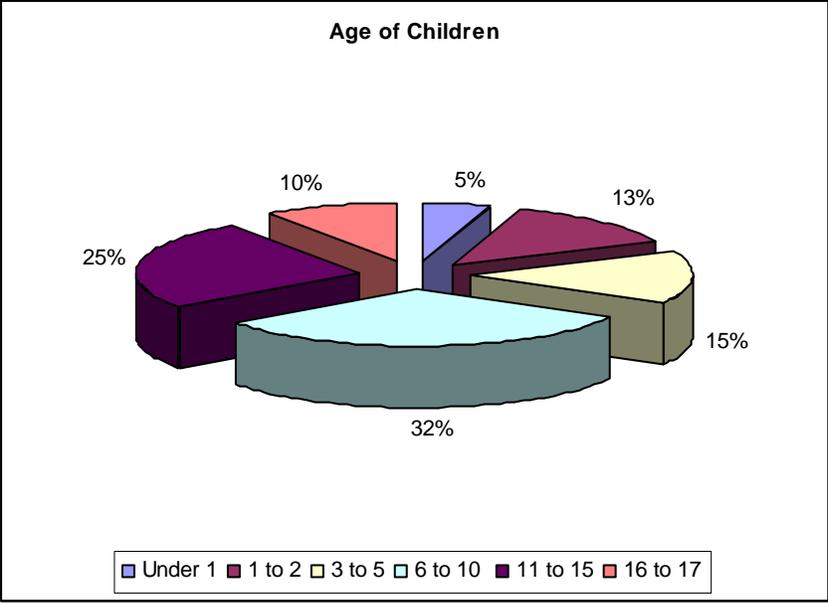
As mentioned previously, Path 1 has been fully implemented with all qualified “assessed out” referrals being sent to the ACMC for review and assignment to a FRS. All families involved with P2S are referred via child welfare referrals. According to CWS/CMS, there were 1997 evaluated/assessed out referrals between April 1, 2007 and March 31, 2008. Of those 1997 referrals, FCS determined 1326 were eligible as P2S referrals in the CWS/CMS. Of those 1326, 1142 referrals are entered into the ETO software database at the ACTION Council. Of the population of referrals not recorded, many were over-ruled by Supervisor direction, or promoted to a higher response. In order to evaluate these referrals, only children matched in the ETO system and CMS were used in the data below. The number of matched referrals for evaluation purposes is 1086. Of the matched referrals the following chart shows the breakdown of the original allegations.



According to CWS/CMS the majority of children involved with P2S were Hispanic (56%), somewhat proportionate with Monterey County demographics, followed by White (23%), Unknown (13.5%), Black (3.7%), and Asian (2.9%).



Ages of children involved in the P2S referrals were varied. The chart below shows the breakout of ages within CMS. Children 0-5 represented 33.4% of all referrals, with 32% in the 6-10 age range, 25% in the 11-15 age range, and 10% were 16-17 year old youth.



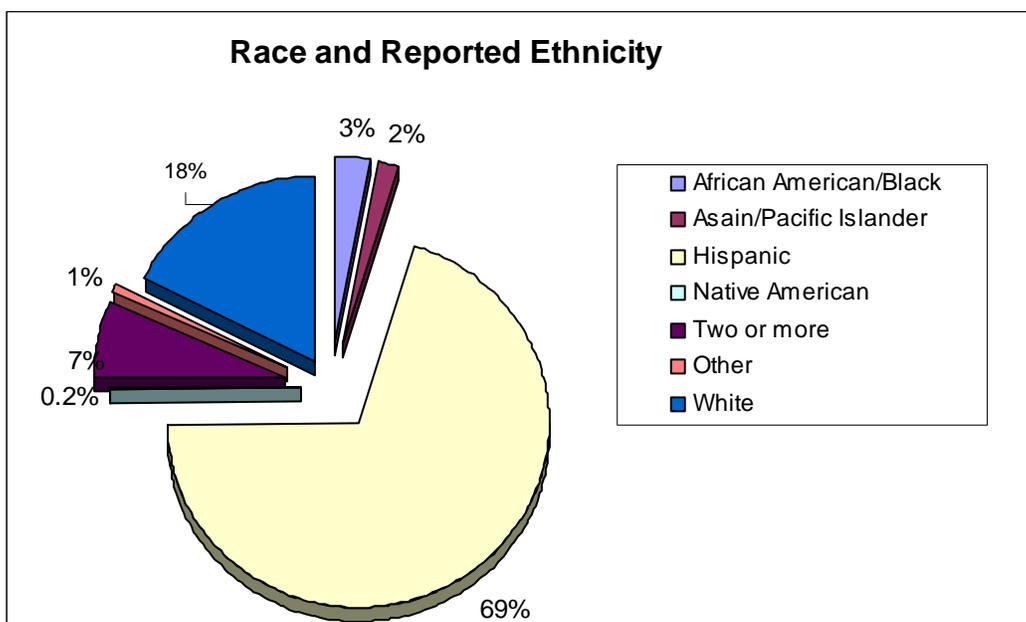
The gender breakout of the 1086 children was 47.7% female and 51.6% male. The gender of 8 children was not entered into the database. The average number of children in each referral was 1.3. Over 79% of all referrals were for 1 child, 12.7% of referrals involved 2 children, 5.1% involved 3 children, and 2.8% involved 4 or more children.

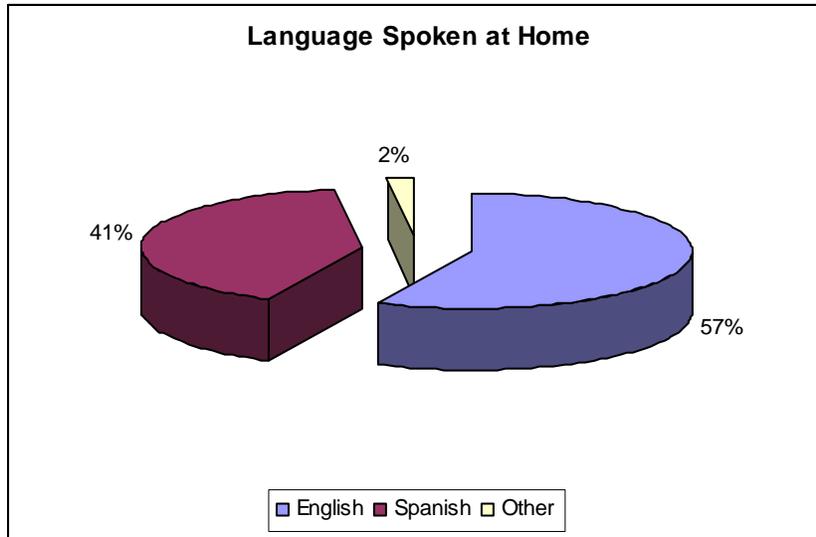
Number of children in referral	Frequency	Percentage
1	863	79.5%
2	138	12.7%
3	55	5.1%
4	25	2.3%
5	4	0.4%
6	1	0.1%
Total	1086	
Average	1.3	

Case Characteristics (ETO)

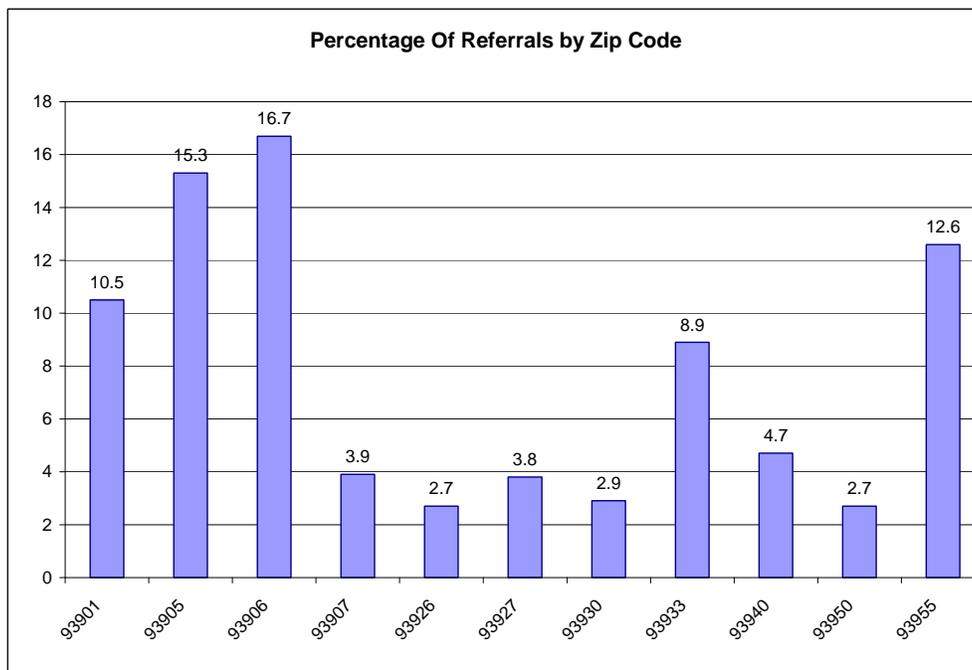
As mentioned previously, the deployment, full utilization and standardization of the ETO database is an evolving improvement process. Individual FRS' usage of the database varies significantly, which affects the ability to fully analyze client experience and program implementation. Of the data fields completed in ETO, the following demographic and case information allows for generalization of the caseload as well as family service needs:

The race and ethnicity of families participating in P2S is very similar to the demographics of Monterey County overall, as well as the population involved directly in open FCS cases. Hispanic families represented 69% of the P2S caseload; White families 18%; two or more race/ethnicities 7%; African-American/Black represented 3%. It should be noted that these data fields in ETO represent how the families self-identified.



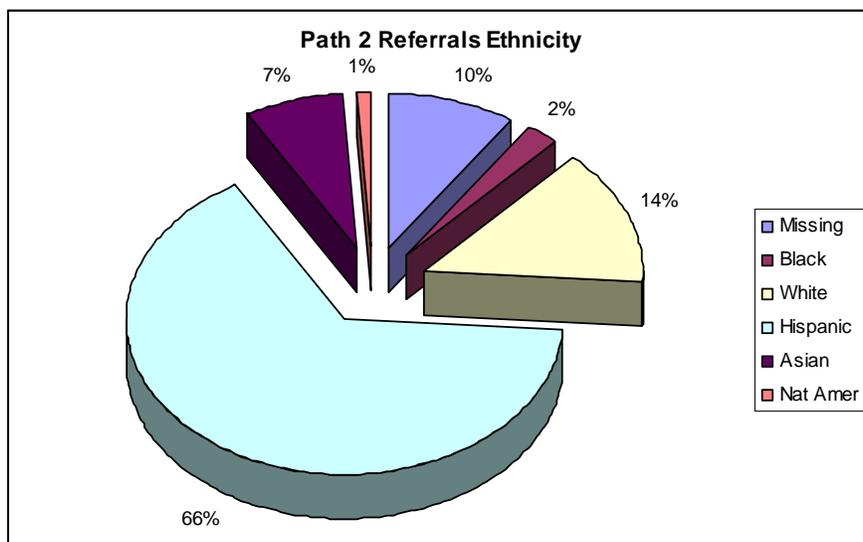


Over 40% of all families speak Spanish in their home; 57% self-reported English. Families engaged in P2S live in all regions of Monterey County. The largest of number of referrals were generated from two Salinas zip codes of 93905 and 93906, followed by the City of Seaside 93955, Salinas 93901, and the City of Marina 93933. This is similar to the statistics for FCS open referrals. The chart below demonstrates the referral percentage by zip code, for areas receiving more than 1% of all referrals:

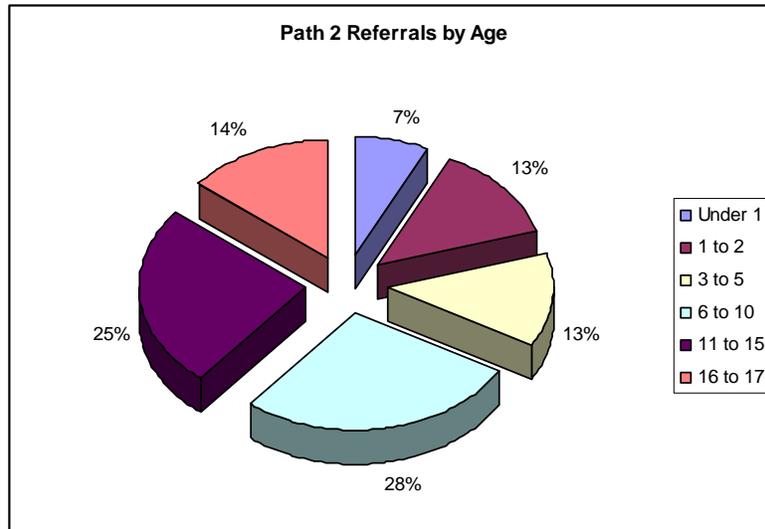


Snapshot of Path 2 Referrals (ETO)

As mentioned previously, P2S Path 2 is a child welfare services and community response option chosen when the referral meets the statutory definition of abuse and neglect and child risk is determined to be low to moderate. In Path 2, families work with county child welfare workers and community-based organizations to identify family risks and strengths and to build on a family's willingness to make necessary improvements and engage in community-based supports and services. Path 2 responses started beginning October 31, 2007 for 1 day of the week; beginning February 1, 2008, a second day was added. Matched data from CWS/CMS to ETO shows that between October 1, 2007 and March 31, 2008, there were a total of 84 Path 2 referrals. The gender breakout was 57% female and 43% male. For ethnicity, the majority of referrals were Hispanic. The chart below show ethnicity demographics:



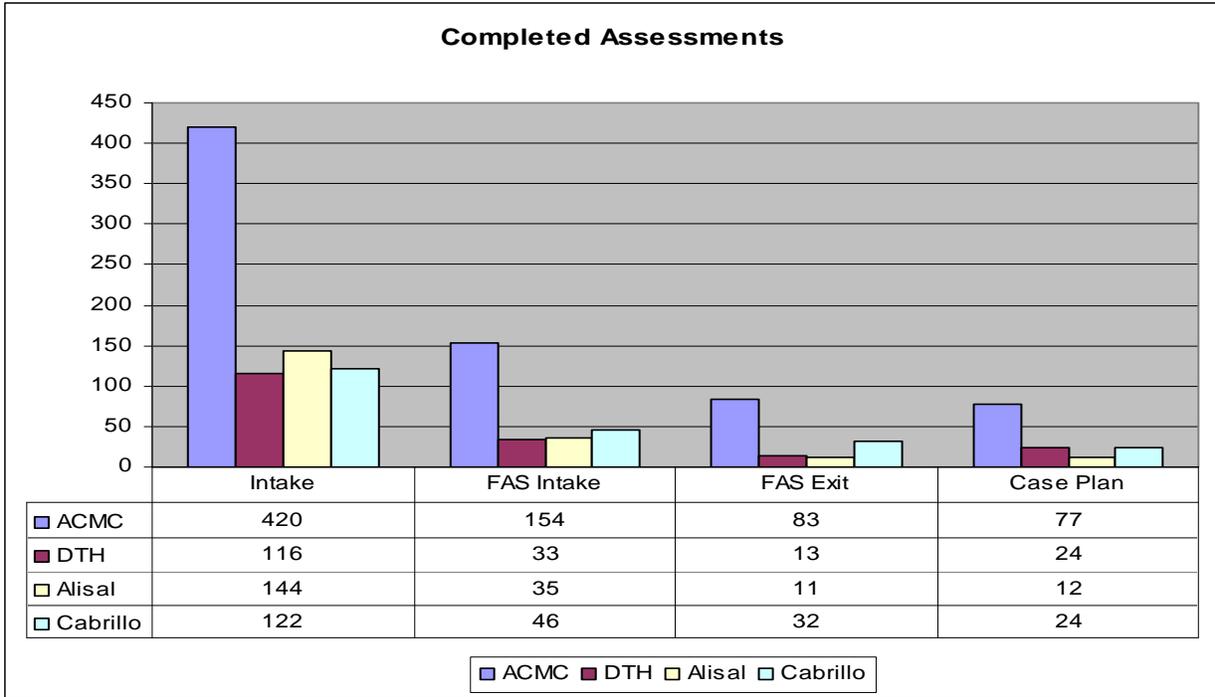
Children 0-5 years of age were the largest age group with Path 2 referrals, making up 33% of the total referrals.



Family Participation and Engagement in P2S

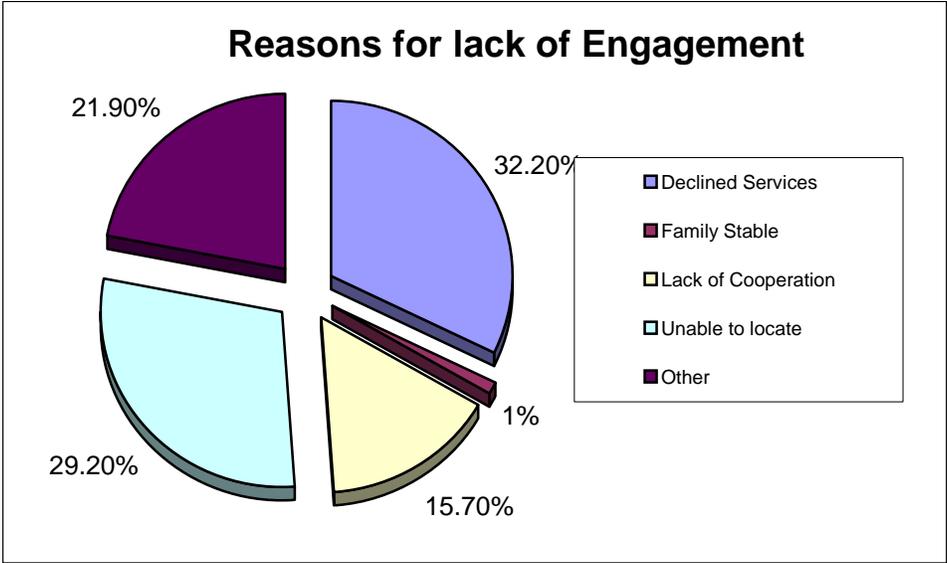
FRS across all agencies completed intake and assessments on 805 families. The intake assessment collects information on engagement outcome, family characteristics, family strengths, child strengths, community involvement, families' needs and issues, as well as family history (health, education, drug and alcohol, employment, etc.). Data reflects the outcome of engagement efforts for 805 families, including families that FRS were unable to locate for ongoing services.

The chart below shows the number of completed intake assessments, as well as the number of families that continued to engage in ongoing services from initial FAST Family Assessment of Scale, an Exit FAST, and a case plan.



It should be noted that ACMC has the majority of FRS, four full-time equivalent employees (4FTE), with DTH, ACHS, and Cabrillo Family Resource Center having the equivalent of 1 FTE each.

An initial intake was completed and recorded in ETO for 802 families, with 249 (31%) engaged in ongoing services. The chart below shows the breakout documenting reasons cited for non-engagement.

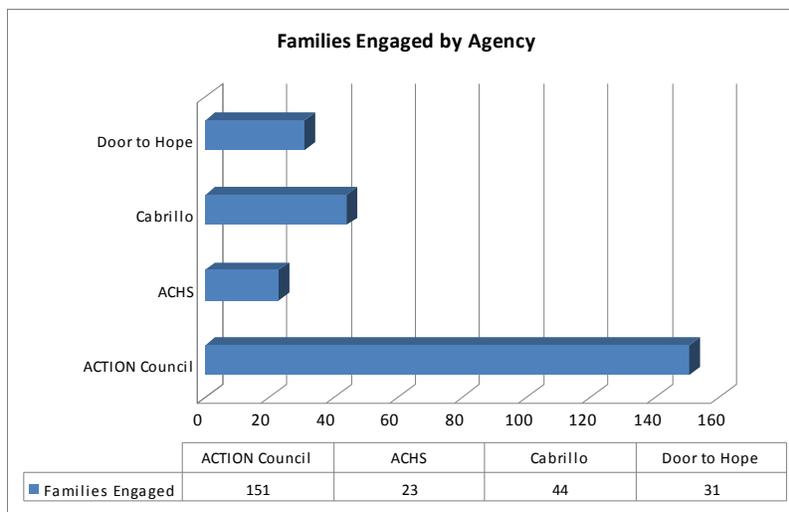


Further standardization and analysis on these data fields may be needed to determine reasons for the inability to locate families (29.2%) at the initial intake. It should be noted that the FRS are required to fill out an assessment on every referral received and assigned. Additionally, further clarification would be useful to understand the “other” category (21.9%) and implications for client engagement strategies, data entry definitions, and training.

A basic component of P2S service delivery and engagement is that the FRS meets with the family face to face. Since P2S is a voluntary program, there are many reasons why families choose not to engage. The P2S process for Path 1 is for the ACMC to send a postcard to the families and then the FRS follows up with an attempt to schedule an intake assessment. For Path 2 referrals, there is a joint-response with an FCS Social Worker and a FRS. Many families refuse the initial engagement effort. Each agency has a standard protocol for the number of attempts to make in engaging families, with the general rule being three attempts before closing the referral. The graphs below show the number of families engaging in services, post intake assessment as well as the percentage of families engaging in services in context of total received referrals.

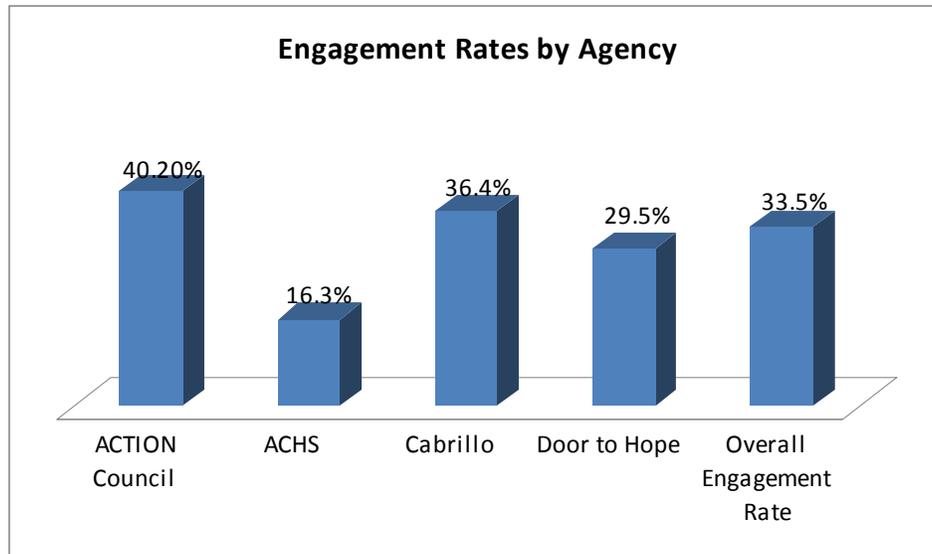
Graph 1

Families Engaged in Services with a Case Plan



Graph 2

Overall Engagement Rates by Agency



There appears to be a wide variance in successful engagement rates by agency. ACTION Council has an engagement rate almost 7% higher than the average, overall engagement rate, while ACHS has a rate half of the average. Additional evaluation and analysis is needed to create increasing standardization of performance. Discussions with agency directors and key staff might lead to identification of barriers to successful engagement and inform improvement strategies.

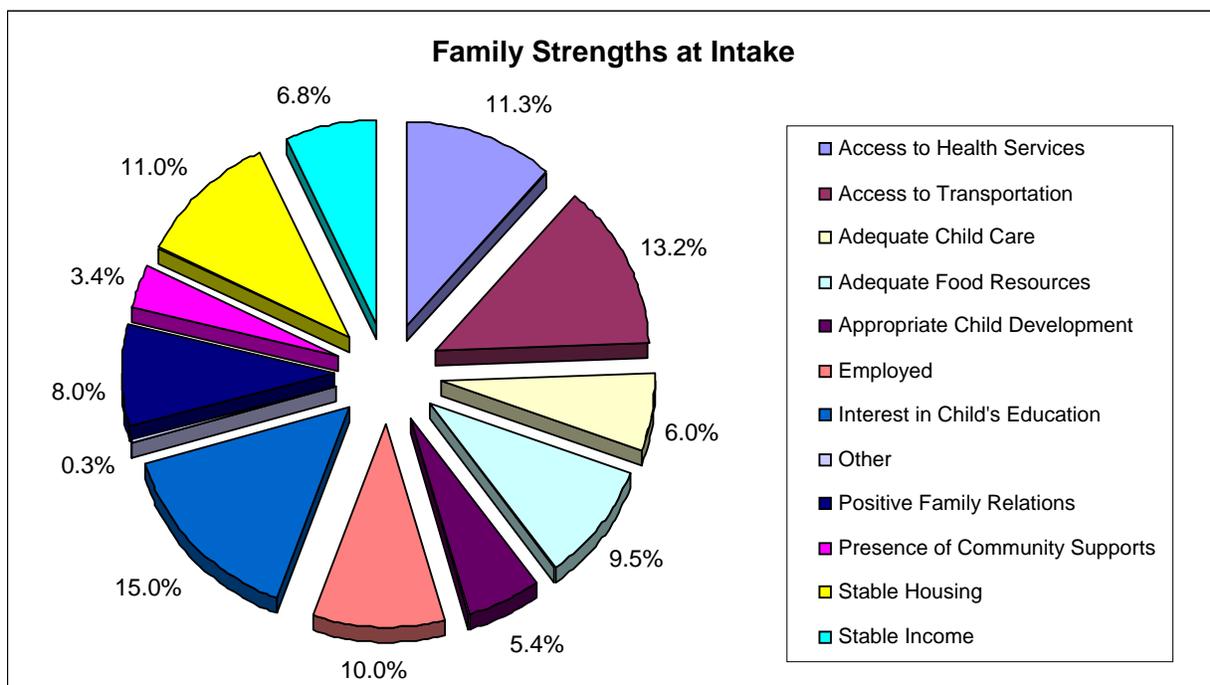
LENGTH OF SERVICE

At the point of this program review, data entry practice by FRS' limits the ability to measure the length of time in services. P2S caps service length at 90 days for each family. Since the inception of the program, only 2 families remained engaged in services for longer than 90 days, upon approval of program supervision.

Family Needs Assessments and Case Planning

P2S' philosophical framework supports case plan development based on identified family strengths, as well as needs identified by the family as an area for focus of effort. Through the intake and interview

processes, FRS work with the family to identify areas of need while identifying and reinforcing family strengths and assets. This process helps families identify the natural resources and strengths they currently have in order to build upon these strengths to stabilize their family and promote self-sufficiency and well-being. The chart below shows family strengths at intake derived from the ETO database. Family interest in child’s education (15%), Access to Transportation (13.2%), Access to Health Services (11.3%), Stable Housing (11%), and Employment (10%) were the most often identified family strengths. This aspect of the intake assessment process appears to be under-utilized and minimally documented in the ETO database. Standardization of documentation and utilization in this area may lead to greater understanding of family needs and strengths which in turn drives a more effective case planning process.



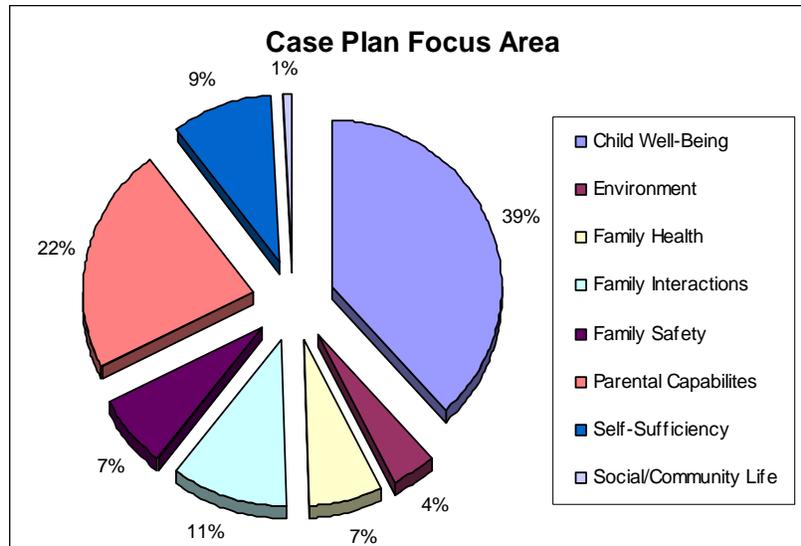
Family needs were determined by the families participating in P2S in partnership with the FRS assigned to work with them. After intake interviews, FRS’ categorized family needs and entered the data into ETO to help drive P2S service delivery, as well as identify on a systems-level service gaps that need to be enhanced to meet P2S family needs. The table below shows the wide categories of needs for families at risk of involvement with child welfare.

Identified Family Need at Intake:

Category	Percentage	Category	Percentage
Counseling	19.9	Health-Medical	2.7
Parent Education	14.5	Education-Child	2.4
Housing	7.5	Advocacy	1.5
Other	5.8	Education-Adult	1.5
Employment	5.6	Substance Abuse Services	1.5
Financial	5.1	Develop Support Systems	1.2
Child Care	4.8	Domestic Violence Services	1.2
Food/Nutrition	3.6	Health-Dental	1.2
Anger Management	3.4	Language-ESL	0.7
Legal	3.1	Language-Translation	0.2
Family Recreation	2.9		

Counseling/Mental Health (19.9%) and Parenting Education (14.5%) were by far the most dominant, common need for families involved with P2S. Basic family needs tied to family self-sufficiency, such as employment, child care, housing/shelter, financial assistance, and food/nutrition were commonly identified. This may indicate a need for stronger links with self-sufficiency programs through TANF or other safety net service providers. However, qualitative information indicated these safety net services are critical to addressing the above mentioned services. Data Elements are in development to more closely track these needs.

The identified family needs gathered through family interviews, in conjunction with the initial FAST (NCFAS-G) helped drive the case plan focus areas to some degree. The chart below shows the identified focus areas for case plans:



The majority of case plans focused on improving parental capabilities, child well-being, family interactions, and self-sufficiency. Case management and community referrals were based on the case plan focus areas generated from the initial FAST.

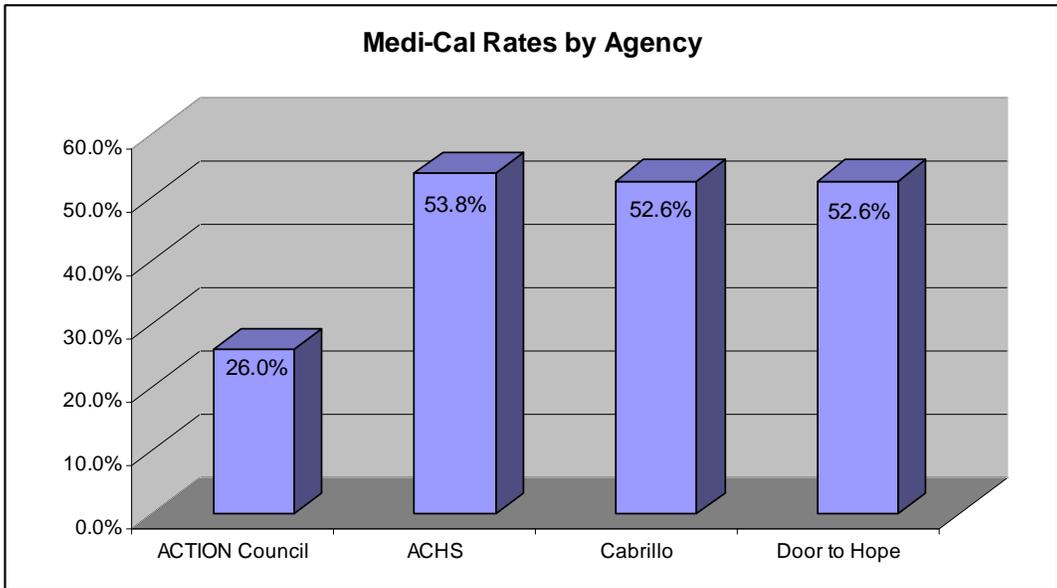
Case Plan Focus and Service Referrals

One of the core activities of the FRS is to refer families to informal and formal community resources in human and social services. Many of these resources are free, while other, more formal resources require reimbursement. APMC put into place several sub-contracts with community partners for services for P2S families, as well as fee-for-service agreements with other providers. As mentioned previously, leadership of the initiative, including FCS, APMC, and partner agencies, moved forward in delivering services and supports to families in need while developing some of the program structures mid-stream. For this program review, several key structures that were either developed later in the process, or are currently under development were not available, inhibiting the current ability to evaluate the provision of services and the impact on client outcomes. These structures include data entry practices and policies leading to the under-utilization of case management functions in ETO software and the under-development of formalized reporting requirements from sub-contractors and vendors. There are indicators of preferred resources as evidenced by FRS utilization of flexible family support funds, higher utilization of certain contractors, and higher referrals to certain agencies. This can only be quantified at this point through contract utilization and fee for service tracking.

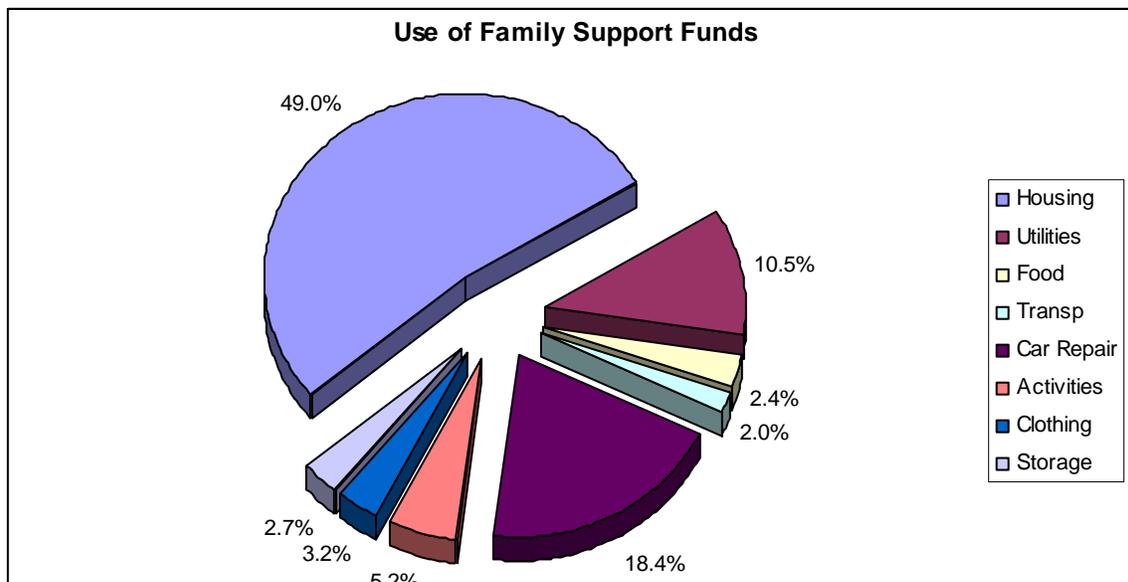
Interviews with service providers and FRS provide excellent qualitative information regarding family needs and service capacity issues. Most individual service providers and agencies reported that families they were serving had myriad needs and many agencies reported that families in P2S are being linked to other resources within their agencies. FRS reported that most community partners are responsive to service needs, particularly fee for service contracted partners. FRS also reported that it is still very difficult, “if not impossible”, to get provider cooperation and assistance for families living in South County. Additionally, FRS disclosed that accessing food resources, particularly the Food Bank was becoming more difficult for families in need.

There was agreement among providers interviewed that families’ highest areas of need and utilization were mental health services, employment needs, housing, and parent education. Across the board, individual providers and agencies identified access to timely mental health services as the largest unmet need and service barrier. The lack of available, timely, and affordable mental health/behavioral health services is an area of high concern among providers and staff. P2S leadership may want to place an emphasis on policy development and advocacy in order to meet this identified county-wide concern.

Another core activity of FRS’ is the enrollment of eligible families into entitlement programs, such as Medi-Cal and CaLWORKs, as well as available low-cost health coverage such as Healthy Families. Evaluation mechanisms to capture enrollment by FRS’ has yet to be developed. However, there is the ability in ETO to track and report on the Medi-Cal eligibility rates among clients being served by the P2S agencies. Although this element does not track enrollment efforts, it may indicate the efforts made by FRS’ in inquiring about families’ health coverage status and following through with data entry into ETO to track eligibility. The report below indicates inconsistent data entry among agencies. Three of the four agencies employing FRS have a Medi-Cal eligibility rate above 50%, while one agency has a rate around 25%. The variance is occurring although there is little difference in populations being referred to the differing agencies.



As mentioned previously, there appears to be a wide variance in FRS approach to case management, data entry, utilization of family support funds, and referrals to formal and informal community services. Through March 31, 2007, over \$31,000 were accessed to support families with emergent basic needs through these flexible funds. That averages to about \$3,100 per full time equivalent position. However, the variance among workers was tremendous, with one worker accessing over \$11,000 of funds while several workers accessed \$300 or less. The chart below shows how support funds were utilized over support categories.

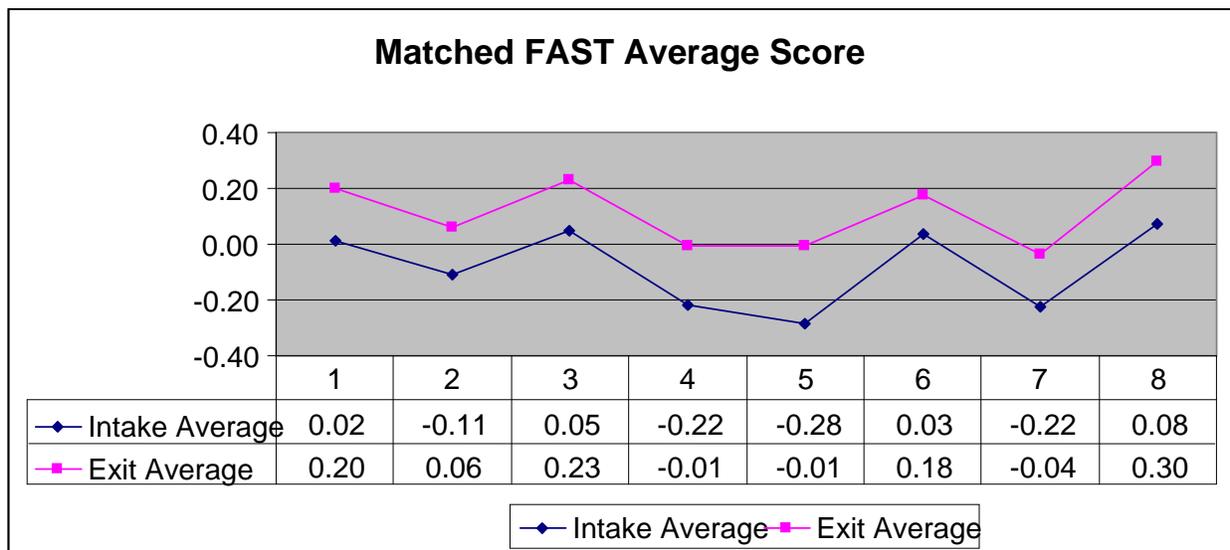
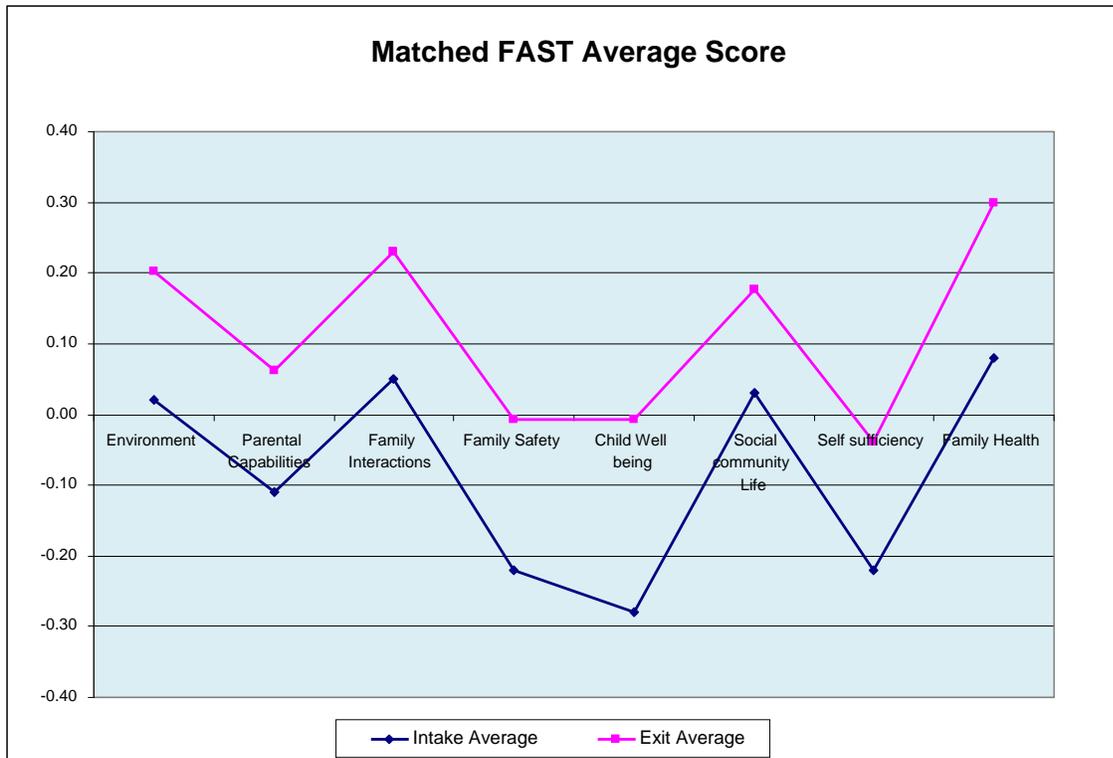


The categories of medical, counseling, child care, cleaning, gifts, miscellaneous/unknown, were all less than 2% of expenses each and accounted for just over \$2,000 (or 6.5%) of the total utilization of family support funds. The data indicate that emergency housing assistance, utilities, and car/transportation dominate the family needs categories.

Several FRS and one agency reported that the easy access to Family Support Funds does not create family self-sufficiency. FRS self-reported, in focus group format, that the use of family support funds varies widely. Most FRS reported trying to use unfunded resources first. However, the FRS reported that their own knowledge of community resources is very different, with many feeling very familiar with communities and much more inclined to seek out and successfully secure unfunded assistance. Other FRS reported that they are more likely to refer to funded partners first because it is easier, and unfunded resources take “more time to investigate”. There was overall agreement that community awareness of P2S needs to increase so that making referrals to funded and unfunded resource becomes easier and more streamlined. It should be noted that improvement in this area has been demonstrated between initial roll-out and this program review. There was a suggestion for the program to increase the parameters of what the funding can be used for and to train and encourage FRS to assist families with long-term solutions.

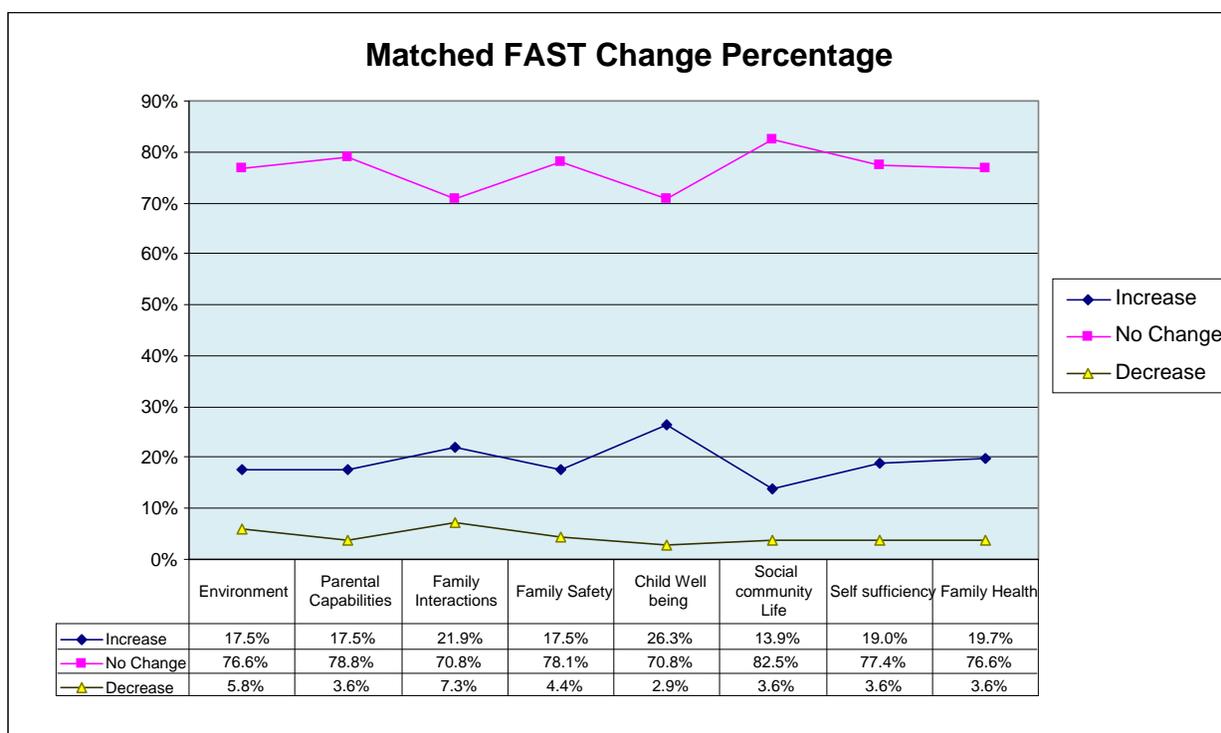
EVALUATION of P2S Client Outcomes

Two sources of data for comparison and initial evaluation into client outcomes currently exist for P2S, a pre/post family assessment tool, and recurrence/re-referral rates. A third source, a client satisfaction survey has been developed, but not implemented. For reference, P2S utilizes the FAST Family Assessment Tool. The process is for FRS to use the tool after the intake to help determine the focus area of service. This is the Initial FAST. At case closure, the FRS conducts an Exit-FAST to help measure family progress on focus areas. The FAST is a tool developed to assist workers in assessing families in eight domains of family functioning: Environment, Parental Capabilities, Family Interactions, Family Safety, Child Well-Being, Social and Community Life, Self-Sufficiency, and Family Health. The scale provides assessment ratings of problems and strengths, both at intake and at case closure. The NCFAST-G has been field tested in child welfare agencies that are implementing differential response programs. Reports run from ETO are able to compare initial and exit FAST scores in cases where both assessments were completed. The charts below show an aggregate report of all clients who had a pre and post FAST, and comparison data.



The average matched FAST chart above reports that families made progress and improvement in all eight family functioning domains: Environment, Parental Capabilities, Family Safety, Child Well-being, Social Community Life, and Family Health, Family Interactions and Self-Sufficiency. This second chart looks at the Matched FAST Change Percentage. The chart shows that families overall improved 12-25%

across the eight domain areas. Additionally, the information indicates that a small percentage actually decreased in functioning across the eight domains and that the majority of families (between 70-80%) experienced no change over the eight domains. Unfortunately, the capacity to evaluate if the families improved on the domain that was the focus of the case plan is not possible at this time. Additionally, it should be noted that families who experienced no change in their domain may not have needed to improve in that area.



Re-Referral/ Recurrence of Abuse and Neglect

Rates of recurrence indicate the number and percentage of families who receive additional referrals within a certain time period. Recurrence information assists child welfare services in evaluating the effectiveness of their practice and speaks to the efficacy of early intervention and prevention services

geared toward keeping children safely in their families and community. For this review, covering the time period, April 1, 2007 to March 31, 2008, the Data and Statistics Unit provided the following data:

Recurrence of Referral			
April 1, 2007 to March 31, 2008			
Data Population April 1, 2007 to September 30, 2007			
Unduplicated Evaluated Outs			
Child Count			
P2S	7%	65 of 829	
Not P2S	9%	47 of 487	Total N=1316
Family Count			
P2S	8%	54 of 644	
Not P2S	10%	40 of 391	Total N= 1035

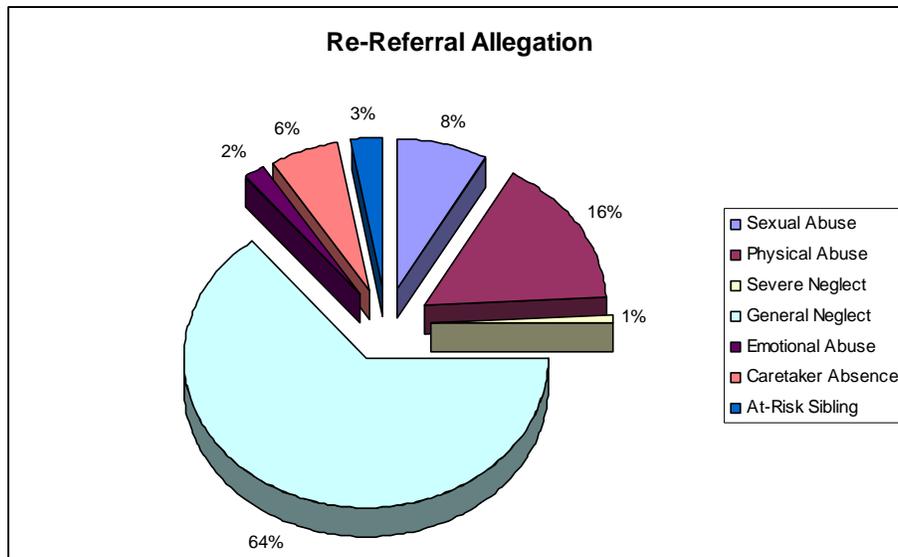
This report creates a cohort of all evaluated out referrals that occurred between April 1, 2007 and September 30, 2007 and measures the number and percentage of children and families that received a second referral within the next six months, October 1, 2007 to March 31, 2008. The report indicates that families and children that were referred to P2S had a 2% lower rate of re-referral.

Additionally, it is important to examine the recurrence rates in time periods prior to the implementation of P2S. In 2005, 11% of children involved in Evaluated Out referrals had a re-referral within six months. In 2006, 20% of Evaluated Out referrals resulted in a secondary re-referral; in 2007, it was 12%. Children involved with P2S in April 2007-March 31, 2008, had a re-referral rate of 7% which is a dramatic improvement over the previous years.

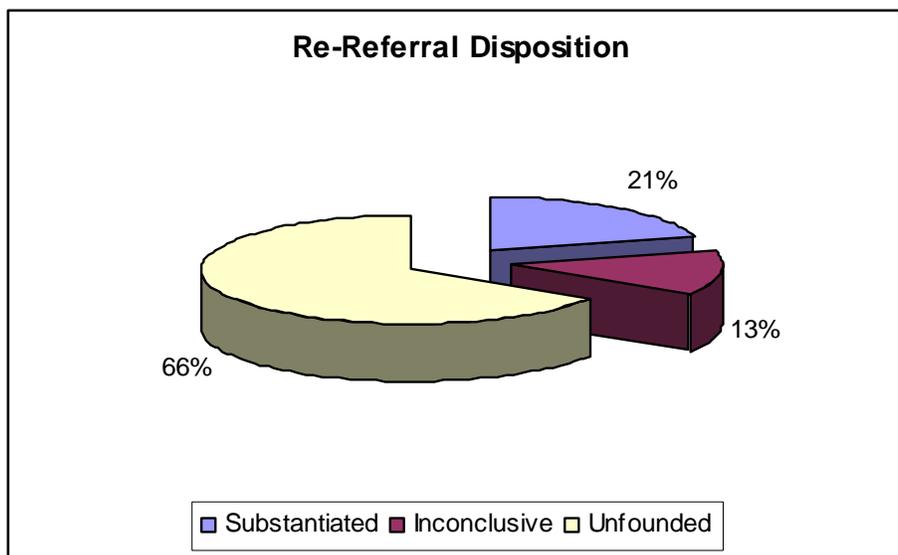
Of all of the unduplicated children who received an evaluated out referral between April 1 and September 30, 2007 (1316 children), only 112 received another referral in the time period, October 1, 2007 to March 31, 2008. Children whose families were referred to P2S services were less likely to receive a re-referral, 7% re-referral rate versus 9% for families that were not directed to P2S, and were much

less likely to receive a re-referral than children involved in evaluated out referrals in prior years, before P2S became an option for families. This improvement in rates for recurrence could also indicate that the increased focus on referral determination, disposition, and response, by both FCS and community partners, through P2S has had secondary system improvement gains.

The majority of re-referrals fell under the General Neglect category. The chart below outlines the re-referral allegations by percentage (112 re-referrals).



At the time of this review, not all data had been entered into CWS/CMS on disposition of the re-referrals. Of the 112, 59 had missing or unknown dispositions. Of the 53 re-referrals that were completed, the following chart shows the disposition.



CAPACITY BUILDING

One key strategy in the implementation of P2S in Monterey County was to provide capacity building and technical assistance resources for community service providers and partner agencies. The P2S steering committee placed an emphasis on building the capacity of the community to provide services to this new stream of families involved with P2S. The strategy was built around the identified need to improve and enhance the service delivery capacity and to develop the types of services needed to stabilize at-risk families and prevent them from entering the child welfare system. APMC developed several capacity building activities aimed at achieving community development including direct funding to develop new programs, services and delivery systems, organizational assessments, training workshops, individualized consulting, and matching funds for technical assistance grants.

At this point in time, it is difficult to assess the benefits of the community capacity building strategies—particularly since many of the capacity building activities are still in the process of being completed. However, for those agencies that attended training workshops and fully utilized the consultants, the immediate impact was tremendous. One agency found that the consultant really helped them with their budget that significantly benefited the organization and helped develop a timeline for organizational development. This same agency found the training workshops both informative and helpful. Another agency, however, found that the organizational assessment process and the subsequent assignment of a consultant were not clearly explained. They were surprised when a consultant called and offered to help them, and believe that such a process should be internally rather than externally driven.

Strategy 1: DIRECT FUNDING

One strategy for improving community capacity to provide services was to *directly fund* agencies to develop new programs and/or expand existing programs to new populations. The Salvation Army in Seaside was awarded funds to hire a new staff person to develop an after school program for middle school children modeled on their elementary school program. Even though this program would eventually serve children who were not referred through P2S, it was felt such a program would benefit the community and build The Salvation Army's capacity to service this age group, which would include P2S children. The Monterey County NAACP received funds to train staff and start up a new Black Parenting Program on the Peninsula that would serve both P2S parents and other African-American families who could benefit from learning these skills. Girls Inc. of the Central Coast was awarded funds to expand their high school leadership program to North County. ACHS Community Healthy Start was

awarded funds to explore the efficacy in becoming a nonprofit agency rather than a program of the school district in terms of providing better, more cost-effective services to the East ACHS community. Interviews with the Salvation Army Youth Leadership Program indicated that the program was a huge success and that many middle school students have participated in a leadership program that without P2S funding would not have been initiated. Although the program is successful, there are two areas of information useful to future direct funding projects. The interview with The Salvation Army regarding community development/capacity building activities and the nexus to the P2S project revealed that the connection between the two needs to be further developed. Another key finding was that the organization was unclear that these funds were one-time only to begin building their capacity to serve middle school youth and that the seed money and training for one year was to provide resources and training options to the organization to better prepare them to seek a sustainable funding source and program design.

Girls Inc. of the Central Coast was able to articulate the connection between their program expansion efforts with P2S funding and link to better outcomes and resources for families and at-risk youth. At the time of writing of this report ACHS had not yet finalized their project and other agencies receiving direct service funding were unresponsive or had not yet reported information on evaluation of program implementation and progress.

Strategy 2: ORGANIZATIONAL ASSESSMENTS

Another core strategy for capacity building in the P2S initiative was to conduct Organizational Assessments. ACHS conducted two tiers of assessments. The first was a quick organizational assessment survey and service delivery data form that was part of the RFP and Open Space process. Information was used to catalogue who was providing services, the nature of those services, populations served and location of services. Once MOUs had been signed, agencies worked with an ACHS intern to complete a more formal assessment of their organizational strengths and needs. The Marguerite Casey Foundation Organizational Assessment tool was used as the tool. The goal was to use the information from these assessments to inform the type of training workshops provided to community agencies and to hire consultants to work with the agencies on their areas of need.

The service provider feedback regarding the organizational assessments again provided mixed results. A few agencies reported that the tool used to evaluate their capacity building needs was valuable in constructing their technical assistance plans. Other agencies and providers felt that the tool was not appropriate to them (an individual provider for instance), was not used in the manner it was intended

(an organizational process with leadership), and was time consuming. Additionally, organizational action plans and consultant work plans stemming from the assessments were under-developed.

Strategy 3: TRAINING WORKSHOPS

ACMC entered into a contract with the CFMC to develop a series of training workshops for community agencies participating in P2S based on the needs identified in the organizational assessments. Topics covered included fund raising, grant writing, cultural competency, working with families experiencing substance abuse, and confidence building. CFMC coordinated training and ACMC retained responsibility for informing P2S agencies of the workshops.

The table below outlines the training topics covered by CFMC as well as the number of attendees per P2S contracted agencies at the sponsored trainings.

Training Topic	Disability Training	Experiencing Substance Abuse	Intro to Capacity Building	Intro to Grant Writing	Confidence Building #1	Finding Funding FAST	Techniques of Fundraising	Confidence Building #2
P2S Contracted Providers								
ACMC	5	5	1		6		1	7
ACHS	1	2		1	2		1	1
Cabrillo		1				1	1	
DTH	3	3			5			3
Harmony at Home		1	1		1		1	2
Kate Miller-Balderas								
NAACP			1			1	2	
Girls Inc		1	1					
Partners in Peace		1						
Planned Parenthood Mar Monte		2						
The Salvation Army			1	1	2	1		
Monterey Adult School			2					
FCS		2		1				

Agencies reported satisfaction with training overall. One of the community FRS partner agencies reported a need for more intensive case management training. This agency reported that the training provided by ACMC has been helpful, but has had to seek out additional, specialized training in order to

address the complexity of needs of the families they are serving in P2S. It is unclear if the additional training need was the result of having less experienced staff or more difficult families. Further discussion with the agencies providing FRS and the development of a tool to measure individual staff competencies may assist in future development of case manager training.

Evaluation mechanisms to measure core competencies gained from participation in the trainings were not in place for this portion of the initiative; focused efforts in this area may assist with increased understanding of training needs and the future development of training programs.

Strategy 4: TECHNICAL ASSISTANCE CONSULTANTS

Every P2S contracted agency was allowed up to 14 hours of individual consulting with professional consultants hired specifically by the CFMC's MAP to work on the issues defined in the assessments, such as fund development, strategic planning, board and organizational development, etc. The consultants worked with agencies on developing a capacity building plan and are currently working toward achieving the goals described in the plans. In addition, the NAACP was awarded additional funds to work with a consultant to develop a new nonprofit, The Village Project.

As mentioned before, the experience with capacity building efforts varied widely among agencies. For one emerging organization, the technical assistance (TA) was reported as invaluable and provided them with tangible work plans to meet agency goals. For others, the TA was extremely confusing, with some feeling like the consultants were driving the process and not the needs of the agency. One provider reported feeling apprehensive about the TA (which had not begun as of the interview) because it seemed to be something pushed from the outside and not driven by a need or internal direction. One agency reported that they declined the offer because the TA being offered by the consultant was not what the agency wanted to pursue.

Overall, it is difficult to assess the impact of the capacity building efforts. Interviews conducted in February 2007 with providers receiving direct TA through consultants was decidedly mixed, with several providers not fully understanding the process, direction, and goals of the consulting, and a sense that the link to the overall goals of P2S was unclear.

At this point in time, the benefits of the community capacity building strategies are unknown. Evaluation tools and reporting requirements to assess funding outcomes for capacity building efforts were not fully developed before the process was implemented. The goals of the capacity building efforts for each agency and the community were not fully understood by all agencies and participants creating

a sense of confusion about the process and goals. Many partners expressed dissatisfaction, frustration, and confusion around the capacity building process, particularly the technical assistance consultant resource. Partners expressed a desire for clearer communication regarding the process, and more flexibility in designing their TA needs and matching their need with the appropriate consultant.

Future efforts would benefit from increased upfront planning, development of accountability and reporting mechanisms for consultants, a stronger feedback loop between contracted agencies, ACTION Council, and the CFMC, as well as a clearer, more defined nexus between organizational capacity needs and service delivery expectations for at-risk families and children.

It should again be noted that the leadership of all of the agencies participating in the rollout of P2S should be acknowledged for boldly moving services and programs into the community while continuing to develop the infrastructure and strategies to continue improving the program and ultimately the lives of families and children at-risk of child abuse and neglect in Monterey County.

PART III

Recommendations

The following recommendations are proposed for consideration:

Family Resource Specialists:

- Work with FRS to ensure that all FAST assessments are completed in a timely manner at the beginning of engagement and after closing the case. The P2S Coordinator should focus on this and monitor each FRS (whether they work for ACMC or not). There should be accountability on the part of the contracted agencies providing FRS and consequences for non-compliance.
- A process should be established to more closely monitor the FRS employed by other agencies, as well as the level of supervision they receive. It is well within the funding agreements to require that the agencies provide evaluations of the FRS work and that ACMC evaluate the supervisors of those staff as per the MOU. A review of the cases handled by these agencies is appropriate. Furthermore, it is appropriate that ACMC dictate the manner in which case management is to be done, regardless of the way other agencies generally do that job because of the very specific focus of P2S.
- Develop the multi-disciplinary team's role into that of case review. The P2S Coordinator in collaboration with the MDT members should provide leadership to the FRS in how to best utilize the team.
- Additional training should be provided in the areas of substance addiction, child sexual abuse/child abuse in general and moving families through basic needs to services that will provide long term change.
- Standardization of FRS' service delivery (use of referrals, use of flexible funding, time spent with clients, accessing of formal and informal resources) and core competencies (data entry, client engagement, knowledge of local resources).

Steering Committee:

- Discuss with current committee what they think their on-going role is and formulate steps to move in that direction.
- Suggestions have been made to add new members to bring more enthusiasm to the "table" and to keep the committee aware of the impact on families. Thus, services providers have been suggested as possible new members.

- The committee should focus energy on long term sustainability for P2S because of diminishing State funding. New members with this expertise should be recruited.
- The committee should take a role in determining the long-term future of P2S, once the ACMC incubation period ends (June 30, 2009).
- The committee should continue to act as a sounding board and problem solving body for staff in the on-going implementation.

ACTION Council:

- ACMC should enlist evaluation services to assist in completing the many aspects of the evaluation. Staff changes and losses at ACMC, made it difficult for the Director to be the overall administrator, evaluator and P2S Coordinator. The addition of a new P2S Coordinator has helped to address the capacity issues of ACMC.
- Develop clearer program expectations with contracted agencies.
- Improve communication processes to engage leadership at contracted agencies.
- Strengthen accountability and evaluation mechanisms at program and funding levels.
- Develop supervision tools that can monitor for consistent and ongoing data entry and quality assurance efforts.
- Ensure full utilization and accuracy of assessments in ETO.
- Establish and maintain core program reports that allow for closer supervision of contract agencies.
- Establish a process to ensure agencies can monitor practice and ensure required data collection is taking place.
- Establish clear expectations for technical assistance consultants regarding documentation, reporting, and evaluation of efforts.
- Improve evaluation of training and technical assistance provided through P2S funding.

Family and Children's Services

- FCS should continue to work on internal change and establish this committee as part of the department rather than part of P2S because the issue of culture change and internal capacity building goes beyond just P2S.
- FCS should continue building on the marketing systems put in place by the social marketer.
- FCS should plan for full Path 2 implementation and ensure that enough support staff is in place and ready to take this on.
- Evaluate current program structure in ETO to allow further development in data analysis and /or the development of best practice

Operational Issues:

- Discussion for full implementation of Path 2, as well as Path 3 should continue as soon as possible.
- A determination should be made of the actual cost of P2S moving forward and where funding should be allocated. It is likely that more funds should be directed to case management.
- Identification and pursuit of additional funding is necessary for program growth and expansion.
- Additional FRS should be hired to enable full implementation of Paths 2 and 3. APMC and FCS should review the numbers of referrals from each zip code to determine where additional help is needed. DTH FRS should be more fully utilized.
- APMC should enter into fee-for-service agreements rather than MOUs and contact all agencies/individuals that have seen P2S referrals when determining with which agencies/individuals are developed.
- Continued efforts to maintain outreach and marketing should remain a priority.
- Evaluation and development of resources to decrease the percentage of families not engaged due to an inability to locate along with further evaluation of the percentage of families recorded as other.