

ATTACHMENT B

CAP Evaluation Baseline Survey Questionnaire

I. Agency Respondent:

Various Senior Level Managers: Assistant Regional Administrators, Regional Administrators, Children's Services Administrators III, and Division Chiefs.

II. Baseline Strategies

This survey is used to gather information on intervention strategies available in the county just prior to the onset of the CAP (i.e., Pre-CAP strategies). In this context, the term "strategy" is used to refer to either (a) a specific service (e.g., homemaker services), (b) a practice (e.g., family conferencing), or (c) a support (e.g., specialized training for care managers). It is recognized that the CAP implementation will not be an "all at once" endeavor and that some strategies may be phased in. Responses can be inserted into this document or attached.

1. Please provide specific examples of any strategies currently (i.e., just prior to the onset of the CAP) employed to *prevent and/or divert out-of-home placements*. Include the type of strategy, how widely it is implemented and any limitations to delivery (e.g., funding, contractor availability, etc.).

Emergency Response (ER) Services

Emergency Response staff responds to referrals of child abuse and/or neglect. They utilize Structured Decision Making (SDM) tools to conduct a thorough safety and risk assessment to determine the level of risk to the child and the validity of the allegation. The ER staff completes a SDM Safety Assessment for all referrals, Risk Assessments as specified and Safety Plan when applicable.

Point of Engagement (POE)

DCFS employs POE to provide a seamless delivery of services for families. It is a collaborative public and private initiative that provides a community safety net. POE utilizes a multi-disciplinary approach that includes the family in the process of selecting and planning for the delivery of needed services within DCFS, Department of Mental Health, Department of Health, Probation, Sheriff, and DPSS.

- Community Response Services (previously known as Differential Response Services) is a community-based network of formal and/or informal support services for families where the investigation resulted in unfounded and/or inconclusive findings of child abuse and/or neglect. The SDM Safety Assessment has no safety factors identified and the Risk Assessment level of low-risk. In addition, the family has no prior referrals and the CSW believes the family could benefit from additional services.
- Alternative Response Services will provide Family Preservation Services where the investigation resulted in inconclusive or substantiated findings of child abuse and/or neglect with an SDM score of low-to-moderate risk, and who are in need

ATTACHMENT B

CAP Evaluation Baseline Survey Questionnaire

of preventive services to avoid promoting the referral to a case. With Family Preservation Services in place, the family does not warrant continued monitoring by DCFS.

- Team Decision-Making encourages collaboration between the family and CSWs, and the community to develop appropriate safety and service plans for children to remain safely in the home. If that is not possible, to develop a plan so the children will return home as quickly as possible.
- Intensive Services are provided to families during the POE process to mitigate the risk of detention and, when unavoidable, requires DCFS to engage in collaborative planning for the expedient and comprehensive delivery of services to support the best outcome for families.
- Voluntary Family Maintenance (VFM) is limited to six months, and may be extended for two three-month periods if it can be shown that the case plan can be achieved within the extended time period. The voluntary placement is planned and limited to six months (VFR). VFM/VFR uses the communities' and families' strengths to serve the needs of children alleged to be abused or neglected and to reduce the need for detention. Children remain at home with VFM and VFR seeks to avoid the stress and expense of court intervention.
- Voluntary Family Maintenance with Family Preservation Services seeks to assure the physical, emotional, social, educational, cultural and spiritual development of children in a safe and nurturing environment. There is a myriad of services and program available to families served by Family Preservation.

Limitations to preventive services:

- Limited availability of Alternative Response slots. Without being able to confirm that a family can access services through ARS, we cannot safely close our referral.
- Families affected by substance abuse often have other, undiagnosed problems, such as a history of mental illness, domestic violence and sexual abuse. Many local programs do not adequately address the underlying causes of substance abuse.
- There is a lack of readily available and easily accessible intensive mental health services for children and youth.
- Insufficient staffing.
- Insufficient TDM facilitator staffing.
- Lack of service providers/community partners at TDMs.
- Lack of general knowledge regarding Emergency Protective Orders, restraining orders, and the steps required to obtain such orders in cases involving domestic violence.

Family Maintenance (FM) Services

Family Maintenance Services is the provision of a court ordered, child welfare services to families when the child can remain safely in the home. The services offered may include, but are not limited to, a range of service-funded activities, including case management,

ATTACHMENT B

CAP Evaluation Baseline Survey Questionnaire

counseling, emergency shelter care, emergency in-home caretakers, respite care, therapeutic day services, teaching and demonstrating homemakers, parent training, substance abuse testing and transportation. These services are limited to twelve months.

Voluntary Family Maintenance (VFM)

Voluntary Family Maintenance (VFM) is the provision of non-court, time limited protective services to families when the child can safely remain in the home and the family is willing to accept services and engage in corrective action. Voluntary Family Maintenance is used as an intervention when we identify risk factors that, if not addressed, may require removal of the child in the future. The agreement for voluntary services may be initiated by the CSW or by the court, following the dismissal of a petition. These services are limited to six months, and may be extended for two three-month periods if it can be shown that the case plan objectives can be achieved within the extended time period.

Limitations to successful VFM management:

- Family Preservation services are not immediately implemented. It has been reported that the FP agencies have a waiting list of up to three months, which leaves a family essentially without services for half of the length of the case plan.
- Lack of sufficient TDM facilitators.
- Lack of additional drug testing resources. The current drug-testing program is simply inadequate for the Department's purposes. Clients generally are called to test only twice a month.
- Lack of general knowledge regarding the dynamics of domestic violence and the various programs to treat victims and perpetrators. Many times, staff will request that a parent who has been identified as the perpetrator attend an anger management class, rather than a 52-week DV program.
- Family Preservation services are not immediately implemented due to (1) waiting lists for both English and Spanish cases and (2) lack of Spanish speaking staff with the Family Preservation agency.

Point of Engagement (POE) Differential Response.

Community Response Services (previously known as Differential Response Services) is available in the Compton Office. It is the provision of a community-based network of formal and/or informal support services for children and families. The Emergency Response investigation results in unfounded and/or inconclusive findings of child abuse and/or neglect with an SDM Safety Assessment with no safety factors identified. In addition, the Risk Assessment level is low risk, the family has not had any prior referrals, and the CSW believes that the family could benefit from additional community services. Once the family is linked to community-based services, the DCFS referral will be closed.

ATTACHMENT B

CAP Evaluation Baseline Survey Questionnaire

Point of Engagement (POE) Alternative Response Services (ARS)

Alternative Response Services will provide Family Preservation Services where the investigation resulted in inconclusive or substantiated findings of child abuse and/or neglect with an SDM score of low-to-moderate risk, and who are in need of preventive services to avoid promoting the referral to a case. With Family Preservation Services in place, the family does not warrant continued monitoring by DCFS.

Limitations to successful Alternative Response Services

- Limited by slots available through PFF
- Relatively few slots and the acceptance criteria are strict. This results in a lack of service to families who could truly benefit from services, but do not rise to the risk level warranting additional intervention by our Department.
- Slots are filled quickly. Staff will hold on to a referral waiting for an ARS slot to become available thus resulting in an ER referral over 30 days. Families also lose interest in the service if there is a delay. Workers tend to open cases on these families to ensure they get services.

Family Preservation Program (FPP) Services

An integrated, comprehensive, community-based approach to service delivery that ensures child safety while strengthening and preserving families who are experiencing problems in family functioning characterized by child abuse, neglect or exploitation. The goal of the program is to assure the physical, emotional, social, educational, cultural and spiritual development of children in a safe and nurturing environment. There is a myriad of services and programs available to the children and families being served by Family Preservation. The following is a partial list of services available through FPP:

- Child Care Services;
- Community Family Preservation Network (CFPN);
- Counseling;
- Developmental Services;
- Employment/Training Services;
- Health Care Services;
- Housing Services;
- Linkages;
- Multidisciplinary Case Planning Committee (MCPC) Meeting
- A multidisciplinary personnel team formed by the CFPN to analyze and evaluate a FP family's functioning;
- Multidisciplinary Case Planning Committee (MCPC) Service Plan (SP);
- A case plan formulated for each FPP family at the time of referral and updated every 75 days; and,
- Respite Care (Child) Services. Temporary placement services that provides for prearranged child care in settings other than the child's own home when a

ATTACHMENT B

CAP Evaluation Baseline Survey Questionnaire

parent/guardian is absent or incapacitated and a determination has been made that temporary out-of-home care is in the child(ren)'s best interest

Limitations to successful Family Preservation services:

- Limited slots;
- Offices have been challenged to provide this service promptly to families who most need it, due to a lack of available slots;
- Lack of family preservation slots resulting in waiting lists. Families lose service time because of the waiting list; and,
- A severe lack of Spanish speaking staff with the Family Preservation agency. Our agency reports difficulty in finding qualified staff to hire.

Family Team Decision Making (FTDM)

Please see Team Decision-Making in POE section of #1.

Structured Decision Making (SDM)

DCFS implemented Structured Decision Making to provide workers with simple, objective, and reliable tools with which to make the best possible decisions for individual cases and to provide managers with information for improved planning and resource allocation.

Components of Structured Decision Making:

- Hotline Tool, Screening tool and Response Time;
- 4 Decision Trees used in Hotline Tool;
- Path 1 tool, used for Evaluate Out referrals to assign for Alternative Responses;
- Path 2 or 3, once Differential Response is implemented, used on all 5 day and Immediate response referrals to designate Path decision;
- Safety Assessment, for identifying immediate threatened harm to a child;
- Risk Assessment, estimates the risk of future abuse or neglect and guides in case opening;
- Family Strengths and Needs Assessment, used for identifying family strengths and needs and assist with case planning;
- Risk Reassessment, combines items from the original risk assessment tool with additional items that evaluate a family's progress toward case plan goals;
- Reunification Reassessment, to structure critical case management decisions for children in placement who have a reunification goal; and,
- SDM Safety Plan - used with new SDM 2.0 version of the Safety Assessment.

ATTACHMENT B

CAP Evaluation Baseline Survey Questionnaire

Compton Project/Shields for Families – Upfront assessments

Linkages

Los Angeles County is participating in a statewide effort to enhance service coordination between DCFS and DPSS to improve safety and economic stability outcomes for families in both Cal/WORKS and Child Welfare Services. Linkages intends to improve service integration between Cal/WORKS and Child Welfare Services through enhanced client identification, case plan coordination and resource sharing for families being served by both departments. Linkages is applicable to all new and existing referrals and is a pilot program in the Metro North and San Fernando Valley.

The Linkages GAIN Services Worker, co-located at the Metro North and San Fernando Valley offices, will:

- Facilitate referral of AB 429 families to both DCFS and DPSS;
- Participate in TDMs to assess service needs and link the family to services available through GAIN;
- Act as an advocate for the family to resolve any compliance or other case issues and support on-going communication and coordination between CSWs and GAIN Services Workers; and,
- Monitor and assess the parent's compliance and progress with a coordinated Family Reunification/Welfare-to-Work case plan.

Family Preservation Program activities may be counted towards a CalWORKs Greater Avenues for Independence (GAIN) participant's Welfare-to-Work (WtW) participation requirement. Additionally, while participating in acceptable WtW FP Program activities, a GAIN participant may be eligible to receive supportive services (childcare, transportation, and ancillary expenses). Participation in FP is strictly voluntary.

Wraparound Services

Wraparound is a multi-agency initiative that is a family-centered, strengths-based, needs-driven planning and service delivery process. It advocates for family-professional partnership to ensure family voice, choice and ownership. Wraparound children and family teams benefits children by working with the family to ensure permanency. The single most important outcome of the Wraparound approach is a child thriving in a permanent home and maintained by normal community services and supports.

Wraparound serves children who are under the jurisdiction of the DCFS, Probation Department (Probation) and Department of Mental Health (DMH) through AB 3632. Wraparound is a community-based process, and referrals are based on the location (i.e., SPA) where the child and family are to receive services. Referrals are made to the SPA and ISC where a family member or caregiver has been identified and has agreed to participate in Wraparound services. Once enrolled, the ISC team continues to monitor key aspects of Wraparound service delivery in coordination and partnership with the

ATTACHMENT B

CAP Evaluation Baseline Survey Questionnaire

case-carrying Children's Social Worker (CSW) or Probation Deputy, as applicable. The Los Angeles County Wraparound model has been developed through a collaborative partnership between the County and the Lead Wraparound Agencies (LWAs). This partnership, through regular meetings and solicitation of community and family input, maintains high standards, measures the achievement of outcomes and ensures voice, choice and access for all stakeholders.

Limitations to Wraparound Services:

- Acceptance criteria are too strict and the criteria change. For example, although the contract expanded this year and gave providers additional slots, staff were instructed that wraparound could not be used in voluntary cases, and could only be used in court cases; this prevented us from utilizing wraparound as a means to avoid court intervention.

Child Care Services

In Family Preservation, these services are provided by the Community Family Preservation Network (CFPN) via linkage or under separate allocation of child care funds. Childcare is defined as non-medical care and supervision of children less than 13 years of age for less than 24 hours per day. Quality childcare may be a respite from a chaotic home environment or therapeutic, to resolve problems caused by child abuse and neglect. Childcare may be provided for children 14 to 18 years old if they are mentally retarded, hearing impaired, deaf, speech impaired, visually handicapped, seriously emotionally disturbed or orthopedically impaired. Services for children in need of socialization and whose parents or guardians work, attend school and require help with childcare.

Limitation with Child Care Services:

- Not enough slots, as they run out each year; and,
- Lack of available childcare slots affects our ability to return children home, to keep children safely with parents, or to facilitate relatives caring for children

2. Please provide specific examples of any strategies currently (i.e., just before the onset of the CAP) employed to *reduce lengths of stay* in out-of-home care. Include the type of strategy, how widely it is implemented and any limitations to delivery (e.g., funding, contractor availability, etc.).

Concurrent Planning Redesign (CPR)

- Concurrent Permanency Planning Log (CPPL) Web based tracking system capturing concurrent and permanency planning activities for all children in out of home care. The CPPL is available Department-wide. Limitations include: (1) data entry of upcoming court hearings was not available when CPR first began and currently does not include 12-13% of children. (2) Programming is

ATTACHMENT B

CAP Evaluation Baseline Survey Questionnaire

still underway to be able to more fully capture outcome data to include all closed/historical cases.

- Early assignment of Adoption and Permanency Resources Division (APRD) CSW for children with adoption alternative permanent plans.
- End of Case transfer and timely reassignment process after termination of parental rights
- Assignment of Dependency Investigator and “TPR Team” with expertise in legal aspects of casework to conduct termination of parental rights.
- Addition of high-level support staff to conduct due diligence follows up work to support family finding and produce legally sufficient due diligence.
- Offices have recently begun implementing Phase II of concurrent planning, and are working with our staff to ensure timely submission of Concurrent Planning Assessments. Additionally, we have recently been able to hire a Dependency Investigations Assistant, and a Due Diligence Clerk, who will assist in activities, related to permanency planning, such as verifying addresses and serving notices.
- An office works very closely with the adoption staff. We have implemented CPR and we have a DIA. Adoption staff has assisted us in giving clear explanations of the adoptions process and or legal guardianship information to caregivers of children in long term foster care. We are collaborating with our faith-based community and actively recruiting for adoptive families.

Limitations of Concurrent Planning Redesign:

- CPR has been implemented in all regional offices. Medical Placement, American Indian, Deaf Services and Asian Pacific units will implement CPR November 13, 2007.
- Need more Adoption Assistants to do the due diligence and Permanency Planning Hearing preparation.

Family Preservation Program (FPP) Services

Please see above #1 and #2

Family Team Decision Making (FTDM)

Please see above #1 and #2

Wraparound

Please see above #1 and #2

Permanency Partners Program (P3)

This program uses part time social workers, many of which are retirees. The social workers collaborate with older youth and identify past and existing relationships in the

ATTACHMENT B

CAP Evaluation Baseline Survey Questionnaire

child's life. They then search for those relationships and try to engage them to become a part of a child's life. The ultimate goal is to return the youth back to a birth parent, if appropriate, or to have them adoptively placed with an identified connection. The target population is older children currently in long-term foster care particularly in group homes. P3 has been successful in finding connections for children. They don't always result in reunification but they at least will find a family connection for many of our children.

Limitations to P3

- Not enough capability to do all AWOLS, Permanency follow-up and research.

Structured Decision Making (SDM)

Please see above #1 and #2

Kin-GAP

Limitations to Kin-GAP

- Relatives reticent to cut ties due to needing "someone to call and get immediate service or support" when dealing with conflict.
- Kin-GAP is not viewed as an incentive to caregivers to pursue legal guardianship. Rather, relative caregivers who are willing to take guardianship will often opt for Kin-Gap as a way to "normalize" their lives; that is, to eliminate the need for Department/Court involvement.
- There are difficulties in getting relatives to Kin-GAP. Relatives are fearful that resources will not be available to them if their case is closed.

Respite Services

- Quite limited

APSS (Post-Adoption Services)

Implemented August 1, 2005. APSS accesses individual, group and family therapy through Medi-Cal/EPSTDT Program; Support and Discussion Groups, Mentors, Case Management and Linkage Services are also provided to families considering adoption, in the adoption process or who have a finalized adoption. Targeted populations include children involved in recruitment efforts, children in long term foster care who could benefit from a more permanent plan of adoption, families adopting sibling groups and families whose finalized adoption is at risk for disruption.

Limitation to APSS:

- Have not seen APSS used to decrease the length of stay in placement.

ATTACHMENT B

CAP Evaluation Baseline Survey Questionnaire

- The impact on permanency has not been measured.

Adoptions Placement and Recruitment Unit (PRU)

This program employs a variety of strategies in order to find permanent adoptive homes for children who are unable to be safely returned to their birth parents and waiting to be adopted. These activities include media recruitment such as Wednesday's Child, Home for the Holidays television special, featuring waiting children in various print publications, and on various adoption exchange websites. It also includes having the children participate in various matching activities such as the adoption fairs, photos featured in our roving Heart Gallery, and being in Covenant Books to be used at faith-based events. We also have the children participate in the "Kidsave" program where they are matched with a host family who helps them find a permanent family. PRU is currently recruiting for about 800 children that are waiting for an adoptive family.

Limitations to PRU:

- Resources such as available and immediately accessible "fost-adopt" families are limited.
- Resource Family Recruitment has limited monies to support efforts.

Regional Permanency Review Team (RPRT)

Transitional Housing Placement Program (THPP)

TIES for Adoptions

This UCLA program is contracted and prepares families to meet the needs of the children they want to adopt. It also provides multidisciplinary assessments and services so that families feel equipped to adopt a child and therefore are willing to move forward to adopt. TIES' support groups and ongoing treatment of the children has helped prevent many potential disruptions.

3. Please provide specific examples of any strategies currently (i.e., just before the onset of the CAP) employed to *engage families in service planning*. Include the type of strategy, how widely it is implemented and any limitations to delivery (e.g., funding, contractor availability, etc.).

Family Reunification (FR) Services Case Planning

Please see FTDM above in #1 and 2

Family Maintenance (FM) Services Case Planning

Please see VFM/FM and POE above in #1

ATTACHMENT B

CAP Evaluation Baseline Survey Questionnaire

Family Team Decision Making (FTDM)

Please see above #1 and 2

Concurrent Planning Redesign (CPR)

Adoption Placement and Recruitment Division (APRD) CSWs are available to participate in Team Decision Making (TDM) conferences to provide full disclosure and engage the child and family in concurrent planning. There is Full Disclosure training and a script to help guide staff in explaining concurrent planning and engaging families in the process are in place. Also, CPR-Phase II consists of APRD CSWs taking on the responsibility of conducting the joint concurrent (permanency) planning assessment (CPA) instead of having a small number of specialized staff. APRD CSWs will be available to provide face-to-face services. Anticipated full rollout of CPR-Phase II is December 2007.

Wraparound Services

Please see above #1 and #2

III. Inventory of existing services (See Excel File: Baseline Services Survey Table)

For each of the services in the table, please indicate if it is available in your county. The list is long, but is intended to be inclusive of various services and supports that can be provided to families. Feel free to add in any additional services that were inadvertently omitted from this inventory. Also, feel free to alter any “closely-named” items from the list to reflect your county’s current activities.