

Safety Organized Practice

Deepening Collaboration Between Court Partners and Child Welfare

Beyond the Bench
San Diego, 2017

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Agenda

- ▶ Introduction
- ▶ What is Safety Organized Practice
- ▶ Well-Being Demonstration Project
- ▶ Ventura County's Journey
- ▶ Legal Partner's Perspective
- ▶ Q&A

Safety Organized Practice



Cultural Humility

Signs of Safety

Structured Decision Making

Child and Family Team Meeting

Trauma Informed Practice

Solution Focused Interviewing

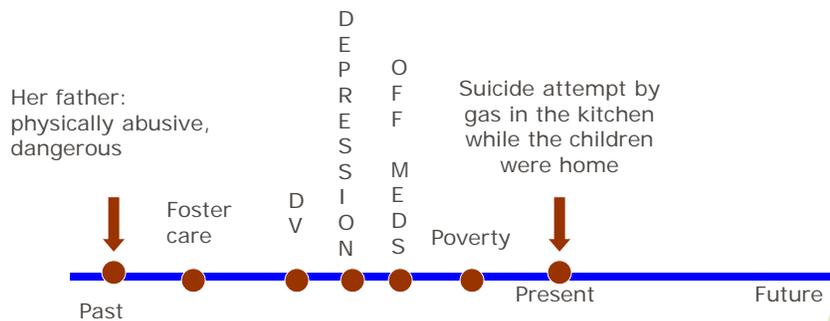
Motivational Interviewing

Collaborative/Partnership Family Practice

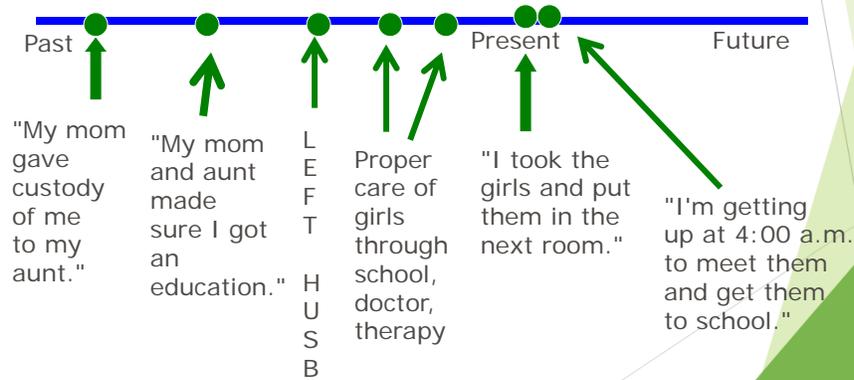
Appreciative Inquiry

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Interviewing for Safety and Danger



Interviewing for Safety and Danger



What Are We Worried About?	What Is Working Well?	What Needs to Happen Next?
<ul style="list-style-type: none"> • Cheryl turned on the gas stove with her children at home, flooding the home with toxic fumes. Both she and the children passed out. • Cheryl lost her job and cannot pay her bills. • Cheryl has been diagnosed with clinical depression. • Cheryl stopped taking her medication three months ago. • Cheryl says her ex-husband hit her a number of years ago. • Cheryl's father was physically dangerous to both her and her mom when she was a child, and she had to grow up outside of her parents' care. 	<ul style="list-style-type: none"> • Cheryl put the children in next room and opened a window before turning on the gas. • The girls' pediatrician and teacher say Cheryl takes good care of the girls. They are medically up to date; she attends parent/teacher conferences and sends the girls to school dressed cleanly with lunches packed. • Cheryl took out a restraining order after her husband hit her. • Cheryl is proud of her high school diploma. • Cheryl's mother made sure she was protected from violence and able to get an education living at Cheryl's aunt's house. 	<ul style="list-style-type: none"> • Danger statements • Safety goals • Expanding the safety network • Planning <p><i>Risk level is moderate by score—upgraded to high by policy. There also is an unresolved safety threat.</i></p>



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Safety

What Are We Worried About?	What Is Working Well?
<p>Harm and Danger:</p> <ul style="list-style-type: none"> •Cheryl tuned on the gas stove with her children at home, flooding the home with toxic fumes. Both she and the children passed out. 	<p>Safety:</p>
<p>Complicating Factors:</p> <ul style="list-style-type: none"> •Cheryl lost her job and cannot pay her bills. •Cheryl has been diagnosed with clinical depression. •Cheryl stopped taking her medication three months ago. •Cheryl says her ex-husband hit her a number of years ago. •Cheryl's father was physically dangerous to both her and her mom when she was a child, and she had to grow up outside of her parents care. 	<p>Strengths/Protective Capacity:</p> <ul style="list-style-type: none"> •Cheryl put the children in next room and opened a window before turning on the gas. •The girls' pediatrician and teacher say Cheryl takes good care of the girls. They are medically up to date; she attends parent/teacher conferences and sends the girls to school dressed cleanly with lunches packed. •Cheryl took out a restraining order after her husband hit her. •Cheryl is proud of her high school diploma. •Cheryl's mother made sure she was protected from violence and able to get an education living at Cheryl's aunt's house.
<p>What Needs to Happen Next?</p> <p>0 ←————→ 10 Danger Safety</p>	

Traditional CPS Plan

Plan #1

Cheryl needs to visit the therapist weekly to work on depression, its causes, and its impact on her life.

Cheryl needs to visit the psychiatrist at least monthly to ensure she is taking her medication and it is working properly.

Cheryl needs to attend a therapeutic group weekly for "women facing depression" so she can hear how other women have responded to it.

Cheryl needs to go to a job retraining course.

Cheryl needs to go to parenting classes.

CPS Plan Using SOP Practices and Tools

Plan #2: Cheryl agrees to present the following to her children and her safety network.

- Neighbor Paul, sister Sarah, foster mother Trina, and outreach worker Betsy agree to be part of Cheryl's safety network.
- Cheryl will ask for help with the children if she is feeling higher than a 7 on a 10-point depression scale.
- Cheryl will not be alone if she is thinking about hurting herself again; she will ask for help from someone in the network if this happens.
- Cheryl agrees to keep a log of her work in resisting the worst of her depression. She will rate the impact of her depression in the book daily and detail everything that is helping her reduce that impact.
- Paul, Sarah, and Trina all agree to call or visit once daily (one in the morning, one in the afternoon, one in the evening). They will talk to Cheryl, ask how she is doing, and rate her depression's impact on her. They will talk to the kids and ask them how they are. When the network visits, they will also write in the log and ensure that the children have their phone numbers.
- Betsy will visit the home two to three times a week. Either she or other team members will be available 24 hours a day if Cheryl wants to call. During her visits, Betsy will rate depression's impact on Cheryl and write in the log. Betsy will work with Cheryl to make sure she goes to the doctor.
- Cheryl, the safety network, and CPS will review this plan again in three weeks.

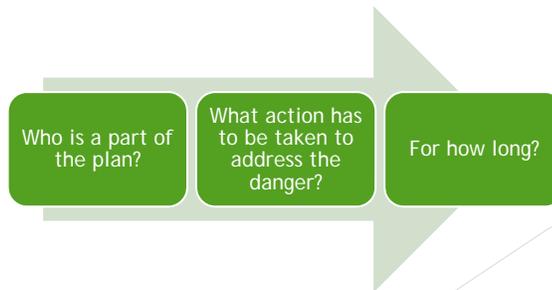
A paradigm shift?



- The best predictor of future maltreatment is past maltreatment.
- The best predictor of future acts of protection are past acts of protection.
- The sooner caregivers start demonstrating new protective actions that respond to the danger/worry, the better.

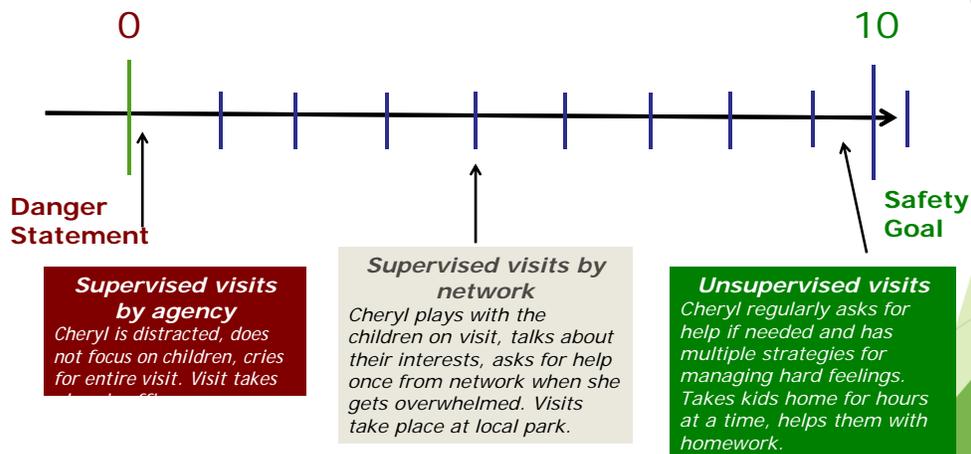
Safety Goals

► Cheryl will work with CPS and a network of family, friends, and providers to show everyone that **she will always ask for help** if sadness or depression start to get in the way of taking care of the girls or if she starts to think about hurting herself again. CPS will need to see this plan **working continuously for nine months** to feel like the plan will continue if they withdraw.



Scale for Visitation Planning and Progress

What might Cheryl be doing at a 2, 5, or 8?

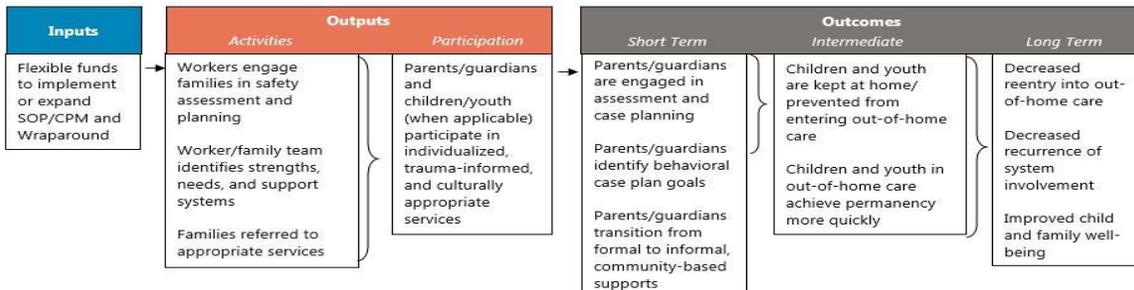




Evaluation Logic Model

Need: Children, youth, and families need (1) family-centered interventions that focus on family engagement and strengths, (2) critical thinking skills to analyze information that enhances and promotes safety, and (3) services that address their immediate safety needs and help them recognize their own strengths and support networks. They also need individualized, trauma-informed, and culturally aware interventions to engage them as they evaluate their own strengths and needs.

Theory of Change: If counties are able to use flexible federal Title IV-E funds to provide alternative services that increase family engagement and result in individualized, behavioral case plan goals, then children, youth, and families will be more likely to benefit from direct services and remain safely in their homes. The demonstration project's funding flexibility will allow local child welfare agencies and probation departments to create a more responsive array of services and supports for families, target subpopulations, and expand current efforts that align with other state-level initiatives.



Assumptions: Counties will be able to achieve full implementation of SOP/CPM and Wraparound as family-centered and strengths-based approaches to engaging and partnering with children, youth, and families in making decisions, setting goals, and achieving the desired outcomes of safety, permanency, and well-being. County context, staff competencies, leadership, and organizational capacity will enable the achievement of full implementation.



Project Goals



Improve the array of services and supports available to children, youth, and families involved in the child welfare and juvenile probation systems

Engage families through a more individualized casework approach that emphasizes family involvement

Increase child and youth safety without an over-reliance on out-of-home care

Improve permanency outcomes and timelines

Improve child, youth, and family well-being

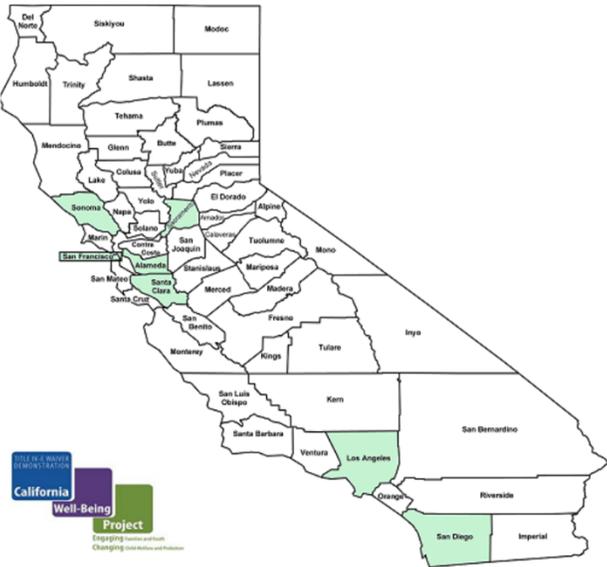
Decrease recidivism and delinquency for youth on probation

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Participating Counties





1. Alameda
2. Los Angeles
3. Sacramento
4. San Diego
5. San Francisco
6. Santa Clara
7. Sonoma

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Main Provisions



The Project will focus on two components across all participating counties:

- ▶ Prevention: Wraparound for probation youth exhibiting delinquency risk factors that put them at risk of entering foster care.
- ▶ Family Centered Practice: Safety Organized Practice to further implement and enhance the Core Practice Model for child welfare.

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SOP/CPM Implementation



Specific elements of SOP/CPM include family engagement and assessment, behaviorally-based case planning, transition planning, ongoing monitoring, and case plan adaptation as appropriate.

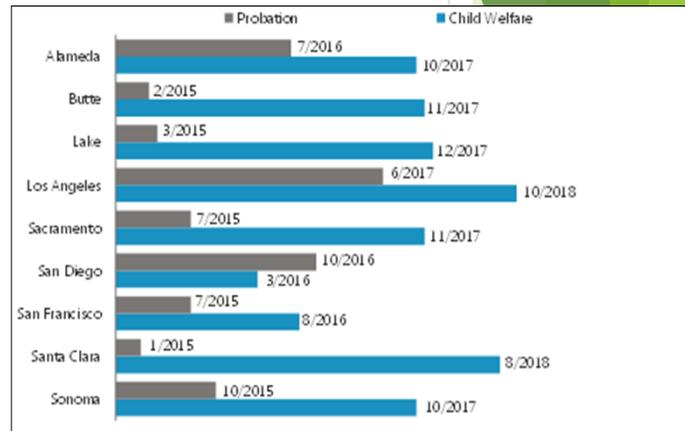
Specific services implemented as part of SOP/CPM include:

- Safety Mapping/Networks
- Effective safety planning at foster care entry and exit
- Capturing the Children's Voice
- Solution-focused interviewing
- Motivational interviewing
- Case teaming

Implementation

- ▶ Several agencies do not estimate full implementation until late 2017 and 2018
- ▶ Some agencies are still developing fidelity measures and methods
- ▶ Considering CCR and RFA implementation impacts to evaluation outcomes

Full Implementation Dates by County



State Evaluation

The State will conduct an evaluation of the Project to determine whether and how the Project's funding flexibility affects county child welfare and youth probation systems, and to measure the Project's success in meeting its stated goals for improved safety, permanency, and well-being outcomes for children.

The evaluation will consist of three components:

Process evaluation

Outcome evaluation

Cost analysis



Preliminary Evaluation Findings/Status

- ▶ NCCD conducted site visits, staff surveys, and key informant interviews with all 18 county agencies in 2016 and 2017
 - ▶ Most staff/stakeholders and parents/guardians feel that the agencies are achieving their goals for implementation and family engagement
 - ▶ Most staff (both agencies) say flexible funding has benefitted and improved their agency's flexibility and collaboration with partners
 - ▶ On average, about 84% of parents/guardians say they would contact their caseworker/probation officer if they need help in the future
- ▶ All probation agencies have reached full implementation of Wraparound; several child welfare agencies have reached full implementation of Safety Organized Practice

Lessons Learned and Future Plans

- ▶ SOP and the Integrated Core Practice Model
- ▶ SOP and the Courts
- ▶ Focus on sustainability planning and full integration into practice
- ▶ Development of implementation guidance, availability of statewide training, and evaluation



Ventura's Journey

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Timing

So When's The Right Time?

When you are far enough along to take a meaningful action.



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Legal Partner's Perspective

- ▶ SOP is not a quick fix for the juvenile dependency system.
- ▶ SOP is a comprehensive and all encompassing change in the way information about cases, parents, children, care-providers and service-providers is gathered and presented.
- ▶ Implementation starts with agencies and social workers...
 - ▶ But, *successful* implementation is a *coordinated* effort from *everyone* -
 - ▶ The courts, the agency, social workers, attorneys, CASAs, in-court personnel and outside professionals.



Communication

- ▶ Whether SOP will work requires everyone to freely and candidly talk with one another.



- ▶ Implicit in this - and why it is working in Ventura - is that everyone trusts one another.



Impact of SOP on Court Practice

- ▶ Judge has a question, think of the ways that question can be answered. Is it done in an efficient manner? This is a practical side to SOP.
- ▶ SOP requires the agency and social workers to do their part in providing better and more detailed assessments of the needs of families and to disseminate that information to everyone who needs to know. Those efforts are optimized if attorneys and courts actively engage in those efforts.



Presenters

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Q&A

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