



FAMILY REUNIFICATION REPORT

October 28, 2004

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EXECUTIVE SUMMARY

The Department of Children and Family Services (DCFS) and the Commission for Children and Families (Commission) collaborated to carry out a directive from the Board of Supervisors to identify ways to improve family reunification services for children and parents and to restore families in a timely, safe manner. The Family Reunification Committee met frequently from December 11, 2003 to September 10, 2004. The committee assessed and reviewed the current system with multiple stakeholders and concluded that both a cultural change and a systemic change are required.

STATEMENT OF THE PROBLEM

Families are not safely reunified in a timely manner. While the national average for reunifying families is 76% within the first year of removal, only 33% of children in Los Angeles County are returned to their families during the first year. Los Angeles County has 25,945 children who have been removed from their parents or guardians. Unless the current system changes, many of these children may never be returned home or will return after a prolonged time in out of home care.

Of these children, a disproportionate number are African-American or American-Indian. While only 10% of our community's population is African-American, 45% of children in the out-of-home population are African-American. Of the 25,945 children currently in our system, 11,669 are African-American. As of August 2004, there are 268 children of American-Indian ethnicity receiving services from DCFS.

Substance abuse plays a major role in the child welfare system. While child abuse may be categorized as the result of neglect, domestic violence, mental health, physical or sexual abuse, frequently abuse of drugs and/or alcohol plays a key role. Stakeholders interviewed for this report estimated that from 70 to 90% of the DCFS caseloads involves substance abuse.

Children live in out-of-home care, in multiple placements, and attend numerous schools. Stakeholders, including foster youth stressed the importance of school connections and an education that is uninterrupted. Keeping children in their own school and community, if placement is necessary, and returning them home, if the level of risk is acceptable, as quickly as possible is the goal.

CULTURE CHANGE NEEDED

In studying the issues and formulating these recommendations, the Committee came to the conclusion that a change in the culture among all of the stakeholders is necessary. Key to the change is a new look at how the stakeholders work with and treat families. The approach must be strength based. The strengths and resources of the family need to be given weight along with the needs of the family. Parents must be respected, active participants of ongoing Family Centered Team decision making (FCT), and case planning. All members of the team must work to keep the family together. This requires more up-front services and shared responsibility among all parties.

Caregivers must be shown respect and given opportunities to participate in case plans. Parents must be assisted by a Parent Advocate and a Community Resource Specialist. They must be personally linked to services, not given resource lists. Advocates assist them in working with public and private providers so that they have a personal guide to help them. Collaboration is stressed and intensive services are provided by an organized community of public and private resources. In the event that a child must be detained, priority will be given to intense up-front services to achieve a timely safe reunification. There is ongoing collaboration, participation and communication among all the stakeholders including the family, the child, the caregivers, the judicial officers and the attorneys.

To both initiate and sustain cultural change within DCFS, it is critical that DCFS ensures that its systems, structure, resource allocation, Information Technology Services (ITS), Management Appraisal and Performance Plan (MAPP), Program Improvement Plan (PIP), and the System Improvement Plan (SIP) are aligned and consistent with the goals and objectives of the organization (prevention, reunification and permanency). Additionally, all stakeholders must receive training that explains and promotes the climate change. Hiring, promoting and implementation of all new programs must mirror the new way of treating families to promote reunification.

ELEMENTS FOR A TIMELY REUNIFICATION SYSTEM

Social workers utilize Structured Decision Making (SDM), a nationally recognized tool, to assess the level of risk and determine whether the child can, with services, remain at home. Voluntary Family Reunification services are utilized for detaining children and to work more proactively with families instead of immediately sending cases to court.

In cases that require court involvement and those that would benefit from this method, a Family Centered Team (FCT) is convened and is utilized for all case decision making. The FCT includes and supports the family and the child. The FCT is responsible for the case plan which the social worker uses in the court report. A Parent Advocate assists the family in ensuring that they understand their role and receive the necessary services.

There is an emphasis from the beginning to the end of the case on frequent and meaningful visitation between parents and their children. The case plan includes visitation and the FCT reviews the quality of the visit and the case plan on an ongoing basis. Within the juvenile dependency system, parents, caregivers, and advocates have a greater voice. Respect is shown to all parties in a non-adversarial way. There is a greater sense of urgency to reunify families, provide stability for children and keep children in their own schools and neighborhoods.

In individual communities, a public-private partnership is created and strengthened to ensure accessible, immediate, intensive services and aftercare services to families. This will include a Community Resource Specialist in each DCFS and Probation office to assist the FCT and families in connecting with the necessary support systems. Resources that address substance abuse are organized so that there is a continuum of care in every community. This includes professional assessment for the treatment needs of the family. In communities with high caseloads, especially those with African-American and American-Indian population, resources including additional

Parent Advocates and Community Resource Specialists, must be available to ensure parent understanding and access to immediate, intensive services.

While the Committee recognizes that a climate change of this magnitude will require extensive training and time, we believe that new attitudes and new tools already discussed can be utilized by DCFS to reunify children and families who have been in the system for more than a year. Regional Administrators in each of the offices need to identify this population and begin examining cases and offering assistance and immediate intensive resources for these families. In addition, child-parent visitations need to be increased and workers need to ensure that they are meaningful and help the family prepare for reunification.

Finally, we need to address the concerns of foster youth who are or will soon be parents. They are afraid that the child welfare system will take their babies away from them. In order to alleviate these fears and to ensure the provision of necessary services, the committee recommends that DCFS use the FCT process to assist these parents in obtaining services, making plans, and getting the resources necessary to learn good parenting skills and to promote normal child development.

CONCLUSION

Taken together the recommendations in this report creates an organized system for meeting the goals for timely and safe reunification of families. They have been unanimously accepted by the stakeholders, the Committee, the Commission and DCFS. The Committee recognizes the outstanding accomplishments of the Chief Administrative Officer and his staff in creating interagency cooperation and looks forward to using their work as a foundation for building a better network of public and private agencies that serve children and families in each of the Los Angeles County communities. The committee is also aware of the significant contribution being made in organizing services by the Service Planning Area (SPA) Councils, the Local Interagency Organization Network (LION), and the Community Assessment Services Center (CASC) for substance abuse in communities. The Family Reunification Recommendations in this report build on what already exists and are designed to create a system in which the five building blocks for reunification (placement decision making, parent-child visitations, intensive services, caregiver/birth parent collaboration, and aftercare services) are the foundation for best practices in Los Angeles County.

INTRODUCTION

Family Reunification has been defined by the Child Welfare League of America as follows:

“Family reunification is the planned process of reconnecting children in out-of-home care with their families by means of a variety of services and supports to the children, their families, and their foster parents or other service providers. It aims to help each child and family to achieve and maintain, at any given time, their optimal level of reconnection—from full re-entry of the child into the family system to other forms of contact, such as visiting, that affirm the child’s membership in the family.”

Maluccio, Anthony N.; Warsh Row; and Barbara A. Prine, “Family Reunification: An Overview” Together Again, Child Welfare League of America, Washington, D.C. 1993

Gathering information for this report was a collaborative effort led by a core group of committee members (See Attachment I). They reached out to stakeholders throughout the community to assure that meaningful input was received and included in the recommendations. Each of the following groups was presented with three questions (See Attachment II) regarding successful reunification practices and deficiencies.

- Stakeholders at Service Planning Area Council Meetings in all Eight SPA’s
 - Management and staff at each DCFS Office
 - Focus groups with parents and parent advocates
 - Focus groups with relative caregivers
 - Focus groups with foster youth
 - Focus groups with mental health providers
 - Focus groups with second year social welfare students
 - Focus groups with foster parents
 - Focus groups with parents’ attorney
 - The Multi-Agency/Court Committee under the leadership of the supervising judge.
- In addition two commission members, with the approval of the Court, reviewed two ongoing family reunification cases.

Significant areas of concern expressed by the stakeholders

- Limited support given to parents attempting to reunify with their children;
- A lack of urgency with respect to the reunification process;
- Limited attention to the importance of frequent and meaningful visitation between family members, including siblings;
- Barriers created for caregivers wishing to have input and participation in the reunification process;
- Limited capability on the part of internal (DCFS) and external systems (court, attorneys, and service providers) to provide appropriate interventions for limited English proficient parents;
- Lack of parental involvement in case planning;
- Limited communication between parties;
- Disrespect demonstrated by some Courts for the DCFS social workers;

- Lack of professionalism and accountability by some attorneys representing parents;
- Insufficient reporting by DCFS about parents' successes;
- Absence of coordination of community resources for counseling/therapy;
- Adversarial approach by all parties which hinders cooperation and delays reunification.

The Feedback from these meetings was collated by the committee and utilized during the discussion in creating the recommendations in this report.

Five Building Blocks

The Committee sought information regarding reunification from the National Resource Center for Foster Care and Permanency in New York. According to their research, there are five building blocks that are necessary in successful reunification programs. They are:

- Placement Decision Making.
- Parent-Child Visitation.
- Intensive Services.
- Resource Parent/Birth Parent Collaboration.
- Aftercare services.

The Committee structured its recommendations around these building blocks.

Lastly, the Committee thanks the many stakeholders and volunteers who so generously gave their time, energy, and expertise. The County of Los Angeles is truly fortunate to have so many who are genuinely committed to improving the lives of children and families. While this report specifically addresses children and families served by DCFS, the committee acknowledges the input and commitment of the representative from the Probation Department. We are hopeful that many of these recommendations can be utilized to improve reunification services for families served by the Probation Department. Special thanks to Helen Berberian at DCFS for her efforts in coordinating research, and to Dana Blackwell, Elizabeth Hinton and Nansi Buenrostro of the Commission staff for their professionalism and tireless work.

PLACEMENT DECISION MAKING

Up-front Decision Making

The Social worker employs Structure Decision Making (SDM) tools to assess the risk to the children prior to detention (See attachment III). If the children are detained, DCFS establishes a Family Centered Team in its office to engage the family and the necessary resources in creating an agreed upon case plan (See Attachments IV). The Family Reunification Committee recommends the following for the Family Centered Teams. The Team:

- includes parents, social workers, caregivers, Parent Advocate and public and private resources.
- is convened and directed by a facilitator. **Please note:** the composition of the team may change as the needs of the child and family may vary.
- meets immediately after a child is detained (within first 48 hours) to review risks and begin case planning. The FCT meets every 90 days and more often for children 0-3. Any FCT member, including the parent, can ask to have the team reconvene at any time.

- establishes a comfortable environment for the family by including people to support the family and encouraging their participation.
- includes the child; if appropriate.
- exists in each DCFS office
- continues to meet after the family is successfully reunified to review child safety and ensure utilization of after care services.
- has ready access to resources, including Family Group Decision Making, Family Preservation, Wraparound, and other services from public and private agencies.

Case Planning

The case plan is developed, represented, and reviewed on an ongoing basis by the FCT (See Attachment V and VI). The FCT approach utilizes SDM and other applicable tools. In its case planning, the FCT's:

- will develop individualized family case plans with reasonable expectations that the family can meet. The plan must address the risk factors and what the family can do to mitigate the assessed risks. (The family must participate and agree with the Plan and be given a copy).
- will establish intensive care services for the first 90 days.
- will review case plans with family as part of the FCT every 90 days or more often when necessary to evaluate progress and make case plan adjustments if necessary.
- will include the child(ren), if age appropriate in the case planning.
- will assign siblings to the same social worker.
- will create case plans that include a crisis plan and after care plan services for the child(ren) and family.
- will document all case plans
- will include the time, place, and purpose for child/parent visits.
- ensure that the case plans and the work of the FCT is documented by the social worker and included in the court report. Where applicable, the case plan should address placement matching and/or matching to intensive services.
- will address the need to ensure the children have access to age and gender appropriate developmental issues and sex education.

USING FAMILY CENTERED TEAMS FOR SOCIAL POPULATIONS

Social workers and Supervisors convene Family Centered Teams to create case plans for special populations or special cases. These populations could include pregnant minors, foster children who are parents, American Indian, deaf or the medically fragile and incarcerated parents.

Pregnant or Parenting Teens

Teen girls, under the care of the court, who are pregnant or have a child, are invited by their social worker to participate in the FCT process. The team assists the new mom or mom-to-be if she wishes to retain her child. The FCT seeks to pair the new mom with a specially trained foster parent or relative. The same consideration and case planning should be provided to male youth who are fathers or are fathers-to-be.

Reunification for Current Populations

To address the current DCFS out of home care population of 25,945 children, DCFS should immediately:

- Establish clearly defined reunification goals for the Department, Bureaus and SPA offices for families in the reunification process for more than a year.
- Establish a protocol to determine baseline population and method of monitoring outcomes.

Regional Administrators will:

- Monitor progress of the case plan on a monthly basis to determine if reunification goals are being achieved;
- Identify barriers that limit/prevent goal achievement;
- Work collaboratively with the Community Resource Specialist so that sufficient resources are available to achieve reunification;
- Utilize the FCT to review those case situations which are identified by the Regional Administrator.

Resource Development Support

Develop networks of community resources surrounding each DCFS office. Resources must be available for clients to access immediately. The resources must be linguistically and culturally appropriate.

- Recruit 3-5 paid Parent Advocates per office; (See Attachment VII)
- Adequately screen relatives upfront and consider them as a resource;
- Maximize efforts to increase appropriate placement within the vicinity of the family and the school;
- Work with Community Resource Specialist, SPAs, Local Interagency Operations Network (LION), Community Assessment Services Center (CASC), community providers to maximize identification and recruitment of community resources including mental health, domestic violence, substance abuse, and counseling;
- Organize caseloads by zip codes so that social workers serve children and families in the community of their offices as much as possible;
- Develop and make available resources for families after-hours and on weekends since a greater percentage of detentions occur during these times;
- Regionalize the Emergency Response Command Post (ERCP).

PARENT-CHILD VISITATION

During the FCT meeting, a written plan for family visitation is established and is a central part of the case plan (See Attachment VIII). Visitation begins immediately upon the detention of the child(ren). The visitation plan will be made with the parents and will be supported by the Courts, Children's attorneys, County Counsel, parent attorneys, Foster Family Agencies (FFA), foster parents, group homes, and relative caregivers. The Family Reunification Committee recommends that DCFS implement the following:

- Provide visits at least weekly (daily for infants) for as many hours as possible unless there is valid documentation why frequent visitation would be detrimental to the child;
- Provide visits with siblings as well as grandparents and other relatives who are close to the children;
- Provide regular telephone contact for children and their families between visits;
- Provide weekend and evening visitation options for parents who work, attend school or participate in other activities required by DCFS during regular weekday hours;
- Provide the opportunity to increase and expand visitation when a family is approaching reunification;
- Provide monitors, when Court ordered, who are bias-free and can maintain neutrality;
- Provide, when appropriate, parent mentors to enhance visitation;
- Provide transportation for parents to ensure that transportation is not a barrier;
- Ensure that the visit supports the efforts toward reducing risk, enhancing interaction, developing skills, and promoting parent and child attachment;
- Explore and identify using the Community Resource Specialist and sites, such as community centers, parks and faith-based organizations, for visitation to allow visits to take place in a more comfortable and often familiar setting for the child. But for the young child, visits should occur in the home of the caregiver.
- Enter into a Memorandum of Understanding with the Department of Parks and Recreation to utilize these community facilities (See Attachment X). The faith-based community, child abuse centers, and community agencies may also provide environment to promote visitation.
- Recruit and train volunteers who could serve as monitors and parent mentors.
- Review immediately its current visitation policy and revise it to reflect the need for daily or weekly parent/child visitation.

Additionally:

- Parents' and children's attorneys must support families to ensure the existence and adherence to the visitation plan. If necessary, the attorney should consider filing a motion to show cause as to why visitation is not occurring or is restricted.
- DCFS, FFAs, group homes, foster parents, and relative caregivers must prepare child(ren) for visits. Children must be given advanced notice if a visit is cancelled.

Training Issues

Training for social workers, relative caregivers, foster parents, and attorneys needs to include the following areas:

- The importance of visits for the child in order to help the child develop identity and maintain

family bonds.

- Potential concerns about the child’s expectations or reaction to the visit. The child’s behavior may be affected because of emotions and memories that may trigger grieving.
- An understanding of the elements of a successful visit for both the parent and the child.
- The accurate assessment of the birth parents’ strengths and needs, and how to provide support, so that parents know how to play appropriately with their child.
- How to make visits productive, emotionally satisfying and help parents develop skills. The visit should help in the reduction of risk.
- How to prepare parents and children for visits.
- How to ensure that visits occur regularly and in a friendly environment.
- All parties involved with families that have children in out-of-home placement recognize the value of visitation between child and parent in maintaining connectedness.
- All parties understand that visitation should never be used either as a reward or punishment. Changes in the visitation plan should directly reflect assessment of risk.
- All parties, including parents, need to recognize that visitation reassures the child(ren) that parents still exist, helps give meaning to the separation, and provides hope that reunification will occur.

- All parties are familiarized with the family members’ right to appeal changes in visitation plans as required by Public Law 96-272.

DEPENDENCY COURT

The Family Reunification Committee recommends the following:

Judiciary

- Demonstrate respect for all parties in the courtroom including the social workers, caregivers, families, and attorneys.
- Permit caretakers and parents to address the Court with their concerns.
- Explain Court orders to parents, including timelines. Ensure that the family agrees with the case plan, developed through the Family Centered Team decision making process.
- Permit “walk-ons” seeking liberalization of visits and/or earlier return to parents.
- Order reunification services and visitation at the initial hearing.
- Review and update reunification efforts and services at each hearing.
- Order progress reports if necessary.
- Utilize the mediation process to expedite dispute resolution and to maximize parents’ participation in case planning.
- Reflect the individual needs of parents vis a vis children on the Court ordered reunification plan.
- Participate in ongoing training, to include:
 - a. Substance abuse
 - i. Assessment, treatment, relapse, recovery
 - ii. Effects of different drugs on ability to parent
 - b. Domestic Violence
 - c. Cultural Competence

- d. Timelines to Permanency
 - i. Structured Decision Making
 - ii. Adoption Assistance Payment (AAP)
 - iii. Transitional Independent Living Plan and mentoring
 - iv. Strengthen-Based Training
 - v. Concurrent Planning
 - vi. Mental Health-D & F Foster Care Rates
- e. Visitation as a key component of family reunification
- f. Multi-Disciplinary Assessment Teams
- Organize the Court by SPA to assure that Court officers and attorneys have a greater knowledge of the population, the communities, and the resources available. With this knowledge, judicial officers, and attorneys can better understand the families and take advantage of the interagency and inter-community structures that are developed.

DCFS

- Provide reports to all parties within statutorily determined timelines.
- Assure that the reports include a thorough, fair, and factual assessment of parents' strengths, progress, and needs. Record accurately decisions of the FCT and the reasoning behind them. The risk assessment level from the SDM tools, the parents' strengths, and the efforts by the FCT must be recorded in the Court report.
- Make recommendations that pertain to the individual family and that are based upon factual information.
- Seek modifications of Court orders regarding visitation and reunification timetables.
- Be proactive.
- Minimize delays by providing proper notice to parties in a timely manner before going to Court – {identify clerical and paralegal staff to prepare the notices}.
- Exercise discretion to liberalize visitation given by the Court when appropriate.
- Utilize multi-disciplinary teams on an ongoing basis to evaluate progress of parents and evaluate the timeline for reunification.
- DCFS must develop a list of specific subjects which should be taught in parenting classes. When appropriate, parenting skills should be provided in the family home and should always be culturally and linguistically appropriate. Parenting classes should only be required if they are necessary to address the special needs of the family and/or to reduce risk.

Parents' Attorneys

- Once the petition has been resolved, maintain a non-adversarial atmosphere in the courtroom to assist in reunification.
- Provide greater accountability and a higher quality of representation.
- Assure on-going, regular communication with the client. Be available.
- Provide parents with a copy of court orders from the court clerk, including visitation orders.
- Work with the court to create an organized structure for the parents' attorneys similar to the Children's Law Center.
- Assist parents with ongoing reunification efforts:
 - a. Facilitate walk-ons.

- b. File 388 petitions where appropriate
 - c. Maintain working phone and fax numbers
 - d. Facilitate and assist parents with counseling, therapy, and visitation issues.
- Be sure that the client understands the Court orders and his/her role and their participation in the Family Centered Team decision making process.
- Understand the case plan and advocate for immediate and accessible community based services that are linguistically and culturally appropriate.
- Ensure that appropriate transportation is available to meet the client's intensive needs.
- Ensure parent/child visitation occurs and are frequent and productive.
- Press for utilization of community based resources and aftercare services.

Child Attorneys

- Once petition has been resolved, maintain a non-adversarial atmosphere in the courtroom.
- Establish ongoing dialogue with child to identify child's needs and desires.
- Conduct independent investigations
 - a. Child's position
 - b. Recommendations from FCT.
 - c. Family and community support that has been engaged.
- Advocate for the most appropriate permanent plan.
- Assure manageable case-loads.
- Ensure parent/child visitations occur and are often productive
- Advocate for child to remain in his/her own school and for less disruption in education.

County Counsel

- Once petition has been resolved, maintain a non-adversarial atmosphere in the courtroom.
- Consult with and advise DCFS to make appropriate recommendations to Court.
- Support and understand the FCT, the role of the Parent Advocate, and the family's role in case planning.
- Ensure ongoing case planning and parent/child visitation
- Participate in on-going Court, attorney, and DCFS trainings.

COMMUNITY-BASED INTENSIVE SERVICES

The Committee recommends that the Chief Administrative Office (CAO) creates the position of Community Resource Specialist for DCFS and Probation. The Community Resource Specialist is a neutral facilitator of resources for families, who knows and understands the community he/she serves.

- The Community Resource Specialist is located in each DCFS and Probation Offices.
- Additional Community Resource Specialists should be funded for geographic communities in which large numbers of families require services or to meet language and cultural needs.
- Community Resource Specialists should seek to strengthen relationships with the faith-based community along with other existing support systems.
- The Community Resource Specialist should be of and from the community which they serve and possess knowledge about the population and available resources that are culturally and

linguistically appropriate. The resources need to include community programs that provide an ongoing connection and services for after-care and beyond. Key services would include programs for children ages 0-5 and their families; substance abuse, domestic violence, mental health, regional center services, housing, transportation, peer self-help support groups and literacy.

- The Community Resource Specialist should assist the social worker, family, FCT, caregiver, and other stakeholders in identifying accessible, appropriate resources. The concept is linkage to available resources, not electronically generated lists or resource directory printouts.
- The Community Resource Specialist should serve on the SPA Council and inform the CAO, DCFS, and Probation of the adequacy and status of community resources. He/she also informs the departments of new services available in the private sector including new grants and monetary awards.
- The Community Resource Specialist shall serve as a member of the LION.

Department of Mental Health (DMH) and DCFS shall increase their efforts at expanding the work of the LION in each SPA. The LION should include the Probation Department, Regional Centers and community providers. The Department of Health Services (DHS) should also participate, especially their professionals in the assessment and treatment of substance abuse.

- Each LION should conduct a six month assessment of current funding sources and availability of community-based substance abuse, assessment treatment and testing resources. The focus should include funding streams, the CASC and drug and alcohol programs and eligibility from both Department of Public and Social Services (DPSS) and DHS. A possible use of the IV-E waiver money needs to be explored and the integration of funding from various entities. We also need to find and supply services for both documented and undocumented families. We also need services for dual diagnosed individuals.
- The LION shall convene a group of substance abuse treatment providers and substance abuse experts to explore guidelines for treatment, and appropriate expectations for recovery. Issues considered include diagnosis, types of drugs, residential treatments vs. out patient care, number of relapses, realistic timetables for recovery, dual diagnosis and the acceptable level of risk for the safe return of children to their parents prior to the completion of the parents' drug abuse treatment.
- The CAO shall require that all county contracts with private providers be performance based. Such contracts must provide incentives for providing immediate and intensive services that are user friendly for DCFS clients. The performance will be measured by improved family functioning, and lower caseloads.
- DCFS and the private providers should explore options like role modeling, in home demonstrators and home visitation to develop parenting skills other than parenting classes. The training should address the assessed risk that keeps a child in out-of-home care. DCFS needs to develop criteria for determining if parent behavior has changed as a result of the service provided and if the risk level is low enough to return the children with ongoing community services in place. The Dependency Court needs to understand and agree with this method of providing tools and support for parents.

The Department of Mental Health shall allocate specific resources in each community to assist the DCFS population.

- Designate staff to serve regularly on the FCT's.

- Develop expertise in working with families and children age 0 – 5.
- Provide immediate services for children having difficulty with the trauma of separation and for children and parents in need of anger management.
- Work with substance abuse providers to jointly determine the needs and strengths of families and issues of dual diagnosis.
- Clarify the appropriateness of using interns and trainees in servicing the DCFS population of families and children.
- Participate in the LION and SPA Councils.

All family preservation programs should be required by contract to have the following characteristics:

- Staff available 24/7;
- Staff meets with family within 72 hours of referral;
- Staff routinely meets with family on evenings and weekends;
- Small caseloads;
- Intensive services;
- Regular visitation between parents and child which includes siblings
- Include after-care services;
- Community based resources and support;
- Utilization of role models;
- Visitation that includes extended family and community support persons;
- Services are provided in an interagency (public/private) model;
- On going team approach;
- Participation in FCT assessment;

Every SPA shall have an interactive network of providers that includes:

- SPA Council
- LION
- Community Provider System Network
- CASC and a continuum of care for substance abuse.

DATA COLLECTION/OUTCOMES

The Committee believes that both quantitative and qualitative data collection is essential to determine outcomes. The following is a list of possible data elements that DCFS should consider on a monthly basis. Data concerning reunification should be compiled for each office in order to assess progress. In addition, a system for qualitative analyzes must be put in place. The Committee urges the department to establish a new process. The current peer review system does not adequately address the needs for assessing the outcomes and policies for family reunification. The Committee is also interested in the used of customer satisfaction survey that has already been developed under The Chief Administrative office.

1. Quantity Input/Output

A. Outcomes:

- # of successful reunifications
- # of subsequent substantiated reports within six months after reunifications
- # of subsequent substantiated reports within twelve months after reunification
- # of teen mothers retaining children

B. Process:

- # of weekly visits between child and birth parents
- # of sibling groups placed together
- # of children using FCT approach (each child might use one or more times)
- # of case plans based on family strengths with input from all family members
- # of children using SDM
- # of children establishing intensive care services for the first ninety days
- # of siblings having the same social worker
- # of changes in case plan through a 388 petition
- # of parents receiving copies of minute orders on a timely basis
- # of visitation plans created by the social workers with the family
- # of families improved in family functioning (only Family Preservation cases)
- # of children improved in child functioning (only Family Preservation cases)
- # of children in placement more than two years
- # of child abuse and neglect referrals while children are in out of home placement
- # of children who had no more than two placement settings, of all children served who had been in care for less than twelve months from the time of latest removal from home
- # of children reunified in less than twelve months from the latest removal from the home, of all children who were reunified with their parents or caretaker at the time of discharge from placement
- # of children who exited care in less than twenty four months from the time of the latest removal from the home, of all children who exited care in a finalized adoption
- # of children receiving after care services

2. Quality Input/Output

A. Outcomes:

- % of successful reunifications
- % of subsequent substantiated report within six months after reunification
- % of subsequent substantiated report within twelve months after reunification
- % of teen mothers retaining children

B. Process:

- % of weekly visits between child and birth parents
- % of sibling groups placed together
- % of children using FCT approach
- % of case plans based on family strengths with input from all family members
- % of children using SDM

- % of children establishing intensive care services for the first ninety days
- % of siblings having the same social worker
- % of changes in case plan through a 388 petition
- % of parents receiving copies of minute orders on a timely basis
- % of visitation plans created by social worker with the family
- % of families improved in family functioning (only Family Preservation cases)
- % of children improved in child functioning (only Family Preservation cases)
- % of children in placement more than two years
- % of child abuse and neglect while children stayed in placement
- % of children who had no more than two placement settings, of all children served who have been in care for less than twelve months from the time of latest removal from home
- % reunified in less than twelve months from the latest removal from home, of all children who were reunified with their parents or caretakers at the time of discharge from placement
- % exited care in less than twenty four months from the time of the latest removal from the home, of all children who exited care in a finalized adoption
- % of children receiving after care services

DCFS will design customer satisfaction surveys, to find out the quantity and quality of the changes in the community resource due to DCFS intervention.

Foot Note: DCFS will breakdown all of the numbers to specify results and services for children age 0-3.

ATTACHMENTS

Committee Members

- *Helen Kleinberg, Co-Chair
- *Russ Carr, Co-Chair
- *Jackie Acosta
- *Gwen Bartholomew
- *Judy Bayer
- Wes Beers
- Peggy Belcher-Dixon
- Helen Berberian
- Wilhelmina Bradley
- Doralee Bridges
- Lorraine Bridges
- Marlene Bronson
- Amanda Brown
- David Cantu
- Kirsten Deichert
- *Carmen Diaz
- Melanie Duggan
- Donna Edmiston
- David Estep
- *Joyce Fahey
- Anne Fragosso
- Elise Greenberg
- Paul Jendrucko
- *Walter Kiang
- Lisa Mandel
- Veronica Martinez
- Eric Marts
- Christina Mattingly
- Alex Morales
- *Shannon Munford
- *Yvette Odell
- *John Oppenheim
- *Gary Puckett
- Maureen Siegel
- Gwen Slattery
- Mary Ann Smiley
- *Nina Sorkin
- *Ed Sosa
- Kim Stevens
- *Charles Tadlock
- Sheila Williams
- *Ed Windsor

* Core Committee Members

ATTACHMENT II

STAKEHOLDER QUESTIONS

Question #1: What do you consider to be the best practice in promoting safe, timely and successful reunification?

Question #2: What resources are currently in place to accomplish this?

Question #3: What are the barriers or what is needed?

STRUCTURED DECISION MAKING

The California State Legislative Analyst's Office defines Structured Decision Making (SDM) as a series of research-based risk assessment tools designed to aide child welfare workers in making critical child safety decisions. This approach has been shown to be more accurate and consistent in classifying children and families according to risk than alternative approaches. The tools increase the consistency and validity of decisions as to whether to detain or not, whether to open a case, whether to close a case, determining a family's strengths and needs, and deciding whether to return a child home. We are pleased to report that SDM is being used by the Hotline and Emergency Response. Implementation of SDM will be taking place at the various offices.

The specific tools available under SDM include: Safety Assessment, Risk Assessment, Family Strengths and Needs Assessment, Risk Reassessment, Reunification Reassessment.

The Safety Assessment is used at the point of the first face-to-face contact, to determine whether there is immediate danger to the child.

The Risk Assessment determines the level of risk for each family and the likelihood of future maltreatment. Risk assessment guides service intensity.

The Family Strength and Needs Assessment provides a comprehensive evaluation of families in various domains such as substance use, domestic violence, mental health, family relationships, etc. This information can help guide in the development of the initial case plan.

The Reunification Assessment should include some of the following components: 1) an evaluation of the family's progress in reducing the barriers to reunification identified in the initial case plan (i.e., substance abuse, parental skill capacity, etc.); 2) an objective assessment of visitation (frequency, quality, etc.) in the preceding period; 3) the development of clear policies for using the reunification assessment findings to expedite permanency within the guidelines recommended by the Adoptions Safe Families Act (ASFA).

Family-Centered Team

A. Characteristics

- Strength based
- Family Centered
- Needs driven
- Linguistically appropriate
- Individualized
- Child Focused
- Culturally relevant
- Collaborative
- Crisis Planning

B. Membership

- Family, Facilitator, Emergency Responses Children's Social Worker (ERCSW) – Emergency Response Supervising Children's Social Worker (ERSCSW), Family Maintenance Reunification Children's Social Worker (FMRCSSW)
- Extended Family/Significant Others
- Department of Mental Health (DMH), Department of Public Social Services (DPSS), Public Health Nurse (PHN) – Community Partners
- Parent Advocate
- Education
- Developmental needs (Regional Center , Early childhood Education)
- Community Resources-like Family Preservation

C. Resource Development

- Community partnering
- Maximize existing resources (Multidisciplinary Assessment Tool (MAT), Family Group Decision Making (FGDM), Family Preservation Wraparound Services, System of Care (FP Wrap/Soc)
- Maximize natural resources
- Develop needed resources
- DCFS – The Community – Judges/Court – Parents' Attorneys, and Child's Attorney, are important partners to provide education, advocacy and support.

D. Culture Change

- All work must be relationship based which requires consistency and effective engagement of families.

E. Facilitator

- Assumes responsibility for organizing regular meeting times and locations for the FCT meeting.
- Schedules and ensures participation in special sessions of the FCT.

- Organizes cases and invites representatives from needed services to the meetings.
- Tracks the cases and records the substance and results of each meeting.

- Follows-up with FCT members to insure compliance with the FCT decision.
- Informs team members of meetings on continuing cases one week in advance.
- Reports quarterly to the ARA and the DCFS Executive Team on FCT successes and barriers.
- Records participation of providers

Family Centered Team Responsibilities

The FCT is convened for every case where the slightest possibility for reunification exists. In addition, it operates on a very tight timeframe for children age 0-3 and provides special care for girls under the care of the court who are pregnant or are already parenting young children.

The FCT must ensure that:

- Any member of the team can ask to have the group assembled to address an issue.
- The family understands what is happening and is committed to fulfilling their responsibilities.
- A workable visitation plan for the parent, child, worker and caregiver exists and provides for a quality visit in an agreed upon location. Visitation and phone contact is started as soon as possible following detention.
- The family has an advocate to assist them (could be a relative, community member, paid advocate).
- Available resources/programs including the FCT are offered to the parents.
- The assessment process is explained to the family and a timeframe is established. The court process, dates, and purpose is explained. The family understands concurrent planning and the timetable.
- A case plan is established and agreed upon by the parents and the caregiver. They are given a copy of the plan. The children and the lawyers receive copies of the plan.
- The FCT meetings occur at the mandated times and any other time deemed necessary by the participants. The FCT meetings occur 30 days before and after the court dates to ensure that parents understand the process and decisions of the court to ensure the completeness of the court reports, and to adjust the case plan in accordance with the court's rulings. Parents and children attend meetings, and actively participate with the team to give their estimate of their progress and explain any barriers.
- The FCT reviews the findings of the social worker based upon the SDM tools.
- The FCT includes all of the people necessary to meet the parents' needs including special medical needs, regional centers and early childhood development specialists.
- The FCT creates a crisis plan so that all of the participants know what to do when a problem occurs. The FCT uses the SDM tools and family functioning tool to assess progress.

Family Centered Team Meeting Timeframes

The Family Centered Team is convened

- **For families with children over the age of 6 years:** 48 hours after detention, 90 days later, 30 days before the six month court date, and 30 days after the court date, 90 days later, 30 days before 12 month court date, and 30 days after the court date, 90 days later, and 30 days before the 18 month court date and 30 days after, etc. for after care.
- **For families with children age 0-3** (if any child in the case is this age, the entire case is on this fast track): 24 hours after detention, establish daily visitation plan for infants, find qualified monitor, identify resources, establish a timetable, complete the MAT (Multi-disciplinary Assessment Tool) meet to discuss MAT by 60 days, Meet in 40 days (month 3 of detention) Meet 30 days before 6 month court date. Meet 30 days after court for extended services or for after care, meet in 30 days, (after care services are provided for 6 months after reunification)
- **For families where the mother is under the jurisdiction of the court** and she has a child of her own, DCFS will provide the following services in order to help keep the family together if that is the mother's wish.

The FCT convenes as soon as the pregnancy is known. The Family Centered Team is convened to help the mother. The FCT needs to create a plan for mother and the baby prior to birth. The FCT meets every 90 days to review the plans for the mother and child. The FCT sees that the mother and child are linked to community services. The FCT continues to meet every 90 days after the birth of the child and continues to monitor the needs of the mother and child.

PARENT ADVOCATE

- Assures that the parents' perspective is considered.
- Provides friendly support and information.
- Assures access to resources.
- Supports the FCT process.
- Provides candid, supportive feedback.
- Creates new learning opportunities.
- Is a member of the FCT
- Supports families as peers with a common background and history.
- Provides non-adversarial advocacy

THE IMPORTANCE OF VISITATION

Visiting: The Heart of Reunification:

“Visiting is a planned intervention at the heart of reunification services. It maintains relationships when families are separated by placement; enhances children’s well-being; helps family members determine whether they are willing and able to live together safely; and provides family members with opportunities to learn, practice, and demonstrate new behaviors and patterns of interaction. Without visiting, neither the feasibility nor the timing of reunification can be assessed accurately. In addition, a visiting plan that encourages a progressive increase in parents’ responsibility for the daily care of their children sets the stage for successful reunification.”

Hess, Peg MarCartt and Proch Kathleen “Visiting: The Heart of Reunification Together Again, Child Welfare League of America, Washington, D.C. 1993

“Child Welfare studies confirm the value of visitation between child and parent in maintaining connectedness. Visits matter because continued contact with parent increases the probability that children will go home to their families (Simms and Bolden, 1991). Indeed, visits have been called the “heart of reunification” (Hess and Proch, 1992). Visitation is the single most predictive indicator whether children will return home.”

Sims M.D., and Bolden, B.J. The Family Reunification Project: Facilitating regular contact among foster children, biological families, and foster families. Child Welfare, 70(6) 1991

ATTACHMENT IX

COMMUNITY RESOURCE SPECIALIST

- Knows resources in the community that are accessible, respected in the community and approved by DCFS or Probation.
- Is a resource for the CSW, probation staff, parents, child, members of the Family Centered Team, attorneys, private, and public agencies.
- Keeps abreast of grants awarded in the community for relevant service.
- Works closely with faith based groups.
- Helps provide direct linkage to programs.
- Participates actively with SPA Councils and the LION.
- Reports to CAO, DCFS, probation, and community groups on the need to develop new resources in the area.
- Works flexible hours, readily available, and has communication and personal skills.