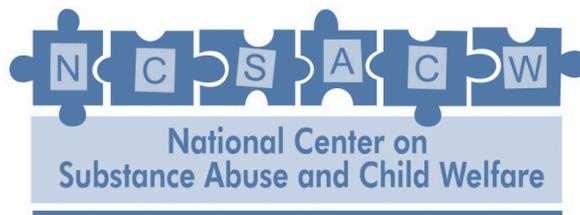




A Call to Action:

Recommendations for SSA, HCA, and the Juvenile Court from Parents and Professionals in Orange County

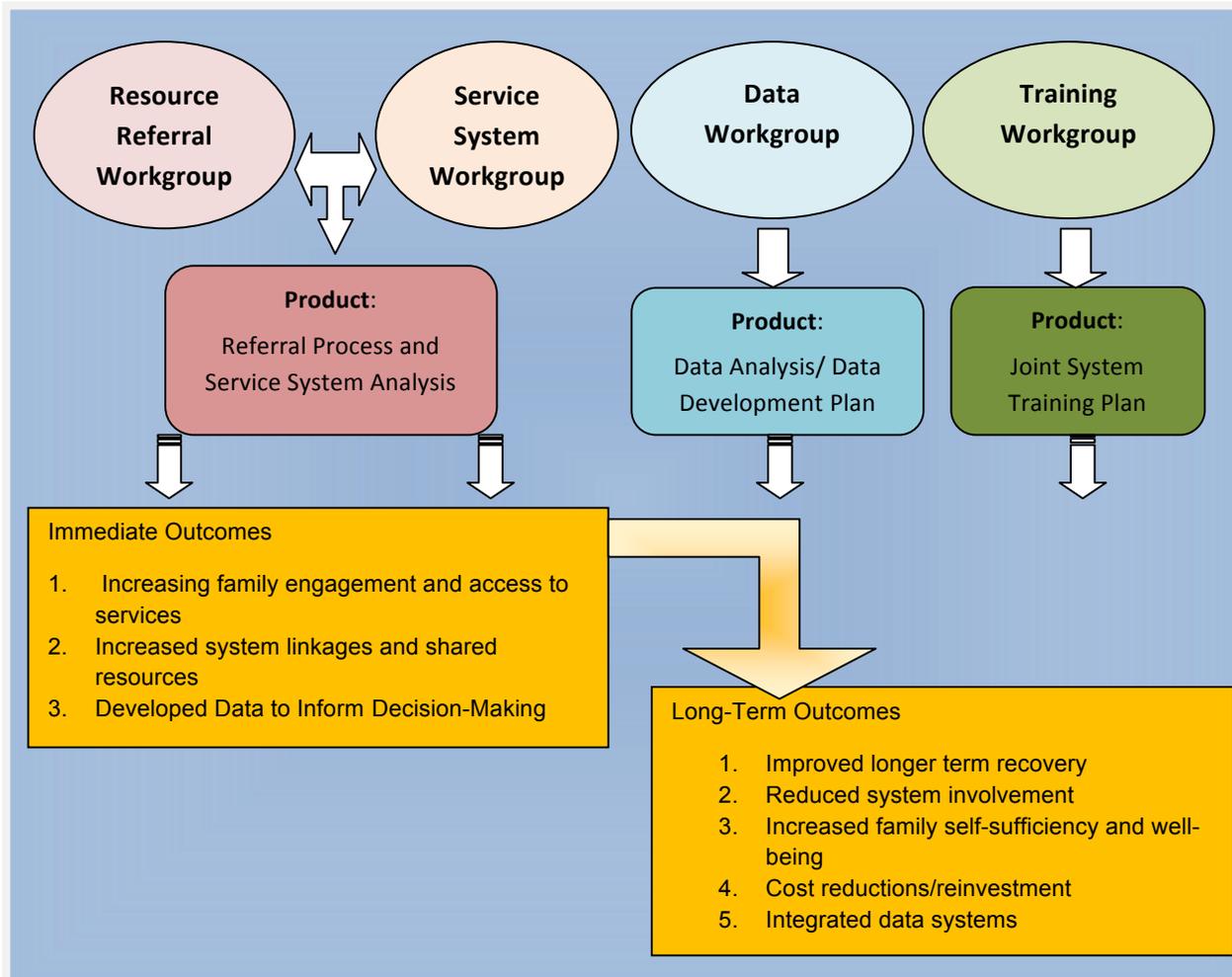


Authored by: Kari Earle, Consultant Liaison

Recommendations for SSA, HCA, and the Juvenile Court from Parents and Professionals in Orange County

Introduction and Background

In November 2007, Orange County was selected to participate in NCSACW's In-Depth Technical Assistance (IDTA) program in order to mobilize existing collaborative efforts within the County to improve outcomes for families with co-occurring child welfare and substance abuse problems that are in the jurisdiction of the Juvenile Court. Led by a partnership between the County Social Services Agency (SSA), the County Health Care Agency (HCA), and the Juvenile Court, and fueled by an Advisory Committee that includes a broad spectrum of community, this initiative is invested supporting family recovery and ultimately preventing the need for court involvement. Guided by a Core Team of representatives from the three lead entities, the work of this initiative is carried out as depicted in the following graphic:



This report provides a summary of the consumer, agency staff and provider feedback that was collected in August 2008 via anonymous surveys conducted by the Service System workgroup, in order to inform the way that services are prioritized, resourced, and delivered in Orange County, in a manner that facilitates improved access, engagement, and retention to support the overarching goals of this initiative. These surveys were primarily designed to help agency and Court leadership:

- a. Identify which services in Orange County are perceived as most helpful to families in need;
- b. Determine where gaps in services may exist;
- c. Maximize utilization of existing services and resources; and
- d. Provide a foundation for improving the quality of the available service system in the County.

Methodology

Members of the Service System Workgroup determined that in order to achieve a better understanding of how the current array of services in Orange County is both utilized and perceived by the priority population, it would be important to gather input from current families involved in a dependency case, as well as from the court personnel, social workers, and other service providers that work with these families most frequently. Because the workgroup wanted to ensure the anonymity of responses, professionals were contacted via email and invited to complete the confidential survey online via a web-based survey service (www.surveymonkey.com), which was set up and subsequently analyzed by Orange County's NCSACW Consultant Liaison. Surveys for the parents were translated into Spanish verbally for those that needed it. Surveys were distributed to parents in person by their attorneys, who were available to explain the purpose of the survey and assure their clients that their responses would not negatively impact their case in any way. Parent surveys were collected and shipped directly to the NCSACW Consultant Liaison as well for review and analysis.

There were 225 responses collected for the Professional Survey, and 49 responses collected for the Parent Survey, which represents a 96% return rate for the parent group. (Note: It is unclear what these numbers represent in terms of return rate for professionals, since no count was kept as to how many invitations were emailed.) In addition to learning more about what services are most needed in Orange County and how helpful those services are perceived to be, survey questions were also designed to determine whether there are issues with families receiving front-end services early in their involvement with Social Services that might ultimately prevent them from becoming formally involved in a court-supervised case. Questions on the Professional Survey included the following:

1. Which agency do you work for?
2. If someone refers a client to you for services that you don't provide, are you able to refer them to the appropriate services? If not, why not?
3. What services do your clients most often need or seek referrals for? (Multiple choices)
4. What services do your clients need that you have a hard time getting for them?
5. What are the biggest challenges you experience related to helping clients access the services they need?
6. If you could change something about the service system in Orange County, and/or the ways that help is provided to families in need, what would you recommend?

Questions on the Parent Survey were as follows:

1. What services have you received since your case opened? (Multiple choices)
2. What services were most helpful? (Multiple choices)

3. When your case started, what services did you need or want (whether you received them or not)? (Multiple choices)
4. Do you feel that the services you received are meeting or have met your needs?
5. Did you have to wait for any services?
6. Did you receive any services that you did not think were helpful?
7. What did you like most about the help you received? (Please let us know which service or services about which you like the help you received.)
8. What did you like least about the help you received? (Again, please let us know which service or services about which you disliked the help you received.)
9. How satisfied are you with the services that you have received?
10. What (if any) problems have you encountered in getting the help you need or want?
11. Were you ever offered voluntary non-court services (supportive services that were not mandated by the court) before your court case started?
12. Were you able to get those voluntary non-court services?
13. If not, why not?
14. Do you believe your court case could have been prevented if you had received services earlier?
15. If you could change something about the services in Orange County, what would you recommend?
16. How long has your court case been open for the case you are here for today?
17. Are you enrolled in Dependency Drug Court?

Highlights

Responses from both groups signal that, for the most part, there is a relatively wide array of services available in Orange County. The vast majority (94%) of the professional respondents indicate that they are able to refer families to appropriate services either all (37%) or most (57%) of the time. In a similar vein, the services that families are able to access are largely perceived as helpful. When asked whether any of the services they received were not helpful, 78% of the parents who responded answered “no”.

Unfortunately, the service system starts to break down in Orange County when it comes to gaining access to the services that are available. Feedback from parents and professionals alike indicates that the primary factors which get in the way of accessing services are:

- ✓ Services that are not available in their neighborhood or community;
- ✓ Lack of affordable child care;
- ✓ Language barriers;
- ✓ Waiting lists for certain types of services;
- ✓ Not meeting the eligibility criteria;
- ✓ Inadequate transportation assistance;
- ✓ Service requirements that compete with employment;
- ✓ Case plans that are not tailored to individual needs.

For the 22% of parents who did indicate that they felt that the services they received were not helpful, they perceived that the professionals were out of touch with them and their motivation to reunify with their children. The majority of the parents in this group expressed frustration over not being able to reach the social worker, and not having regular contact or communication with those responsible for the decisions about their case. Similarly, when

professionals related difficulty in referring their clients to appropriate services, they often pointed to a breakdown in the referral process that impacted the ability of a family in need to access services in a timely manner.

The service gaps most often cited in the comments of both parents and professionals include:

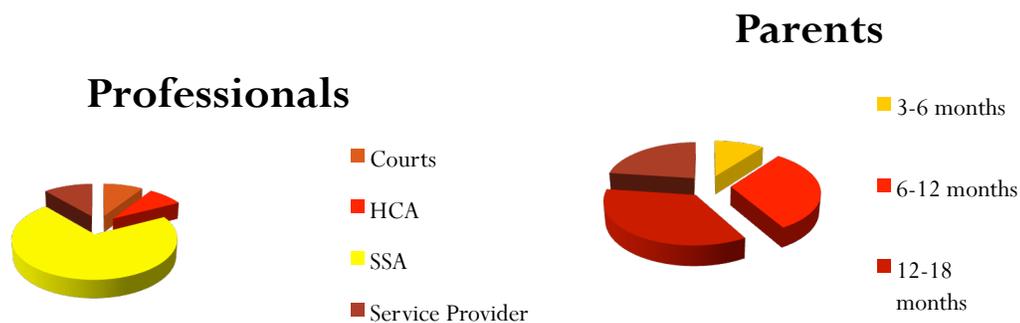
- Child care
- Transportation
- Health (medical, dental, psychiatric)
- Residential treatment for parents and children
- Adolescent treatment
- Bilingual (Spanish) counseling
- Employment support (especially for felons)
- Shelter and transitional housing
- Emergency assistance
- Family counseling

“Always remember that it may only seem like 6 months or 12 months but that is 180 days and 365 days without my child. Be aware that not all cases are the same!”

Parents also conveyed a desire for more frequent visitation with their children, which mirrored the expression from a number of professional respondents that more resources are needed to monitor visitations. Additionally, the surveys in general reflected the perception that the current system response in Orange County is more reactive than proactive, and suggest that placing more emphasis on preventive, in-home, informal services would be a much better investment than allocating the majority of resources on formal, court-supervised cases.

Who Responded?

The breakdown of respondents for both groups is depicted in the following pie graphs. Additionally, 10.2% of parent respondents indicated that they are currently enrolled in Dependency Drug Court.



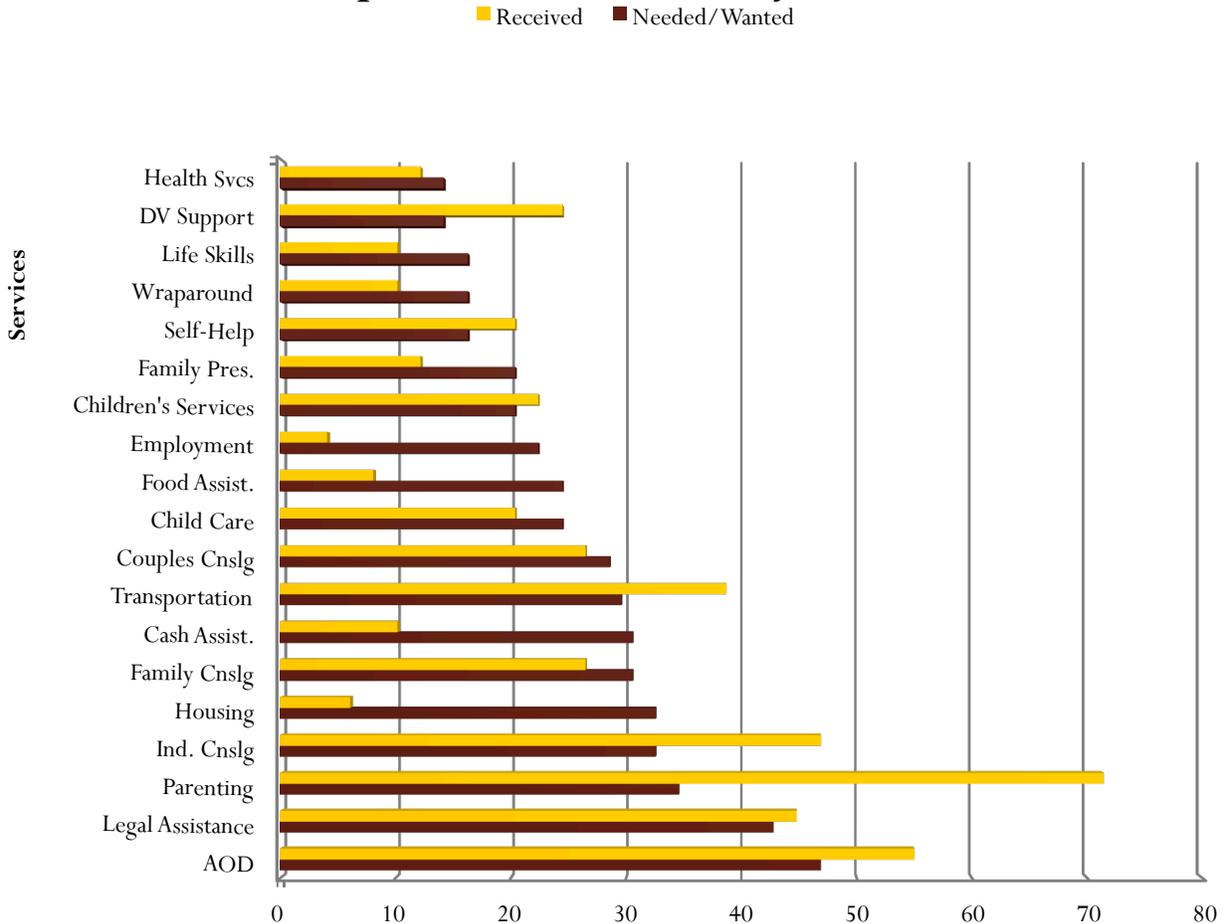
Summary of Responses – Comparisons and Contrasts

The following tables reflect the responses of both groups combined, related to the following elements:

- a) What the parents said they needed or wanted, whether or not they received it;
- b) What the parents said they actually received;

- c) Which services the parents found most helpful; and
- d) Which services the professionals seek for their clients most often.

Parents' Most Needed/Wanted Services Compared with What They Received



As the chart above shows, parents' needs are most closely aligned with the services they receive in the areas of substance abuse treatment, legal assistance, family/couples counseling, child care, children's services, and health (medical and dental) services.

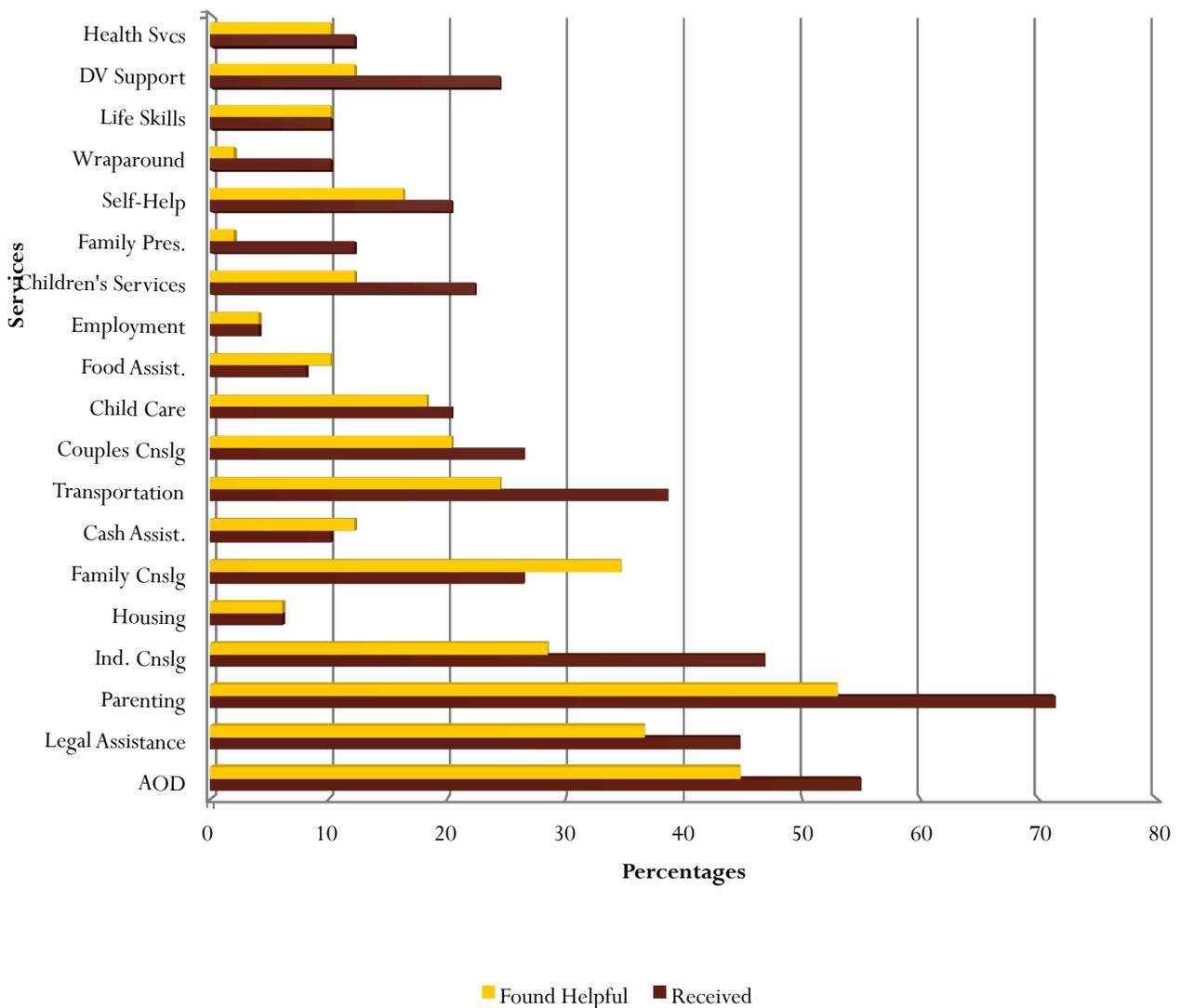
Conversely, the services that parents experience as "over-prescribed" include parenting, individual counseling, transportation, and domestic violence support. Parents generally perceive that assistance with basic needs (housing, cash, food) are "under-prescribed", as are employment-related services and family preservation services.

An analysis of the survey responses indicates that this misalignment between services received and services needed might be partially due to the current SSA and HCA contracting structure, which leads social workers to prescribe services for families that will be paid for by existing contracts. Unfortunately, this design may inadvertently prevent social workers from helping the families in their caseloads obtain services more appropriate for their individual needs.

The next chart depicts the comparison between the services that parents received and the services they found the most helpful. Consistent with the findings mentioned earlier, parents routinely find supportive services that meet their basic needs (food, cash, transportation, child care) and promote self-sufficiency (employment, housing, life skills, self-help) to be helpful. The clinical services that parents find most helpful include substance abuse treatment and family counseling. Parents also perceive the legal assistance they receive to be helpful. While responses indicate support for expanding services like wrap-around, family preservation, and parenting, they also indicate that there is room for improvement with these services in terms of perceived helpfulness.

"I liked the bus passes that helped transport me to my groups and meetings. I liked the information I learned in parenting and perinatal."

Services Received as Compared to Perceived Helpfulness



What parents liked most

Parents most frequently cited their parenting classes and their counseling sessions (marriage, individual, and alcohol and drug-related) as the most helpful to them, in terms of helping them learn how to live drug-free, be better parents, and live more healthy, productive lives. The consistent thread throughout the comments in this area reflected that how they were treated by the professionals made a tremendous difference in how helpful they perceived the services to be. Examples include:

“OUR SOCIAL WORKER.... ALWAYS KEEPS US IN MIND AND REALLY CARES ABOUT US.”

“I LOVE MY COUNSELOR.”

“THE TIME SPENT WITH PEOPLE WHO WERE NICE AND FAIR.”

Additionally, the practical services that parents received were deemed especially helpful. Support such as cash assistance, child care, WIC, bus passes, and rental assistance got high marks. In particular, the perinatal program was frequently cited as helpful. Other programs or services that were specifically cited included anger management, Warmline parent mentor program, public defenders, social workers, and focus group. Finally, several parents simply stated that what was most helpful to them was getting help right away. The ability to get what they needed when they needed it (“immediate”, “right away”) gave parents the sense that the services they received made a positive difference in their case. For those parents who were enrolled in the Drug Dependency Court, a higher sense of overall satisfaction with their involvement in both the child welfare and treatment systems was reported, combined with a stronger sense of being supported by the professionals with whom they interacted.

“There were a lot of classes in the beginning and trying to complete them and work and complete the rest of my case plan was a little difficult.”

What parents liked least

Parents were most outspoken about not liking the help when they perceived that they were being treated disrespectfully or unfairly. Comments reflected great emotion related to parental impressions that they did not receive sufficient credit for the efforts they were making; that their phone calls were not returned; or that there was a

“My counseling and education through the perinatal program was outstanding. I refer many women to that program.”

lack of follow-through on the part of social workers who offered services but provided no assistance in connecting the parents to these same services. *These comments are powerful in what they reveal about the impact of trust between the parent and the social worker on the parents’ motivation and hope for succeeding, and therefore on the overall outcome of the case.*

Similarly, many parents felt that the demands on them were often unrealistic or overwhelming, and were not coupled with the kind of compassionate support that might help them be successful. With only a few exceptions, complaints focused less on the actual quality of a given service, and more on difficulty accessing services

(“No help in the housing department”) or on being prescribed services that they did not feel were relevant (“anger management classes - felt they were unnecessary”), or were over-prescribed.

In contrast to the earlier mention that parents felt most helped when they were able to access services immediately, there were a number of comments that underscored the frustration parents had when they were unable to access the services they needed or were required to get (“That such short term time limits were set through the court and the fact that it took so long for services to even get started”). Similarly, the timing of prescribed services does not feel helpful to many of the parents who responded to the survey (see sidebar quotation). Finally, a

“Drug testing random testing on same day very difficult to schedule; very long wait in new medical offices.”

number of comments indicated that when parents lack confidence in their social worker due to frequent changes (“Constant changing of social workers. After 5 months we finally got one that seems to have my child's best interest at heart. Not knowing that had options in counseling”), or perceived inexperience (“My social worker is a new worker and I feel she does not know her job”), they are less likely to feel that the help they receive is effective.

Barriers Encountered – By Parents

Some of the problems encountered by parents in trying to get the services they need - such as gas prices and a flailing economy - are external to the system itself and beyond its control. However, the majority of barriers cited are within the capacity of the Orange County lead entities for this initiative to change. The top three obstacles for parents as reflected in the survey are:

- Lack of follow-through by workers related to returned phone calls, active assistance getting into services, and agreements made related to visitation;
- Significant time lapse (“weeks or months”) between the referral and the actual start of services; and
 - Insufficient funding to support expedient entry to and sustained participation in individual and family counseling services as well as affordable child care.

“Our original family, individual and anger management counseling was rapidly stopped because they lost their contract and me and my family suffered for it. That was wrong.”

Because of these obstacles, many parents in the system perceive it to be disorganized and under-resourced. A full 30% of respondents indicated that they were either never offered assistance, or could not get access to the services they were offered, due to wait lists, funding shortages, restrictive eligibility criteria, or problems trying to navigate the system without support. In general, even those parents who felt positive about their experience commented that difficult case plans, coupled with poor coordination of services, made it difficult to maintain employment while trying to meet the demands of multiple agencies. This is further complicated by the number of times that court hearings get rescheduled, with little or no notice to the case participants.

Barriers Encountered – By Professionals

“A mental health system that meets needs of all clients is needed when 53% of all drug users have at least one serious mental illness; 47% of individuals with schizophrenia have a substance abuse disorder (4 times the general population) and 61% of individuals with bipolar disorder have an SUD (5 times the general population). When I send my clients to OC Mental Health, they get turned away once the history of drug abuse is made known.”

Professionals overwhelmingly echo the sentiments of the parents when it comes to the issue of funding and affordability of services, and augment this perspective with problems related to unrealistic wait lists (up to three months!) for many services (residential treatment that accommodates children, pharmacotherapy, mental health, child care). This is attributed by many both to contract limitations and eligibility restrictions, as well as an insufficient number of providers that operate on a sliding fee basis or serve the family as a unit. Whatever the problems are that create the delay in accessing services, they create scheduling nightmares which appear to be the largest problems confronting professionals when trying to help their clients in crisis. This is further exacerbated by an often sluggish process of getting a timely referral made to a particular provider, as well as by difficulty getting parents themselves to follow through with scheduling an appointment no additional case management support.

They also cite a general lack of knowledge about what resources are available in which parts of Orange County as a key obstacle to helping their clients get what

they need. Several commented that having updated information regarding a particular service is difficult to obtain, particularly on the internet. Additionally, trying to match a client to services that are within proximity of where they live proves to be challenging, particularly for the many clients that do not have their own means of transportation. Another resounding concern was specific to the difficulty in getting County mental health services for parents with substance use disorders.

Housing, child care, and mental health support (evaluation, counseling and medication) were, by far, the most commonly cited services that professionals have difficulty accessing for their clients. This was followed by legal assistance, transportation, assistance with basic needs (food, clothing, cash), employment assistance, and health care (medical and dental). Specific mention was also made of limited multi-lingual services and a shortage of resources for the following populations:

- adolescents (especially parenting teens),
- children with special needs,
- felons,
- dually diagnosed clients,
- individuals with disabilities,
- undocumented clients, and
- those in remote areas of the county.

“The lack of relationships between the county and other resources that exists and are established, make it difficult at times. This is left up to individual clinicians to find the resources and refer.”

A number of survey respondents indicated that they find it difficult to find sufficient and/or *timely* services for family reunification – such as in-home counseling, parenting education, monitors for visits, wraparound services, and transitional housing that accommodates parents with children of all ages. Affordable substance abuse treatment (especially residential) as well as individual and family counseling was frequently mentioned as being difficult to access. Several respondents also indicated obstacles in finding domestic violence services for both victims and perpetrators. A few respondents indicated a need for more out-of-county counseling services.

Without question, survey results emphasize that the current process of getting a client into services – from the point of referral all the way through the client’s engagement in services – is perceived as convoluted and unwieldy. Most respondents attribute this to:

- Insufficient motivation on the part of the parents with minimal life skills and poor coping mechanisms
- Inaccessibility of the social worker for the parent
- A disconnect between the social worker and the providers
- Lack of updated, easy-to-access information about existing resources (e.g. which ones accept Medi-Cal, where there is space available, current contact information, etc.)
- Case plans and services that are not sufficiently individualized for the parents
- Cumbersome paperwork and procedures

“Lists of resources are outdated even on the Orange County website.”

Language barriers, lack of public transportation, heavy caseloads and limited hours of service provision further bog down the process and serve to exacerbate the problem. In some cases, responses hint that sometimes it comes down to a clash of philosophies from one sector of the service system to the next that gets in the way of helping parents get what they need (e.g. how clients using methadone are perceived). There was a clear delineation

in the 225 responses received between those that attribute the problems primarily to “unmotivated” or “resistant” parents, and those that attribute the problems primarily to “overworked” or “unsympathetic” social workers. The values and assumptions implicit within this category of response are important barometers of the service environment as a whole, and underscore the need for the lead entities of this initiative to spend some time developing shared values and principles that guide the practice of workers across systems.

Recommendations for Change

It is usually the case that the solutions to a community’s concerns are available within the community itself, and that is certainly true in Orange County. Responses from both parents and professionals offer some creative opportunities that would be worthwhile for the leadership of this initiative to explore further. These are summarized below, and emphasize the need for better communication and coordination among County agencies, the Juvenile Court system, community providers, and the families that are at the heart of the equation. An overriding message from both parents and professionals was that communication at every level needs to improve: among agencies; between social workers and parents; between courts and parents; and between service providers and parents. Implicit in this is a mandate for ensuring that the family’s perspective is heard throughout the life of the case.

Improve Access to Services

1. Develop more service options – particularly in the areas of dual diagnosis, family housing, and assistance removing the barriers that keep parents from being able to engage in services (e.g. lack of adequate transportation, childcare, employment support, etc.). Partner with community providers to develop expanded options for affordable transitional housing and child care, with priority for CWS families.
2. Services and referrals need to be culturally responsive, and organized regionally in order to improve family access and engagement. Case assignments could be organized regionally as well to support more seamless referrals.
3. Place a higher priority on the provision of voluntary family services by making it easier for more families to qualify and access more prevention-focused support.
4. Establish minimum standards for amount of time that elapses between the point at which a referral is made to the point when the parent begins treatment, and take the necessary steps to reduce this timeframe, such as:
 - a. Streamlining the referral process,
 - b. Providing more assistance to clients during the hand-off to the provider, and
 - c. Ensuring better follow-up from providers back to the social worker confirming client engagement in services.
5. Maintain an updated data base of community resources, and provide regular opportunities for cross-system education on what services are available and how to obtain them.
6. Provide parents with correct, consistent, and supportive information about the resources available. Make sure that parents have ready access to a live person to answer questions and provide guidance.
7. Explore the feasibility of regional service centers where families can get referral information, legal assistance, counseling and financial assistance in the same location.

“It would be nice to have a list for Social Workers to access which offers services to clients that are Court ordered (SSA approved) and other services that clients request on a website similar to how they are listed (in the survey). You should be able to click on it and a listing comes that is printable and ready to provide to clients.”

Establish Collaborative Policies, Practices, and Protocols

1. Build more flexibility into agency policies and eligibility criteria for certain programs (e.g. DDC, perinatal, voluntary family services) that allow the case processing and monitoring to more readily adapt to individual family circumstances.
2. Foster better working relationships within and among county agencies as well as with direct service providers by establishing regular information-sharing and brainstorming meetings with key partners.
3. Develop a joint statement of collaborative values and guiding principles that sets a consistent standard for working with families using a family-centered, strengths-based approach. Support this approach with regular joint training of cross-system workers.
4. Funding needs to be driven more by client need and less by what is convenient or customary for the agencies. For example, by converting from a contracting model to a fee-for-service model, funding remains flexible to allow parents to access a variety of community services in a more user-friendly manner. This model also accommodates a more flexible system of care, with an expanded level of service available to meet client need, reduce backlog, and ease the work burden of social work staff.

“Our services are formulaic. The services we make most available are the ones mandated the most often by Juvenile Court; not necessarily what is most beneficial for our clients. For example, our placements (relative caregivers) would really benefit from services but since this isn't part of what the Court orders routinely, this receives no priority and no funding. Funding is, essentially, dictated by what is important to the Court.”

These recommendations are just a starting point, and underscore the need for Orange County's leadership to work collaboratively to develop a more effective system for serving the families that are at the crossroads of involvement in multiple systems. These families are relying on County agencies and the Juvenile Court system to help them recover and support them in providing safe and stable homes for their children. In light of the current fiscal crisis that looms for Orange County and its communities, this is a call to action for SSA, HCA, and the Court to collaboratively lead the way to better outcomes for the families they mutually serve.