Local Collaboration and Partnership - Department of Social Services and Community Action Partnership

By Elizabeth "Biz" Steinberg
Child Care Resource Connection

Child Care Payment Program
Child Care Funding Trends

• The Child Care Resource Connection has been contracting with the California Department of Education since 1978

• Contract dollars were approximately $350,000 at the onset and grew in early 2000 to over $14,000,000

• With the economic downturn in 2008, funding for child care has slipped to just under $8,000,000

• Over 1,101 children have lost their child care slots
Beginning Partnership with the Local Department of Social Services

• In March 1998 the Department of Social Services contracted with the then Economic Opportunity Commission renamed the Community Action Partnerships of San Luis Obispo County (CAPSLO) to provide services in three programs.

• Stage 1 Child Care subsidized services
• Child Care Resource and Referral Outstation
• Quality Child Care Training Programs
Making the Partnership Work

• Much of the success of this partnership between DSS and CAPSLO is directly associated with the location of CCRC Family Resource Specialist (FRS) staff in the DSS offices throughout the county.

• In 2013 DSS has increased funding to include one FRS for each of the 5 DSS offices.
Benefits of DSS and CCRC Partnership

- A seamless system of childcare for CalWORKs families
- Each agency can focus on core competencies
- CCRC administers the Resource and Referral programs to make childcare options readily available to DSS clients
- Cost effective solution for both agencies
Client Benefits

• Having the ability to access subsidized child care assists families in achieving self-sufficiency
• Decreases economic stress
• Provides parental confidence that children are in a supervised environment
• Empowers parents to strengthen their ties in the community
• Provides connection/builds relationships with child care providers
• Forms a collaboration with partnering agencies to meet family needs beyond subsidized child care
Decrease in Families and Children receiving subsidized child care 2000-2012

• Change in legislation and policy is responsible for 1,101 children losing child care subsidy over a twelve year period, including CalWORKs Stage 3 program that was eliminated in 2010 mid-year
Elimination of CalWORKs
Stage 3 Child Care

• On Friday, October 8, 2010 Governor Schwarzenegger in his completion of the 2010-11 Budget eliminated child care services for low income working families in Stage 3
• This act destroyed California’s 15 year investment in moving families from welfare to work
• In San Luis Obispo county 434 children left without access to safe quality child care and 221 families faced with major life decisions
• 180 Child Care Providers lost payment for services
What Did Elimination of Stage 3 Do to Families and the Economy

• Placed thousands of California families on the unemployment and welfare rolls
• Eliminated child care for 81,000 children in California
• Locally, San Luis Obispo County alone lost an estimated $5,744,055 in revenue generated by these once working families
• Partial restoration of Stage 3 funding by Governor Brown has not restored the county to its former robust status
• As of October, 2013, 269 children are eligible for services in Stage 3 but the shortfall in funding is in excess of $210,000
• Without adequate funding children will once again be eliminated from services
San Luis Obispo County Annual Loss of Subsidized Child Care Slots for All Programs

<table>
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<tr>
<th>Year</th>
<th>#Families</th>
<th>#Children</th>
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<tbody>
<tr>
<td>2000</td>
<td>1626</td>
<td>2663</td>
</tr>
<tr>
<td>2001</td>
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<td>1106</td>
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<tr>
<td>2012</td>
<td>956</td>
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</table>
Positive Results

• Parents learn how to be responsible in their endeavor to become self-sufficient.
• Parents learn how to navigate through the economic realities of life.
• Parents develop communication skills to apply in life experiences.
• Children are cared for in social/emotional educational environments.
Program Outcomes

• Served 100% of clients referred by DSS into subsidized child care to fulfill their CalWORKs Welfare-to-Work requirements

• Served over 31,000 children in all subsidized child care programs in the last 12 years
Thank You San Luis Obispo County Department of Social Services

• The San Luis Obispo County Department of Social Services has developed a unique working relationship with CAPSLO Child Care Resource Connection to provide a seamless system of child care services for CalWORKs families by placing a CCRC Family Resource Specialist in each DSS office. The CCRC staff provides child care referrals, enrolls clients into child care and manages the communication between the DSS and the CCRC staff.
Special Tribute To Department of Social Services Management Team

- Lee Collins, Director
- Tracy Schiro, Assistant Social Services Director
- Elise Roberts, Regional Manager
Family Support Services Division
CAPSLO
Family Support Services Division
Structure

Family Support Division

- Direct Services and Parent Education
- Innovations Play Therapy
- S.A.F.E. Family Advocates
- First Five Health Navigator Program
San Luis Obispo County Differential Response

- In 2001, SLO County implemented Differential Response in an effort to respond to referrals with a greater variety of responses and services.

- Differential Response allows CWS to assess the needs, resources and circumstances of each unique family and focus on engaging and assessing families by utilizing 3 initial “Response Paths”.
Differential Response Principles

• Identifying risk and stepping in early leads to better outcomes compared to the prior CWS practice of waiting until child abuse/neglect occurs.

• *Children* are safer and *families* are stronger when communities work together.

• *Families* are more empowered when they voluntarily engage in services and supports.
Differential Response

• Differential Response
  • Provides prevention/intervention services to at-risk families
  • Reduces the number of children entering child welfare services and the need for high-end services later

• With Differential Response
  • All referrals receive appropriate level of response
    • Evaluated Out – No action taken
    • Evaluated Out – Community Response (Path 1)
    • 10-Day Response – Collaborative Response (Path 2)
    • Immediate – CWS-only Response (Path 3)
Direct Services & Parent Education Educators / Advocates

- B.S. and/or M.S. Degree in Social Work, Child Development or related field
- Case Management caseload max. is 20
- Bilingual / Bi-literate
- Housed in CWS offices and/or Community Based Organizations
- Assigned to specific regions
- Participates in community outreach activities
• Educator/Advocate schedules home visit:
  • Conducts the following:
    – Basic needs & parenting skills assessment,
    – Child Ages and Stages Questionnaire,
    – Provides community resource information.

• Parent Education is provided:
  – in the home or other location
  – one to one, parents together or separate
  – developmentally appropriate activities
  – 6 sessions or more as needed
Direct Services and Parent Education

Parenting Education includes:
• Case Management services / coordinated case plans
• 0-5 child developmental screens (ASQ’s),

Curriculums used can include:
• Active Parenting Curriculum for 1-18 year olds,
• Positive Discipline
• Nurturing Families
• “Why Try” for Teens

• Videos and Activity Guides:
  – First Five for New Parents Kit,
  – First Impressions-Exposure to Violence and Brain Development,
  – Dental Hygiene Activities,
  – Parent Guidebooks
  – Literacy Activities.

• Pre & Post Parenting Skills Assessments,
• Certificates of Completion
Direct Services items may include:

- Beds & bedding for children,
- Replacing refrigerators/ stoves,
- Assistance with paying for utility bills
- Infant/ baby supplies,
- Safety & hygiene products, child proofing,
- Minor household repairs, etc.
Current Trends 2013

• 94.5% of those who complete services do not have another referral within 6 months

• 56% of referrals are for children 0-5 years of age.

• 54% accept services for parent education.

• Domestic Violence related reports have increased since 2009.

• Referrals for homeless families have increased since July 2010.
Substance Abuse, Domestic Violence, and Mental Health Issues comprise the main categories of contributing factors. Drug (all types) and Alcohol Abuse combined is by far the most common category. In nearly all cases where a drug and/or alcohol abuse factor exists, there is also a domestic violence factor. In some cases, all categories are present. Note: Victims may be counted in more than one category.

### Contributing Factors by Category

- **Substance Abuse**: 2,237
- **Domestic Violence**: 1,611
- **Mental Health**: 449

#### Contributing Factors 2009 through 2012

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
<th>2011</th>
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<td>Heroin Abuse</td>
<td>9</td>
<td>11</td>
<td>6</td>
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<tr>
<td>Cocaine Abuse</td>
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<td>11</td>
<td>7</td>
<td>12</td>
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<tr>
<td>Prescription Drug</td>
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<td>56</td>
<td>61</td>
<td>57</td>
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<tr>
<td>Marijuana Abuse</td>
<td>93</td>
<td>99</td>
<td>101</td>
<td>89</td>
</tr>
<tr>
<td>Mental Health</td>
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<td>125</td>
<td>172</td>
<td>174</td>
</tr>
<tr>
<td>Other Drug</td>
<td>88</td>
<td>87</td>
<td>101</td>
<td>163</td>
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<tr>
<td>Meth Abuse</td>
<td>138</td>
<td>140</td>
<td>160</td>
<td>152</td>
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<tr>
<td>Alcohol Abuse</td>
<td>138</td>
<td>140</td>
<td>160</td>
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<tr>
<td>Domestic Violence</td>
<td>385</td>
<td>399</td>
<td>474</td>
<td>474</td>
</tr>
</tbody>
</table>

**Number of Victims Reported**

- **Total**: 474
Differential Response Referrals from July 1, 2010 to June 30, 2013

• 2010-2011: 577 referrals
• 2011-2012: 559 referrals
• 2012-2013: 641 referrals
What happens after Differential Response services end?

**All Families are provided with referrals and support to stay connected with local services.**

**Services Affirming Family Empowerment (S.A.F.E.)**

Collaboration between:

- CAPSLO
- County Mental Health
- Public Health
- Probation
- School Districts
- Department of Social Services
- Non profit organizations (Transitions Mental Health Association, ALPHA Pregnancy Services, Women’s Shelter, etc.)

- A warm hand off to a family resource center within the community where the family resides
What Is Supporting Father Involvement (SFI)?

This research and intervention represents the first randomized, controlled clinical trial focused on father involvement in low-and middle-income families.

It’s holistic – The entire family participates.
S.F.I. Theory

If we can positively affect the couple relationship or the father-child relationship, we can increase the protective factors and reduce risk factors to prevent negative relationships from the family of origin that are being repeated in the family currently.
SFI Background

• SFI is research supported and evidence-based intervention

• Operated in 5 California counties
  – Contra Costa Country
  – San Luis Obispo County (DSS and CAPSLO)
  – Santa Cruz County
  – Tulare County
  – Yuba County

• Longitudinal 9 year study & intervention

• SLO County served 603 Families, some with CWS involvement or history.
SFI Background continued

• Effectively increases father involvement and parental functioning

• Successful across cultural groups

• Successful with low to middle income families

• Applicable to various service-provider agencies
SFI Outcomes

• Couple relationship satisfaction maintained
• Mothers see fathers as more involved
• Decrease in parenting stress for fathers
• Decrease in anxiety symptoms for mothers
• Less social withdrawal and physical symptoms in children at PO1 than at Pre
• Mothers depression reduced
Outcomes continued

• Family income increased by approximately $4,000 per year for those CWS-referred couples
• Violent problem solving (yelling, throwing things, hitting) decreased over the course of the study
• Authoritarian, harsh parenting ideas decreased for both CWS and non-CWS-referred parents.
• A decrease in harsh parenting, as reported by both parents, for the CWS-referred participants if they were enrolled in the groups