



*“We are very thankful for the support and appreciate everything you have done for us!”*

*-RRT Program Participant*

## **Rapid Response Team (RRT)**

**A collaboration between Victor  
Community Support Services  
and Nevada County  
Child Welfare Services**

Helping Others Soar



**NEVADA COUNTY**  
CALIFORNIA

**Child Welfare  
Services**





### **Mimi Greminger**

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**Emergency Response/RFA Supervisor  
Child Welfare Services  
Nevada County**

Mimi started working as a supervisor for Nevada County Child Welfare Services in 2019. She has a bachelor's degree in sociology and started her professional career working with Severely Emotionally Disturbed children in a school setting. Mimi began her career as a Child Welfare social worker in Butte County over 21 years ago. She has experience as an ongoing social worker, an IR/ER investigator, a family law investigator, a court presenter and moved into the role of supervisor in 2012. Mimi currently supervises Intake, Emergency Response, and Resource Family Approval.



### **Teri Polcene**

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**Emergency Response Social Worker  
Nevada County Child Welfare  
Nevada County**

Teri holds a degree in Psychology and graduate work in Education. Teri's early career centered around working as an educational therapist in Southern California. Teri has experience as a foster/adopt parent, bringing a unique perspective to her work. She has extensive experience navigating multiple systems including mental health, education, and the court system advocating for children. Teri began working for Nevada County Social Services in 2013 in multiple roles including eligibility worker, ongoing social worker, court worker, IR/ER investigator, and family law investigator.



### **Milada Belohlavek**

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**Program Supervisor  
Victor Community Support Services  
Nevada County**

As Program Supervisor for the Rapid Response Team, Milada Belohlavek has helped shape the program from its launch in 2020. Her professional experience includes having worked for a domestic and sexual violence crisis center where she offered crisis intervention services, advocacy to survivors, and coordinated the agency's prevention department. She worked as a case manager at Victor Community Support Services providing intensive outpatient mental health services to youth before being promoted to Program Supervisor.



### **Mariah Funk**

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**Facilitator  
Victor Community Support Services  
Nevada County**

Mariah brings extensive expertise in working with transitional age youth and in behavioral interventions. Her education includes a bachelor's degree in sociology. She was the Community Engagement Manager for Big Brothers Big Sisters where she built the Bigs with Badges Program that worked to bridge the gap between youth and local law enforcement. She was the Assistant Residential Facilities Manager at a short term residential therapeutic program where she trained support staff, oversaw daily management of the boys' household, and provided crisis intervention.

# Program Origin

Child Welfare Services (CWS) is required to offer preventative and early intervention strategies that meet the critical safety needs of children referred into the Child Welfare System and that target the overall well-being of families.

RRT was created to fill an identified gap in services in our community:

- RRT can offer immediate hands-on assistance to families at a level between a path 1 and a voluntary CWS case.
- RRT clients do not need to meet criteria for wraparound services in order to be offered similar support through the Rapid Response Program
  - not necessarily at immediate risk of out of home placement
  - do not need to meet medical necessity for mental health services
  - do not need to have Medi-Cal in order to participate in the RRT program





# Program Structure

Flexible to meet family needs

Target program length: 3-6 months

1. **Engagement Phase**

Intake Paperwork, Safety Plan, Connection Map, Identification of needs and supports, Rapport building

2. **Planning Phase**

Adult Needs and Strengths Assessment (ANSA), Individualized Service Plan

1. **Implementation Phase**

Regular client engagement in direct services to identify emerging needs, develop action steps, ensure follow through, and link family to resources. Frequent collaboration with community partners and ongoing case management, Child and Family Team Meetings as needed

2. **Transition Phase**

Gradual decrease in frequency and intensity of services as driven by family needs and progress, Identification and utilization of ongoing community and natural supports





# Team/Roles

## Victor Community Support Services

- Facilitators
- Family Support Counselors  
(with lived experience)
- Supervisor

## Child Welfare Services

- Emergency Response Social Workers
- Emergency Response Supervisor



# Program Principles

- Voice and choice
- Child and family team
- Community based services
- Cultural competence
- Individualized services
- Strengths based services
- Natural supports
- Collaboration
- Persistence
- Outcomes based services



## RRT Goals

## RRT Objectives

To prevent and reduce out-of-home placements and placement disruptions to higher levels of care.

75% of children and youth served shall be stabilized at home or in foster care.

Caregivers shall strengthen their parenting skills.

At least 80% of parents shall report an increase in their parenting skills as evidenced by the Child and Adolescent Needs and Strengths (CANS) Assessment.

Every child establishes, reestablishes, or reinforces a lifelong relationship with a caring adult.

At least 65% of children served shall be able to identify at least one lifelong contact as evidenced by the Connection Map.

Caregivers shall improve connections to the community.

At least 80% of caregivers shall report maintaining or increasing connection to natural supports as evidenced by the Connection Map.

Youth shall be out of legal trouble

At least 70% of youth shall have no new legal involvement (arrests/violations of probation/citations).

To reduce the amount of involvement with CWS and Probation.

70% of families who graduate having met their treatment goals shall not have a referral to CWS or Probation in the 12 months following RRT case closure.





# Referrals and Criteria

- CWS is the gatekeepers/source of all referrals
- Minimum threshold for referral is a Suspected Child Abuse Report (SCAR)
- Anyone can and should file a SCAR if they believe a child is at risk; but this does not constitute automatic referral to RRT
- Collaborative client identification process (RED Team)
- Caregiver is referred to Rapid Response Program, collateral support can be provided to children and other family members
- Referrals typically need support to mitigate safety concerns and to link to community resources to stabilize family relationships and home environment
- Good referrals typically include:
  - When reports allege mental health concerns
  - When reports allege domestic violence
  - Families who need help with accessing community resources
  - Families who need help developing better skills



# What does “rapid” mean?

- RRT will respond immediately when an investigating social worker goes out on an Immediate Response (IR)
- RRT will respond jointly with the investigating social worker at initial contact for a 10-day referral if appropriate
- After it has been determined that the family would benefit from being referred to RRT, the social worker makes the referral during RED Team and a warm hand off is scheduled to be completed within 5 business days if RRT did not already respond jointly



# After warm hand off

CWS Social worker will continue with their investigation to meet all investigation requirements

CWS Social worker will meet with family and RRT again if needed

CWS Social worker will close the referral after family has been linked to RRT if no further involvement is needed





# Services Offered

- Immediate and long-term safety planning
- Crisis de-escalation
- Linkage to necessary community services and supports such as mental health or SUD treatment
- Coordination with schools and other systems
- In-home support to address behavioral needs and/or provide coaching to caregivers
- Non-legal mediation around family conflict
- Child and Family Team meetings to create sustainable systems that will help progress be maintained
- Flex funds to bridge gaps and meet immediate needs
- Encourage contact with positive peer supports, connect to community and natural supports
- Life skills modeling: communication, conflict resolution, celebrating successes, emotional regulation
- Parenting strategies and coaching
- Education



# Engagement



- Warm hand off/first meeting focuses on completing intake paperwork, gathering information about family needs, and then leaving the client/family with a task to complete (or completing something with them depending on level of functioning of the client) to accomplish something concrete
- Second meeting is primarily focused on rapport building, getting to know the client/family, not making it so task focused but creating a personal connection and continuing to gain more nuanced information
- Family needs are going to dictate the frequency of meetings, what resource referrals are made, and what planning/preparation is needed. Team will focus on mitigating safety concerns, can provide transportation to services, will help work through barriers, complete tasks, ensure accountability, and create a foundation for the family to continue to build on

- Flexibility and few barriers to doing whatever it takes to meet needs
- Patient, consistent, and persistent contact
- Non-judgmental support and encouragement
- Voluntary services, emphasis on decreasing family involvement with systems
- Strengths based yet realistic – we lean into difficult conversation and do not avoid the issues
- Small effective team - energy given to team building
- Manageable case loads
- Evidence-based practices



# Common Community Partners

- Domestic and Sexual Violence Services
- Substance Use Disorder Services
- Medi-Cal based programs
- Wraparound Services
- Housing Resources
- Behavioral Health
- Public Health
- Probation
- Food Banks
- Schools
- Youth Support Services
- Parenting Resources
- Autism Services





# Serving Rural Communities

- Nevada County covers a large geographical area
- We serve our entire county including areas that are isolated with limited access to services
- Our team is prepared to drive to distant locations to provide in-person support
- Our team is prepared to work with people to overcome barriers around transportation and provide transportation when needed
- Our team is prepared to be creative and go above and beyond to engage families





# On Call Availability

- Rapid Response Team is **not** available to clients outside of working business hours but is available to Child Welfare Social Workers
- We adjust our schedules to meet the needs of families that may need services outside the typical 9am-5pm business day
- We provide active clients with a list of services that provide 24-hour support and discuss these resources with them when completing their initial safety plan so that they are prepared if a situation arises after hours
- We are available to CWS Social Workers that do an Immediate Response any time day or night to get families quickly linked to services to avoid detentions if possible

# Outcomes

- Decrease in detentions
- Decrease in number of Child Welfare cases
- Decreased caseloads for social workers
- More families remain intact
- Prevented experiences of trauma for children and families
- Greater health and wellbeing for families and our community
- Contributing to a positive image of CWS in the community





Outcome Objective Measure	Q1	Q2	Q3	Q4	FY21-22 Achievement
At least 75% of clients stabilized at home or in foster care	5 of 5 = 100%	8 of 8 = 100%	10 of 11 = 91%	8 of 8 = 100%	This goal was met, as 31 of 32 discharged clients (97%) reported stable living situations (at home, with relatives, or in foster care) at discharge.
At least 80% of parents report an increase in their parenting skills as evidenced by the CANS	4 of 5 = 80%	7 of 8 = 88%	5 of 9 = 56%	4 of 6 = 67%	This goal was nearly met, as 20 of 28 caregivers (71%) reported improved Caregiver Needs on the CANS. Additionally, 78% of caregivers reported improved parenting skills when surveyed.
At least 65% of clients identify at least one lifelong contact as evidenced by the Connection Map	5 of 5 = 100%	8 of 8 = 100%	9 of 10 = 90%	8 of 8 = 100%	This goal was met, as 30 of 31 engaged discharged clients (97%) reported at least one lifelong contact.
At least 80% of caregivers report maintaining or increasing connection to natural supports as evidenced by the Connection Map	3 of 4 = 75%	8 of 8 = 100%	9 of 10 = 90%	8 of 8 = 100%	This goal was met, as 28 of 30 caregivers (93%) reported maintaining or increasing connections to natural supports.
At least 70% of youth shall have no new legal involvement (arrests/violations of probation/citations.)	3 of 4 = 75%	8 of 8 = 100%	10 of 11 = 91%	8 of 8 = 100%	This goal was met, as 29 of 31 clients (94%) resolved their legal involvement by engaged discharge.
70% of families who graduate having met their treatment goals shall not have a referral to CWS or Probation in the 12 months following RRT case closure.	Initial analysis by Nevada County Child Welfare Services strongly suggests that engagement with the Rapid Response Team significantly reduces further referrals and investigations. Preliminary data shows that 90% of families who participated in the program and successfully closed have not had another investigation take place.				



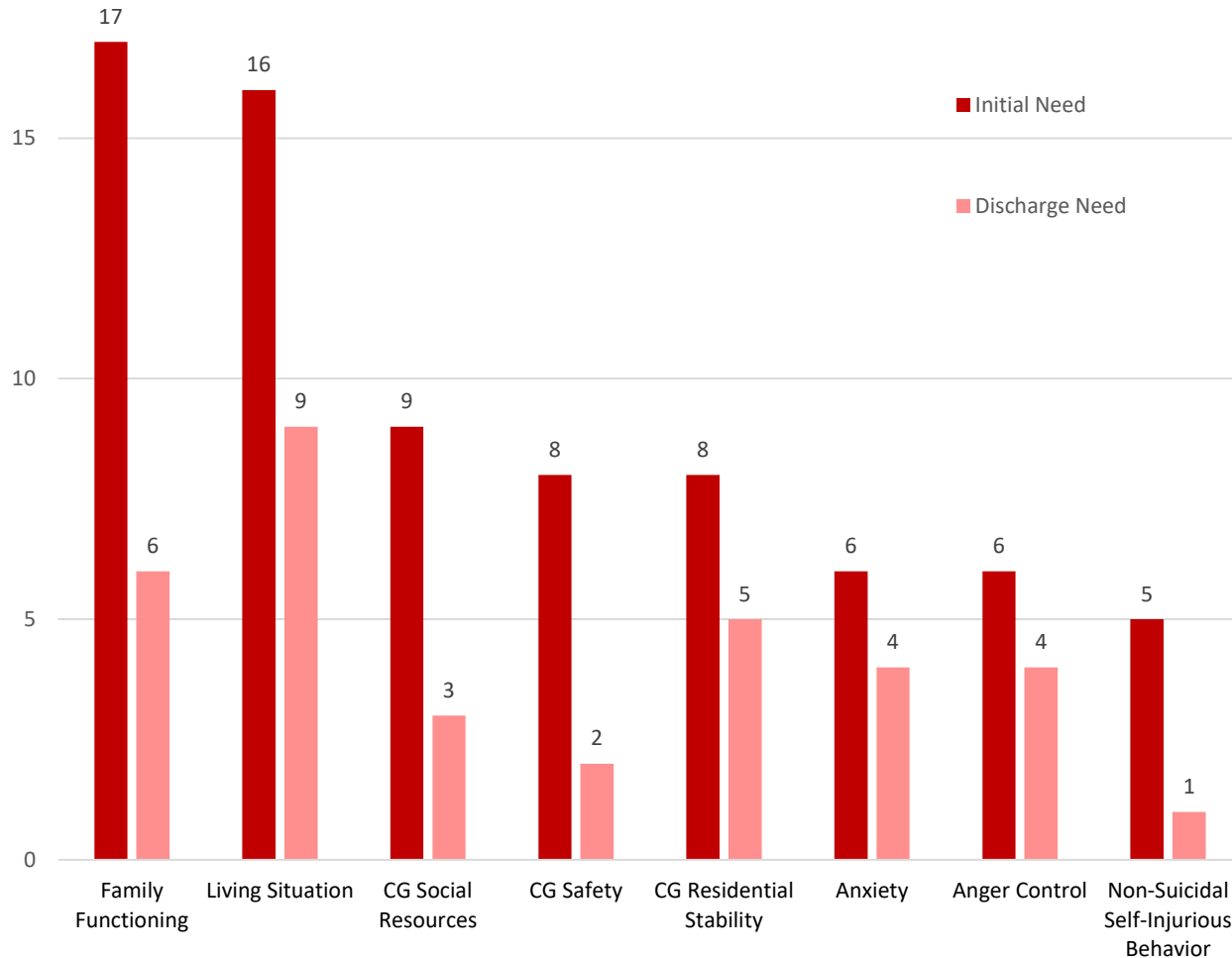
# Preliminary Findings

- The sample numbers are small because the program is still relatively new but **preliminary** data shows that 90% of the families who “closed successfully” have not had a repeat referral
- “Closed successfully” means that the family engaged and either met their goals and/or were linked to services to meet their needs
- Out of 32 families that have successfully closed, 29 (90.1%) of those families have had no new investigations
- Out of 24 families that are currently open and participating with RRT, 23 (95.8%) of those families have had no new investigations
- Out of the 40 clients that declined services, did not engage, or had no contact with RRT, only 25 (62.5%) have had no new investigations
- Referrals that were closed due to lack of engagement or where no contact was able to be made by RRT were more likely to have a subsequent investigation as well as a substantiation or inconclusive finding
- There were no substantiations for subsequent investigations that took place for families who had successfully completed the program



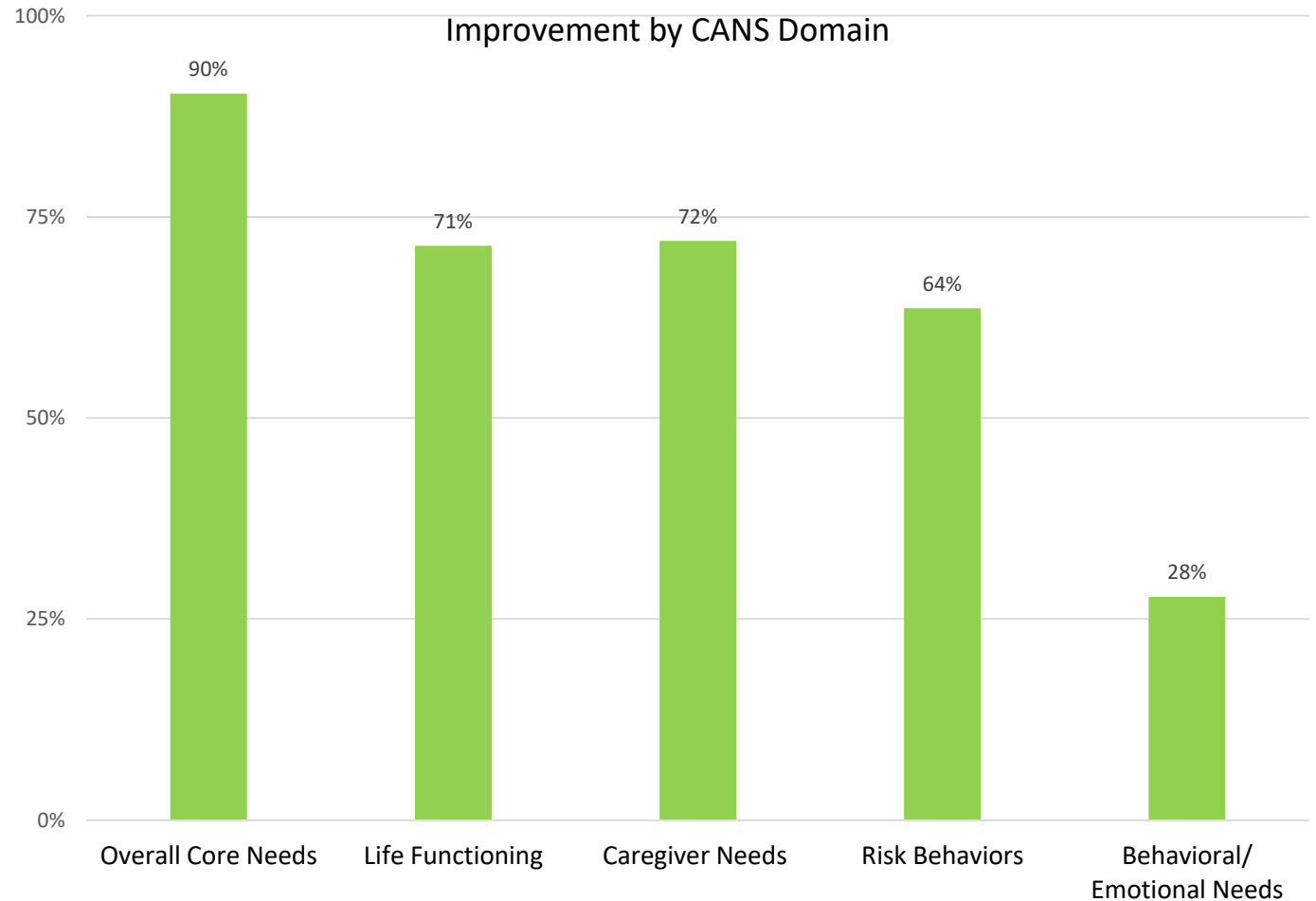


Top CANS Needs at Intake and Discharge



The chart to the left shows the top client and caregiver (CG) needs at intake by Child and Adolescent Needs and Strengths (CANS) and Adult Needs and Strengths Assessment (ANSA) items. It also shows how many clients still reported that need at discharge, allowing us to determine which needs we are addressing well, and which needs we can aim to better address in the future. As an example, Family Functioning was the most frequently identified need at intake, with 17 clients reporting an actionable need in that item. Only six of those clients still reported an actionable need in Family Functioning at discharge, indicating improvement for 65% of those with that need.

In the last fiscal year, **56 clients** received Rapid Response services. There were **34 discharges**, including 30 (88%) who fully engaged in services before discharge. Of those **30 engaged discharges**, 27 (90%) improved on their core CANS/ANSA scores, indicating goal achievement and a decrease in actionable needs. The chart below shows the percentage of clients with an improvement in actionable needs in each key domain. Due to the brief nature and focus of the Rapid Response program, immediate needs such as Life Functioning, Risk Behaviors, and Caregiver Needs are prioritized over ongoing Behavioral/ Emotional Needs, a focus revealed in the fiscal year's domain improvements as seen in the green bars of the chart to the right.





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# Recognition

RRT was the recipient of a Merit Award from the California State Association of Counties (CSAC) in 2021 that recognizes the most innovative programs developed by California's counties.

Rapid Response Team was awarded a 2022 Achievement Award by the National Association of Counties (NACo). The NACo Achievement Awards program is a non-competitive awards program that seeks to recognize innovative county government programs.



# Client Testimonies

“I just wanted to express what a great job my advocates through Victor’s rapid response team are doing. Their support has been tremendous in helping me navigate this difficult process. I could never thank y’all enough.”

“Having [RRT] has been such a huge relief. They’ve provided help with my babies and resources for everything I’ve needed. This has been a really difficult time for my family and I don’t know what I’d do without them”

“The Rapid Response Team has been monumental in assisting my family with support. I felt and was totally alone, but with the help of the RRT I was able to get through the past 6 months. The sleepless nights of ‘I don’t know what to do,’ went away. I am beyond grateful to Jenny and her team for all the parenting help.”

“We are very thankful for the support and appreciate everything you have done for us!”

