

Welcome to

RAPID RESPONSE TEAM COLLABORATION

THE TRAINING WILL BEGIN SHORTLY

While you're waiting...



Icebreaker Question (answer in the chat)

What is the best thing that happened in the past week?



Survey & Certificate of Completion

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Hi, We're CalTrin!

Who we are

- The California Training Institute
- Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP) to support child abuse prevention through professional development and extended learning opportunities.
- Designed for staff of family strengthening and child abuse prevention organizations in California, including FRCs, CAPCs, CBOs, and other child and family serving systems.

What we offer

- Live webinars & small group training
- Virtual, self-paced courses
- Job aids & other resources



UPCOMING TRAININGS

mark your calendars!

Visit caltrin.org to view and register for upcoming webinars or workshops



11/01 | Child, Family, and Community Well-Being Learning Forum



11/03 | Understanding Empathic Strain and Secondary Traumatic Stress



11/14 | Protective Factor: Social & Emotional Competence of Children



11/10 | Nurturing Parent and Child Development



11/16 | Building an Interagency Wellness System: School Wellness Centers

11/17 | Trauma, Parenting, and Challenging Behavior (School Age)

Before We Begin...

BEFORE



Access the presentation slides now! The link can be found in the chat.



This presentation is being recorded.

DURING



Review interactive features for today's session. Locate the controls on the toolbar at the bottom of your screen.

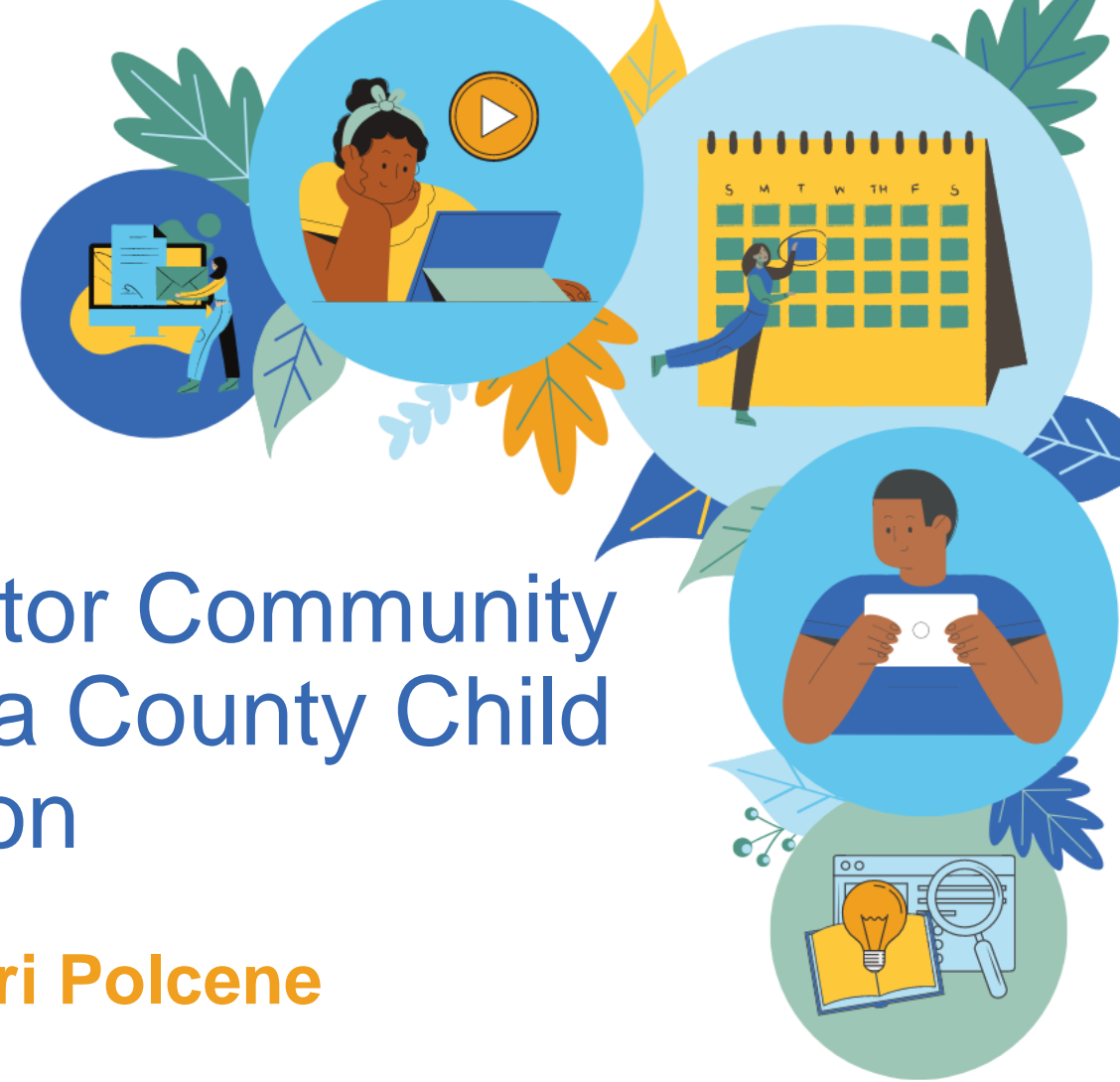
AFTER



Complete the survey at the end of this webinar to receive your Certificate of Attendance.



A follow-up email will be sent to all participants within two days.



Rapid Response Team: A Victor Community Support Services and Nevada County Child Welfare Services Collaboration

Presenters:

Mariah Funk, Mimi Greminger, and Teri Polcene





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

-RRT Program Participant



NEVADA COUNTY
CALIFORNIA

Child Welfare
Services

Rapid Response Team (RRT)

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



Mimi Greminger

Mimi.Greminger@nevadacountyca.gov

**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 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.



Mariah Funk

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**Community Services Supervisor
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.



Where are you from?

CWS?

Probation?

Agency Leadership?

Social Worker?

Rural County?

Urban County?

Other?



Presentation Content

Program Overview
Services Offered
Data and Outcomes

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. That is exactly what this program does. It provides CWS with a team of people that can offer direct services to families to mitigate safety concerns, stabilize the home environment, and provide linkage to more long-term resources.

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



Team/Roles

Child Welfare Services

Emergency Response Social Workers
Emergency Response Supervisor

Victor Community Support Services

Facilitators
Family Support Counselors
Supervisor



Referrals and Criteria

- **CWS is the gatekeeper/source of all referrals**
- **Minimum threshold for referral is a Suspected Child Abuse Report (SCAR)**
- **A SCAR does not constitute automatic referral to RRT**
- **Collaborative client identification process – Review, Evaluate, Decide Team (RED Team)**
- **Caregiver is referred to RRT, 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**
- **Appropriate referrals typically include reports that indicate the following:**
 - **Mental health concerns**
 - **Domestic violence**
 - **Help with accessing community resources**
 - **Help developing 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



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 plan and goals**

3. 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, ongoing case
management, and Child and Family Team Meetings as needed**

4. 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, closing assessment, discharge surveys**



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 Adult Needs and Strengths Assessment (ANSA).
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.

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 supports such as mental health services or Substance Use Disorder (SUD) treatment
- Supporting Families through navigating legal systems
- 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



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**

Investigation Types

C

Substantiated - Allegation of child abuse or neglect found to be true.

Inconclusive - There is insufficient evidence to determine whether child abuse or neglect has occurred.

Unfounded - Allegation of child abuse or neglect found to be untrue.





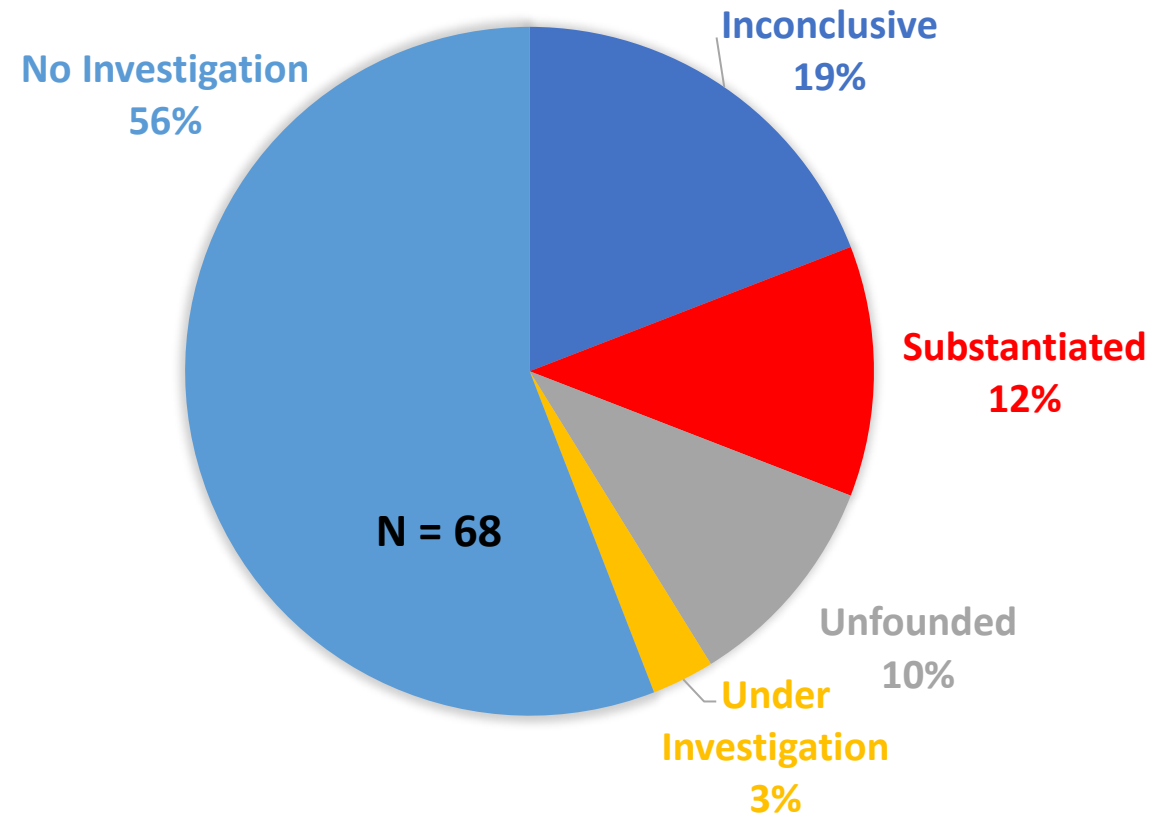
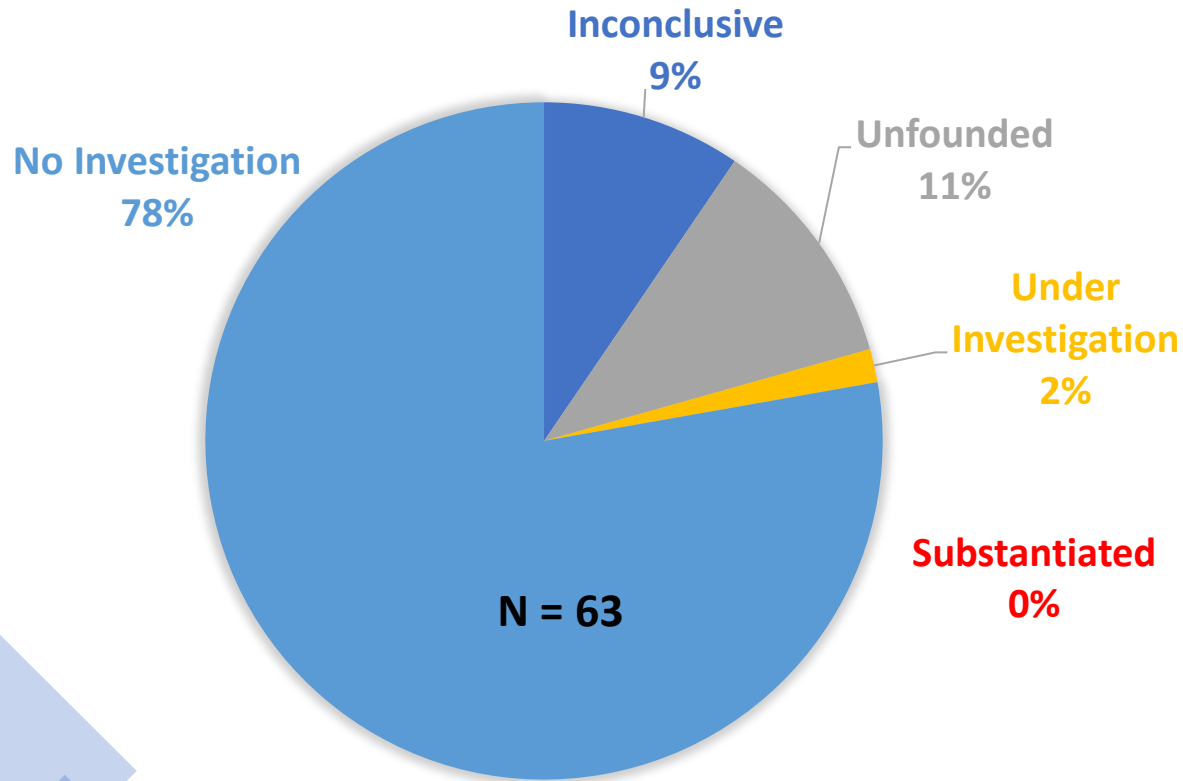
Preliminary Findings

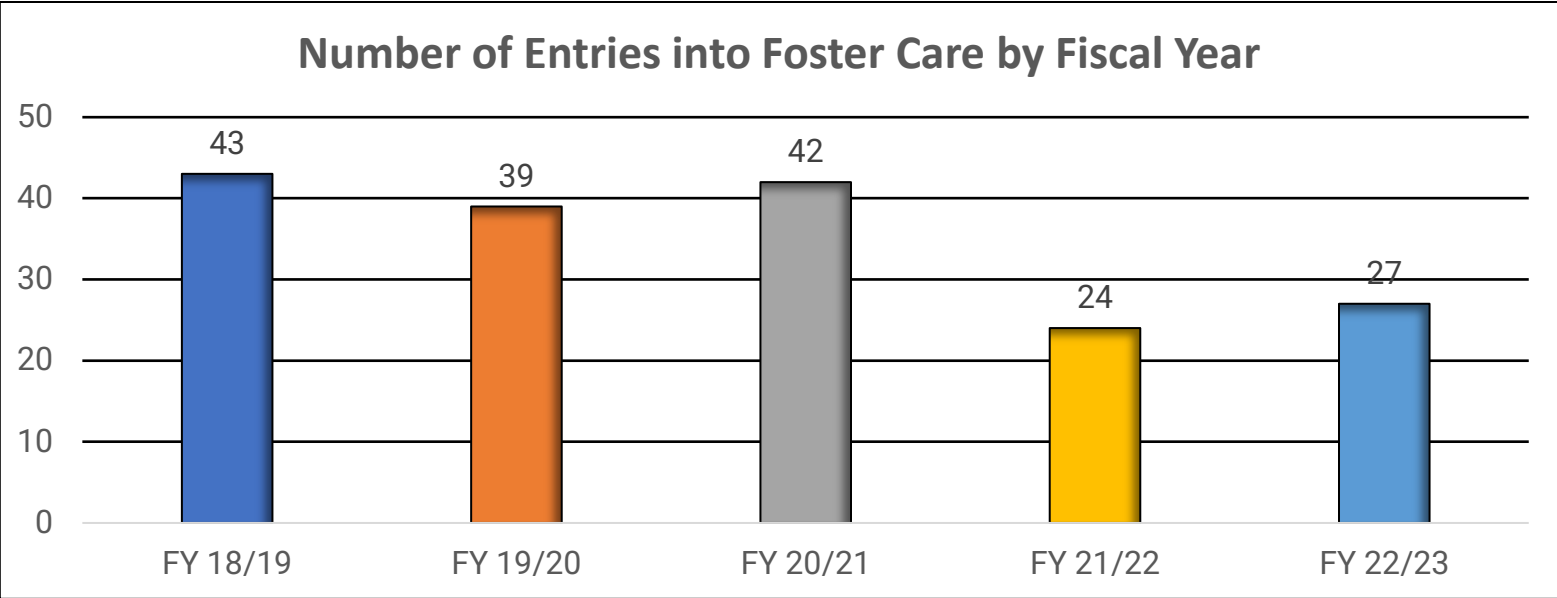
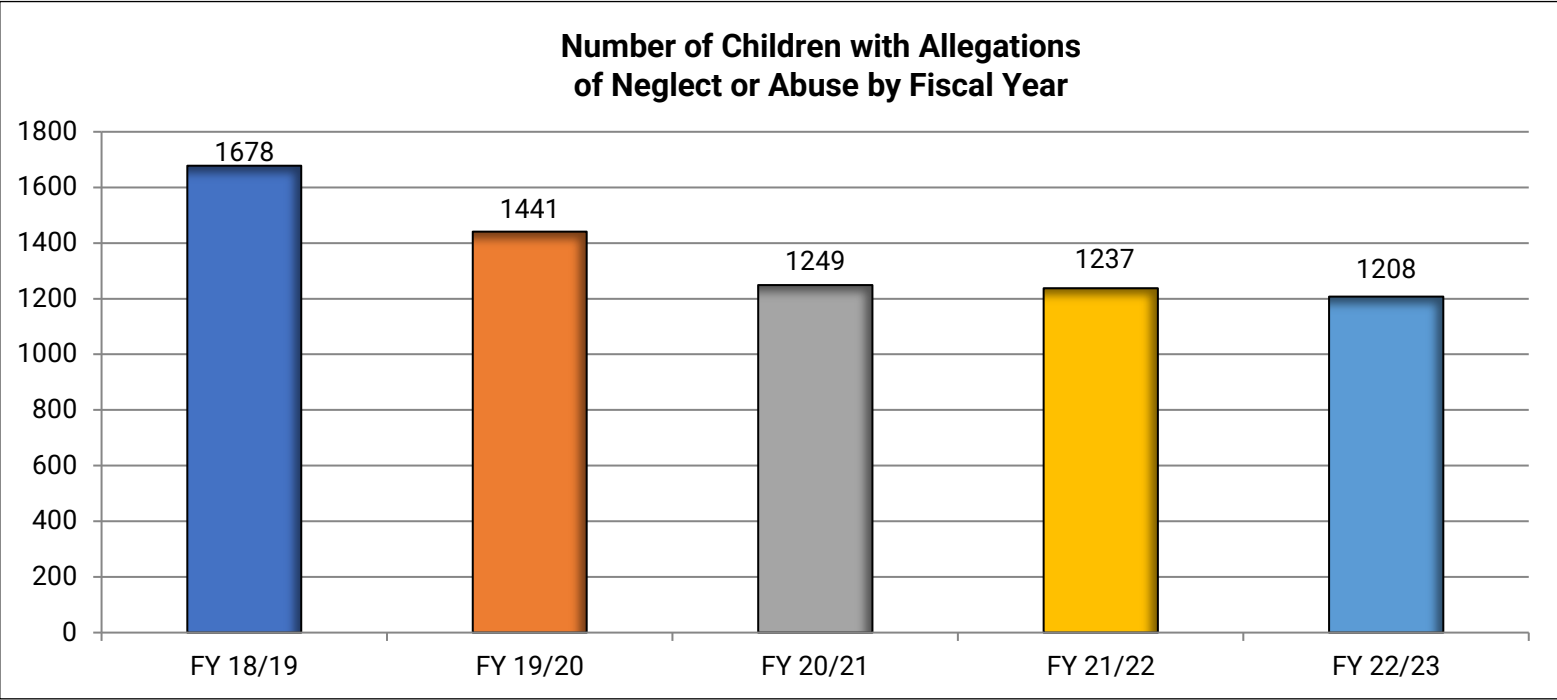
- There have been 194 unduplicated referrals since the start of the program
- Preliminary data shows that only 22% of the families who “closed successfully” have had a repeat investigation in the year following referral to the program (78% have had no new investigations), in half of those investigations the finding was unfounded
- “Closed successfully” means that the family engaged and either met their goals and/or were linked to services to meet their needs
- Of the families that were referred but did not engage (declined services, did not engage, or moved away), 36% have had a new investigation. Referrals that were closed due to lack of engagement were more likely to have a subsequent investigation as well as substantiated or inconclusive findings
- There were no substantiations for subsequent investigations within the year following referral for families who “closed successfully”
- Recidivism is also more likely when no contact is made.

Closed Successfully Investigation Reoccurrence

VS

Closed Investigation Reoccurrence





Outcome Objective Measure	Q1	Q2	Q3	Q4	22/23 Fiscal Year Achievement
At least 75% of clients stabilized at home or in foster care	7 of 8 = 88%	13 of 14 = 93%	14 of 14 = 100%	11 of 11 = 100%	This goal was met, as 45 of 47 discharged clients (96%) 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	5 of 7 = 71%	3 of 5 = 60%	12 of 14 = 86%	11 of 11 = 100%	This goal was met, as 31 of 37 caregivers (84%) reported improved Caregiver Needs on the ANSA.
At least 65% of clients identify at least one lifelong contact	7 of 8 = 88%	13 of 14 = 93%	14 of 14 = 100%	11 of 11 = 100%	This goal was met, as 45 of 47 engaged discharged clients (96%) reported at least one lifelong contact.
At least 80% of caregivers report maintaining or increasing connection to natural supports	7 of 8 = 88%	5 of 5 = 100%	14 of 14 = 100%	11 of 11 = 100%	This goal was met, as 37 of 38 caregivers (97%) reported maintaining or increasing connections to natural supports.
At least 70% of youth shall have no new legal involvement	8 of 8 = 100%	14 of 14 = 100%	14 of 14 = 100%	10 of 11 = 91%	This goal was met, as 37 of 38 clients (97%) 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. <u>Preliminary</u> data shows that 90% of families who participated in the program and successfully closed have not had another investigation take place.				



Community Benefits

- Decrease in detentions
- Decrease in voluntary cases
- Decrease in overall Child Welfare cases
- Lower 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
- Money saved by kids not coming into care

How is RRT funded?

2011 Realignment dollars along with some funds from SB 163

Other Funding Options:

- **Office of Child Abuse Prevention Funding**
 - Child Abuse Prevention, Intervention and Treatment (CAPIT) Program
 - Community-Based Child Abuse Prevention (CBCAP) Program
 - Promoting Safe and Stable Families (PSSF)
 - Family Preservation
 - Family Support Services
- **Families First Preventative Services (FFPS) Program**
 - Families First Transition Act (FFTA)-time-limited
 - FFPS State Block Grant (SBG)-time-limited
 - These funds require opting into FFPS and a Comprehensive Prevention Plan
- **Families First Preventative Services Act (FFPSA)**
 - Title IV-E funds can be utilized to prevent entry into foster care



Helping Others Soar



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.

We have been invited to submit our program to the California Evidence Based Clearinghouse as a promising practice.



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Thanks for joining us!

WHAT'S NEXT?

- Survey and certificate in the chat now
- Follow-up email with resources within two days
- Watch your inbox for the next issue of *CalTrin Connect*



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