

**AMENDMENT TO AGREEMENT
BETWEEN THE COUNTY OF SAN MATEO AND
STARVISTA**

THIS AMENDMENT TO THE AGREEMENT, entered into this ____ day of _____, 20____, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and STARVISTA, hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

WHEREAS, the parties entered into an Agreement for the Differential Response (DR) case management services for the Central and Southern Region on August 9, 2011; and

WHEREAS, the parties wish to extend the Agreement for an additional six months, July 1, 2011 through December 31, 2012 to continue DR services for the Northern Region and add \$237,475 for a new total obligation of \$712,425.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1. Section 2- Payments of the Agreement is amended to read as follows:

In consideration of the services provided by Contractor in accordance with all terms, conditions and specifications set forth herein and in Exhibit "A1 B1, D1, E1 and G," County shall make payment to Contractor based on the rates and in the manner specified in Exhibit "C1 and C2." The County reserves the right to withhold payment if the County determines that the quantity or quality of the work performed is unacceptable. In no event shall the County's total fiscal obligation under this Agreement exceed **SEVEN HUNDRED TWELVE THOUSAND FOUR HUNDRED AND TWENTY FIVE DOLLARS (\$712,425)**.

2. Section 3, Term and Terminations of the Agreement is amended to read as follows:

Subject to compliance with all terms and conditions, the term of this Agreement shall be from **July 1, 2011 through December 31, 2012**.

This Agreement may be terminated by Contractor, the Human Services Agency or his/her designee at any time without a requirement of good cause upon thirty (30) days' written notice to the other party.

In the event of termination, all finished or unfinished documents, data, studies, maps, photographs, reports, and materials (hereafter referred to as materials) prepared by Contractor under this Agreement shall become the property of the County and shall be promptly delivered to the County. Upon termination, the Contractor may make and retain a copy of such materials. Subject to availability of funding, Contractor shall be entitled to receive payment for work/services provided prior to termination of the Agreement. Such payment shall be that portion of the full payment which is determined by comparing the work/services completed to the work/services required by the Agreement.

3. Section 16, Notices of the Agreement is amended to read as follows:

Any notice, request, demand, or other communication required or permitted hereunder shall be deemed to be properly given when both (1) transmitted via facsimile to the telephone number listed below and (2) either deposited in the United States mail, postage prepaid, or when deposited for overnight delivery with an established overnight courier that provides a tracking number showing confirmation of receipt for transmittal, charges prepaid, addressed to:

In the case of County, to:

Dr. Loc Nguyen, Director, Children and Family Services
San Mateo County
Human Services Agency
400 Harbor Blvd., Bldg. B
Belmont, CA 94402
650-802-3390

In the case of Contractor, to:

Michael Garb, Chief Executive Officer
StarVista
610 Elm Street, Suite 212
San Carlos, CA 94070
650-591-9623

- 4. Original Exhibits A, B, C, C1, D and E are replaced with Exhibits A1, B1, C1, C2, D1 and E1, attached hereto and incorporated by reference herein.**
- 5. All other terms and conditions of the Agreement dated August 9, 2011, between the County and Contractor shall remain in full force and effect.**

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives,
have affixed their hands.

COUNTY OF SAN MATEO

By: _____
President, Board of Supervisors, San Mateo County

Date: _____

ATTEST:

By: _____
Clerk of Said Board

STARVISTA
Michael Garb, Chief Executive Officer

Contractor's Signature

Date: _____

**Program Description- Differential Response
July 1, 2011 through December, 2012**

In consideration of the payments set forth in Exhibits “C1 and C2”, Contractor shall provide the following services:

I. PROGRAM DESCRIPTION

Program Purpose

Differential Response (DR) provides earlier and more meaningful responses to emerging signs of family problems so child welfare agencies can mobilize resources to help families before problems escalate.

DR has four goals:

- Increased safety and protection of the most vulnerable children referred to child welfare services.
- More children maintained safely in their home with community services and support and fewer children involved in the child welfare system.
- Greater family and community understanding and commitment to the protection of children.
- Increased fairness and equity for all families referred to the child welfare system.

II. POPULATION TO BE SERVED

DR services will be provided to targeted populations which will allow the most vulnerable and needy families to engage in community-based services.

Population to be served by Priority:

1. Path 2 families which have been defined as all referrals identified by the San Mateo County Children & Family Services Social Worker as the most vulnerable and needy families who would benefit from engaging in community-based services.
2. Path 1 families with victim children ages 0-5.

Path 2 families will have priority over Path 1 families. If case load permits, Path 1 families will receive the same level of case management service.

CFS will make all referrals to the DR program. CFS's Community Workers will schedule and conduct MDT meetings with Contractor's staff to discuss referrals and transfer confidential client information. Contractor will utilize the Community Approach to Relating and Engaging with Families (CARE) System to receive Path 1 and 2 referrals.

**Scope of Work - Differential Response
July 1, 2011 through December 31, 2012**

Contractor will provide, to the satisfaction of the Director of Children and Family Services (CFS) or her designee, services in connection with the specified DR services to Path One and Path Two families:

I. A. Geographic Area – Central

- Provide DR services to the following zip codes:

94002 = Belmont
94018 = El Granada
94019 = Half Moon Bay & (Princeton by the Sea)
94037 = Montara
94038 = Moss Beach
94070 = San Carlos
94401 = San Mateo
94402 = San Mateo
94403 = San Mateo
94404 = San Mateo & Foster City

B. Geographic Area - South

- Provide DR services to the following zip codes:

94020 = La Honda
94021 = Loma Mar
94025 = Menlo Park & West Menlo Park
94026 = Menlo Park
94027 = Atherton, Atherton Contract Branch, & Menlo Park
94028 = Portola Valley & Menlo Park
94059 = Redwood City
94061 = Redwood City
94062 = Redwood City
94063 = Redwood City
94064 = Redwood City
94065 = Redwood City
94060 = Pescadero
94074 = San Gregorio
94303 = Palo Alto & East Palo Alto

- Service providers will be co-located with social worker staff or in community offices as agreed upon by both parties. If San Mateo County (County) determines that the locations are ineffective and/or inaccessible, Contractor will secure other

sites. Contractor will inform Children and Family Services (CFS) if location were to change.

II. Training and Standardized Assessments

- Provide Family Connections case management model training to Program Director, Program Managers, Case Managers and Intake Worker.
- Determine the appropriate staff to attend County-sponsored training, including but not limited to, Case Managers, Intake Worker, Program Managers and multi-disciplinary team members.

III. Case Management

Contractor will accept all referrals from CFS DR Program provide case management services. Contractor will assign cases to case managers immediately after an MDT. Contractor will not maintain a wait list. Based on historical data it is expected that the Contractor will receive approximately 200 referrals. If the total number of referrals exceeds the projected case load by 25%, the County and Contractor will meet to discuss on-going case management on new referrals. Case management services will be provided based on the priority population outlined in Exhibit A1.II.

Case Management Model

Contractor will utilize the Family Connections (FC) case management model. FC is a prevention/early intervention, community-based service program. The program works with families in their homes and neighborhoods to help them meet the basic needs of their children with the goal of reducing the risk of child neglect. FC is based on a set of nine practice principles shown to work with the most vulnerable families and includes: community outreach individualized family assessment, customized interventions, helping alliance, empowerment approaches, strengths perspectives, cultural competence, developmental appropriateness and outcome-driven service plans. FC identifies informal support systems and contacts potential resources that can meet the family's needs, makes multiple contacts with family and support members, develops a mutually negotiated family support plan, provides a combination of home visiting and community based case management interventions, identifies and connects the family with a broad network of community resources, and creates opportunities for parents and children to experience positive and enjoyable interactions with each other. FC has shown to increase appropriate parenting attitudes, decrease depressive symptoms, decrease caregiver stress and everyday stress, decrease child behavior problems, and reduce incidents of child abuse and neglect.

Central Intake

Path 1 and Path 2 referrals will be received by a single Intake Worker, who will review the information for completeness and direct them to StarVista and Edgewood Case Management staff. After assignment, and in coordination with County Social Workers as appropriate, families will be contacted using a standard case management model that includes: Engagement/Assessment; Family-Centered Care Planning; Linking to Resources; and Graduation. County protocols for Path 1 and Path 2 referrals will be

followed at all steps of the process, and new referrals will be made to the CFS hotline if allegations of abuse or neglect arise.

Engagement/Assessment

At this phase, the Case Manager makes the first contact with the family in their own language by phone, in the home or at school. The goals of this first contact are to:

1. Engage the family in receiving services or referrals
2. Provide an initial assessment of the family's needs and current resources
3. Connect the family with resources for any immediate needs
4. Make arrangements for further assessment and planning
5. Establish and maintain up-to-date and accurate Efforts to Outcomes (ETO) system records and files

Contractor will use several strategies to obtaining initial engagement:

1. Work to identify an immediate need that can be met quickly (e.g. food provision, ESL classes, affordable child care), building trust and providing the family with an incentive to engage in care planning.
2. Case Managers will use a non-judgmental, supportive approach, and will be assigned to families according to their cultural, geographical and language needs. Families will have the option of meeting in their home, at Family Resource Centers (FRC), at other community service locations, or any other location that feels safe and comfortable to the family

During the initial assessment phase, the Case Manager will administer the Family Assessment Screening Tool (FAST), use strength-based questions and conversations, and collect information about the family's needs and resources. In Path 2 cases, the Case Manager will accompany a Children and Family Services (CFS) Social Worker, proceeding with family assessment if the case is judged to be low-risk.

Family-Centered Care Planning

Creating an effective care plan requires the active participation of the family, as well as their network of relatives, community members and service providers who have a stake in the family's success. Engaging them in their own service planning is key to a successful outcome. Contractor will also use the 41 Developmental Assets for young children and youth as an underpinning of the strength-based approach with families and children.

The Case Manager will develop and/or plug into other plans that may already be in place for the family. ETO system records will be maintained and updated accurately. Using participatory approaches, find flexible ways to:

- assess the family's strengths and resources
- identify areas of need
- create a plan that invests the family in setting goals and working jointly on strategies for reaching them

Linking To Resources

Home-visiting enables the Case Managers to bring some services directly to the client. In order to assure that clients are able to access other resources throughout the County, the Case Managers will assist clients in obtaining bus passes, or tokens, when they are available.

Graduation/Follow-up

When the family is ready to graduate from the program, the Case Manager will:

- Visit the family to assess completion or continued progress toward goals
- Complete up-to-date and accurate ETO system records and files
- Administer the FAST
- Provide a client satisfaction survey

IV. Case Manager

Case Manager - the primary service coordinator for families assessed to receive non-County services. The Contractor will supervise and train the Case Managers to work with children and families. Case Managers will perform the following activities, including but not limited to:

- Assume all case management duties for Path 1 & Path 2 families utilizing the Family Connections model as described in Exhibit B1.III.
- Follow DR process as described in Exhibit E1.
- Re-refer clients to CFS Hotline, as appropriate.
- Visit the client and conduct standardized Path One family assessments using pre-FAST form. As indicated in the Family Connections model, develop individualized, outcome-driven service plans.
- Work jointly with SWs to conduct standardized Path Two family assessments using pre-FAST. SW will conduct assessment including safety, risk and protective capacity using Structured Decision Making (SDM). Contractor will develop outcome-driven, individualized service plans as indicated in the Family Connections model.
- Engage families in services through a strength-based working relationship by meeting with families in their homes once a week for 1 – 1.5 hours.
- Provide family support and informational services (i.e., home-teaching, motivational support, parent education, coaching, supportive problem solving, when appropriate, linkages to drug and alcohol treatment programs and domestic violence services, etc.).
- Assist in coordinating transportation to appointments, meetings, and classes, as well as bus tokens and taxi vouchers as needed.
- Conduct reassessments after 90 days. Contractor will determine if case needs to continue for another 90 days.
- Update service plan.
- Close cases as appropriate, conducting post-FAST at time of closure.
- Develop and maintain case files in the secure, web-based ETO system containing assessment information, case plan, and record of contacts with clients.
- Track and monitor case activities through the life of a case and case closure.

- Maintain up-to-date case records in ETO system. Provide up-to-date case information to CFS, when requested.
- Provide services to a caseload of at least 10-15 open cases per month per Case Manager, for a maximum of 25 cases.
- Maintain knowledge of community services including referral and qualification requirements.
- Identify, establish, and link families to services and resources including on-site services as well as neighborhood-based services.
- Collaborate with service providers and consult with staff when clinical expertise is needed in development of service plans.
- Participate in community outreach activities.
- Participate in regular MDTs, meetings, individual supervision sessions and other meetings as appropriate.
- Complete the Family Connections case management training and all County-provided training related to DR, as determined by the County, such as the Community Worker curriculum, DR process, MDT and Mandated Reporter Training (MRT).
- Participate in on-going training activities, as required by the County.
- Perform other duties as assigned.

Intake Worker will perform the following activities, including but not limited to:

- When needed, perform duties of a case manager (see Case Manager description) and carry a partial caseload.
- Provide assistance to case managers to support family service plans/goals.
- Serve as the single point of entry for all referrals made by CFS and assign referrals to
 - Case Managers.
- When assigning cases, primary consideration will be given to cultural and linguistic needs of the family.
- Assist in coordinating intake and assignment of path 1 and 2 referrals as described in the DR process.
- Maintain and improve community resource databases for case management use.
- Maintain knowledge of community services including referral and qualification requirements.
- Participate in agency and County meetings, as required
- Attend trainings, as required.

V. Administration of Case Manager

Be responsible for administrative services related to recruiting and training Case Managers and Intake Worker to meet DR demands. Administrative services shall include:

- Approving and signing timecards, leave, sick, etc.
- Conducting performance evaluation.

- Providing coaching and mentoring.
- Identifying other appropriate training.

VI. Supervision

Program Director will:

- Be responsible for developing, implementing, and maintaining program operations in accordance with the requirements of this Agreement.
- Be responsible for ensuring compliance with all policies and guidelines, stay current with any changes and updates.
- Review cases in the ETO system for content on a quarterly basis.
- Ensure progress notes are accurate and timely. Be able to provide case notes when requested by the County.
- Prepare all required reports.
- Prepare, administer and monitor the program budget to ensure the accomplishment of program and service objectives within budget restrictions.
- Hire, train and supervise Program Managers who have clinical and community based experience, preferably with masters level education.
- Oversee the hiring, training and supervision of the Program Managers, Intake Worker and Case Managers. Staff must reflect the region's demographic. Case Managers will be culturally and linguistically appropriate for the population to be served.

The Program Managers will:

- Be responsible for the day-to-day management of the collaborative program.
- Hire, train, supervise and coordinate the Intake Worker and Case Managers.
- Be responsible for reviewing Path One and Path Two referrals and service plans.
- Coordinate and participate in the implementation of differential response, its goals, objectives, policies, and procedures.
- Ensure cases are up-to-date and case information is current to ensure validity and accuracy of reports.
- Read progress notes, review cases in the ETO system for content with staff and ensure cases are up-to-date at least on a monthly basis.
- Ensure the quality and quantity of the home visits. This includes shadowing case managers on home visits once per quarter per worker.
- Provide individual and group supervision, including sign-off on closed client files, will be an additional quality control.
- Participate in the evaluation of the effectiveness of DR.
- Conduct regular meetings with DR staff to ensure all appropriate policies and guidelines are followed.
- Coordinate all community efforts around DR to ensure seamless process for families.

- Act as liaison and maintain an effective working relationship with Human Services Agency, FRCs, Core Service Agencies, community-based public and private organizations, and the community.
- Act as advocate and spokesperson in the community in support of DR programs and services.

VII. Suspected Child Abuse and Neglect/Mandated Reporter Responsibilities

Ensure that all staff working with families are trained regarding mandated reporting requirements and report suspected child abuse and neglect as required by law. This includes but is not limited to: Case Managers, Intake Worker, Volunteers, Supervisors, Clerical staff, Home Visitors, Team Leaders, and Program Managers

VIII. Community and Facility Capacity

Coordinate the delivery of services to the families assessed for DR within the family's neighborhood or community.

When applicable, the following are services and linkages required under this project, including but are not limited to:

- 4 Cs, especially for child care
- Headstart
- Pre to Three
- Immigration
- Agencies that serve developmentally delayed adults
- Alcohol and Drug Treatment and Counseling
- Mental Health Services
- Domestic Violence Services
- CalWORKs, MediCAL, Food Stamps, and other public assistance programs
- Health Services (Public Health Nurse)
- Probation/Juvenile Justice
- Parenting and Child Development
- Employment, Education and Skills Development
- Ancillary services designed to assist children, families and foster youth to participate in activities to fulfill their service plan goals (i.e., on-site child care, transportation assistance, etc.)
- Informal supports and activities designed to enhance family well being (i.e., Support groups, community events, enrichment activities, etc.)

IX. Service Integration

- Collaborate with other agencies involved in the DR implementation to ensure seamless process for clients.
- Attend CFS unit meetings, as agreed upon by Contractor and County, to help foster relationship with CFS staff.
- Collaborate with FRCs and Core Service Agencies located throughout the Southern Region.

- Coordinate case plan with existing CalWORKS, food stamps and employment service plans.
- Assist in filling out the forms and completing the application process for cases where the family has applied for aid programs.
- Provide web and e-mail access, maintenance and technical support.

X. Policies and Procedures

Submit the following policies and procedures to County:

- Incident Reporting Guidelines
- Confidentiality

XI. Data and Evaluation

- Implement and maintain a secure, web-based ETO System to track outcomes and monitor case activities.
- Ensure information is current and accurate.
- Work with the CFS, evaluators and other DR service providers in the data collection and evaluation of the DR program.
- Develop, jointly with the County, data and evaluation procedures.

XII. Additional Service Deliverables

- Participate in the DR Workgroup and additional subcommittees as determined jointly by both County and Contractor.
- Participate in the preparation and presentation of information and education forums about DR, through DR Workgroup, System Improvement Plan (SIP) Oversight meetings, community forums or other avenues, in collaboration with the County. Forums shall be held at mutually agreed upon locations, dates, and times, when possible.
- Contractor will conduct a joint needs assessment that includes community input to determine specific needs of the population within the region of service. The decision to conduct needs assessment will be agreed upon by both parties.

County will:

I. Training and Standardized Assessments

- Provide initial and on-going DR training for appropriate County and Contractor staff.
- Train appropriate County and Contractor staff on DR process and MDT.

II. Initial Assessments and Contact

- Assess Child Abuse Hotline referrals for Path One, Path Two, and Path Three response using standardized assessment tools.
- For Path One and Path Two, CCW receives referral from CPS intake unit and convenes an MDT with Contractor's Intake Worker and other staff as determined by Contractor.

III. Case Management

- Perform all case management duties for Path Three referrals.
- A SW will conduct a joint response with Contractor for Path Two referrals. SW will determine risk and Contractor's Case Manager will complete the service needs assessment using FAST tool.

IV. County Community Worker

- Be responsible for hiring, training and supervising CCWs. The CCWs will coordinate and facilitate MDT meetings.

V. Multi-Disciplinary Teams (MDTs)

- Provide Contractor with policies and procedures related to MDTs.

VI. Service Integration

- Provide CCWs to serve and support families that are referred for DR services.

VII. Policies and Procedures

- Provide the following policies and procedures:
 - DR
 - MDTs

VIII. Data and Evaluation

- Develop, distribute and collect Quarterly Customer Service Survey. Compile survey results.

**Payment Schedule- Differential Response
July 1, 2011 – December 31, 2012**

In consideration of the services the services provided by the Contractor pursuant to this Agreement and subject to the provisions of paragraph 2 of this Amendment herein, County will pay Contractor in the manner described below, unless otherwise specifically authorized by the Children and Family Services Director or her designee:

1. County shall pay Contractor monthly for actual expenditures. Costs will not exceed **TWO HUNDRED THIRTY SEVEN THOUSAND FOUR HUNDRED SEVENTY FIVE DOLLARS (\$237,475) for six months.** Contractor must provide detailed invoice on a format as specified by the County. Contractor may transfer funds within personnel and operating expenses. Transfer of funds between personnel and operating expenses require the approval of the CFS Program Manager. See Exhibit C2 six month budget.
2. County may withhold all or part of Contractor's total payment if the Director of Children and Family Services or her designee determines reasonably that Contractor has not satisfactorily performed the services described in Exhibit B1. County will consider Contractor's performance as being acceptable for the purposes of full payment if Contractor meets at least 90% of each of the targeted outcomes as outlined in Program Monitoring Exhibit D1.1.b, c and g.
3. In no event shall the total exceed **SEVEN HUNDRED TWELVE THOUSAND FOUR HUNDRED TWENTY FIVE DOLLARS (\$712,425)** for the term of the Agreement.
4. Invoices shall be sent to: Jerry Lindner, Human Services Manager, County of San Mateo, Human Services Agency, 1487 Huntington Avenue, South San Francisco, CA 94080. Payments shall be made within thirty (30) work days upon receipt of Contractor's invoice.
5. All payments under this Agreement must directly support services specified in this Agreement.
6. Provision of services is subject to availability of State funds and acceptable program performance. In the event that the County does not receive the adequate funding from the State, the contract may be re-negotiated and/or rescinded.
7. County will give thirty (30) days prior written notice to Contractor of County's intent to withhold payment.
8. If County reasonably determines that circumstances warrant immediate action, County may withhold payment immediately, without the thirty (30) day waiting period, upon County's written notice with justification to Contractor.

Exhibit D1**Program Monitoring - Differential Response
July 1, 2011 through December 31, 2012****PROGRAM MONITORING**

1. Contractor agrees to meet the following outcomes:

	Outcomes	Six Month Goal
a.	For Path 1, Contractor will make contact or attempted face-to-face with families within 10 days of MDT.	100%
	For Path 2, Contractor will contact the assigned Social Worker to schedule joint response within 24 hours of the MDT.	100%
b.	Contractor will attempt at least three times (must include one home visit or face-to-face, one phone call, one letter) to schedule a face-to-face meeting with Path 1 and 2 families within 30 days of MDT. If unsuccessful in scheduling a face-to-face meeting, cases will be closed.	100%
c.	Percent of engaged families who will have a completed pre-FAST and case plan within 45 days of the MDT.	100%
d.	Percent of Path 1 families engaged in services. Engagement for Path 1 is defined as family has completed a first visit and assessment (FAST) and was provided with at least one referral or linkage to service.	50%
e.	Percent of families engaged in services. Engagement for Path 2 is defined as engaged in case management services.	70%
f.	Percent of engaged families who are connected to community resources that address identified family needs at case closing. Families can be connected by information and referral and have a clear understanding of how they can access that community resource or family can be actively engaged in community services.	95%
g.	Percent of engaged families who have completed a pre and post family assessment and have shown improvement in family functioning as shown by partial or complete attainment of service plan goals.	75%
h.	Absence of re-referrals after 30 days of initial report.	80%
i.	Absence of recurrence of maltreatment within 6 months (substantiated reports).	94%
j.	Satisfaction of parents with quality and effectiveness of services.	80%

2. Contractor will be responsible for submitting quarterly and six month narrative reports and six month financial report.

Quarterly Activity Reports are to be submitted as follows:

October 15, 2012; December 31, 2012

Reports will be submitted to: CFS Contract Monitor, Human Services Agency, 1 Davis Drive, Belmont, CA 94002.

3. Contractor will submit to the CFS Contract Monitor at 1 Davis Drive, Belmont, CA 94002, a roster of the Board of Directors and meeting dates with the six month report.
4. Contractor will submit to the CFS Contract Monitor at 1 Davis Drive, Belmont, CA 94002, a financial audit, as soon as it becomes available.
5. County will conduct site visit during the term of the Agreement to review all aspects of program operations and review Contractor's documentation related to case management. This site visit will be arranged in advance with StarVista.

**SAN MATEO COUNTY CHILDREN AND FAMILY SERVICES
CONTRACT FOR DIFFERENTIAL RESPONSE CASE MANAGEMENT**

DIFFERENTIAL RESPONSE - Referral Process

Children & Family Services (CFS) Phone Screener:

1. Receives calls from the public.
2. Gathers referral information including information from additional questions.
 - Screener determines if a referral should be generated, i.e. does the allegation address child maltreatment according to statutory and state operational definitions.
 - Screener determines if the child is in immediate danger.
 - Screener gathers names, locations, telephone numbers, family members, schools children attend.
 - Screener documents reporter information.
 - Screener determines if the report concerns a vulnerable population, i.e. victim child
0-5 years, substance abusing parent, homelessness, chronic neglect, special needs.
 - Screens for prior reports.
 - Screener completes Structured Decision Making (SDM)
3. Inputs referral into CWS/CMS.
4. Screener determines if referral meets DR Criteria:
 - A) Path 1- referral meets the statutory definition of maltreatment but there are no safety issues identified and the risk to the victim child age 0-5 is low. No CWS response.
5. Screener documents path decision in CWS/CMS, Special Projects and sends referral to Regional ER Supervisor for review of path designation, assignment and cross-reports to police as necessary.

Children & Family Services Regional Emergency Response (ER) Supervisor:

1. Receives ER referrals.
2. Reviews path assignments:
 - Reviews referral information
 - Contacts collaterals for information if appropriate
3. If it is concluded that it is a Path 2 situation, refers to the Community partner for a joint DR response.

PATH 1- Community Partner Response

Assessment of the referral is such that there is a low risk of harm to child, but child appears safe. The family, however, may need supportive services to overcome difficult life situations or parenting challenges. The Community Partner helps this family with immediate resources including counseling, parenting classes, and emergency food assistance. Furthermore, the Community Partner continues their contact with the family on a regular basis to ensure engagement of services to resolve the problems and prevent further crisis. Families voluntarily use services.

ER Supervisor confirms/determines referral to be Path 1 closes the referral in CWS/CMS and releases the referral information to CARE.

The Agency Community Liaison will receive the information via CARE and conduct a MDT to assign Path 1 referral.

- MDT will be conducted to share referral information, including historical information.
- MDT may be conducted through teleconferencing but must occur at a formal time specifically scheduled to conduct the MDT. Community Partner will obtain the information via the CARE database.

INITIAL CONTACT WITH THE FAMILY

1. Community Partner receives Path 1 referral via MDT:
 - Receives referral assignments on a flow basis
 - Reviews information
 - Determines key issues to explore in initial meeting
 - Checks school records if accessible
 - Accesses referral information in CARE database
2. Community Partner calls client to set up home visit within 10 days. If unable to contact the family, Community Partner will make at least 3 attempts in 30 days which will include at least:
 - One phone call to the family
 - One visit to the home (or other face- to- face contact)
 - One letter to the family
3. If family is contacted but declines family meeting, Community Partner inputs information into database and closes the case.
4. Once contact with the client is made and appointment is set, Community Partner sees client on home visit and engages family using strength-based intervention:
 - Introduces self and clarifies reason for the visit

- Reviews the referral information with the family
- Includes all family members and others living in the home in the discussion whenever possible
- Engages family in assessment process using observation and interviewing skills to gather information
- Completes Assessment Tool and enters the information into the database.
- Assessment will focus on parental capacity but if any safety or risk issues are identified a referral is made back to the child abuse hotline (650 595-7922)

Case Planning and Case Management

1. Develops case plan with family.

- Invites family members, support persons, Community Partners to participate in the case planning as appropriate
- Reviews the initial information received in the referral
- Reviews the information gathered in the family assessment reflecting the family's perception of their needs
- Establishes specific, measurable, achievable, realistic, time specific goals
- Clarifies roles and responsibilities

2. Provides case management services for up to a 6 month period.

- Refers clients to community agencies for appropriate treatment
- ***Makes appointments and keeps records***
- Assists in coordinating transportation to appointments, meetings and classes
- Confers with other agencies or departments regarding needs of individual clients
- Develops immediate solutions to emergency problems and expedites delivery of needed services if possible

3. Has weekly contact with the family, with face- to- face contact a minimum of twice monthly.

4. Contacts collaterals about family's progress in services.

5. Inputs info database about family's progress in services.

6. Completes re-assessment at 90 days and prior to closing case.

7. Conducts case closure review or 90 day reassessment.

8. Completes post assessment and enters closing summary in database.

MANDATED REPORTER RESPONSIBILITIES

Community Partner must report new / suspected allegations of abuse or neglect immediately to the Children & Family Services hotline 650-595-7922.

PATH 2 - Joint Response

Assessment of the referral is such that there is low to moderate risk of harm to child. Staff from the Human Services Agency Children & Family Services and the Community Partner work as a team to assess the family's situation, offer supportive services, and follow-up to help the family. Families are encouraged to use services, but it is voluntary. The Social Worker closes the referral once the risk and safety assessment is completed, and then the Community Partner provides the indicated services. However, if a family situation deteriorates and child is at risk, the Community Partner will call the Children & Family Services hotline and make a new referral.

ER Supervisor confirms/determines referral to be Path 2 and releases the referral information into CARE. A Social Worker is assigned and a determination is made for a joint response with Community Partner staff.

The Agency Community Liaison is notified via CARE and will conduct a MDT with the Community Partner to assign the Path 2 referral.

- MDT will be conducted to share the referral information, including historical information.
- MDT may be conducted through teleconferencing but must occur at a formal time specifically scheduled to conduct the MDT. Community Partner will obtain the information via the CARE database.

INITIAL CONTACT WITH THE FAMILY

ER Social Worker:

1. **Reviews referral:**
 - **Confers with CalWORKS staff if case is open to them**
 - Reviews and organizes information
 - Determines key issues to explore in initial meeting
 - Contacts collaterals or background screener for additional information if necessary
2. Meets with the family to complete assessment of safety and risk.
3. Once Social Worker determines that there are no safety threats and the risk is low to moderate the Social Worker will refer to the DR Community Partner.
4. Coordinates with Community Partner and calls client to arrange home visit with Community Partner; obtains permission to include Community Partner.
5. Conducts face-to-face assessment in the client's home, Social Worker reviewing for risk and safety issues and Community Partner assessing for parental capacity:

- Introduces self and clarifies reason for the visit. Reviews the referral information with the family
 - Includes all family members and others living in the home in the discussion whenever possible
 - Engages family in assessment process using observation and interviewing skills to gather information
6. Participates in case planning meeting with family, Community Partner and collaterals.

COMMUNITY PARTNER:

Community Partner receives Path 2 referral from the Agency Community Liaison following the MDT.

1. Reviews information
 - Determines key issues to explore in initial meeting with Social Worker
 - Checks school records if accessible
 - Accesses referral information in CARE database
2. Once the referral is received, the Community Partner will contact the assigned Social Worker by telephone identifying that they have received the referral within a reasonable amount of time, as agreed upon by both parties.
3. **With Social Worker, conducts face-to-face assessment in the family's home, Social Worker reviewing for risk and safety issues and Community Partner assessing for service needs.**
 - Introduces self and clarifies reason for the visit
 - Reviews the referral information with the family
 - Includes all family members and others living in the home in the discussion whenever possible
 - Engages family in assessment process using observation and interviewing skills to gather information
 - If there are risk issues, Social Worker will advise the Community Partner that the referral has become a Path 3 and Differential Response is no longer appropriate
4. If the family is not at home, a second joint home visit will be attempted
5. If the Social Worker is closing the referral the Community Partner will at minimum facilitate:
 - One phone call to the family
 - One letter to the family

6. If there is no contact the Community Partner will complete the assessment tool and enter the closing summary into the database
7. If family is contacted but declines family meeting, Community Partner inputs information into database and closes the case.

Case Planning and Case Management

Community Partner:

1. Develops case plan with family
 - Reviews the initial information received in the referral
 - Reviews the information gathered in the family assessment reflecting the family's perception of their needs
 - Establishes specific, measurable, achievable, realistic, time specific goals
 - Clarifies roles and responsibilities.
 - Case manager duties may be reassigned if needed
2. Provides case management services for up to a 6 month period.
 - Refers clients to community agencies for appropriate treatment
 - Makes appointments and keeps records
 - Assists in coordinating transportation to appointments, meetings and classes Confers with other agencies or departments regarding needs of individual clients
 - Develops immediate solutions to emergency problems and expedites delivery of needed services if possible
3. Has weekly contact with the family, with face- to- face contact a minimum of twice monthly.
4. Contacts collaterals about family's progress in services.
5. Inputs info in database about family's progress in services.
6. Completes re-assessment at 90 days and prior to closing case.
7. Conducts case closure review or 90 day reassessment.
8. Completes post assessment and enters the information into the database.
9. Provides closing summary in database.

MANDATED REPORTER RESPONSIBILITIES

Community Partner must report new / suspected allegations of abuse or neglect immediately to the Children & Family Services hotline 650-595-7922

Special Situations

Community partners may not decline any referrals. If the Community Partner has concerns about the appropriateness of the referral a second MDT may be requested. The second MDT will be attended at a minimum by the DR Program Manager or a representative, the Intake worker, and the Liaison. If there is agreement that the referral is not appropriate for DR services, CWS will withdraw the referral.

Non- Familial Sex Abuse

Effective 10/24/06, Non- Familial Sex Abuse referrals will not be referred for Differential Response services.

Open Children & Family Services Referrals and Cases

Open Path 3 referrals and open child welfare cases are to be case managed by the Social Worker and are not appropriate for Differential Response

Public Health Nursing

The PHNs attached to CFS Emergency Response units will only be involved at the request of the Social Worker. The CFS PHN case management activities will continue only as long as the referral is open. If further PHN services are required after the CFS referral is closed, the CFS PHN will initiate a PHN referral to field nursing. PHN field nurses provide case management services in homes, clinics and other sites to assist families.

Request by Client to Review Referral

If a client requests to review a referral that was made regarding his/her child, he/she may do so after the CWS/CMS referral and investigation have been closed. The client may call the Child Welfare hotline and request an appointment. He/she will be given a scheduled appointment time to go to the appropriate Regional office to review the referral in person.

Reopening of a Referral by Community Case Manager

If a client initially declines services but contacts the community case manager at a later date requesting services, the referral may be reopened if the request is made 30 days or less from the date the referral was declined. If the request is received more than 30 days after services were declined, the referral will not be reopened and the client will be referred to the nearest Family Resource Center.

Sensitive Referrals in CWS/CMS

These referrals are sensitive in nature due to the persons involved therefore; all identifying information is restricted from general viewing. Should the persons involved / being reported be employees of Children & Family Services or relatives of an employee, the situation may be handled by a neighboring county. In these situations, our Differential Response partners may interface with Social Worker staff from neighboring counties.

Community case managers will act with professionalism and will respect the confidentiality of the person being referred. Community case managers are responsible for reporting these referrals to the Community Partner Program Manager as soon as they become known.

These situations must be discussed with the county DR Program Manager who will discuss with the Community Partner Program Manager.

Sensitive Referrals for Community Partners

These referrals are sensitive in nature due to the persons involved therefore; all identifying information is restricted from general viewing. Should the persons involved / being reported be employees of our Community Partners, relatives of an employee HSA staff co-located with the Community Partners, or otherwise known to the community case manager to which the referral is assigned, the following options are available:

1. The concept of “perceived equity” may be followed (the Community Partner Program Manager determines if any uninvolved person would assume that the referral could be handled with equity if assigned to a particular community case manager)
2. The situation may be handled by another DR contractor
3. The referral may be declined for Path 1 or 2.

Community case managers will act with professionalism and will respect the confidentiality of the person being referred. Community case managers are responsible for reporting these referrals to the Community Partner Program Manager as soon as they become known.

These situations must be discussed with the Community Partner Program Manager who will discuss with the DR Program Manager.

Service Extension

Community Partners may, under certain circumstances, provide services for longer than 6 months. These situations will be individually considered and approved/denied by the Community Partner Program Manager.

Differential Response - CASE REVIEW PLAN

Effective 6/10/2011

1) Cases Over 6 months

Cases over 6 months* will be reviewed at Case Review MDTs.

Community DR Partner Case Review MDT Participants	Human Services Agency Case Review MDT Participants
Must include: Program Director and/or Program Manager and/or Intake Supervisor	Must include: DR Program Manager and/or Human Services Manager I
May include: Assigned Case Manager; additional participants as designated by Program Director	May include: DR Liaison and/or CWS Contract Manager; additional participants as designated by DR Program Manager

*using joint visit or first contact date as first day open

DR Liaisons will schedule MDTs with designated MDT participants, to take place following receipt of monthly CARE report. Community Partners will provide referral case records on all cases under review. MDTs may be held at community partner or Agency location.

2) Random Case Review

DR Liaisons will conduct quarterly random review of community partner referral files. DR Liaisons will select 1 referral per community case manager per quarter and will do review in person and in database.

Active referrals will be reviewed for:

- frequency of contact or contact attempts
- case plan if family has been engaged applicable
- evidence of services offered if family has been engaged
- evidence of service needs met if family has been engaged
- presence of pre- assessment if family has been engaged

Closed referrals will be reviewed for:

Engaged:

- frequency of contact
- case plan
- evidence of services offered
- evidence of service needs met, case plan completion
- presence of pre- and post- assessment
- increase/decrease/no change in assessment scores

Not Engaged:

- frequency of contacts or contact attempts
- appropriate closure reason

DR Liaisons will coordinate with community partner Intake Supervisor or schedule available dates and times for in person random reviews with community partner Program Manager or designee. Community partner will be given at least one week notice to prepare (pull cases) for case review. DR Liaison will complete approved DR Case Review Form when conducting reviews.

StarVista
Differential Response
Six Month Budget
7/1/12-12/31/12

	Budget for 12-13 CENTRAL 320		Budget for 12-13 SOUTH 325	Total
County of San Mateo	60,858	County of San Mateo StarVista	91,086	151,944
Edgewood	51,842	Edgewood	33,689	85,531
	112,700		124,775	237,475
Personnel		Personnel		
See details in personnel spread sheet	39,761		72,637	112,398
Taxes/Benefits/Workers Comp	8,350	Taxes/Benefits/Workers Comp	15,254	23,604
	48,111		87,891	136,002
Operating Expenses		Operating Expenses		
Office Supplies	250	Office Supplies	500	750
Program Supplies	400	Program Supplies	800	1,200
Telephone	600	Telephone	1,200	1,800
Postage	25	Postage	25	50
Printing/Copying	100	Printing/Copying	150	250
Mileage	800	Mileage	1,600	2,400
Conference Fees		Conference Fees		-
Recruitment	75	Recruitment	100	175
Rent	1,600	Rent	1,800	3,400
Equip Maint/Repair/Security	300	Equip Maint/Repair/Security	300	600
Consultants/Trainings		Consultants/Trainings	-	-
Filing Fees/Fingerprints	100	Filing Fees/Fingerprints	150	250
Health Screen/-Employees	102	Health Screen/-Employees	150	252
Sub-Contractor-Edgewood	51,842	Sub-Contractor-Edgewood	33,689	85,531
	56,194		40,464	96,658
	104,305		128,355	232,660
Indirect	8,394	Indirect	12,564	20,958
	112,699		140,919	253,618
	0		(16,144)	(16,144)