

WHAT IS SOCIAL SERVICES AGENCY DOING TO HELP FAMILY RESOURCE CENTERS FULFILL THEIR STRATEGIC MISSION?

SUMMARY

Family Resource Centers (FRCs) are community site-based facilities offering supportive services to families. FRCs are operated by consortia of private, non-governmental organizations that provide social services to families in their communities. The Orange County Social Services Agency (SSA) is charged with providing services to help families who are at risk of having children removed, as well as dealing with cases where children must be separated from their families in order to ensure their safety and well-being. FRCs are Orange County's first line of defense against family problems that can create SSA caseloads. Addressing these problems at a FRC should minimize the need for SSA to directly intervene in the lives of families. Accordingly, SSA supports FRCs in working with families in Orange County by providing community-based preventive services to keep families together.

FRCs are not a new concept. They have their roots in the settlement houses of the late 1800's. The oldest FRC in Orange County was founded in 1924 to provide social services to families of migrant farm workers. Today FRCs offer a broad range of services, ranging from individual and family counseling, family advocacy, parenting and adoption classes, tutoring, day care, and community improvement projects.

Families and Communities Together (FaCT) is a joint program of SSA and the Orangewood Children's Foundation (OCF) that uses federal, state and county grant money to directly support FRCs. In addition, FaCT provides in-kind support to FRCs in the form of outreach services, technical assistance and coordination, data collection and evaluation, case management, and other forms of support. The collaboration between SSA and the OCF appears to work well, and the FRCs appear to value the SSA's in-kind services as well as the funding.

SSA and FaCT evaluate FRCs based on how well they meet contractually specified service goals and on how they assess and leverage the structure of the communities where they are located to effectively deliver their services. To meet service goals, FRCs need to maintain contracted caseloads for each of the services they offer and generate positive outcomes from their interactions with clients. While measuring caseloads is fairly straightforward, it is difficult to objectively assess outcomes. SSA/FaCT-supported FRCs are meeting or exceeding contracted caseloads, and SSA appears to be doing an effective job of supporting the FRCs through FaCT, but budget cuts in the federal and state programs that provide the bulk of SSA/FaCT's FRC funding may be impacting service delivery. The County should increase support of FRCs through SSA/FaCT, especially in the areas of infrastructure and overhead, and SSA/FaCT should continue to refine its methods of outcomes assessment.

REASON FOR INVESTIGATION

FRCs are stated in the County's Fiscal Year (FY) 2006/2007 Budget documents and in SSA's FY2006/2007 Business Plan to be a strategic priority. If federal or state funds are cut or reduced, as has been the case recently, the County may, but does not always, make up the difference out of the General Fund or other SSA program funds. In the past three years, SSA's total funding for FRCs has been reduced, despite their strategic importance. This study will examine why FRCs are strategic to SSA, review how SSA assists the FRCs and how it evaluates and monitors the effectiveness of the FRCs' execution of their contracts with SSA, and assess whether the level of county support of the FaCT program should be increased to make up for the decreases in federal and state funding.

METHOD OF INVESTIGATION

1. Review FaCT's FRC Request for Proposal (RFP) for the current contract cycle to determine SSA plans and expectations for services offered.
2. Review RFP responses by selected FRC provider consortia for the current contract cycle to determine how SSA expectations are planned to be fulfilled.
3. Study SSA's outreach to determine how families get referred to FRCs and whether outreach is working effectively.
4. Compare actual caseloads to targets for each service offered under the FRC contracts with the SSA, based on statistics from the FaCT data base. In cooperation with SSA/FaCT and FRC personnel, analyze the reasons for significant deviations from planned caseloads.
5. Visit selected FRCs, observe operations and interview personnel to determine what activities are actually occurring at FRCs under their contracts with the SSA.
6. Interview the SSA/OCF FaCT team and the staff of the Orange County Children and Families Commission.
7. Review FRC program evaluation reports provided by FaCT.
8. Attend the 12th annual Forum on the Conditions of Children in Orange County at California State University-Fullerton.
9. Attend a special strategic planning meeting of the Orange County Children and Families Commission.
10. Review current research on family support and the effective delivery and evaluation of family support services.

BACKGROUND

FRCs are not a new concept. FRCs have their roots in the settlement houses of the late 1800's, which were communal residences in poor neighborhoods where relatively wealthy people, typically single white women, lived and worked with neighbors to address their needs, and communicated the needs of the poor back to wealthy communities. After World War I, with the increasing professionalization of social work, social workers began to assume significant positions in settlement houses and the focus of their services began to center on serving individual families rather than on addressing social issues collectively. During the 1960s, as settlement houses evolved into FRCs, the focus shifted again to repairing "holes" in the social network that prevented individuals or families from receiving informal care and support. By 1981, the Family Resource Coalition (today named Family Support America) was established as a national organization and supporting network for family resource centers throughout the country. In 1996, this organization published *Guidelines for Family Support Practice* (revised in 2001), which outlines standards for family support training and premises and principles for creating family-supportive environments within social services programs and systems.

Families are often apprehensive and even frightened about working directly with the SSA, which they may consider intrusive or threatening. The SSA's support of FRCs is designed to provide a channel in Orange County for delivering social services to these families in need with a lighter touch. The broad range of services offered by Orange County FRCs includes:

- individual and family counseling by licensed or license-eligible clinicians;

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- assisting families with applications for food stamps or other forms of public assistance;
- referral to legal assistance;
- classes on effective parenting and adoption, English as a second language, and similar courses;
- tutoring;
- food and clothing distribution to indigent families;
- assisting families of children with special needs;
- day care; and
- helping to organize community improvement projects.

Not all FRCs offer all of these services; each FRC designs its own program individually to respond to the needs of its neighborhood. FRCs rely heavily on volunteers to leverage their direct staff. A typical FRC may have 12-15 full and part time permanent staff complemented by 30-50 volunteers.

The SSA-supported FRCs should not be confused with the County Probation Department's Youth and Family Resource Centers (YFRCs), which have different programming directed at youth on probation and their families.

In Orange County there are presently 28 stand-alone FRCs, plus a potentially larger number of organizations such as hospitals that provide some of the functions of a FRC. Stand-alone FRCs are typically operated by consortia of private charitable organizations called collaboratives. Different member organizations in a FRC collaborative will be responsible for different services or functions. Stand-alone FRCs are usually located in residential neighborhoods and are supported by a combination of private donations and county, state and federal grants. In some cases, county grants are funded by federal and state programs and the SSA acts as the program administrator. FRCs that are not supported by SSA are not within the scope of this report.

The SSA and the OCF have created a jointly supported and staffed entity, Families and Communities Together (FaCT), for the purpose of supporting certain types of services offered by selected Orange County FRCs. The FaCT mission statement is:

“To identify and promote promising and best practices, train, fund and advocate for FRCs to be Orange County's community based platform for prevention activities and family support services.”

FaCT has offices in the SSA's facility in Orange and a budgeted headquarters staff of 31 – 11 from the SSA including five in the SSA Contracts department and 20 from Orangewood Children's' Foundation. The organization chart of FaCT is shown in Figure 1.

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County of Orange, Social Services Agency
 Families and Communities Together (FaCT)
 Organizational Chart for Day-to-Day Operations
 October 23, 2006

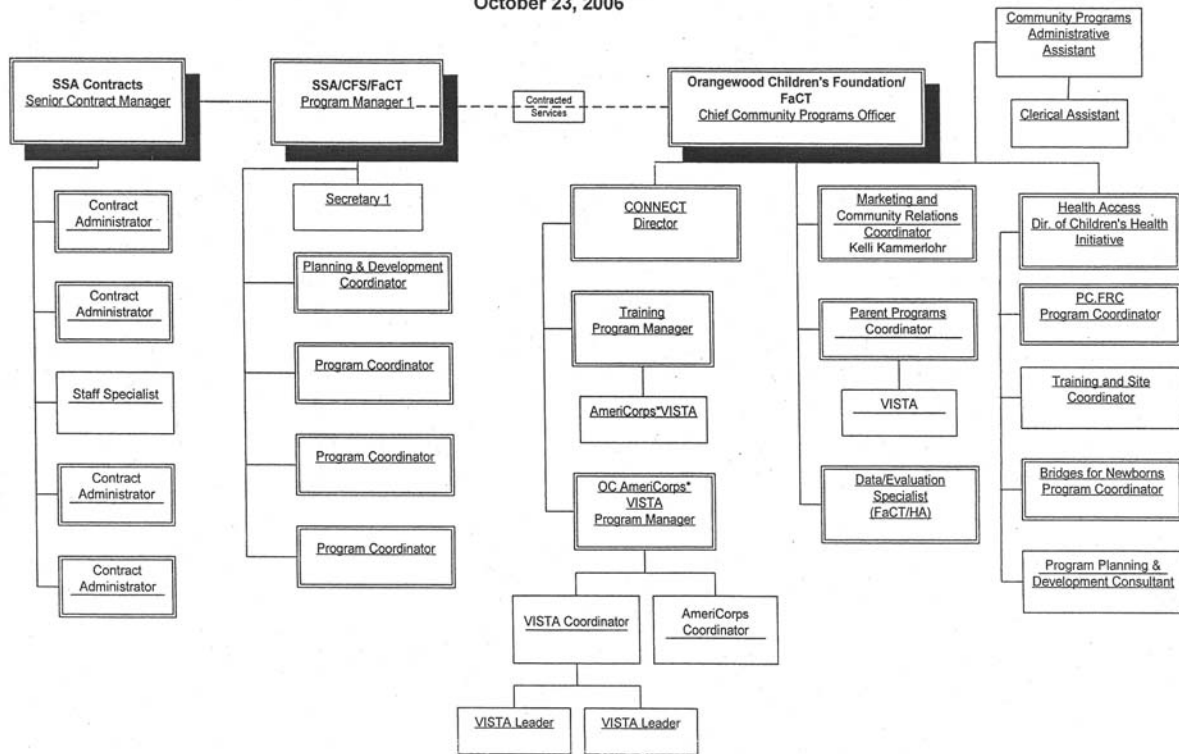


Figure 1 – FaCT Organization

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The Board of Supervisors approves contracts with the FRCs that SSA/FaCT will support based on SSA/FaCT recommendations. SSA/FaCT selects its recommended FRCs by evaluating responses by FRC collaboratives to a Request for Proposal (RFP) that is issued on a 5-year cycle. Of the 28 stand-alone FRCs in Orange County, 14 FRC collaboratives responded to the RFP for the cycle for services beginning July 1, 2006, of which 12 were selected. Each selected FRC executes a contract with SSA/FaCT specifying the suite of SSA/FaCT-supported services to be offered in that FRC and the expected caseload for each offered service. The SSA's Contracts Department administers the contracts between SSA/FaCT and the FRCs. Under these contracts, each SSA/FaCT-supported FRC directly receives between \$230,000-350,000 yearly depending on the mix of services offered by the FRC that are eligible for SSA/FaCT support. Most FRCs also offer additional services not supported by SSA/FaCT; typically SSA/FaCT funds represent about 15-25% of their annual budgets. This means that each dollar spent by the SSA on supporting the FRC network leverages about \$3-5 in other contributions.

Most contributions to FRCs, from whatever source, are categorical, inflexible and time-limited, and therefore do not cover infrastructural costs such as overhead or administration. As a result, FRCs may struggle to effectively meet the needs of their communities and stay true to their original missions if they modify priorities to fit the restrictions of available grant monies. Therefore, some FRCs may be reluctant to accept SSA/FaCT funding if the SSA/FaCT RFP is narrowly written. One FRC, for example, was SSA/FaCT-supported prior to 2002, but decided not to respond to the SSA/FaCT RFP for the 2002/2003 through 2005/2006 cycle because it was too narrowly focused on supporting adoptive and foster parenting. This FRC believed that emphasis

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was not appropriately targeted to the requirements of its neighborhood, where most of its caseload comes from divorces and family break-ups rather than adoptions and foster homes. This FRC did respond to the RFP for the 2006/2007 through 2009/2010 cycle, because that RFP was more flexible in allocating funds toward family support and preservation in addition to adoption and foster care.

In each SSA/FaCT-supported FRC, one of the collaborating organizations acts as the Lead Agency, paying the other members of the collaborative their share of the SSA/FaCT supporting funds and billing SSA/FaCT regularly for reimbursement. The Lead Agency also is responsible for the overall administration of the FRC and for maintaining and operating its financial and information systems. Each FRC is audited annually by an independent certified public accounting firm and the audit results are submitted to SSA/FaCT.

SSA/FaCT's FRC support funds have declined from the previous RFP cycle. In FY2005/2006, the last year of the previous cycle, SSA/FaCT administered a total of \$3,905,116 in federal, state and county government grants. The SSA/FaCT program is budgeted to administer a total of \$3,818,858 in federal, state and county government grants during FY 2006/2007, a decrease of \$86,258, or about 2%. Of this total, \$3,173,884 is going directly to FRCs in the form of contract payments from the SSA, \$312,500 is going to the Child Abuse Treatment (ChAT) program to support activities in the FRCs, and \$332,474 is going to the OCF to support activities in the FRCs and provide administrative support to FaCT headquarters.

SSA/FaCT's FRC support funds come from the following sources (dollars shown are for FY 2006/2007):

Federal Promoting Safe and Stable Families (PSSF) program - \$2,525,000 (66%)

This program funds four types of services: Family Preservation, Family Support, Time-Limited Family Reunification, and Adoption Promotion and Support. The services are intended to promote protection of children from abuse and neglect, safe maintenance of children in their own homes whenever possible and appropriate, permanency and stability in the living conditions of children, preservation of the continuity of family relationships, enhancement of families' capacity to provide for their children's needs, and provision of appropriate educational, physical health and mental health services for children. This program's allocation to Orange County was decreased by \$212,052 from FY2005/2006 levels.

Federal Community Based Child Abuse Prevention (CBCAP) program - \$107,474 (3%)

This program funds services designed to reduce child abuse. Its allocation to Orange County was decreased by \$74,602 from FY2005/2006 levels.

State Supportive and Therapeutic Options (STOP) program - \$133,474 (3%)

This Proposition 10 program funds treatment and support services for families with children returning from out-of-home placement or families at risk of such placements. This funding requires a 30% match from county funds, which come from the county Wraparound Fund. This grant was decreased by \$590,014 from FY2005/2006 levels.

County Wraparound Funds - \$790,410 (21%)

These funds are used to address the needs of behaviorally and/or emotionally disturbed children so that the children may be maintained safely in their homes. These funds are also used for the required 30% county match to the State STOP program funds as well as for the Differential Response Pilot program in operation at two of the county-sponsored FRCs. This grant started in FY2006/2007.

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State Office of Emergency Services Child Abuse Treatment (ChAT) grant – \$200,000 (5%)

This grant funds comprehensive treatment services for child victims of physical and sexual abuse, neglect, domestic violence, school violence, community violence and abduction. This grant was also \$200,000 in FY2005/2006.

County Children's' Trust Fund - \$62,500 (2%)

These funds are derived from license plate taxes and are used to support general FRC programming. This funding was also \$62,500 in FY2005/2006.

Note that if Orange County had not contributed the \$790,410 in Wraparound funds in FY2006/2007, the total funding available to SSA/FaCT would have dropped from FY2005/2006 levels by \$876,668, or more than 22%, instead of only \$86,258, or 2%.

Child Welfare funds, contributions from OCF and Title 4E funds pay for the FaCT headquarters staff; the SSA allocates its departmental overhead to programs based on caseload, but FaCT programs, by definition, generate no direct SSA caseload, so there is no SSA overhead allocated to SSA/FaCT.

FRCs that are supported by SSA/FaCT funds offer the following categories of core and comprehensive services (not all FRCs offer all these services):

- **Information and Referral** – helping individuals and families find services in the community and from government agencies;
- **Advocacy** – helping individuals and families obtain multiple forms of assistance from the FRC and other agencies (including government) through individualized case management;
- **Comprehensive Case Management** – reviewing the status of client cases with multiple needs and planning how the FRC will engage with each client going forward;
- **Counseling** – support groups, crisis intervention, and individual counseling;
- **Domestic Violence Counseling** – for non-offending parents and children;
- **Domestic Violence Legal Assistance** – helping non-offending parents secure restraining orders and other legal remedies;
- **Parenting Education** – teaching parents how to be more effective;
- **Personal Empowerment Program** – classes and coaching for battered or at-risk parents;
- **After School Programs/Tutoring** – for children and adults;
- **Youth Enrichment Activities** – including day care for children of parents attending classes or other functions at FRCs;
- **Foster/Adoptive Recruitment and Outreach;**
- **Legal Assistance** – for other than domestic violence situations; and
- **Community Workshops** – to promote community improvement, involvement and solidarity, including a Community Action Council (CAC) composed of FRC clients, at each FRC.

FRCs are not supposed to charge fees for any SSA/FaCT-supported services. If fees are posted, they are supposed to be waived. However, FRCs may charge fees for other services that they offer that are not SSA/FaCT-supported. It appears that the SSA/FaCT-funded FRCs are complying with this policy.

SSA/FaCT supports twelve FRCs that are operating in these Orange County locations during FY 2006/2007:

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Anaheim Fullerton FRC

At Manzanita Park, 1260 N. Riviera Street, Anaheim, CA 92801

Corbin FRC

2215 W. McFadden Avenue, Santa Ana, CA 92704

Friendly Center Collaborative FRC

147 W. Rose, Orange, CA 92867

FRC of La Habra

301 W. Las Lomas Drive, La Habra, CA 90631

Garden Grove Focus Collaborative FRC

At Magnolia Park, 11402 Magnolia Avenue, Garden Grove, CA 92841

Minnie Street FRC

1300 E. McFadden Avenue, Santa Ana, CA 92705

Oak View FRC

17261 Oak Lane, Huntington Beach, CA 92647

Salk Community FRC

1411 S. Gilbert Street, Anaheim, CA 92804

South Orange County FRC

28191 Marguerite Parkway, Suite 19, Mission Viejo, CA 92691

Stanton FRC

11822 Santa Paula Street, Stanton, CA 90680

Tustin FRC

14722 Newport Avenue, Tustin, CA 92780

Westminster FRC

8102 Westminster Boulevard, Suite E, Westminster, CA 92683

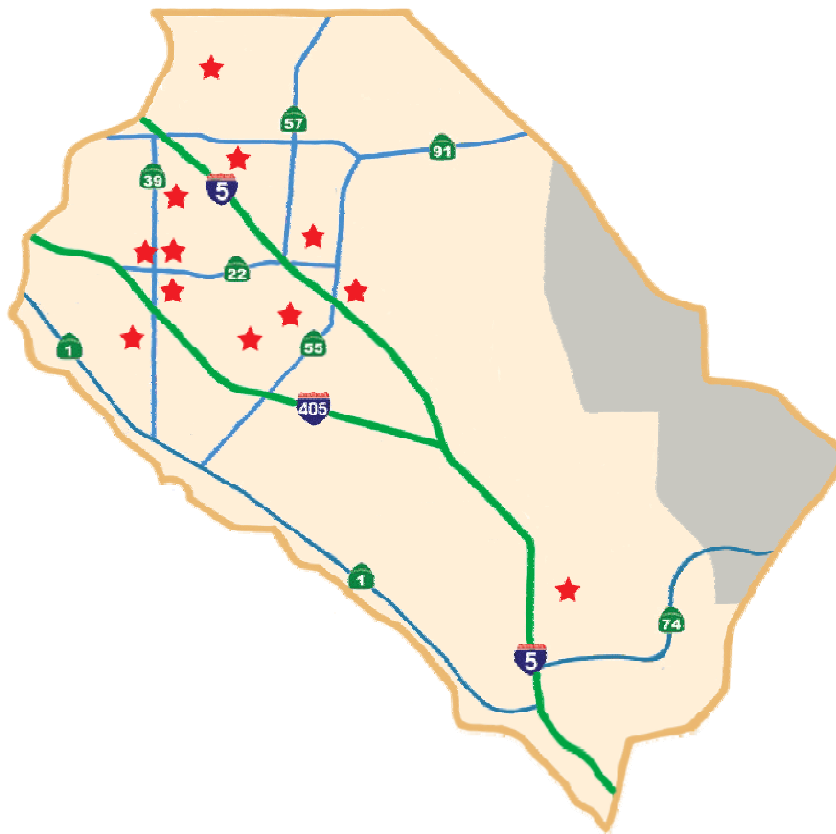


Figure 2 – Orange County SSA/FaCT-Supported Family Resource Centers

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In addition to providing direct financial support, SSA/FaCT provides the following in-kind services to FRCs:

- **Program Coordination** – four program coordinators perform the following functions:
 - attend monthly management meetings with each FRC in which best practices are shared, training needs identified, resource needs are identified and recommended, etc.;
 - attend weekly case management team meetings in which individual clients' cases are reviewed and action plans developed for further engagement with the clients;
 - attend a monthly meeting with all FRC managers (site coordinators) in which best practices are shared, and problems and issues are reviewed;
 - approve the governance structure of each FRC and work to intervene in dysfunctional governance situations (this is helpful to FRCs because each FRC is operated by a consortium of at least three different charitable organizations and agencies which must agree on how the FRC is to be managed);
 - work one-on-one with FRC site coordinators to resolve day-to-day issues;
 - review bids in response to RFPs for FRCs, and complete the contracts with the FRCs;
 - deal with the various agencies and staff collaborating in each FRC; and
 - review monthly reports from FRCs, analyze discrepancies between expected and actual caseloads for each service offered, and work with the FRCs to restructure service programming if necessary.

- **Data Collection and Analysis** – a Data Evaluation specialist and the FaCTTRAK data collection and evaluation system perform the following functions:
 - collect data on caseload and outcomes by service offering at each FRC (each FRC maintains a data entry clerk who performs the input to the system, each FRC “owns” its own section of the data base, and FRCs can use the system to track caseload and outcomes for all services they provide, even services not supported by FaCT);
 - provide detail and aggregated statistical reports on caseload and outcomes at each FRC and in total across all FRCs;
 - provide statistical reports required by the federal and state funding programs supporting FaCT and the Children and Families Commission of Orange County; and
 - train the data entry clerks at the FRCs and conduct monthly meetings to reinforce training and evaluate their work.

- **Training** – Under its CONNECT program, which builds organizational capacity among Orange County non-profit organizations, OCF provides training to FRC employees in areas such as management, grant writing, and marketing and supervisory skills.

- **Technical Assistance** – FaCT provides FRCs with assistance in integrating their information systems with the Internet, memo writing, dealing with government agencies, and other areas.

- **Case Management** – FaCT arranges for SSA social workers, some of whom are licensed clinicians, to assist FRCs in reviewing and developing engagement plans for client cases at weekly Case Management Team meetings. The majority of the SSA social workers have master's degrees.

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- **Outreach** – FaCT assists FRCs with marketing and refers clients to the FRCs. It also trains and encourages other County departments that come into contact with at-risk families, such as the Health Care Agency and the Sheriff's Department, to refer clients to the FRCs.

The SSA hosts other programs on the FRC network in addition to the functions that SSA supports through the FaCT mechanism, including:

- **“Project Connections.FRC Health Access”** is a countywide, culturally sensitive in-home service that helps medically and socially vulnerable children from newborn to age five and their families by providing services such as immunizations and assistance in obtaining health insurance. Hospitals associated with the Bridges for Newborns program (see below) screen 75-80% of all families with newborns in Orange County for prenatal care and health insurance knowledge and refer families to their neighborhoods' FRCs' Health Access programs. “Project Connections.FRC” is funded by Proposition 10 monies administered by the Children and Families Commission of Orange County (the “First 5” grant, which is directed at helping children who are newborn through five years of age) and is offered in eight SSA/FaCT-supported FRCs (in addition to three other sites outside the FaCT FRC network).
- **“Bridges for Newborns”** provides in-home parent education in health care for children, and assists families in finding and understanding how to access community health care resources. Referrals to this program come from hospitals. This program is funded by Proposition 10 monies administered by the Orange County Children and Families Commission (the “First 5” grant) and is accessible at all SSA/FaCT-supported FRCs (plus other sites outside the FaCT FRC network, such as hospital social services departments).
- **“Differential Response” (DR)**, funded by the SSA and operated under the auspices of its Children and Family Services Division, is a new program that the SSA is piloting at two of the SSA/FaCT-supported FRCs. The idea of DR is to refer at-risk families to FRCs, instead of the Court or the official social services system, when the risk level is not high enough to warrant Court intervention to remove the child from the home. This allows the FRC to involve the community in educating and supporting the family and mitigating the risk conditions and to help advocate for the family. Families assessed by the SSA as eligible for DR are given the option to participate, rather than go through the formal social services process. If a family agrees, a FRC-based DR advocate accompanies the SSA social worker on up to the next three visits to the family, after which the FRC DR advocate takes over the case from the social worker. Once in DR, the family can engage with any other service provided by the FRC, and the FRC case management team reviews the DR cases along with the FRC's other normal cases.

In FY 2005/2006, the last year for which statistics are available, there were nine SSA/FaCT funded FRCs in Orange County. These nine FRCs served 6,399 families with 5,354 children, including 11,658 individuals. The case load was 77% Hispanic/Latino; the primary language of nearly 70% of the clients was Spanish and most of the FaCT-funded FRCs offer their services in Spanish as well as English because of these demographics. This may be a result of the location of most FRCs in heavily Hispanic neighborhoods. It may also signify a lack of successful outreach to non-Hispanic constituencies, although the FRCs also offer Vietnamese language services and materials. It is, however, consistent with national trends in the client bases of FRCs.

There is anecdotal evidence that many undocumented families go to FRCs because they do not want to deal directly with the government. No procedures exist for identifying whether SSA/FaCT-supported FRC clients are undocumented aliens. FaCT and FRC personnel believe that such procedures, if implemented, would alienate the FRCs from their neighborhoods, damaging their ability to perform their strategic mission.

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Most individual FRC clients are female; the typical client's age is between 30 and 39. Thirty-five percent of clients have annual incomes under \$10,000 and another 30% of clients earn between \$10,000 and \$20,000 per year. Many clients initially contact FRCs to get information; a FRC can often field 200-400 information inquiries per month. In many cases the FRCs, after providing the requested information, refer the clients to other agencies in the County.

In FY2005/2006, the breakdown of service caseload was as follows (note that some individuals and families may be clients for multiple services):

Service Category	Number of Individuals	Number of Families	Number of Children	Contracted Case Load
INDIVIDUAL SERVICES				
Advocacy	1,045	800	237	453 + 372(1)
Comprehensive Case Management	681	500	229	608(3)
Counseling	827	491	339	601
Domestic Violence Counseling	168	140	27	120
Domestic Violence Legal Assistance	46	46	0	32
Parenting Education	467	399	0	411
Personal Empowerment Program	427	421	0	379
After School Programs/Tutoring	391	295	402	98
Youth Enrichment Activities	729	554	713	883
GROUP SERVICES				
Foster/Adoptive Recruitment & Outreach	2,668			44(2)
Legal Assistance	814			208
Community Workshops	9,062			56(2)
OTHER SERVICES				
Adult Education	254	230	0	93
ChAT	421	179	133	n/a
Project Connections.FRC	9,934	4,322	5,362	n/a
Emergency Services	157	134		131
Information and Referral	11,706			4,325

- (1) In FY2005/2006 some FRCs' contracts specified this target in families and others specified it in individuals. Both figures are shown; 453 individuals and 372 families.
- (2) The figure shown is the contracted number of workshops. Multiple individuals attended each workshop.
- (3) The contracted number of families is shown.

The caseload in FY 2006/2007 will be greater because of the increase in the number of FRCs compared to FY 2005/2006 (twelve sites versus nine). Year-to-year individual FRC caseloads appear relatively stable overall, although some service categories experience larger fluctuations. The SSA/FaCT-supported FRCs are meeting or exceeding their contracted caseloads for most services, and in those cases where the expected caseloads are not being met, FaCT and FRC staff are analyzing the reasons and modifying the service offerings in an effort to make them more attractive to the population in the FRCs' neighborhoods.

In FY2005/2006 cases were referred to SSA/FaCT-supported FRCs from the following sources:

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Hospital, Doctor or Nurse	32% (many of these are through Bridges for Newborns)
Friend or Family	22%
Walk-in	17%
School	5%
Social Worker or Counselor	4%
Other Community Based Agency	4%
Brochure or Flyer	2%
Other	14%

Measuring the effectiveness of social services is difficult at best. Ideally, actual outcomes would be examined: Are FRC clients successfully preserving their families, or are they failing and/or turning into SSA child welfare cases? However, traditional evaluation tools used to measure social services outcomes do not work well for family support programs or FRCs, which respond to a diverse range of family issues in a holistic manner with an entire menu of inter-related services, rather than to a single issue or through a particular task or service that is easily identified and evaluated. Because families often participate in a variety of individual and group programs offered by a FRC, measuring exactly who got what from which program or service can be very difficult. The problem of outcomes measurement is made even more difficult because what needs to be measured is, in effect, the degree to which something is *not* happening – the dysfunctionality or breakup of families. Individual FRCs also do not have the internal resources to perform rigorous statistical evaluations of their services that demonstrate the value of those services. This is an area in which SSA/FaCT can provide great assistance to FRCs. Accordingly, SSA/FaCT has implemented a system to track and analyze outcomes information. The summary analysis from this system was first available for 2005/2006.

SSA/FaCT assesses the outcomes of FRC cases based primarily on self-reports by the clients on pre-tests and post-tests. When clients begin engaging with a SSA/FaCT-supported FRC, they are administered pre-tests that measure whether they are at risk. At the end of their cases they take post-tests, which are repeats of the pre-tests. The content of the tests depends on the services the clients are receiving. For example, the Parenting Education pre-test asks clients to rate themselves on whether they never, sometimes, or always engage in various child rearing behaviors, such as:

- setting limits and rules;
- spending quality time with the child;
- losing patience with the child due to stress;
- listening to the child when he/she wants to talk;
- encouraging the child to do his/her best;
- working together with one's partner on how the child is disciplined;
- being consistent when administering discipline; and
- communicating with the child's teacher.

The test also asks whether the clients know certain facts about child rearing, such as:

- whether drinking alcohol or using drugs can affect parenting;
- whether a five-year-old can be put in time-out for more than 20 minutes; and
- whether physical punishment is a necessary form of discipline.

The FRCs input the clients' answers to the pre-test questions into FaCTTRAK and FaCTTRAK computes an at-risk index for each client. At the conclusion of the clients' engagements, when the FRC re-administers the post-tests, the at-risk indexes are again computed by FaCTTRAK. The differences between the pre-test and post-test at-risk indexes and other results are taken as measures of the efficacy of the services.

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In effect, this pre-test/post-test procedure measures the increase in clients' knowledge of the content of the services that they receive, rather than directly measuring the desired outcome, i.e., whether changes in clients' behavior that are conducive to family preservation and child welfare actually occur. The SSA infers the linkage between increase in knowledge and actual behavior changes through a logic model based on extensive research that indicates such a linkage exists. For example, in a 2000 study of parental neglect in infants and toddlers done for the American Professional Society on the Abuse of Children, families in which neglect was substantiated by child protective services workers were found to have less knowledge of parenting overall on issues such as child development, children's needs, and unrealistic expectations of children than parents in families where there was no neglect; caregivers in families who neglected their children also had fewer parenting skills such as impulse control, effective communication, effective coping with stress, and problem-solving skills. (This was the first study ever done of the correlates of the substantiation of neglect in children 0-36 months of age.) However, as far as the Grand Jury could determine, none of this research, including the 2000 study just cited, is specifically based on Orange County's population.

During FY2005-2006 the overall outcomes of selected SSA/FaCT core services across all of the nine FRCs that were SSA/FaCT-supported during that fiscal year were measured by pre-testing and post-testing in this way, as follows:

- **Individual and Family Counseling:** Clients increased their self-esteem by 33%, reduced their depression by 25% and reduced their anxiety by 27%. Children who participated in counseling reduced their overall school behavior problems by 32% and improved their academic achievement by 33%. The risk of physical, emotional and sexual abuse was reduced by 20%. Also, 46% of clients reported that they felt less discouraged after completing counseling than at the beginning, and 46% stated that they now turn to family members for help.
- **Parenting Education:** Clients increased their overall knowledge of parenting techniques by 16% from the beginning of the course to the end. The course teaches five key parenting concepts and clients improved in all five areas. Clients' knowledge of effective discipline techniques improved by 17% and their knowledge of how to use social support resources, such as their children's teachers, to assist in parenting increased by 20%. Seventy-three percent of clients understood the proper use of timeout at the end of the course, compared with 31% at the beginning.
- **Domestic Violence Counseling:** Upon completion of six sessions of counseling, clients reduced their risk of emotional abuse by 66% and their overall risk index by 57%. Clients' self-esteem improved by 57%, their ability to access a safety plan improved by 73%, and their financial stability improved by 63%. The counseling sessions addressed the risk of physical abuse, sexual abuse, motivation, depression, and social support; clients improved in all these areas.
- **Personal Empowerment Program (PEP):** Clients increased their knowledge of domestic violence risk factors by 81% after completing this ten-week course, which addressed four areas: How to develop a safety plan, types of abuse, legal options available to abused people, and the effects of violence on children. Clients increased their knowledge in all four areas.
- **Comprehensive Case Management:** Over 50% of families were able to complete their service plan upon the close of their cases; however, about 30% did not follow through on their referrals, were unable to complete them or were lost to follow-up. Of the families referred to counseling, 70% completed or were participating in the services and 45% had completed or were participating in domestic violence counseling. Parents referred to parenting classes seemed to be split, with one-third

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participating in the classes, one-third referred but not participating yet, and one-third not following through.

- **Family Advocacy:** Over 80% of families participating were able to successfully complete their service plan upon the close of their cases. Families had the highest need for counseling, domestic violence services, parenting, and health services (excluding health insurance). Of the families referred to counseling, 71% completed or were participating at the time they ended their service plan, 91% accessed the health services they needed, and 83% participated in parenting classes.

The results above show that for the services where pre-tests and post-tests are given, the FRCs generally appear to be successfully increasing their clients' knowledge of, and access to, strategies and resources for dealing with stresses that put their families at risk of breaking up. (It should be noted that not all services offered by SSA/FaCT-supported FRCs have pre-tests and post-tests.) However, this does not demonstrate conclusively that the clients' behavior has actually changed, or that the majority of FRC cases do not ultimately turn into SSA caseload.

Client confidentiality considerations prevent client information collected by SSA/FaCT-supported FRCs from being matched against other social services data bases. Because of this, the Grand Jury was unable to determine how many FRC client cases turn later into interventions by the SSA Children and Families Service (CFS), which could be one potential measure of the actual subsequent behavior of the clients, and which could also indicate whether FRCs actually divert caseload from the SSA. Also, unlike CFS cases, there is no formal mechanism in the SSA/FaCT-supported FRC network for tracking clients after the close of their cases, which could be another method of determining subsequent client behavior. Tracking a sample of clients could verify the logic model that supports using the difference between pre-test and post-test scores as a proxy for directly measuring changes in behavior. The FaCT team believes that such tracking would be considered overly intrusive by the clients, and would therefore ultimately damage the effectiveness of the FRCs. Clients of FRC comprehensive case management services do give consent to the SSA to check their *prior* involvement with social welfare services statewide, and these checks indicate that generally the clients have not had extensive prior interaction with the social welfare system. However, only a small percentage of cases are subject to comprehensive case management, and it is not clear whether they represent a valid sample of the general FRC client population.

COMMENDATION

The Grand Jury commends the FaCT staff and the staffs of the FRCs interviewed for this report for their openness and responsiveness during this investigation.

FINDINGS

In accordance with California Penal Code sections 933 and 933.05, each finding will be responded to by the government entity to which it is addressed. The responses are to be submitted to the Presiding Judge of the Superior Court. The 2006-2007 Orange County Grand Jury has arrived at the following findings:

- F-1. The FRCs supported by SSA/FaCT provide valuable services to their client populations and their neighborhoods, despite having to cope with serious financial resource limitations.
- F-2. SSA/FaCT provides adequate in-kind services and support to the FRCs; however, SSA/FaCT has not completely addressed the FRCs' need for additional financial support.

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- F-3. SSA/FaCT funds typically represent 15-25% of the total budget of a SSA/FaCT-supported FRC. This means that every dollar spent by the SSA to support FRCs leverages about \$3-5 in other contributions to the FRC network.
- F-4. SSA/FaCT distributes federal, state and county grant and program monies to the FRCs without charging overhead allocations for SSA administrative costs.
- F-5. The SSA/FaCT-supported FRCs handle a substantial caseload. While it is logical to expect that the majority of these clients are being diverted from the formal SSA CFS system, it is difficult to prove this without objective statistical evidence.
- F-6. The SSA/FaCT-supported FRCs are exceeding their contracted caseload levels for many of their defined services.
- F-7. Outcomes evaluation is very difficult. This is a problem in determining whether SSA/FaCT-supported FRCs are meeting the SSA's strategic expectations. Nearly all the instruments that clients fill out to measure the outcomes of their interactions with SSA/FaCT-supported FRCs are essentially self-reports by the clients.
- F-8. SSA/FaCT's outcomes evaluation shows that the FRCs are increasing clients' knowledge levels and reducing their calculated risk levels, but FaCT's evaluation technique does not actually measure whether the clients' behavior has changed.
- F-9. SSA/FaCT justifies its outcomes evaluation methodology by research indicating that linkages do exist between increases in parents' knowledge of family preservation and child-rearing skills and changes in their behavior; however, none of this research is directly based on the Orange County population.
- F-10. SSA/FaCT's outcomes evaluation technique does not show whether or not FRC clients end up turning into SSA FCS caseload.
- F-11. Most SSA/FaCT-supported FRCs operate with very limited resources. They are often located in cramped quarters in storefronts or older buildings with very limited office space. The working conditions are generally substantially lower quality than the SSA's offices.
- F-12. About 70% of SSA/FaCT-supported FRC clients are Hispanic.
- F-13. Some FRCs have declined SSA/FaCT funding because the RFP was too narrowly written, specifying a set of services to be offered that did not match the needs of their neighborhoods.

Responses to Findings F-1 through F-13 are requested from the Orange County Social Services Agency.

Responses to Findings F-1, F-2, F-3, F-4, F-5, F-6 and F-11 are required from the Board of Supervisors.

RECOMMENDATIONS

In accordance with the California Penal Code sections 933 and 933.05, each recommendation will be responded to by the government entity to which it is addressed. The responses are to be submitted to the

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Presiding Officer of the Superior Court. Based on the findings of this report, the 2006-2007 Orange County Grand Jury makes the following recommendations:

- R-1. Increase the total financial support from the SSA to FRCs. If federal or state funding is cut, make up the difference from the County General Fund. Underwrite more of the infrastructure and overhead of the FRCs. (This recommendation arises from Findings F-1, F-2, F-3, F-4, F-5, and F-11.)
- R-2. Increase the contracted caseload levels at SSA/FaCT-supported FRCs to better reflect the actual demand for services. (This recommendation arises from Finding F-6.)
- R-3. Develop an objective method of assessing service outcomes that directly measures whether changes in client behavior are occurring as a result of the clients' engagements with the SSA/FaCT-supported FRCs. For example, a random sample of clients could be followed for some period of time after the end of their cases in order to observe whether their family situations stabilize or improve. The sample results could validate the logic models that relate the improvement in at-risk indexes and other changes between pre-tests and post-tests to concrete client behavior changes. (This recommendation arises from Findings F-7, F-8, and F-9.)
- R-4. Develop an objective method of showing whether or not the SSA/FaCT-supported FRCs are effectively diverting caseload from SSA FCS. For example, a random sample of FRC clients' names and addresses could be matched with the names and addresses of SSA CFS clients. A low degree of overlap in the two data bases could indicate that the majority of FRC cases do not ultimately turn into CFS caseload. (This recommendation arises from Findings F-5, F-7, F-8, F-9 and F-10.)
- R-5. Improve outreach to non-Hispanic communities and support additional FRC locations in areas of the county that are not primarily Hispanic/Latino. (This recommendation arises from Finding F-12.)
- R-6. Be flexible in the types of services to be supported, especially in developing the RFPs for each program cycle, allowing the FRCs to be as creative as possible in programming their service offerings to be maximally responsive to the needs of their neighborhoods. Consider preparing individualized RFPs with targeted service mixes for specific neighborhoods. (This recommendation arises from Finding F-13.)

Responses to Recommendations R-1 through R-6 are requested from the Orange County Social Services Agency.

Responses to Recommendations R-1 and R-2 are required from the Orange County Board of Supervisors.

REQUIRED RESPONSES

The California Penal Code specifies the required permissible responses to the findings and recommendations contained in this report. The specific sections are quoted below:

- §933.05(a) For purposes of subdivision (b) of Section 933, as to each grand jury finding, the responding person or entity shall indicate one of the following:
- (1) The respondent agrees with the finding.

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(2) The respondent disagrees wholly or partially with the finding, in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons therefor.

(b) For purposes of subdivision (b) of Section 933, as to each grand jury recommendation, the responding person or entity shall report one of the following actions:

(1) The recommendation has been implemented, with a summary regarding the implemented action.

(2) The recommendation has not yet been implemented, but will be implemented in the future, with a timeframe for implementation.

(3) The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or head of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of publication of the grand jury report.

(4) The recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation therefor.