



**IMPLEMENTING  
DIFFERENTIAL RESPONSE: AN  
ASSESSMENT OF COMMUNITY  
ORGANIZATIONS' CAPACITY  
AND INTEREST**

**FINAL REPORT – January 31, 2006**

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# Implementing Differential Response: An Assessment of Community Organizations' Capacity and Interest

## Executive Summary

The County of San Mateo System Improvement Plan (SIP) of 2004 calls for improving the safety of children referred to the Human Services Agency Children and Family Services for reports of suspected abuse or neglect by implementing a flexible response system with the capacity to support families at risk before crises develop. Differential Response aims to make available a broader set of responses that direct families to community-based resources at the first signs of trouble, helping to keep children safe in their own homes. The SIP further calls for a report assessing the capacity of community organizations to serve children at risk of maltreatment and their families, in order to develop a multi-year plan to implement Differential Response.

This report addresses two main questions: What organizational characteristics of nonprofit community-based social service providers are associated with their capacity and willingness to participate in the Differential Response service network? And, what resources are necessary to support implementation of Differential Response? We answer these questions by presenting the results of a questionnaire and survey sent to community organizations in San Mateo County to assess their service capacity and interest in participating in the Differential Response network, and analyzing these results in terms of their organizational characteristics. In conclusion, we present recommendations on which types of organizations are most prepared to implement Differential Response.

### **1. Community Organizations Interested in Participating in Differential Response**

Sixty organizations responded to our questionnaire; 24 (40%) indicated that they were not interested in participating in the DR program. Of these, twelve (50%) reported they do not have the capacity to participate in DR in terms of staff, office space, or resources. Nineteen (75%) reported they do not offer relevant services. However, further research revealed that most of these organizations do, in fact, offer services relevant to the needs of the children and families served by CFS, and who would be referred to community services in the new system of response.

Knowledge of Differential Response was strongly associated with an organization's willingness to participate, as well as with reduced levels of concern about implementation. Nearly 90% of the organizations that reported they knew about DR prior to receiving the questionnaire and survey were willing to participate, while, among organizations indicating unwillingness to participate, more than 90% had not heard about DR prior to receiving the questionnaire. In addition, only 5.6% of the organizations with prior knowledge of DR reported capacity or program-related concerns about implementation.

## **2. Characteristics of the Organizations willing to Participate**

Forty-four organizations responded to the survey, indicating their willingness to participate in the Differential Response network. Their median annual budget is \$1 million, ranging from no reported budget to over \$90 million. On average, they have been operating in San Mateo County for 28 years. Forty-three percent of the organizations reported current contracts with HSA, 41% are local chapters of parent organizations, 59% operate multiple sites in San Mateo County, and half draw from a County-wide client base.

Results reveal these organizations are involved in extensive collaboration with other organizations in their communities. All organizations indicated they participate in community initiatives and share information with collaborators, nearly 90% deliver services in partnership with other public and private agencies, about 75% apply for grants with other organizations or with County agencies, and 43% support co-located staff.

In general, the organizations reported serving nearly three times as many adults as children or youth each year. Countywide, over 40% of all clients served speak Spanish as the primary language, and about 30% are mono-lingual. Eighteen organizations (41%) report that none of their clients receive cash benefits, and 17 (39.5%) report no clients on public insurance. The remaining organizations, on average, report that 30% of their clients receive cash benefits and 45% are enrolled in public health insurance programs.

## **3. The Service Array and its Gaps**

The organizations that responded to our survey ranged from local organizations providing a single specific service to those that offer many types of services at multiple sites. About two-thirds of the organizations indicated they perform community outreach and are able to assess the strengths and needs of families, including whether children are at risk of maltreatment. Sixty percent of the organizations work with families at risk. However, fewer than half reported that they provide services to maltreated children, and less than one third serve children regardless of whether they are placed in out of home care.

Only four organizations in our sample reported providing mental health evaluation and counseling for children. Relatively few organizations reported offering education and prevention services for adults in the key areas of mental health, substance abuse, and domestic violence. In fact, treatment for the perpetrators of domestic violence is offered by only three organizations in our sample. Classes on topics such as child development, appropriate discipline, parenting difficult teens, and the consequences for children of different types of maltreatment, which may be of great benefit to parents at risk of maltreating their children, are not readily available.

In our sample, nearly half of the organizations indicated that they provide services to youth transitioning to adulthood. Many of these organizations do not have current contracts to provide services for HSA clients. In addition, only one quarter of these organizations identify their primary mission as serving youth. These two details suggest that the need for more youth services may be at least partially addressed by outreach to organizations not yet involved in serving youth at risk of entering or already served by child welfare programs.

#### **4. Barriers to Participation and Training Needs**

Our survey assessed the barriers to participation in DR anticipated by community organizations, including both resource barriers (e.g. staff, office space, access to training) and experiential barriers (e.g. collaborative relationships, experience with families participating in CFS services, experience working with County agencies). More than 70% of the organizations reported staffing concerns, 45.5% cited concerns about the availability of training and technical assistance, and 43% indicated limited office capacity. In general, organizations reported they lack experience (40%) serving CFS clients, 20.5% cited limited collaborations, and 13% have no prior experience working with county agencies.

Various organizational characteristics influenced the number and type of barriers reported. Wealthier organizations report fewer barriers overall, and far fewer resource barriers. Organizations with current HSA contracts were less likely to report barriers overall and less likely to report experiential barriers. The frequency with which organizations reported experiential barriers declined the longer an organization had maintained a presence in the County. In contrast, resource barriers show an upward trend for more established organizations.

Training needs are widespread. Nearly 70% of the organizations requested training on any given topic. The most frequently requested topics were an overview of CWS policies and procedures, and training in dealing with the behavioral challenges of maltreated children. Organizations with current HSA contracts were more likely to request training. Also, organizations in the median budget (\$500 thousand to \$1.3 million) category are more likely to request training.

#### **5. Expansion Capacity of Community Organizations**

Nearly 40% of the organizations in the sample indicated willingness to expand or add to their service repertoire in order to serve the families referred by Differential Response. These organizations tended to be mid-size in terms of budget and staff, local chapters of a parent organization, and less likely to draw from a County-wide client base. Interestingly, organizations that indicated a willingness to expand also reported more training needs and barriers to DR participation than did organizations that were not willing or able to expand. It seems likely that this reflects their assessment of what is required to expand capacity, or it may reflect an absence of internal staff training resources.

#### **6. Recommendations**

The results of this survey suggest the following recommendations for consideration in the course of developing a multi-year project plan to implement Differential Response:

- Conduct Education and Outreach - The results suggest that many potential partners may not understand or know about Differential Response, leaving them reluctant to participate when first approached. This can be overcome by fostering closer ties between HSA and community organizations, including those that do not have current contracts with HSA, those that may not present their mission as directly aligned with the services needed to

support children and families, as well as services supported by the faith-based community.

- Target Organizations that Provide Specific Services – When seeking to expand the service array to support Differential Response, counseling and other mental health services for children, especially maltreated children, need to be cultivated. Parent education resources are also necessary, especially regarding child development, appropriate parenting practices, and the developmental consequences of abuse and neglect. Additional resources and preventive services for adults are needed in key areas, including substance abuse. Finally, organizations that provide services for youth as they transition to adulthood should be targeted.
- Plan to Provide New Partner Organizations with Support - A large majority of the organizations in the sample indicated substantial training needs in anticipation of implementing Differential Response. These needs range across multiple topics, including CWS policies and procedures, fieldworker support, and strategies for effective multidisciplinary teamwork. Additionally, the County may need to develop a plan to assist smaller organizations with the data management requirements of Differential Response.

# Implementing Differential Response: An Assessment of Community Organizations' Capacity and Interest

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# 1 Introduction

Differential Response is a new intake and service delivery strategy that allows a child welfare agency to respond in a more flexible manner to referrals of child abuse or neglect. The agency's response is based on an assessment of the child's immediate safety and risk of being harmed, as well the parents' protective capacity and the needs, resources and circumstances of the entire family. It is intended to make available a broader set of responses that help direct families to services and resources at the first signs of trouble, and depends on innovative partnerships with community-based organizations that can help support families in need, before crises develop. This strategy will require that child welfare agencies maximize, and form new collaborative relationships with traditional and nontraditional community organizations. What Differential Response means is that more children and families will receive the support needed to help keep children safe in their own homes.

The *County of San Mateo Child and Family Services Review Self Assessment and System Improvement Plan*, both completed in 2004, identify three priority areas for child welfare system improvement planning and implementation activities. The first priority area is focused on improving child safety outcomes through modifications to the existing service array. Specifically, the SIP recommends that improved safety for children be achieved through the design and implementation of three paths of differential response to reports of child abuse and neglect. As part of this strategy, the SIP specifically calls for the development of a multi-year project plan that outlines the resources needed to move from pilot to full implementation of Differential Response.

The SIP sets as a milestone in this planning process a study to assess the capacity of community-based partner organizations and non-traditional community associations and groups to provide Differential Response and family support services to children and families at risk of entering, served by, and exiting the child welfare system; the study should further identify gaps in services, and the resources needed to expand capacity. This report sets forth the results of a survey designed to assess the capacity and willingness of community-based organizations in San Mateo County to participate in the Differential Response service strategy. The study addresses two primary questions:

- What organizational characteristics of nonprofit community-based social service providers are associated with their capacity and willingness to participate in the differential response service network?
- What resources are necessary to support implementation of differential response?

We answer these questions by presenting the results of a survey of community organizations in San Mateo County and analyzing these results in terms of organizational characteristics, including type and intensity of services provided, clients served, anticipated barriers to Differential Response participation, training needs, and an organization's willingness to expand. This report will detail current available resources, gaps in the service array, the expansion capacity of the community partner network, and the resources required to implement differential response. In conclusion, we present recommendations on which types of organizations are most prepared, and therefore can best be targeted as potential partners, to implement Differential Response.

## 2 Methods

Qualitative and quantitative methods were used to conduct primary and secondary analyses of survey data, focus groups and interviews, gathered in the course of preparing the SIP and from a survey designed for this study.

The survey sampling frame was developed from three sources: a spreadsheet of social service organizations in San Mateo County maintained by the Community Information Program of the Peninsula Library System; a list of community organizations collected from HSA child and family services program staff in focus groups and e-mail requests; and a list of organizations with which HSA has contracts provided by the Agency's contract unit. These three sources were reviewed by the SIP Project Managers responsible for oversight of this study, and reduced to a sampling frame of 233 organizations.

Three versions of a survey, and a brief questionnaire, were developed and pre-tested in collaboration with HSA project managers. The questionnaire was designed to capture information about whether and, if so, how, the organizations had heard about Differential Response in advance of receiving the survey; and, if they did not intend to complete the survey, why they were not interested in participating in Differential Response. Two versions of the survey were developed to collect detailed information from organizations that currently hold contracts with HSA to provide child and family support services, and other types of services. A third version of the survey, designed to take less time to complete and, therefore, collecting somewhat less detailed information, was designed for organizations that do not hold a contract with HSA. In general, the surveys asked the organizations to supply information about the organizational structure, client characteristics, services provided, and the types of support the organization would require in implementing Differential Response. Copies of the surveys are attached in appendix A.

Data were gathered between July and September, 2005. A cover letter addressed to the executive director of each agency explaining the study and soliciting her/his participation were mailed in July 2005. The surveys and instructions were also made available in electronic format on the SPHERE website. Follow up e-mails were sent shortly after the initial mailing to those organizations for which e-mail addresses were available, and phone calls were conducted approximately two weeks later. Respondents were offered the option of completing the survey over the phone. If surveys were returned with blank or incorrectly marked responses, respondents were contacted by phone to clarify their responses. A final round of follow up phone calls to increase the response rate was made in August, 2005.

Of the 233 organizations, 60 responded to the questionnaire and, of these, 44 also responded to the survey. Completed surveys were saved as word documents and read into a database. Narrative responses were reduced to descriptive terms and numerically coded; qualitative and quantitative responses were analyzed using STATA. These data were then subjected to summary and nonparametric analyses.

The usefulness of data generated by this survey are subject to several limitations. Because much of the data analyzed in this study explores experiential and subjective perceptions, it is difficult to determine respondents' true dispositions relative to engaging in Differential

Response, and even more difficult to assess these descriptions in aggregate form. The data generated by the survey are subject to limitations on reliability and validity characteristic of self-reported perceptions provided by single sources. Additional limitations are posed by the point in time approach; these results might not be valid in the next several months if there is significant change in the organizations' circumstances. In addition the small size of the sample and range in the types of organizations that participated in the study, and the inability to determine whether and how organizations that declined to participate differed from those that did, limit the ability to generalize these findings. The study can be used to form a preliminary assessment of likely partners and a set of recommendations to solicit greater participation from community organizations in the future.

### 3 Analysis and Findings

This section provides detailed results from our analysis of the survey data. We focus on defining the organizations in terms of their size, structure, the types and intensity of the services they provide, capability for expansion, and their anticipated training needs and barriers to participation in San Mateo County’s Differential Response program.

#### 3.1 Organizational Characteristics

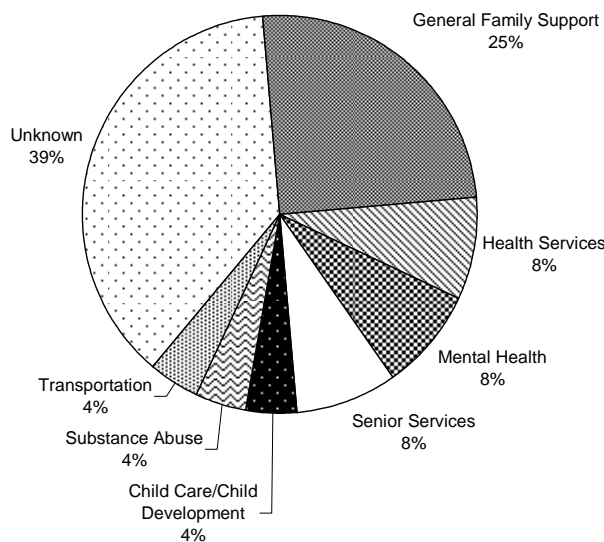
The survey gathered data on multiple organizational characteristics, including funding sources and budget, staffing levels, data management activities, collaborations among organizations, and the client populations served.

##### 3.1.1 Characteristics of Survey Non-Respondents

Sixty organizations returned the brief questionnaire. Of these, 24 (40%) indicated that they were not interested in participating in Differential Response. The questionnaire was designed to capture information from non-respondents concerning their organizational goals and their reasons for not wanting to participate in Differential Response.

As illustrated in Figure 1, many non-respondents did not provide identifying information that spoke to their organizational mission. Among those that did, most organizations that were not interested in completing the survey (6) fall under the broad category of General Family Support agencies. Two organizations each provide Mental Health, Health Services and Senior Services, and one each focused on Child Care/Child Development, Substance Abuse, and Transportation Services

**Figure 1: Organizational Mission of Non-Respondents (N=24)**



Despite the fact that the goals of most of these organizations suggest they would be valuable partners in the County’s Differential Response network, their responses to the

questionnaire indicate they are unwilling or unable to participate. Twelve non-respondent organizations (50%) reported they do not have the capacity to participate in DR in terms of staff, office space, or resources. Nineteen (75%) reported they do not offer relevant services. Four organizations wrote in their own response; these typically noted that the organization is not a non-profit or does not work with the populations likely to be referred through DR. None of the organizations indicated any reluctance to work with CFS.

Research into the websites of non-respondents revealed that, despite their assertions to the contrary, most of them do provide services relevant to the needs of populations likely to be engaged through DR. For example, one nationally known youth services organization offers academic and recreational after-school programs for children and youth. Another nationally known organization provides intensive services to high risk populations, including emergency shelter, mental health treatment, job training, and health care. However, both of these organizations indicated they did not provide the types of services needed by DR children and families.

### 3.1.2 Knowledge about Differential Response and Responses

Of the 60 organizations that completed the questionnaire, 18 (30%) indicated they had heard about Differential Response prior to receiving the survey. These organizations typically learned about DR through contacts with the Human Services Agency, including partnership meetings, communications with HSA staff, and the HSA Newsletter. As outlined in Table 1, organizations with no knowledge of DR prior to receiving the questionnaire were roughly equally split as to whether they would like to participate. In contrast, 16 of the 18 organizations (88.9%) who already knew about the program expressed interest. Put another way, 91.7% of the organizations that did not want to participate in DR (22 of 24) had never heard of it before.

**Table 1: Number of Organizations Interested in Participating in DR (N=60)**

|   |            | Prior Awareness Of DR |           |              |
|---|------------|-----------------------|-----------|--------------|
|   |            | <i>Yes</i>            | <i>No</i> | <i>Total</i> |
| <b>Interested in Participating</b>      | <i>Yes</i> | 16                    | 20        | 36           |
|   | <i>No</i>  | 2                     | 22        | 24           |
| <b>Lacks Capacity To Implement</b>      | <i>Yes</i> | 1                     | 11        | 12           |
|   | <i>No</i>  | 17                    | 31        | 48           |
| <b>Does Not Provide Needed Services</b> | <i>Yes</i> | 1                     | 18        | 19           |
|   | <i>No</i>  | 17                    | 24        | 41           |

An organization's awareness of DR also influenced whether it reported lacking the capacity to implement the program or that it did not provide relevant services. Organizations that already knew about DR were much less likely to cite such concerns. In fact, 91.7% of the organizations indicating concern with their capacity to implement DR had no prior knowledge of the program. Of the organizations that reported they do not provide necessary services, 95% had

never heard of DR. Put another way, only 5.6% of the organizations with prior knowledge of DR reported either concern (do not serve populations, lack capacity) about their ability to participate.

### 3.1.3 Characteristics of Organizations that Responded to the Survey

#### Total Sample

The 44 survey respondents vary widely in terms of their budget, size, and the length of time they have been active in San Mateo County. Two organizations did not report an annual budget; otherwise, organizations' annual budgets range from ninety-thousand to over ninety million dollars, with a median of approximately one million dollars. The median number of full-time staff equivalents is 12.5, and ranged from a single organization without any full-time staff to one with 225 employees. On average, these organizations have been operating in San Mateo County for 28 years, ranging from 3 to 75 years.

Additional data were collected to determine whether the organizations are local chapters of a parent organization, whether they operate multiple sites in San Mateo County, their regional client base, and their non-profit status (see Table 2). Eighteen organizations (41%) indicated that they are local chapters of a parent organization. Five of these parent organizations are national, one is state-wide, and six each are based in the Bay Area and San Mateo County. Fifty-nine percent of the organizations in the sample (26 of 44) operate multiple sites in San Mateo County. Many of these multi-site organizations (65%) draw their clients from all regions of the County. Single-site organizations typically serve clients who live in proximity to their office, although a sizable minority (33%) have a County-wide client base. An overwhelming majority of the sample (34 organizations, 77.3%) is certified as non-profit. Of the ten organizations that are not themselves certified as non-profit, seven are local chapters of a non-profit parent organization.

**Table 2: Budget, Staff, and Tenure for Various Organizational Structures (N=44)**

| Characteristic                   |            | N  | Annual Budget <sup>†</sup> | FT Staff <sup>‡</sup> | Years in SMC <sup>‡</sup> |
|----------------------------------|------------|----|----------------------------|-----------------------|---------------------------|
| <b>Has a Parent Organization</b> | <i>Yes</i> | 18 | \$1,000,000                | 9.75                  | 33                        |
|                                  | <i>No</i>  | 26 | \$850,000                  | 14                    | 26                        |
| <b>Operates Multiple Sites</b>   | <i>Yes</i> | 26 | \$1,700,000                | 14.5                  | 32                        |
|                                  | <i>No</i>  | 18 | \$500,000                  | 4.5                   | 24                        |
| <b>Countywide Client Base</b>    | <i>Yes</i> | 22 | \$2,250,000                | 16.25                 | 30                        |
|                                  | <i>No</i>  | 22 | \$478,500                  | 7.5                   | 26                        |
| <b>Total Sample</b>              |            | 44 | \$1,000,000                | 12.5                  | 28                        |

<sup>†</sup>Median    <sup>‡</sup>Average

#### Characteristics of Contracted and Non-Contracted Organizations

Differences between the organizations in the Contract and Non-Contract groups are outlined in Table 3. Organizations that do not have current contracts with HSA vary more

widely on all characteristics for which data were collected. The wider range observed for the non-contract organizations on these variables may simply reflect the fact that there are more organizations in this sub-sample (25, versus 19 in the contract group), or it could indicate that HSA tends to contract with community partners who fit a more specific organizational profile.

Organizations vary by their contract status on other dimensions as well. For instance, of the 18 organizations that are local chapters of a parent company, 15 (83.3%) are in the Non-Contract group. These non-contract organizations are more likely to be affiliated with state-wide or national groups. Whereas all three Contract group organizations that are local chapters are affiliated with parent organizations in the Bay Area, six of the 15 non-contract organizations (40%) have state-wide or nationally based parent organizations.

**Table 3: Organizational Characteristics of Contract and Non-Contract Groups (N=44)**

|                            |                           | Median <sup>†</sup> or Average <sup>‡</sup> | Range                  |
|----------------------------|---------------------------|---|------------------------|
| <b>Contract (n=19)</b>     | <i>Annual Budget</i>      | \$1,000,000 <sup>†</sup>                    | \$250,000 - \$13.6 Mil |
|                            | <i>Full-Time Staff</i>    | 13.5 <sup>†</sup>                           | 2 – 110                |
|                            | <i>Years in SM County</i> | 24.4 <sup>‡</sup>                           | 1 – 55                 |
| <b>Non-Contract (n=25)</b> | <i>Annual Budget</i>      | \$500,000 <sup>†</sup>                      | \$90,000 - \$92 Mil*   |
|                            | <i>Full-Time Staff</i>    | 10 <sup>†</sup>                             | 0 – 225                |
|                            | <i>Years in SM County</i> | 32 <sup>‡</sup>                             | 3 – 75                 |

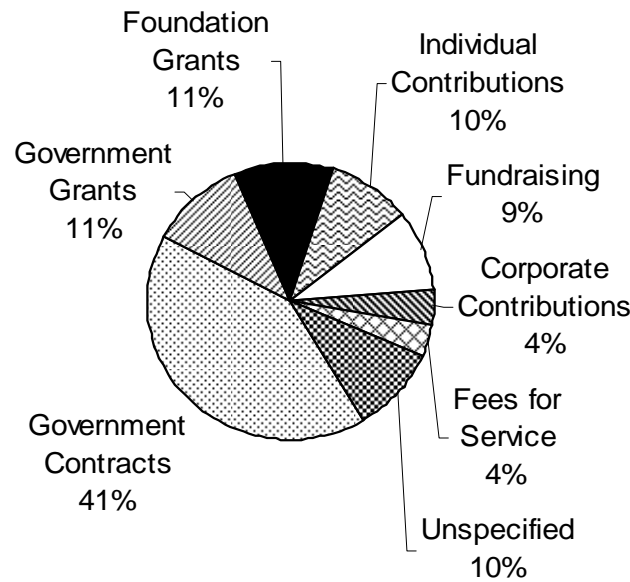
\*Two organizations did not report an annual budget and have been excluded

Organizations that have contracts with HSA are more likely to operate multiple sites in San Mateo County, and to serve clients from all regions of the County. Nearly 70% (13 of 19) of the Contract Group organizations operate multiple sites, compared with about 50% (13 of 25) of the Non-Contract organizations. Similarly, 63% (12 of 19) of the contract organizations have a countywide client base, compared with only 40% (10 of 25) of the non-contract organizations.

### 3.1.4 Funding Sources

Detailed information regarding funding sources was gathered from the organizations in the Contract Group. Their responses are illustrated in Figure 2. On average, the organizations receive 52% of their funds from public sources, and 38% from private sources. The remainder of their revenue comes from fundraising activities or fees for service.

Figure 2: Percentage of Annual Funding From Various Sources (N=25)

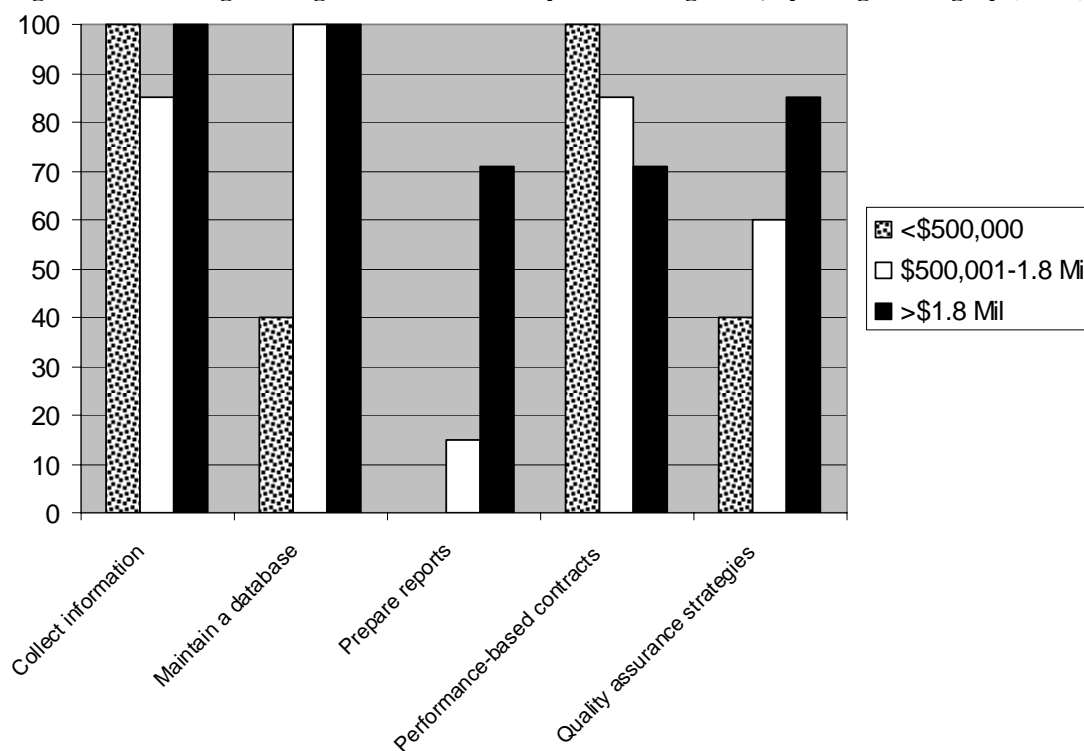


### 3.1.5 Data Management Activities

The nineteen organizations in the Contract Group answered questions regarding their data management practices, including information collection and maintenance, report preparation, provision of services under performance based contracts, and implementation of quality assurance strategies. With the exception of report preparation (done routinely by 32% of the sample), a large majority of the organizations indicated that they routinely perform data collection activities. Ninety-five percent routinely collect information about clients and service utilization; 84% routinely maintain databases and offer services under performance based contracts; and 63% routinely use quality assurance systems. Most of the organizations that do not routinely perform these tasks reported they do so at least some of the time.

The likelihood that a particular organization routinely performs these data collection activities is influenced by its annual budget. As shown in Figure 3, organizations with budgets of \$500,000 or less are much less likely to routinely maintain databases, prepare reports, or utilize quality assurance strategies than organizations with larger budgets. They are more likely, however, to provide services under performance-based contracts. Routine report preparation and the development of quality assurance systems appear to be strongly related to increases in an organization's annual budget.

Figure 3: Percentage of Organizations Routinely Performing Task, by Budget Category (N=19)



### 3.1.6 Collaboration between Organizations

All survey respondents completed questions about their collaborative activities in San Mateo County. All organizations indicated that they participate in community initiatives and share information about service availability with collaborators, and nearly 90% (36 of 44) deliver services in partnership with other organizations. About three-quarters of the sample apply for grants with other organizations or with County agencies. Staff co-location is the least frequently reported collaborative activity, with only 43% of the organizations engaging in this practice.

### 3.1.7 Client Characteristics

#### Full Sample

Survey respondents provided information regarding the demographics of their client base, including age, gender, languages spoken, and receipt of public assistance. This information is outlined in Table 4. In general, organizations reported serving many more adults (24 years and older) than children or youth. Among children (ages 0-12 years) and youth (ages 13-23 years), the organizations' clients are slightly more likely to be female. However, organizations report higher numbers of men than women among their adult clients. On average, 41.6% of all clients are primarily Spanish-speaking, and approximately 30% of clients Countywide do not speak English. The portion of clients reported as receiving public assistance varies widely between organizations, ranging from no clients to nearly all clients. Eighteen organizations (41% of the sample) report that none of their clients receive cash benefits, and 17 (39.5%) report no clients on public insurance. The remaining organizations, on average, report that 30% of their clients receive cash benefits and 45% are enrolled in public health insurance programs.

**Table 4: Reported Characteristics of Clients Served per Year (N=44)**

|                          |                         | Median Number   | Range      | # of Orgs.* |
|--------------------------|-------------------------|-----------------|------------|-------------|
| <b>Age and Gender</b>    | <i>Female Children</i>  | 180             | 1 – 13,361 | 29          |
|                          | <i>Male Children</i>    | 147.5           | 1 – 13,361 | 30          |
|                          | <i>Female Youth</i>     | 217             | 1 – 6,000  | 32          |
|                          | <i>Male Youth</i>       | 192             | 9 – 3,786  | 30          |
|                          | <i>Female Adults</i>    | 462.5           | 10 – 6,786 | 30          |
|                          | <i>Male Adults</i>      | 533.5           | 10 – 8,000 | 28          |
|                          |                         | Average Percent | Range      | # of Orgs.* |
| <b>Language Spoken</b>   | <i>English</i>          | 70.7%           | 17% - 100% | -           |
|                          | <i>Spanish</i>          | 41.6%           | 3% - 95%   | -           |
|                          | <i>Cantonese</i>        | 1.4%            | 0 – 10%    | -           |
|                          | <i>Tagalog</i>          | 3%              | 0 – 30%    | -           |
|                          | <i>Other</i>            | 1.6%            | 0 – 13%    | -           |
| <b>Public Assistance</b> | <i>Cash Benefits</i>    | 30%             | 4% – 75%   | 26          |
|                          | <i>Health Insurance</i> | 45%             | 5% – 96%   | 25          |

\*Indicates the number of organizations reporting that they serve the specified client population. Organizations that do not offer services to the particular population were excluded from the analysis.

### Regional Language Differences

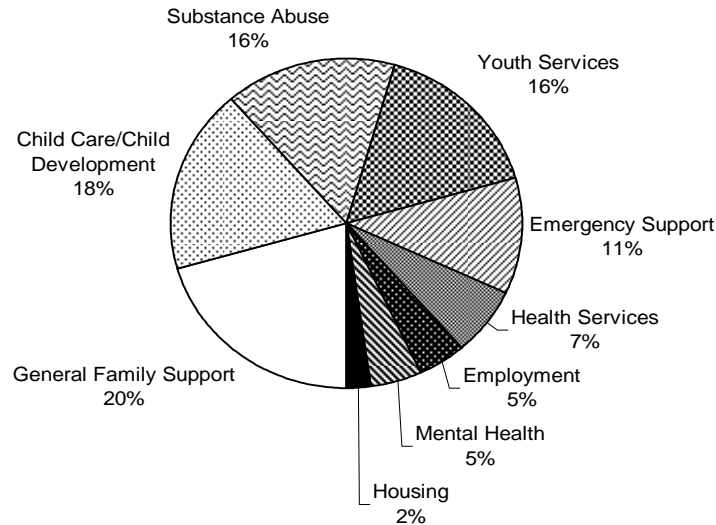
Organizations across the County report that, on average, at least one quarter of their clients are Spanish speaking. Organizations in the central and southern regions of the County have a higher percentage of Spanish speaking clients, approaching 70% in the south. In contrast, clients who speak Cantonese or Tagalog tend to be concentrated in the Northern area of the county. It appears that, on average, the organizations are adequately equipped with staff who can communicate with Spanish-speaking clients. One exception may be organizations in the Central Region, where 62% of the clients speak Spanish, compared with only 43% of the staff. There also seems to be a shortage of staff who can speak Cantonese and Tagalog in the Northern Region, where there is a relatively high concentration of clients speaking these languages.

## 3.2 The Service Array

Consistent with the varied tapestry of services available in San Mateo County, the organizations in our sample address multiple community needs at different levels of intensity. Some organizations provide a single, highly tailored service for a specific population (e.g. Career Closet, which supplies office attire to low-income women) and others offer a range of services to a range of clients (e.g. Family Service Agencies). More than two-thirds of the organizations in the sample (70%) reported focusing on one of these four organizational missions: General Family Support, Child Care or Child Development, Substance Abuse, or Youth Services. Other

organizational goals included Mental Health Care, Health Services, Employment and Housing assistance, and Emergency Support (e.g. food pantries, emergency shelter).

**Figure 4: Organizational Missions of All Survey Respondents (N=44)**



#### Organizational Missions of Contract and Non-Contract Groups

Similar proportions of organizations in the Contract and Non-Contract groups indicated a primary focus on Child Care/Child Development (16% and 20%, respectively), Mental Health (5% and 4%), and Emergency Support (11% and 12%). However, a larger share of the Contract organizations relative to Non-Contract organizations offered services focused on General Family Services (26% and 16%, respectively), Substance Abuse (26% and 8%), and Housing (5% and 0). In contrast, Contract organizations were less likely than Non-Contract organizations to have primary missions relating to Employment (0 and 8%), Health Services (0 and 12%), and Youth Services (11% and 20%).

#### **3.2.1 Current Available Resources**

Although Figure 4 groups organizations according to a single overarching mission, these are broad and overlapping categories. For instance, an organization classified under General Family Services may offer substance abuse evaluation, mental health treatment, parenting skills classes, and referrals for child care. Programs offered by a Youth Services organization may include job training and housing for teens as well as individual and family counseling. The multi-faceted nature of the services provided by many of the survey respondents is highlighted by Table 5, which identifies the number of organizations that report providing various types of services to clients in different age groups. This offers a more accurate picture of the array of services provided by organizations that responded to this survey. For instance, although none of the organizations in our sample have a primary mission focused on Domestic Violence, thirteen of them indicate that they provide domestic violence services to adults.

**Table 5: Number of Organizations Providing Services Countywide (N=44)**

| General Service Areas and Examples |   | Age of Clients Served |               |              |
|------------------------------------|---|-----------------------|---------------|--------------|
|                                    |   | Children (0-12)       | Youth (13-23) | Adults (24+) |
| <i>Health</i>                      | Medical Screening<br>Health Care Services<br>Health Education<br>Developmental Assessment                   | 13                    | 16            | 13           |
| <i>Mental Health</i>               | Assessment<br>Treatment/Counseling<br>In-Home/Wraparound<br>Medication Monitoring                           | 13                    | 17            | 15           |
| <i>Substance Abuse</i>             | Assessment<br>Treatment   | 8                     | 17            | 15           |
| <i>Domestic Violence</i>           | Dom. Violence Counseling<br>Shelter Services  | 11                    | 15            | 13           |
| <i>Family Support</i>              | Child Care & Development<br>After-School Programs<br>Adult Education/Job Search<br>Parent Education/Support | 25                    | 24            | 24           |
| <i>Housing</i>                     | Housing Assistance<br>Eviction Prevention<br>Transitional Housing<br>Homeowner Support                      | 7                     | 10            | 11           |
| <i>Emergency Support</i>           | Food<br>Clothing<br>Emergency Shelter   | 12                    | 14            | 16           |
| <b><i>Duplicated Total</i></b>     |   | <b>89</b>             | <b>113</b>    | <b>107</b>   |

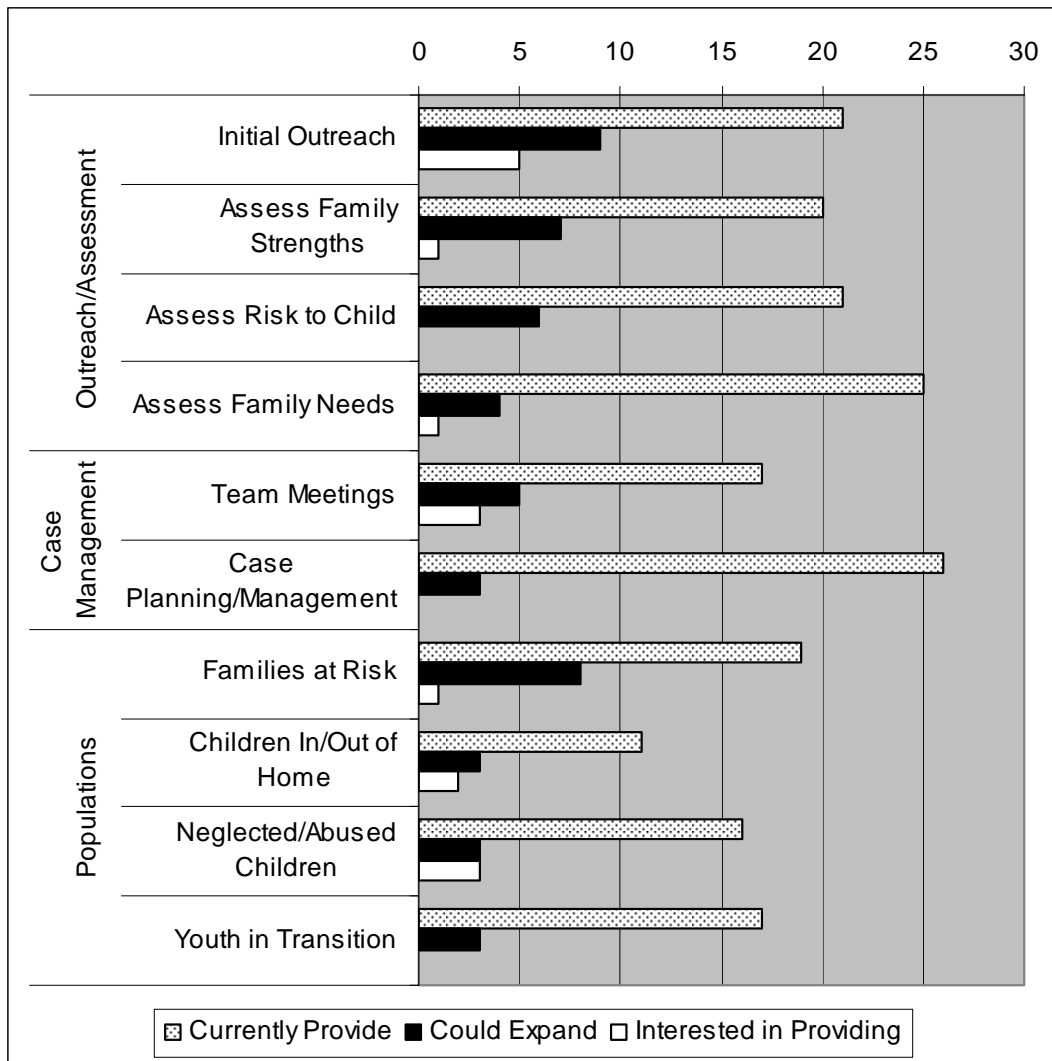
*Multi- and Single-Site Organizations*

In general, organizations that operate multiple sites in San Mateo County offer a broader array of services than do single-site organizations. On average, 25.7% of the single-site organizations indicated they provide services in any given area (range: 5.6% offer substance abuse services for children and 55.6% offer family support services for youth). Among multi-site organizations, 38.8% indicated they provide services in any given area (range: 19.2% offer housing services for children and 61.5% offer family support services for children and adults).

Service Activities and Populations Served

Figure 5 shows that, in general, about two-thirds of all organizations in the sample perform activities related to Outreach and Assessment, including assessing the strengths and needs of families, and determining whether the child is at risk of maltreatment. Sixty-five percent of the organizations (26 of 44) indicated that they undertake case management, and 50% hold team meetings. Over 60% of the sample serves families at risk; smaller fractions serve populations such as children regardless of placement (32%) and maltreated children (43%).

**Figure 5: Number of Organizations Providing Service (N=44)**



Specialized Services

Organizations in the Contract Group (n=19) answered questions regarding their provision of services that are particularly relevant to populations served by CWS. Results (see Table 6) show that a majority of the organizations (nearly 60%) offer parenting classes that have a corresponding component for children or include interactive parent/child sessions. The same proportion offers services to undocumented families. On the other hand, only three organizations offer services for perpetrators of domestic violence, and only four educate parents about the effects that specific types of maltreatment may have on their children.

**Table 6: Organizations Offering Specialized Services (N=19)**

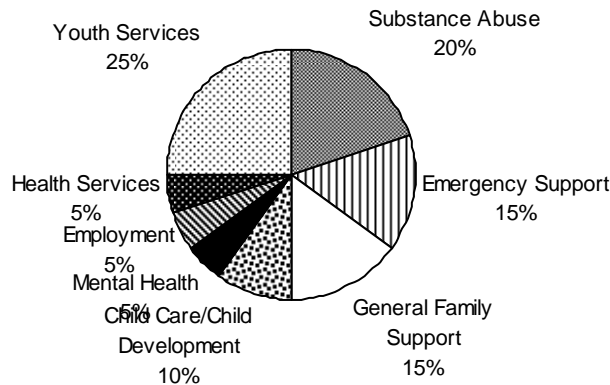
| Service Provided                        | Number of Orgs. | Percentage |
|---|-----------------|------------|
| Anger Management Classes                | 8               | 42%        |
| Dom. Violence Services for Perpetrators | 3               | 16%        |
| Classes on Consequences of Maltreatment | 4               | 21%        |
| Child Development Classes               | 6               | 32%        |
| Age-Appropriate Discipline              | 6               | 32%        |
| Parent-Child Parenting Classes          | 11              | 58%        |
| Parenting Difficult Teens               | 6               | 32%        |
| Home Visits*                            | 17              | 39%        |
| Services for Undocumented Families*     | 25              | 58%        |

\*This question was asked of all respondents (n=44), both Contract and Non-Contract Organizations

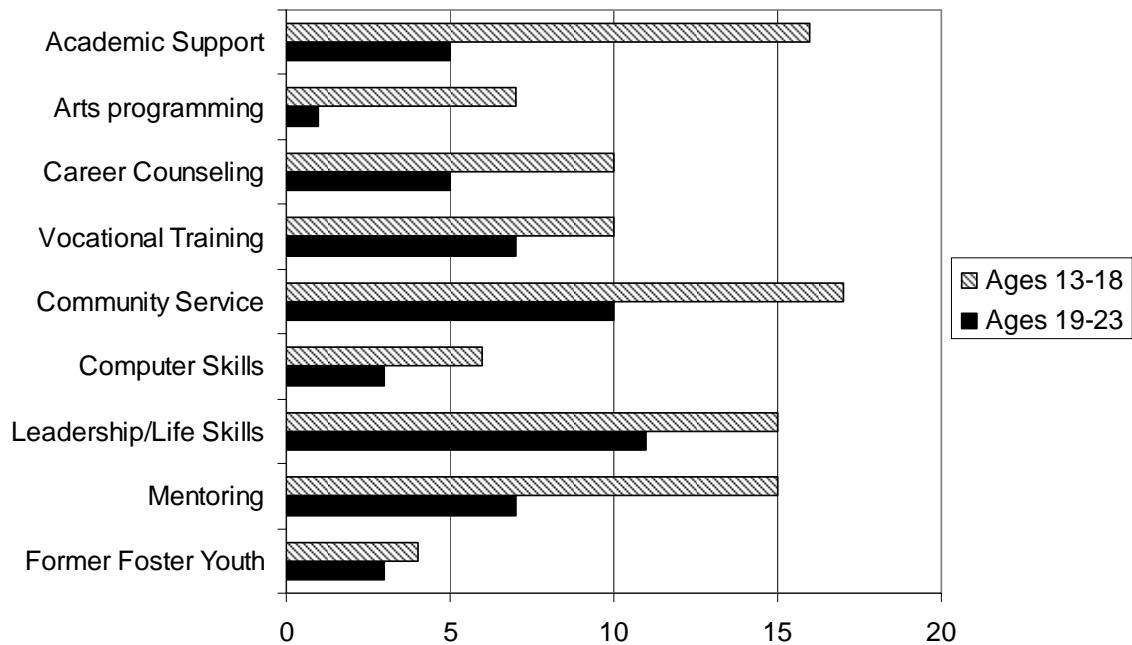
Youth Services

The SIP noted additional services for youth transitioning to adulthood were needed in the County. In our sample, 20 of the 44 organizations (45.5%) indicated that they provide such services. Many of these organizations (13 of 20, or 65%) do not have current contracts to provide services for HSA clients. In addition, only one quarter of these organizations identify their primary mission as serving youth (see Figure 6).

**Figure 6: Primary Missions of Organizations Serving Youth in Transition (N=20)**



Both Contract and Non-Contract organizations provided data regarding specific services for youth. This information was gathered for two groups of youth, ages 13-18 and ages 19-23. As illustrated in Figure 7, all services are more widely available to those in the younger age bracket. This may have an especially strong impact on former foster youth, who age out of the system at 18 years old, often without adequate supports to achieve self-sufficiency in terms of job training, housing availability, and life skills. Also of note is the very low number of organizations indicating that they provide services to former foster youth of any age.

**Figure 7: Number of Organizations Providing Specific Services to Youth, by Age Group (N=44)**

#### *The Intensity of Services Provided by Community Partners*

The duration and intensity of the services provided to vulnerable families are factors persistently associated with entries into foster care. Data about the intensity of the services provided were collected only for the 19 organizations in the Contract Group. The findings, broken down by client age, are outlined in Figures 8, 9, and 10 on the following pages.

Organizations were least likely to report providing health-related services of any type. Otherwise, it appears that information and referral services are widely available for all age groups. Organizations serving youth and adults also commonly report providing direct services. Provision of education, outreach, and prevention services is less frequently reported, especially for adults (see Figure 9). Services for youth across all levels of intensity seem to be slightly more concentrated in the Mental Health, Substance Abuse, and Domestic Violence categories (see Figure 10). A comparison of these three figures also reveals that, judged against service offerings for adults and youth, fewer organizations report offering services to children at all levels of intensity. Only a handful of organizations provide case management services for children, and only four provide direct services in Mental Health.

Figure 8: Number of Organizations Providing Levels of Service for ADULTS, by Service Area (N=19)

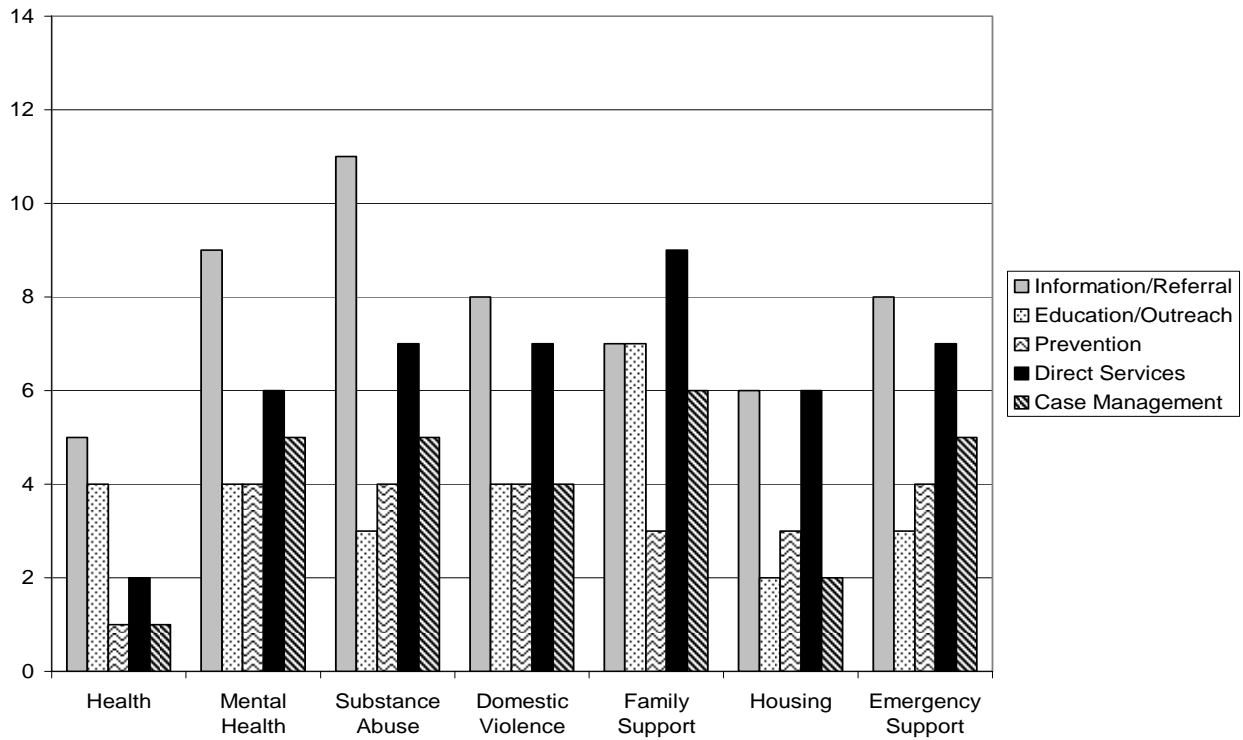


Figure 9: Number of Organizations Providing Levels of Service for YOUTH, by Service Area (N=19)

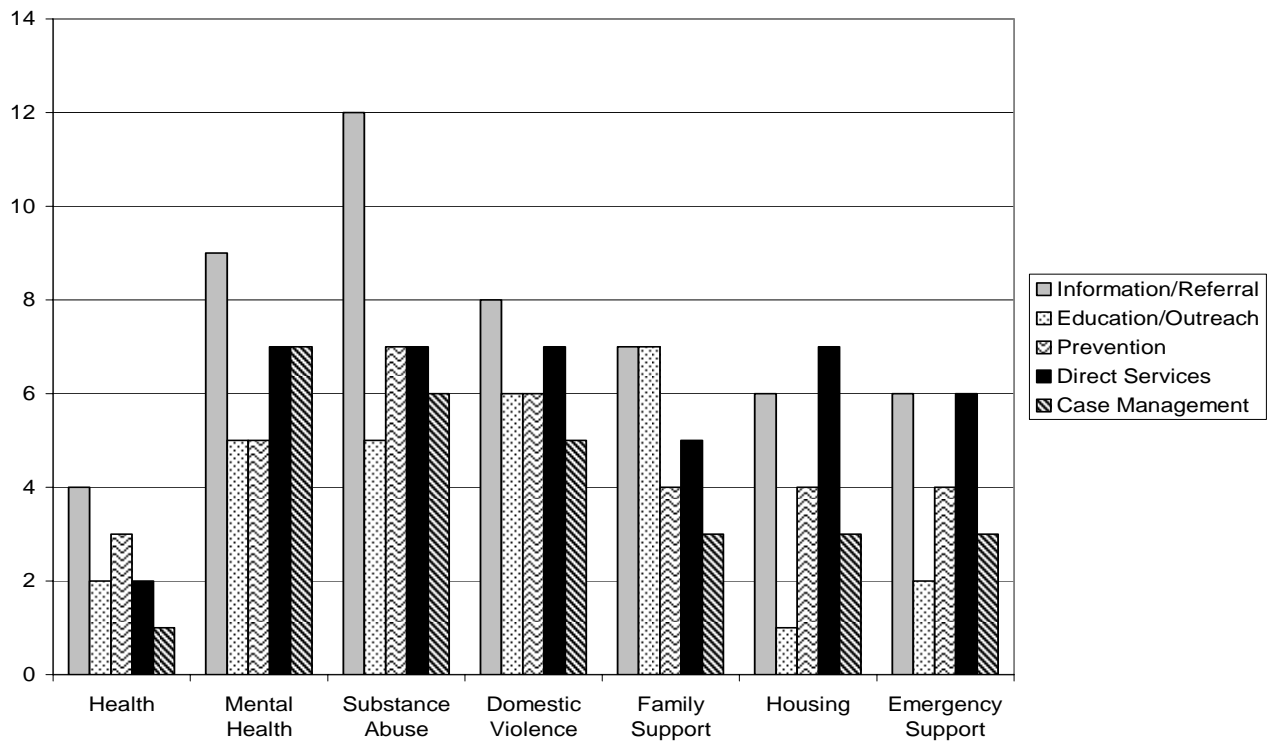
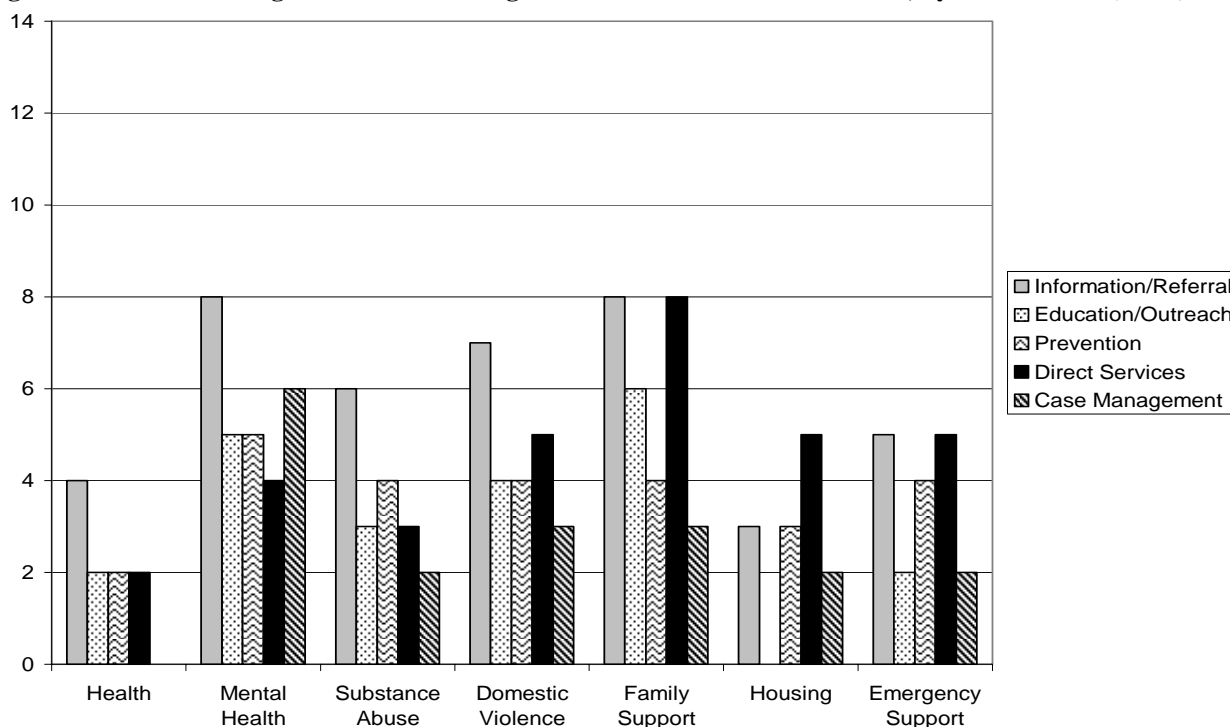


Figure 10: Number of Organizations Providing Levels of Service for CHILDREN, by Service Area (N=19)



### 3.3 The Expansion Capacity of the Community Partner Network

In order to determine the expansion capacity of service providers in San Mateo County, we examined respondents’ willingness to expand services they already provide, as well as their openness to adding new services. Of the 44 organizations in the sample, 17 (38.7%) indicated interest in expansion. The other 27 (61.3%) were categorized as Unwilling or Unable to Expand. Expansion capacity was explored in relation to various factors, including annual budget, full-time staff, years in San Mateo County, contract status with HSA, whether the organization operates multiple sites or is a chapter of a parent company, and client base. The results presented in Table 7 show that organizations willing to expand tend to have slightly larger budgets and staff, and to have spent more years in San Mateo County.

Table 7: Organizational Characteristics of Expansion and Non-Expansion Groups (N=44)

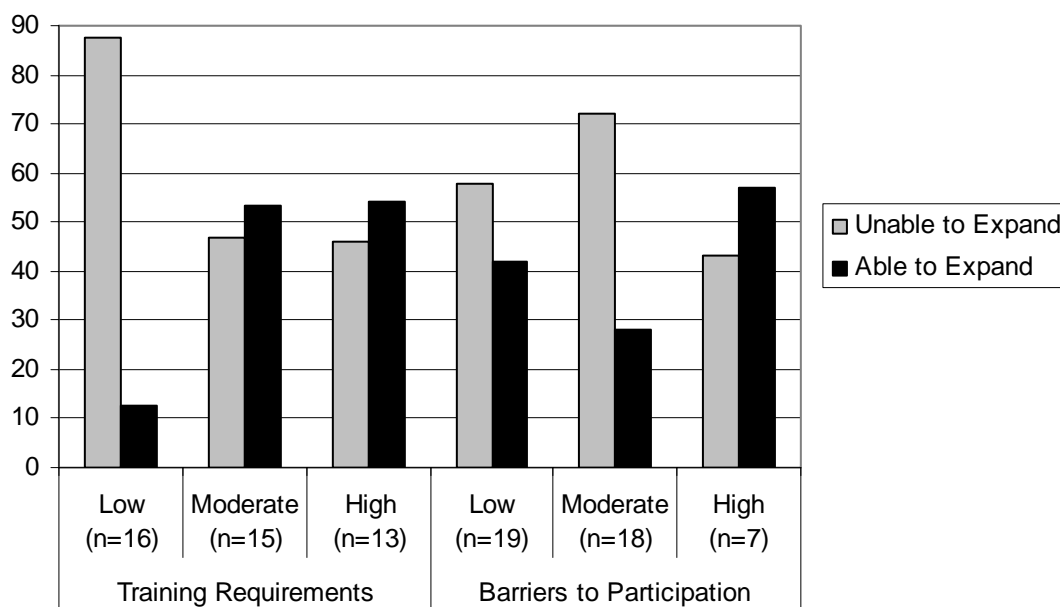
|                           |                           | Median <sup>†</sup> or Average <sup>‡</sup> | Range                |
|---------------------------|---------------------------|---|----------------------|
| <b>Expansion (17)</b>     | <i>Annual Budget</i>      | \$1,300,000 <sup>†</sup>                    | \$250,000 - \$24 Mil |
|                           | <i>Full-Time Staff</i>    | 14.5 <sup>†</sup>                           | 2.5 – 110            |
|                           | <i>Years in SM County</i> | 32.4 <sup>‡</sup>                           | 1 – 55               |
| <b>Non-Expansion (27)</b> | <i>Annual Budget</i>      | \$735,000 <sup>†</sup>                      | \$90,000 - \$92 Mil* |
|                           | <i>Full-Time Staff</i>    | 9.5 <sup>†</sup>                            | 0 – 225              |
|                           | <i>Years in SM County</i> | 26 <sup>‡</sup>                             | 3 – 75               |

\*Two organizations did not report an annual budget and have been excluded

Organizations in the Expansion group are more likely to be chapters of a parent organization than those in the Non-Expansion group (65% and 26%, respectively). Of organizations that are willing to expand and are local chapters of a parent company, two-thirds indicated their parent company is state or nationally based, rather than based in the Bay Area. Although operating at multiple sites does not significantly affect an organization’s willingness to expand, having a countywide client base seems to decrease expansion capacity. Sixty percent of the organizations that reported they are unwilling or unable to expand serve clients from all regions of the county, compared with only 35% of the Expansion organizations. Organizations with a local client base are equally likely to fall into either expansion category.

An organization’s training needs and perceived barriers to participation in DR also influences the responses it provided regarding its capacity to expand (see Figure 11). For instance, the Low Training Requirements group had the highest percentage of organizations unable to expand, while the group anticipating the most barriers to participation had a higher percentage of organizations willing or able to expand than the two lower barrier groups.

**Figure 11: Percentage of Organizations Able and Unable to Expand, by Training Requirements and Barriers to Participation (N=44)**



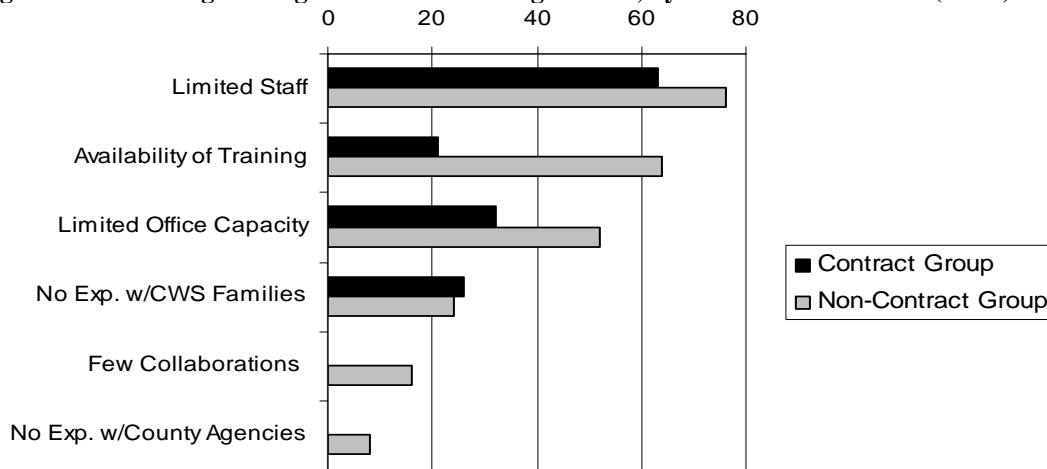
### 3.4 Barriers to Participation

The survey assessed six possible barriers to DR participation. These barriers were loosely grouped into Resource Barriers (e.g. staff, office space, access to training) and Experiential Barriers (e.g. collaborative relationships, experience with families participating in CFS services, experience working with County agencies). By far, the most commonly cited barrier was limited staff, with more than 70% of the organizations (31 of 44) reporting this concern. After staffing, the most frequently reported concerns were: the availability of training and technical assistance (45.5%), limited office capacity (43%), lack of experience serving CFS clients (40%), limited collaborative opportunities (20.5%), and no prior experience working with county agencies (13%).

Single- vs. Multi-site Organizations

Whether an organization operates multiple sites in San Mateo County influences the number, but not the type, of barriers they anticipate. Multi-site organizations are less likely to report barriers to participation. The median multi-site organization reports one barrier (range: 0-6), while the median single site organization reports three (range: 0-6).

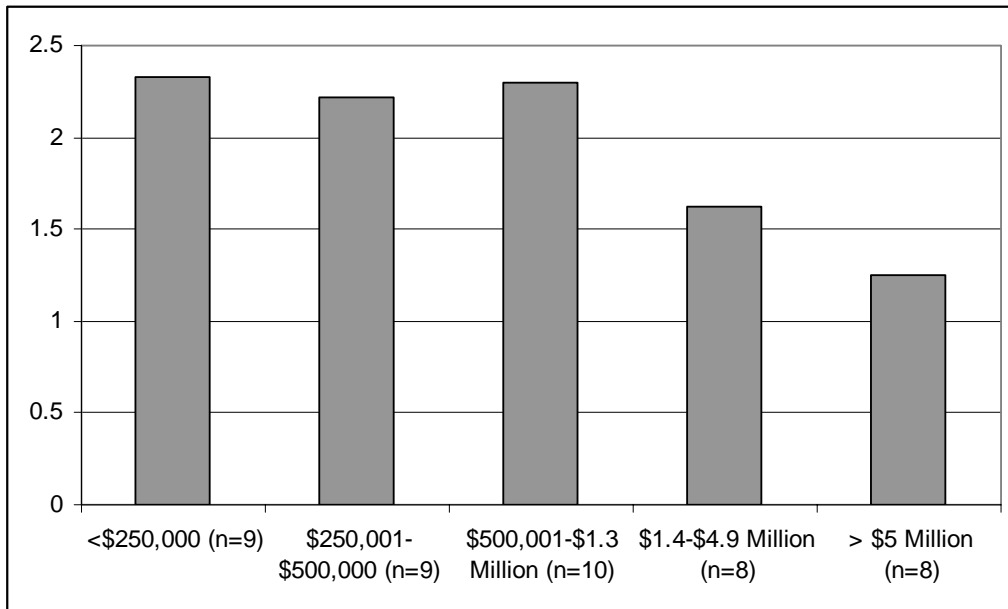
**Figure 12: Percentage of Organizations indicating Barrier, by HSA Contract Status (N=44)**



Organizations differ in the number and type of barriers they anticipate according to their HSA contract status (see Figure 12). The median Contract Group organization reports a single barrier to participation (range: 0-3), while the median Non-Contract organization reports two (range: 0-6). Figure 12 reveals that, while resource barriers are most commonly cited by all organizations, Non-Contract organizations are more likely to cite experiential barriers; in fact, none of the Contract organizations indicate experiential barriers related to collaborative relationships or lack of experience with County agencies.

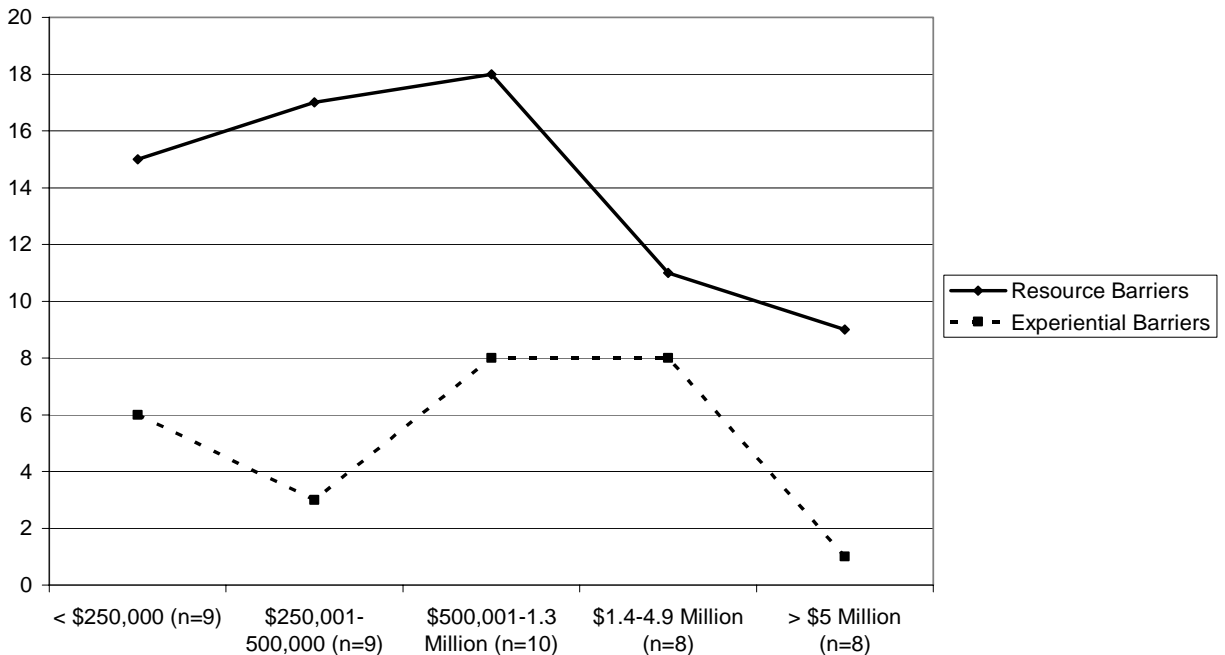
An organization’s annual budget influences its report of participation barriers. Figure 13 illustrates how the average number of anticipated barriers relates to annual budget. As might be expected, organizations in the two largest budget categories (more than \$1.4-\$4.9 million) on average report fewer barriers to participation. Organizations with smaller annual budgets tend to report more barriers.

**Figure 13: Average Number of Barriers to Participation, by Budget Category (N=44)**



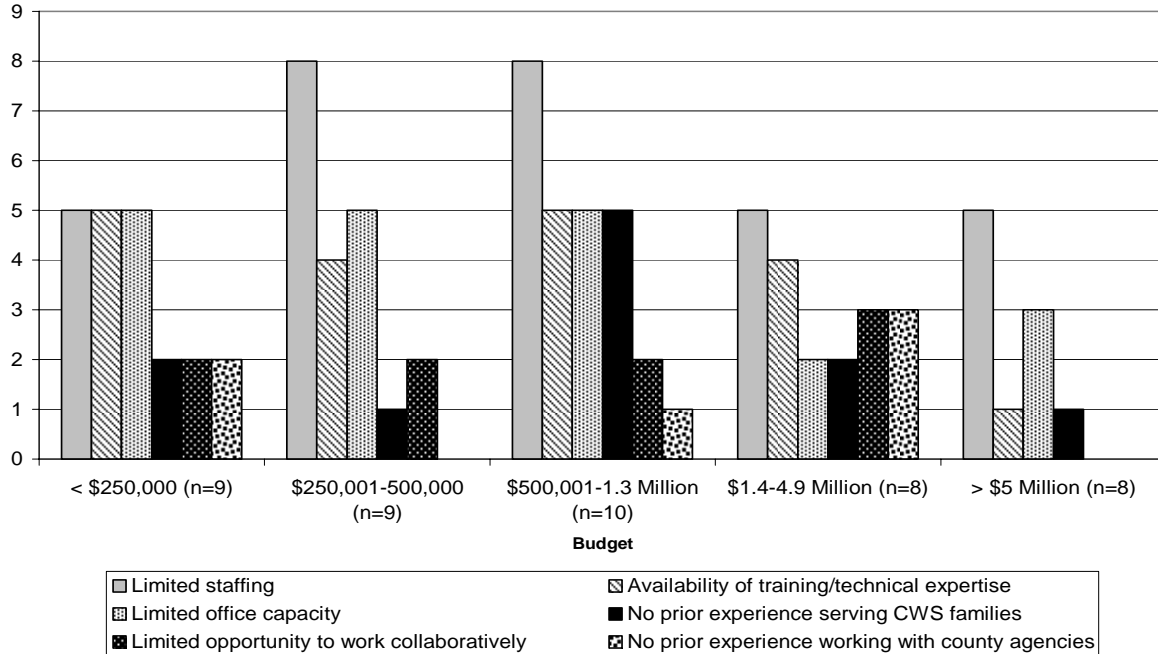
Annual budget also influences the types of barriers facing organizations. As noted above, there are two types of barriers, one involving access to resources and the other, having relevant experience. Figure 14 shows how these concerns are shaped by budget. Organizations with budgets of over five million dollars per year report the fewest barriers of either type. There is no clear relationship between the number of experiential barriers an organization reported and its budget. However, there is a sharp drop in the number of resource barriers reported by organizations with larger budgets.

**Figure 14: Total Number of Resource and Experiential Barriers Reported by Organizations in Different Budget Categories (N=44)**



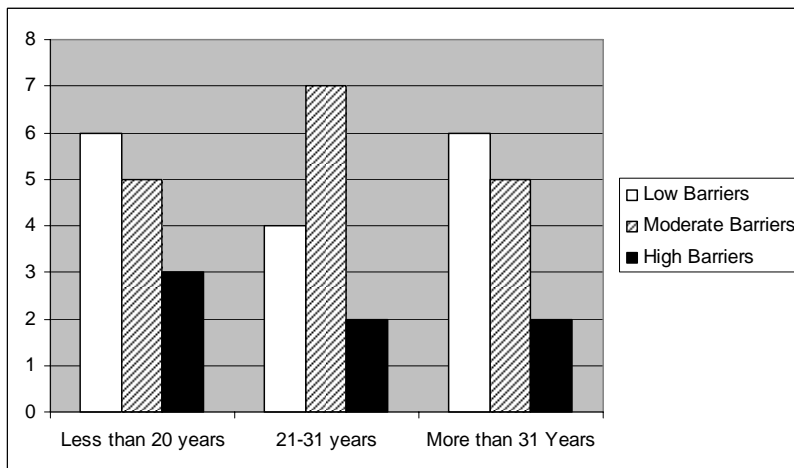
In terms of specific barriers, Figure 15 outlines the number of organizations in each budget category indicating particular concerns. As reflected above, staffing is clearly a major concern among organizations at all financial levels. Also of note is the high proportion of organizations in the median category (\$500 thousand to 1.3 million) that reported a lack of experience serving CWS families.

**Figure 15: Number of Organizations Indicating Barriers, by Annual Budget (N=44)**



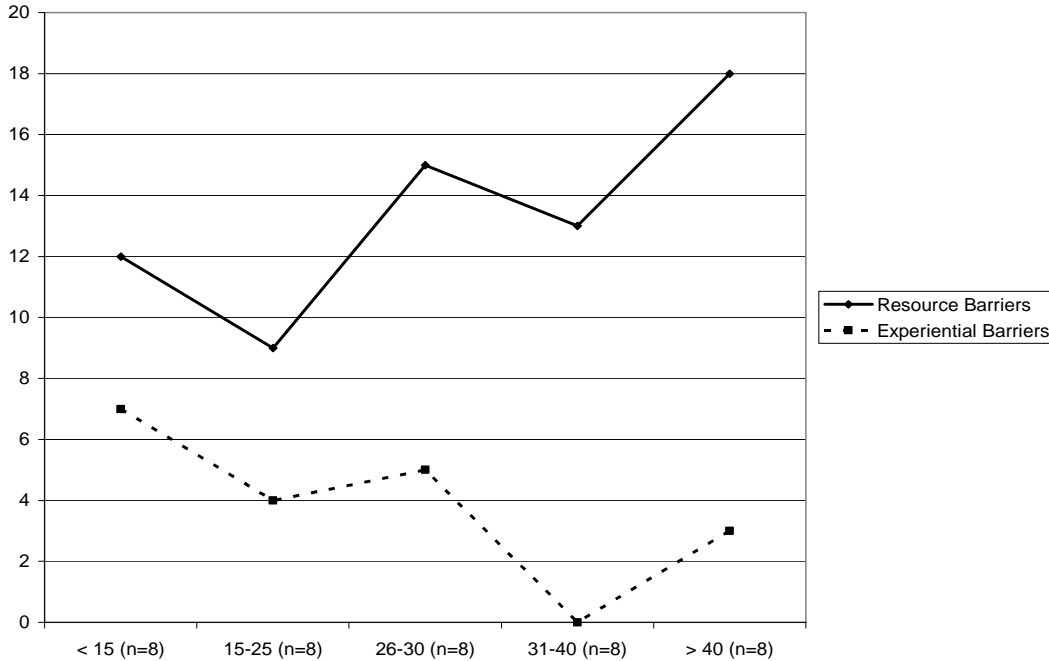
The number of years an organization has been active in San Mateo County also has an impact on the barriers it reports regarding participation in DR. Figure 16 shows the relationship between total number of barriers cited and the length of time in the County. The results for organizations in the intermediate group (21-31 years in SMC) stand out. These organizations disproportionately indicate moderate barriers to participation.

**Figure 16: Number of Organizations Indicating Barrier Levels, by Years in San Mateo County (N=44)**



The length of time an organization has been located in the County also influences the types of barriers it faces. As noted above, there are two types of barriers, those involving access to resources and those based on having relevant experience. Figure 17 shows how these concerns are shaped by tenure in San Mateo County. The frequency with which organizations reported experiential barriers declined the longer an organization has maintained a presence in the County. In contrast, resource barriers show an upward trend for more established organizations.

Figure 17: Total Number of Resource and Experiential Barriers Reported, by Years in SMC (N=44)



### 3.5 Training Needs

The survey assessed the need for training on ten possible topics. These topics were loosely grouped into three areas: CWS and Related Legal Topics, Field Worker Support, and Strategies for Effective Teamwork. The results of the organizations’ survey responses are presented in Table 8.

A large majority of the sample reported training needs in connection with possible participation in Differential Response. An average of 69.25% of the organizations requested training on any given topic. The most commonly requested training topics were an overview of CWS and help with understanding and managing the behavioral challenges of maltreated children, with nearly 80% of all organizations indicating needs in these areas. Even in the training areas that were least commonly cited as necessary (confidentiality and mandated reporting laws), a substantial majority indicated need (57% and 61%, respectively).

Organizations with current HSA contracts more frequently reported training needs than those without. On average, 74.3% of the Contract group indicated a need for training on any given topic, compared with 65.6% of the Non-Contract group. There was no difference between groups in the specific types of training they requested.

**Table 8: Percentage of Organizations Requiring Training in Specific Areas (N=44)**

| <b>Topic Area</b>                        | <b>Training Topic</b>   | <b>Orgs. w/Need</b> |
|--|---|---------------------|
| <i>CWS and Related Legal Topics</i>      | Overview of CWS   | 77%                 |
|  | Mandated child abuse reporting laws   | 61%                 |
|  | Confidentiality laws  | 57%                 |
| <i>Field Worker Support</i>              | Strength-based assessment and family engagement strategies                            | 73%                 |
|  | Culturally competent services   | 70.5%               |
|  | Age-appropriate behavior and child development  | 68%                 |
|  | Understanding and managing the behavioral challenges of abused and neglected children | 77%                 |
| <i>Strategies for Effective Teamwork</i> | Case management responsibilities and strategies                                       | 68%                 |
|  | Multi-disciplinary learning opportunities and on-the-job reinforcement                | 70.5%               |
|  | Working as a multidisciplinary team member  | 70.5%               |

An organization's annual budget appears to affect its reported training needs. Figure 18 illustrates how the total number of training needs fluctuates based on budget categories. Organizations in the smallest budget category (less than \$500 thousand per year) typically report significant needs, most frequently requesting training on 7-9 topics. However, these organizations are also more likely than others to report no training needs. Organizations with the largest annual budgets (more than \$1.8 million) most frequently request training on 4-6 topics. All organizations in the intermediate budget category need training on at least 4 topics, and a large majority of this group requests training on all ten of the topics listed in the survey.

**Figure 18: Number of Organizations in Different Budget Categories Reporting Training Needs (N=44)**

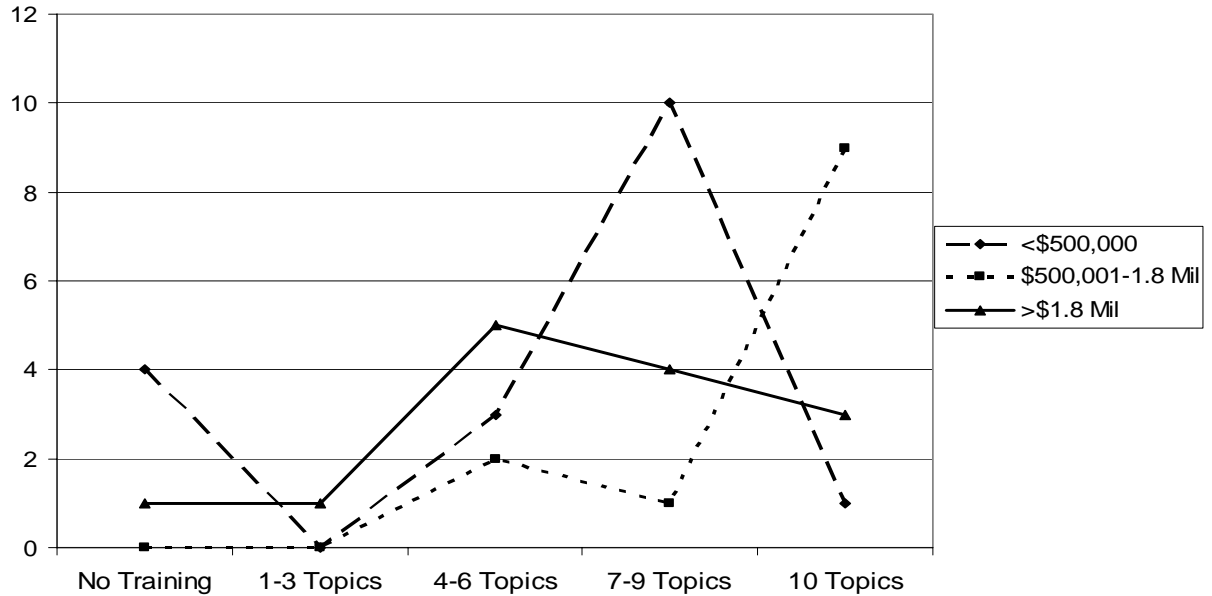
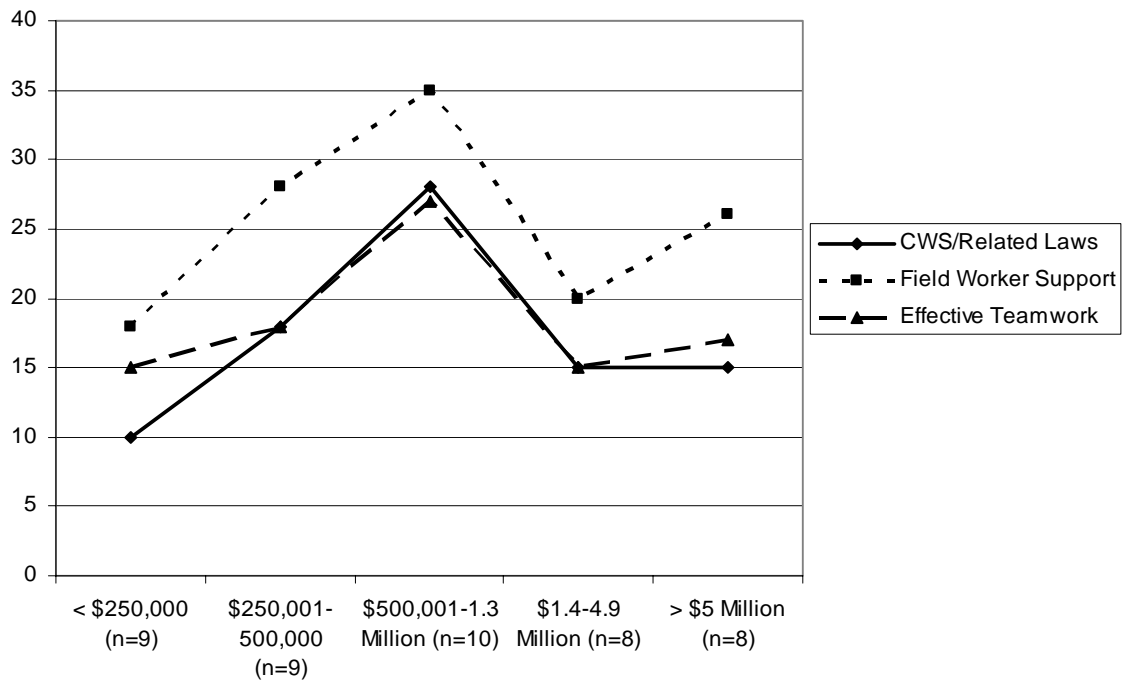


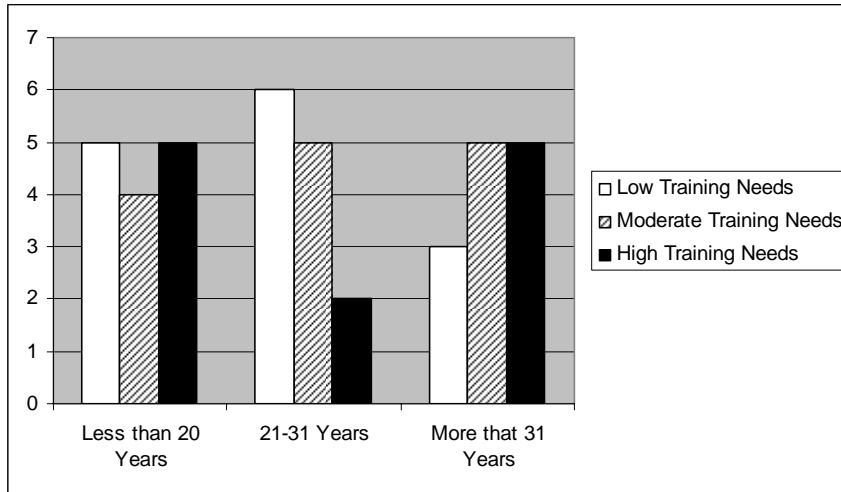
Figure 19 illustrates the curvilinear relationship between annual budget and training needs. An organization’s budget does not seem to significantly influence whether it requires training in a particular topic area, but those organizations in the middle of the budget range clearly report more training needs than organizations in other budget categories.

**Figure 19: Total Number of Training Needs in Different Topic Areas, by Budget Category (N=44)**



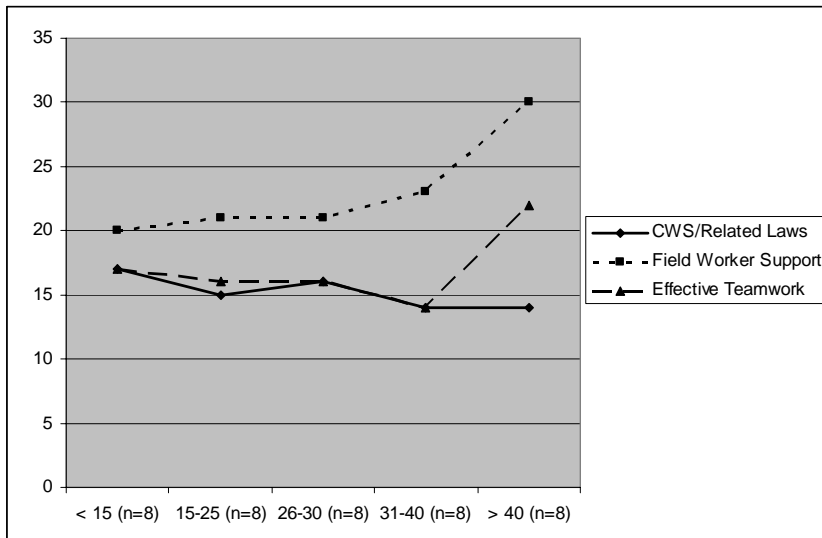
The number of years an organization has been active in San Mateo County also has an impact on the training needs they report in connection with possible implementation of DR. Figure 20 shows the relationship between the numbers of training needs reported and years the organization has been in the County. Those in the County for 20 years or less are evenly distributed among the Training Needs groups. Fewer organizations in the 21-31 year range reported high levels of training needs. The most established organizations in the sample are more likely to report moderate to high training needs.

**Figure 20: Number of Organizations Indicating Training Needs, by Years in San Mateo County (N=44)**



The length of time an organization has been located in the County also influences the types of training needs they have. As noted above, we considered three general topic areas: CWS and Related Legal Topics, Fieldworker Support, and Strategies for Effective Teamwork. Figure 21 shows how training needs in these areas are shaped by tenure in San Mateo County. The main finding is that those organizations that have been here the longest—more than 40 years—are more likely to request training in Fieldworker Support and Effective Teamwork than are younger organizations.

Figure 21: Total Number of Training Needs in Different Topic Areas, by Years in SMC (N=44)



## 4 Discussion

In this section, we review the findings of our analysis and discuss these in terms of the answers to the research questions that guided this study:

- What organizational characteristics of nonprofit community-based social service providers are associated with their capacity and willingness to participate in the differential response service network?
- What resources are necessary to support implementation of differential response?

### 4.1 Access to Information and Partnership

Of the sixty organizations that responded to our questionnaire, 40% indicated they were not interested in participating in San Mateo County’s Differential Response network. Many organizations that could provide valuable resources for the children and families referred to CFS for suspected abuse or neglect do not believe they serve this population, and others are concerned about the adequacy of their resources. These concerns may be overcome by fostering closer ties between HSA and community organizations, and by increasing organizations’ understanding of the goals, processes, and requirements of Differential Response. Knowledge about DR, usually gathered through contacts with HSA, proved to be strongly associated with organizations’ expressed willingness to participate, regardless of mission or capacity.

Outreach to organizations that do not have current contracts with HSA should also be an important part of developing the service array for Differential Response. Compared with currently contracted organizations, the non-contract organizations in our sample tended to be slightly smaller, and less likely to operate multiple sites in the county. These characteristics may allow such organizations to be closely integrated into the neighborhoods they serve, and to develop a deeper understanding of the needs of vulnerable members of their communities. Smaller, more local organizations may also be more nimble in terms of adapting to the requirements of participation in the DR network.

The results of our survey suggest that there are service resources in San Mateo County that are currently untapped by the Human Services Agency. This is most clear in program areas such as Health Services, Youth Services, and Employment Services, where most of the organizations in our sample that reported providing these services do not have current contracts with HSA. But it is clear that even service areas that are well-represented among organizations with current contracts, such as Child Care/Child Development and General Family Support, could be greatly expanded by tapping into the pool of organizations that do not currently hold contracts with HSA.

There is extensive cooperation and collaboration among the organizations that responded to our survey, which is consistent with the history of strong collaborative work between and among the public and private social service sectors in this County. However, these results indicate there may be a need to formalize and standardize collaborative endeavors, especially in light of the limited data reporting capacity of organizations in this sample and the need to share data about families served by more than one organization. While most organizations routinely collect information about their clients' service utilization, those with smaller budgets are less likely to maintain databases or to have systems in place for developing and implementing quality assurance strategies. Because both of these activities are likely to be necessary to facilitate implementation of DR county-wide, the County may need to develop a plan that includes assistance for smaller organizations to accomplish these tasks.

## 4.2 The Service Array

The community organizations in San Mateo County that responded to our survey ranged from local organizations providing a single specific service to those that offer many types of services at multiple sites in the county. Organizations that tended to be larger, both in terms of budget and staff, are less likely to anticipate expanding their services in order to participate in the DR network. Yet, organizations that offer a broad array of services at multiple sites are more likely to be able to meet clients' needs at a single location and may have more integrated case management for high-need clients. They may also have more available resources to initially engage DR clients. However, more localized organizations may have stronger ties to the neighborhoods and communities they serve, and tend to be more open to adding to and expanding their services.

About two-thirds of the organizations in the sample indicated that they perform community outreach and are able to assess the strengths and needs of families, including whether children are at risk of maltreatment. Sixty percent of the organizations indicated that they work with families at risk. However, fewer than half reported that they provide services to maltreated children, and less than a third indicated that they serve children in foster care, whether living at home or in placement. Overall, the organizations in our sample report serving nearly three times as many adults as children or youth each year.

In our sample, nearly half of the organizations indicated that they provide services to youth transitioning to adulthood. Many of these organizations do not have current contracts to provide services for HSA clients. In addition, only one quarter of these organizations identify their primary mission as serving youth. These two details suggest that the need for more youth

services may be at least partially addressed by outreach to organizations not yet involved in serving youth at risk of entering or already served by child welfare programs. The results of our survey suggest that many organizations that provide services for this population do not have current contracts with the Agency, and may not be easily identifiable as “Youth Service” organizations.

### 4.3 Gaps in the Service Array

The results of this survey and data gathered for the Self-Assessment and SIP suggest there is a clear need to increase services and supports in certain key areas. The 2004 County Self-Assessment and SIP indicate a need for more mental health evaluation and treatment services for children, increased opportunities for educating birth parents about child development and appropriate parenting practices, and more services for youth as they transition to adulthood. The results of this survey tend to confirm that there are gaps in these areas.

Only four organizations in our sample reported providing mental health evaluation and counseling for children. In comparison, six organizations provide such services for adults, and seven perform this function for youth. Relatively few organizations report offering Education and Prevention services for adults in the key areas of Mental Health, Substance Abuse, and Domestic Violence. Preventive resources in these areas are vital to achieving the aim of addressing the needs of vulnerable families before maltreatment becomes severe enough to warrant removal of the child or court involvement.

Other areas targeted for improvement by the SIP that are especially relevant to the DR program are parent education resources. Classes for parents on topics such as child development, appropriate discipline, parenting difficult teens, and the consequences for children of different types of maltreatment were frequently requested by the birth parents and CFS staff who participated in the Self-Assessment and SIP focus groups. However, very few organizations in our sample provide this kind of information and training for parents who are at risk of losing custody of their children. Additionally, treatment for the perpetrators of domestic violence is offered by only three organizations that responded to our survey.

San Mateo County CFS serves a relatively high proportion of adolescents. This population is often difficult to place in lower levels of care or in permanent homes. Improved services for youth and their parents may make it possible for more of these young people to remain safely with their parents until they are able to achieve self-sufficiency. Services such as career counseling and vocational training for youth may increase their self-confidence, focus, and investment in the future. Young people who have a sense of optimism and opportunity about the future and can make concrete plans to achieve their goals are less likely to act out in ways that might exacerbate difficult relationships with their families.

### 4.4 Expansion Capacity of Community Organizations

Approximately 40% of the organizations in our sample indicated they were willing to expand to participate in Differential Response. Compared to organizations that reported they were unable to expand, these organizations tended to be mid-sized in terms of staff and budget.

They are also more likely to draw from a regional, rather than countywide client base. Organizations indicating willingness to expand were also more likely to be local chapters of a state or nationally-based parent organization. It is possible that they anticipate accessing more resources from their parent organizations to accommodate DR clients, or that they are aware of sister chapters in other areas of the country where programs similar to Differential Response have been successfully implemented.

Interestingly, organizations indicating willingness to expand also reported more training needs and barriers to DR participation than did the non-expansion organizations. It seems likely that this reflects their assessment of what is required to expand capacity and, because they tended to be mid-sized organizations, may reflect an absence of internal staff training resources. Organizations that do not anticipate expanding their capacity may feel that they are functioning adequately, and that additional referrals from the DR program will be folded into their normal operations without requiring extra training or needing to overcome major obstacles.

## **5 Conclusion and Recommendations**

As part of the strategy to implement Differential Response, the SIP specifically calls for the development of a multi-year project plan that outlines the resources needed to move from pilot to full implementation. That plan is to be based, in part, on the results of this assessment. In conclusion, we present recommendations on strategies to enhance the current service array and to support those types of organizations that are most prepared, and therefore can best be targeted as potential partners, to implement Differential Response.

### ***1. Conduct Education and Outreach***

These results suggest that many potential partners do not know about or understand Differential Response. This barrier may be overcome by fostering closer ties between HSA and community organizations, and by increasing organizations' understanding of the goals, processes, and requirements of Differential Response. Outreach to organizations that do not have current contracts with HSA should be an important part of developing the service array for Differential Response. Outreach should also be directed toward participation of faith-based organizations. These organizations were largely absent among our respondents. However, the faith-based community can be an important resource, one that is deeply connected to the community and is likely to be culturally attuned.

### ***2. Target Organizations that Provide Specific Services***

Outreach regarding DR should focus on those organizations providing counseling and other mental health services for children, especially for maltreated children. Other areas requiring attention include parent education regarding child development, appropriate parenting practices, and the developmental consequences of abuse and neglect. More preventive services for adults in the areas of mental health, substance abuse, and domestic violence are also needed. Finally, organizations that provide services for youth as they transition to adulthood should be targeted. It is important to remember that organizations that provide these services may not include services for these groups as part of their organizations' mission.

### ***3. Plan to Provide New Partner Organizations with Support***

While most organizations routinely collect information about their clients' service utilization, those with smaller budgets are less likely to maintain databases or to have systems in place for developing and implementing quality assurance strategies. Because both of these activities are likely to be necessary to facilitate implementation of DR county-wide, the County may need to develop a plan that includes assistance for smaller organizations to accomplish these tasks.

One of the major tasks in the DR implementation process will be meeting the training needs of partner organizations and overcoming any barriers to participation they may have. By far the most frequently reported barriers to DR participation have to do with access to resources, especially staffing concerns. Additionally, a large majority of the organizations in the sample indicated substantial training needs in anticipation of implementing Differential Response. These needs range across multiple topics, including CWS policies and procedures, fieldworker support, and strategies for effective multidisciplinary teamwork.

Organizations with current HSA Contracts indicate a need for more training than organizations without current contracts. It is possible that this represents a greater understanding of the requirements of DR among organizations currently contracted with HSA. Organizations without contracts may not be able to accurately assess the level of training required for successful implementation of the program.

#### **Conclusion**

The results of this survey suggest that organizations with larger budgets that operate multiple sites in San Mateo County may be most prepared initially to participate in the Differential Response service network. These organizations anticipate fewer barriers to DR participation, often provide multiple services needed by vulnerable families, and are more likely to have pre-existing relationships with HSA and extensive data management capabilities.

However, results also indicate that mid-size organizations are more likely to be willing to expand their capacity to serve families referred by Differential Response. As the Differential Response infrastructure becomes more well-established, local organizations can become more deeply involved. These organizations may require additional time and resources before they are able to fully participate, but should be targeted for education and outreach to more accurately assess the extent of these needs.