PROGRAM DEVELOPMENT FOR FAMILY STRENGTHENING & SUPPORT AT
THE MCKINLEYVILLE FAMILY RESOURCE CENTER

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The McKinleyville Family Resource Center (MFRC) is in need of a case management revision plan that entails program development. The MFRC receives case referrals from Child Welfare Services (CWS) through the Differential Response system. Differential response (DR) is a method used by CWS to implement early intervention for families. DR is defined as “developing a broader set of responses to reports of possible child abuse or neglect, including prevention and early intervention, engaging families to address issues of safety and risk, and improving access to services, including allowing voluntary access by families.” (Differential Response, 2013, n.p). DR referrals are outsourced by CWS into community based agencies such as Family Resource Centers.

The purpose of this project is to develop a case management manual to guide MFRC caseworkers through the DR process. This will foster a cohesive case management team, and help the MFRC develop early intervention methods. This project uses secondary data developed by Strategies and Matrix Outcomes Model through Family Development Matrix Pathways Project, (2011) to build on the case management manual. This program development will entail developing a revised case management program manual. Currently, this case management system needs to be developed further to establish
consistency and enhance service at MFRC through DR referral processes to engage families to make a meaningful and enduring change.
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INTRODUCTION

At the McKinleyville Family Resource Center (MFRC) we strive to build solid communities and to strengthen families. In this line of work we deal with overwhelmingly difficult issues like child abuse. What is child abuse? According to the Child Abuse Prevention and Treatment Act child abuse at the federal level is, “any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm” (Child Welfare Gateway, 2013, n.p). When someone suspects child abuse, they can make a call to the Child Welfare hotline to make a report. This call is triaged by the severity of the child abuse allegation and then assessed for safety. Decisions are then made to open a case or to refer the case to a community based agency. According to the Foundation Consortium (2002) for California’s children and youth more than 90% of calls to child abuse hotlines do not qualify to become official child abuse or neglect cases. Yet these families could benefit from services and support.

Differential response (DR) is a method used by CWS to implement early intervention for families. Differential response is defined as “developing a broader set of responses to reports of possible child abuse or neglect, including prevention and early intervention, engaging families to address issues of safety and risk, and improving access to services, including allowing voluntary access by families.” (Child Welfare Gateway,
Differential response referrals are outsourced by CWS into community based agencies such as Family Resource Centers.

This project looks at what the MFRC currently uses for its case management system, and also helps to develop a cohesive manual for employees who come and go. Currently, the MFRC is working with DR referrals without consistency. Establishing a formal, consistent and cohesive case management protocol and ways to work with DR families is the outcome goal. With this project I have two roles, as a student intern and a student researcher. As a student intern I work with families who are referred through the DR referral process and, as a student researcher, to take the data and improve the case management manual.

This program development relies on a partnership between, Strategies and Family Resource Centers in Humboldt County. Strategies is an agency that enhances the capacity of California organizations in preventing child abuse and neglect. Strategies was established in 1997 from California Department of Social Services, Office of Child Abuse Prevention (OCAP). The goal of Strategies (Strategies, 2013, n.p) is to provide outreach education for early intervention for child abuse. Strategies team members are organizers, development coaches, facilitators, and support staff providing training for community-based organizations.

This community project uses guidelines set through Matrix Outcomes Model and through their Family Development Model (FDM). The FDM is a comprehensive, strengths-based assessment tool that enhances the community program's commitment to supporting families and children while improving data collection methods (Endres, &
The Matrix Outcomes Model partners with Strategies and the OCAP to support 125 family strengthening agencies in 23 counties and tribal networks. Each of these family strengthening agencies use the FDM Model for case management and assessments to provide services for at-risk families.

The FDM is based on the Pathway to Prevention of Child Abuse and Neglect (FDM Pathways Project, 2011, n.p). Each county partnership implements a collaborative and community-directed prevention plan. It includes an intervention-based family support strategy and case management model. The Matrix Outcomes Model has staff training module that uses the “Matrix Creator” database to conduct family assessments, identify strengths and concerns, plan a family-directed empowerment plan with interventions, and then measures the impact of contributions from both the family and worker toward achieving family progress across a core set of measurement outcomes.

MFRC is funded through the Office of Child Abuse Prevention and First Five, and the goal is to implement a consistent case management system. The FDM assessment tool is designed to provide the county feedback and does not use client names to keep it confidential.

Frameworks from secondary data sources are collected and used to create a collective case management team, help the MFRC develop early intervention methods, and develop a clear manual for future education of workers that come and go at the MFRC. The manual will allow workers with any level of education to accommodate the families in need.
In conclusion, this project will tie into the vision and mission of the MFRC. The vision is, “a community in which citizens; businesses and government combine to facilitate solutions to the changing needs of the community to the end that all members live healthy, fulfilled lives in a fully integrated and welcoming environment.” And the mission statement is, “to facilitate the collaboration of community entities and to develop programs that support, enrich and sustain healthy community life” (“McKinleyville Family Resource Center”, 2014, n.p). The project revision will connect to the overall mission and vision that the MFRC offers by facilitating the collaboration of community entities in order to strengthen and develop the programs that we do offer for supporting families at the MFRC.
REVIEW OF LITERATURE

The standards of quality for family strengthening developed by Strategies is a monograph by Nenadal, and Sherman (2010) which focuses on quality standards on how to revise the case management protocols. The monograph emphasizes the importance of standards, their origin, and how they are used. Nenadal and Sherman (2010) suggest that there are five protective factors that strengthen families and protect children. This monograph clearly defines them as: a) social connections; b) knowledge of parenting; and child development, c) social and emotional competence of children; d) concrete support in times of need; and, e) parental resilience (Nenadal and Sherman, 2010, p 10). In depth information about these five protective factors includes;

1.) Social connections - Isolation can be a big risk factor for abuse and neglect. Providing emotional support from friends, family, community resource centers builds networks that serve multiple purposes. This helps parents develop assistance in times of need.

2.) Knowledge of Parenting and child development - Providing accurate information about raising young children and knowledge of appropriate behavior with age ranges can help parents better understand and care for their children.

3. Social and emotional competence of Children - Children ability to interact positively with others, to self-regulate, and to effectively communicate his or her emotion has a great impact on the parent-child relationship.

4.) Concrete Support in times of need - Concrete supports and services that can
minimize the stress of difficult situations like a family crisis, stress associated with lack of resources; building this protective factor is about helping to ensure the basic needs of a family, such as food, clothing and shelter are met.

5.) Parental resilience - Building parental resilience can affect how a parent deals with stress. Goals of this would include creativity solving problems, building trusting relationships, and maintaining positive relationships. (FDM Pathways Project, 2011, n.p).

The key ideas presented in this monograph are; when a family is isolated from family or community, children can be at risk. This risk is also increased when living in a rural community such as Humboldt County. Parents might develop friendships with other parents in a childcare program; however, other families who have just moved to the area may require help establishing social connections. This monograph explains frameworks through the five protective factors that the MFRC uses to strengthen the case management manual and program.

According to the frameworks in this monograph, “the relationship is the core, and is essential to build effective change (Nenadal & Sherman, 2010, n.p). The data through Strategies talks about a shift in language; from “family support” to “family strengthening” this term implies to build on existing family strengths (Nenadal & Sherman, 2010, n.p). This language shift has helped reframe case workers ideas on how they help families.

Twenty outcome indicators (Endres, 2010, n.p) is the FDM tool used by family case workers who introduce it to the family within thirty days or three visits of their first
meeting. FDM is the tracking tool assessment used with families in order for funders and policy makers to enhance understanding on how to allocate funds (Endres, 2010, n.p). The FDM is a strengths-based tool for assessment, case planning, and tracking family progress with outcome indicators. Together the family and caseworker work encourage skill building, works with family process, addresses gaps, allocates resources and celebrate successes together.

Conclusion to this research is there are better ways to engage families to make a meaningful and enduring change through implementing protective factors in case work. From this project the MFRC integrates standards presented in his monograph into its professional framework. Looking at this approach illustrates that the MFRC staff can understand the interdependence between family, community and organization, they can play a vital role in contributing to healthy families.

The FDM and Pathways Project states families are getting great outcomes with the FDM assessment tool and outcomes model is capable of collecting data without client names to maintain privacy. This data collected helps with funding sources and measures outcomes (Endres, & Navarro, 2011, n.p). The Child Abuse Prevention (OCAP) is becoming an integral part of the family engagement and assessment processes for family support centers across California.

The secondary data findings of the Pathway project as of June 2011 included 5,579 families that were assessed using the FDM system and these families reported a total of 12,439 children under the age of 18. The families that were assessed by family workers used the FDM system. The indicators most likely to be rated as areas of concern
on the first assessment. These indicators include employment, community resource knowledge, emotional wellbeing, and health issues. These indicators had a greater percent of families classified as either “in crisis” or “at risk” in their baseline score. It is also worth mentioning there is a wide range of family situations and distributions of strengths and areas of concern (“FDM Pathways Project”, 2011, n.p).

A study by Guralnick, (2001) suggests what is missing is early intervention programs that are community based. This openly supports my project development. The interventions within his article undoubtedly provide a defined conceptual framework for early intervention. The conceptual framework model has been introduced with family patterns of interaction. They are as follows; the quality of parent-child transactions, family pattern of interaction, family’s social network, helping to organize a network of peers for the child, selecting day care, or arranging community experiences that are consistent with the child’s special interests. Other frameworks were education of proper nutrition, immunizations, and protection from violence, constitute the third and final family pattern of interaction governing child developmental outcomes (Guralnick, 2001, n.p). There are ideas of how support networks for families need further provision and guidance through the family strengthening model at the MFRC. This will help case workers who come into the MFRC who work with the families are able to understand key concepts for intervention with children, thus strengthening the case management system.

The MFRC will serve has a learning community and hub to provide these resource needs and family education in order to combat those threats in times of family distress.
Standards of Quality for Family Strengthening & Support certification training are established by California Network of family Strengthening Networks (CNFSN) (2013) and are training tools provided to MFRC. CNFSN was founded in 2009 and is a membership-based organization. CNFSN focuses on peer support, networking, and promotion of best practice (CNFSN, 2013, n.p). The goal of this organization is to add standards of quality for family strengthening and support in the case management manual so the MFRC case workers understand the frameworks on which the standards are based.

CNFSN standards have five sections with sets of indicators and implementation examples. a) Family Centeredness, b) Family Strengthening, c) Embracing Diversity, d) Community Building, and e) Evaluation (CNFSN, 2013, n.p). Each section breaks down into indicators and self-assessment tools. An example of this is a program conducts outreach to families and sustains constructive relationships with them. A minimum quality indicator is that the program maintains a relationship with families. A high quality indicator states that the program will implement a system to sustain relationship with families. The purpose of this training manual is so that the MFRC can incorporate these high quality standards within its case management manual.

Acceptance and Commitment Therapy (ACT) is something I have read and has given me inspiration for self-care aspects into the case management manual. ACT is a scientifically based psychotherapeutic modality that has been established through Relationship Frame Theory which is a basic research program on how the human mind works (Hayes, 2005, p. 25). ACT focuses on mindfulness as a way of observing your experiences in a new light and a new way. Thoughts are looked at with different lenses,
which is an extremely imperative tool for social work practice. For example, if you go to
the doctor and you are diagnosed with clinical depression you may go around telling
yourself “I’m depressed!” ACT can help free oneself from the illusions of language,
which is believed to be a damaging thought process. Instead of stating, “I’m depressed!”
you can shift language to, “I’m a strong and powerful person, suffering with depression.”

ACT has given me clear data and tools for a self-care plan and protocol for this
project manual. Not only will ACT therapy present information to help with self-care for
case workers, but also help them effectively help clients. MFRC does not have a
psychologist on staff, but the case workers deliver short-term therapy as this comes with
the nature of the job. Short-term therapy is established within an empowerment plan and
is strengths-based and increases client coping skills. Developing a self-care piece to the
manual will allow workers to be able to handle some challenging cases and stay positive
within their job outlook.

Differential response (DR) is an examination of a prevention model (Conley,
2007, n.p.) and looks at when to intervene and what services to give to families. Key
points in this study are more effective service delivery including early intervention rather
than simply waiting for a crisis. The author clearly states that, “all too many children and
families fall into a crack in the system, unable to access services until the severity of
family problems has deepened and the family unit is under threat of dissolution” (Conley,
2007, n.p.)
The purpose of this study is clearly identifying the need for early intervention. Conley suggests that the cost of doing nothing may be dangerous and if the development and well-being of children is threatened by poor parenting skills and a lack of financial resources, children can die from parental injury or negligence as a worst case scenario. This study states that California is a “newcomer” to the DR process. (Conley, 2007, n.p.) It conclusively is made apparent that waiting until cases are in severe crisis should not be the case and that FRC’s like ours are an important resource for our communities.

There is a resource that I have used in order to gain a providers perspective. In this study service providers participated in face to face interviews where they were asked to share their experiences regarding the strengths and challenges of working with child protection cases. The service providers told stories of positive working relationships and stories of child protection workers supporting clients in a positive manner. Service providers, however, expressed a need for increased communication, relationship building, supports and services, as well as a desired change in the child protection system. This study looked at the service provider’s program-specific strengths and weaknesses (Scott, 2013, n.p). It is important to develop an insider’s perspective on how to be a service provider when working with vulnerable families through the DR process. This study provides insight of the service provider for the case management manual. Scott’s thesis has helped me to paint a vivid picture of case management in real time for someone who has not done this work before. And also develop self-care aspects that emphasize a provider’s perspective. The intention of looking at this study is to gain the factors that are
strengths and weaknesses when it comes to working with clients. This study has complemented the case management system.

Family resilience is also an important aspect to look at when building a case management program and when participating with family interventions. Walsh (2002) talks about an innovative family resilience framework that I believe will help build the case management manual. Walsh articulates, “Damaged families are not beyond repair” (Walsh, 2002, p.130). The intent of investigating this data gathered is to compliment the case management manual and allow new case workers to read a workers perspective and see the needed ideas expressed before working with families to allow smooth service delivery.

Workers who come to the MFRC and without a social work background must realize the importance of family resiliency and also be able to use certain terminology when working with vulnerable families. Moreover, understanding key components of social work when working with families can help to further comprehension of key processes in family resilience. This study of family relations talks about ecological and developmental perspectives, coping, adaptation, and resilience. (Walsh, 2002, p.131).

The key processes found in this study are belief systems, maintaining a positive outlook, transcendence and spirituality, flexibility, connectedness, social and economic resources, clarity, and open emotional sharing. These are all broken down into subsystems and each is unfolded to explain a solid resilience framework. A multisystem view point with a resilience framework can balance any social work practice and will ensure the development of that multi-level system into the program and manual.
METHODS

Lead Case manager, Mary Schweickert along with myself, Michelle Somers, used secondary data developed by Strategies and FDM Pathways Project, (2011) to build a case management program for families. The manual outlines the practices for MFRC, and defines the case management as an intentional relationship between a client and worker that is time limited, and has goals that are set in partnership and based on an assessment process through FDM. Workers and clients follow the case management protocol that takes them through the following process: referral, engagement, assessment, goal setting and interventions, follow up assessment and ending or closure.

According to its executive director, the MFRC tends to have a high turnover rate due to the nature of the job, and so this case management redevelopment will not only provide an effective team but provide a training manual for those who are new to MFRC. Families will benefit from adding high quality indicators brought by Strategies into the case management manual. Staff at MFRC will support this long lasting change. Moreover, this community project is enhanced because it will be able to help the families with early intervention before they actually get placed into the CWS system. Early intervention for families through case management relationships and community work will help support long lasting change, and drifting away from the ineffective individualistic delivery model.

The studies have supported this community project by answering the following research questions:
• How can MFRC improve the Differential Response case management process and protocols?

• How can MFRC effectively integrate standards from Strategies into its differential response case management program?

• How can MFRC implement high quality indicators including the 5 protective factors in the re-visioning case management and benefit the case managers for a smooth DR referral process?

• How will researched frameworks compliment the interpretation of information for case management development in order to benefit the DR process?

• How can I simplify the case management manual to be easily utilized for workers without a social work background?

The research approach used for this project is to gather secondary data from workshops already presented to MFRC case management team, through Strategies partnership, through the Matrix Outcomes Model and through research articles reviewed in the literature review section of this project.

This is where I will step into the shoes of a researcher at MFRC. The research approach is consistent with Stoecker (2013). Stoecker suggests the research model includes diagnosis, prescription, implementation and evaluation of a problem in collaboration with an organization. This project includes this model and works in collaboration of an organization. Strategies has developed a monograph called, “Re-visioning Case Management” and is data given to the MFRC. In this monograph,
Strategies has clearly illustrated the Pathways Mapping Initiative. Looking at the data helps the MFRC develop actions, goals and targets to outcomes for family strengthening approach and helps obtain high quality family-centered treatment services. Outcome goals are well-educated parents and families. Clients of this program through the DR referrals will gain education for effective community outreach and change.

I have compiled the secondary data to establish this case management manual which clearly defines what the MFRC does and what the program development entails. This manual explains Case Management System in great detail. Structure that I have produced in this case management manual is as follows: a) Referrals and case assignments, b) Engagement and initial process, c) MFRC agency Practices, d) Family Development Matrix Practice and Procedures, e) Family Contact Maintenance, f) Closure, and g) Self-Care for the case worker. This community project also includes safety procedures and protocols that MFRC staff will have to follow.

The information that is contained in the literature review section also helps provide the methods the Family Resource Center builds into the case management system in order to help strengthen parenting, respond to family crises, link families to services and opportunities, observe and respond to early warning signs of abuse and neglect, and develop an empowerment plan for early intervention methods. My role as a researcher and social work student has helped provide MFRC with solid research to help build their case management framework.
The Family resource center will serve as a hub for early intervention as a part of a support network for the Child Welfare system. Methods entail an analysis of the Pathway Project of 2011 which looks at five protective factors. Data collected supports a common-sense notion that when families have these protective factors present that the likelihood of abuse and neglect diminish and supports a health environment for optimal development of children.

Looking at this information helps provide the methods the Family Resource Center wants to build into the case management system and help strengthen parenting, respond to family crises, link families to services and opportunities observe and respond to early warning signs of abuse and neglect and help the Family Resource Center develop an empowerment plan for early intervention methods. The case management team at MFRC is prompted to read Strategies books, manuals, handouts and studies to comprehend appropriate methods of case management referral system for the DR cases. This project allows others who come to the MFRC to work or intern to have a structure manual to go through to study in order to get a big picture of what we do, how we help families and how to take care of yourself with self-care in the process.

Improving the case management plan in order to create a management system at the MFRC has secondary data analysis methods. Data sharing through this method makes the most sense as research has been collected through Strategies and the FDM Pathways Project. This data helps to direct, and expand the case management system at MFRC and also encourage topics to come forth of what might need further investigation.
The secondary data analysis describes clearly what has worked well already. This project will not use human subjects as a means for measure. This project uses the framework built through Strategies to support Families and communities. This pathways project used the FDM to track participation. The agencies revealed that the data showed the empowerment plan used through the FDM were more likely to move upward than families that were not engaged to create change. The outcomes also produced were, “this information provides strong advice for family support practice: that setting family goals is a necessary, but not a sufficient practice. For positive change to occur, it appears that families need to address the challenges associated with change” (Endres, & Navarro, 2011, n.p.).
RESULTS

The case management manual was written and produced. I found that the program manual lacked a self-care section about half way through this project and so I decided to add this piece, a simple two page section. Self-care is something that social workers talk about and learn about within their studies. However, other professions normally don’t focus on this. So it is important to implement into a case management manual. I was then excited that my conclusions of the manual were indeed what the agency wanted after the executive director wished for self-care topics to be included.

Aims of outcomes of the case management manual are as follows:

a) The case workers will use it to be able to access knowledge and materials on how to be a social worker, especially those who may not have a social work background.

b) Recommendation of how the manual should be used is by learning on the job, this manual will be as of reference
LIMITATIONS

When it comes to the actual case management work there is a certain level of risk when dealing with vulnerable families. Ethical considerations can range from dealing with their vulnerable children who may be at risk of abuse and being aware and open to working with families can be a challenge. This is why it is imperative to have a comprehensive case management manual. This community project has no human identifiers when looking at secondary data analysis, thus limiting the risk. Simple limitations to the research being used to create this case management project could potentially work for certain family members in the local community, and quite possibly not work well for others. It is possible for the families in Humboldt County to be out of the “status quo” when working with neglectful situations.

Another limitation I have to deal with is time constraints. I have found the time in order to complete this project is limited. Due to that, I have completed as much as I can for the case management manual that time would allow. This project could include more extensive data developed through Strategies and could be researched further with another social work intern in the future. For example, the student could partner with Strategies to add more extensive data and graphs within the case management manual to give a background of why this project is necessary for communities to thrive.
IMPLICATIONS

I got feedback from my community partner Grecia Rojas who is a wonderful resource to the MFRC and she gave more insight to what this project could have added. If there was more time to add sections to this project so that I could make case managers more aware why FRCs are implementing this data rather than just by helping families. The data collection does serve a wider purpose. Those purposes are;

a) Identify trends in collective community challenges

b) By bringing awareness to the issues communities face and how the data will contribute to change on a bigger scale.

Also, what could have been improved is to talk more about the McKinleyville Organizing Committee who has been in working as a collaborative partner with large community issues. The focus of this project was for the DR families, but in the MFRC we get a lot of walk-ins and Grecia believes those are the families who tend to cooperate at a greater extent. It would be wonderful to see the MFRC make the case management process more relaxed or less system driven because it's a lot different than CWS. I agree with her, as I see myself more as a family strengthening worker versus a social worker.

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