2010 Riverside County Community Needs Assessment

Child Abuse Prevention and Intervention (CAPIT)

Promoting Safe and Stable Families (PSSF), and

Community Based Child Abuse Prevention (CBCAP) Services

Making a Difference in the Lives of Children

Prevent Child Abuse Riverside County

On behalf of Prevent Child Abuse Riverside County (PCARC), I am pleased to present the 2010 Riverside County Community Needs Assessment for child abuse and neglect prevention, intervention and treatment services and programs. This report is intended to serve a variety of purposes and it is our hope that it will prove a valuable resource to our community. The findings contained in the report are intended to assist in the decision making process regarding the allocation of resources and program funding as well as educating the community concerning the needs of children and families.

This report represents a collaborative effort among private and public partners, community representatives and citizens of our County working together in the compilation of data surrounding services to children and families. PCARC , in collaboration with the Riverside County Department of Public Social Services and the Health Assessment Resource Center convened an Advisory Group representing a wide variety of community leaders, advocates, social service professionals and community members to help in developing methodologies and reviewing information concerning strengths, needs gaps and barriers related to child abuse prevention and treatments services in Riverside County. The contribution of these individuals, as well as those who participated in the many community based focus groups, those that provided input through interviews and those that participated in the community survey instrument was without question invaluable to the completion of this report. I, along with the entire PCARC Board of Directors extend our deep appreciation to all those that contributed to this report. It is our sincere hope that this report will provide a glimpse into the struggles and challenges families in our community are facing, the needs they have in raising safe and healthy children and the strengths that exist within our community.

Kristine Thornberry

PCARC Board President

Research design and execution, technical assistance, and report preparation provided by the Health Assessment Resource Center

Funding for this project was provided through the Children's Trust Fund under the auspices of the Riverside County Department of Public Social Services

Copies of this report may be downloaded from the Prevent Child Abuse Riverside County web site at the following location http://pcariverside.org/publications/need-assessment

Suggested citation: Robinson, GR and Osborn, SN. *2010 Riverside County Community Needs Assessment.* Riverside, CA: Prevent Child Abuse Riverside County, 2010.

Table of Contents

List of Tables

List of Figures

INTRODUCTION

In 2001, the California Legislature passed Assembly Bill (AB) 636, the Child Welfare System Improvement and Accountability Act to improve outcomes for children in California's child welfare system. AB 636 mandated the establishment of the California Outcomes and Accountability System (COAS) to expand on existing Federal oversight systems and to set the stage for a statewide performance monitoring and accountability system. Two primary components of the COAS are the County Self-Assessment and System Improvement Plan (SIP) processes which help to track and measure program outcomes, processes, and services provided to children.

In 2005, the California Department of Social Services (CDSS) issued guidelines requiring all counties to coordinate efforts in the development of a three year plan to address Child Abuse Prevention, Intervention and Treatment (CAPIT), Promoting Safe and Stable Families (PSSF), and Community Based Child Abuse Prevention (CBCAP) programs. Each of these programs has specific intents and restricts the use of its resources in particular ways. Services that can be funded under these programs include: Parenting, Anger Management, Domestic Violence Prevention, Counseling, In-home Visitation, Differential Response/ Crisis Intervention and Substance Abuse Treatment. In 2008, CDSS issued guidelines to integrate the CAPIT/ PSSF/ CBCAP Three Year Plan with the County Self Assessment and System Improvement Plan cycle. The SIP is guided, in part, by findings from a triennial county wide Needs Assessment, which is required to receive state and federal funding for the three program areas.

Prevent Child Abuse Riverside County (PCARC) is the designated Riverside County Child Abuse Prevention Council (CAPC) and has advised county leadership regarding the services, programs, and needs related to the prevention of child abuse, neglect, and maltreatment since 2002. In September 2010, PCARC released a competitive Request for Proposal (RFP) to identify and select a contractor with the capability and experience to perform a county wide needs assessment. This contract was awarded to the Health Assessment Resource Center (HARC).

This report details the procedures and results of multiple research activities conducted by the Health Assessment Resource Center (HARC) in October, November and December 2010 to identity assets and gaps in services for the Riverside County Department of Public Social Services Children's Services Division (DPSS CSD) to consider as it allocates CAPIT/ PSSF/ CBCAP resources for fiscal years 2012-2015. An Executive Summary has been produced under separate cover. Research activities and results presented here include: 1) a Provider Survey administered by web-based application to DPSS CSD staff, eight vendor organizations, and individuals identified by 2-1-1 Riverside County as service providers; 2) a priority-setting exercise conducted at the November 2010 Community Partners Forum; 3) a survey in Spanish and English administered by mail to a subset of former DPSS CSD clients; 4) a printed survey in Spanish and English administered primarily to persons seeking services at Family Resource Centers in Riverside County; 5) surveys in Spanish and English self-administered to a "random encounter" convenience sample of Riverside County residents; 6) Fourteen focus group discussions and four key informant interviews conducted with Prevent Child Abuse Riverside County (PCARC) collaborative groups and individuals affiliated with DPSS CSD and related professionals with a connection to foster care, adoption and/or child abuse prevention. This report begins with a brief demographic overview of Riverside County.

RIVERSIDE COUNTY DEMOGRAPHICS

The Riverside County population is 2,089,760 or roughly 2.1 million.[1] Of the 478,852 families in Riverside County, 46,135 (9.6%) have incomes below the poverty level.[2] As of January 2011, 33,746 families are receiving CalWORKs. The Centralized Eligibility List (CEL) data indicate there were 187,516 children and 131,885 families waiting for childcare in 2009.[3] Riverside County has eleven federally recognized Native American Indian tribes, listed in Table 1. The county does not have any non-federally recognized tribes.

Table 1. Native American Indian Tribes in Riverside County

Native American Indian Tribes in Riverside County
29 Palms Band of Indians
Agua Caliente Band of Cahuilla Indians
Augustine Band of Indians
Cabazon Band of Mission Indians
Cahuilla Band of Mission Indians
Morongo Band of Mission Indians
Pechanga Band of Luiseno Indians
Ramona Band of Mission Indians
Santa Rosa Band of Mission Indians
Soboba Band of Luiseno Indians
Torres-Martinez Desert Cahuilla Indians

In 2009, 3,366 children were born to females 15 to 19 years of age in Riverside County. This represents 10.7% of all live births in the county.[4] In 2009, 2,065 babies in Riverside County (6.5% of all live births) were born with a low birthweight, defined as less than 2,500 grams (5.5 pounds).[5] In 2010, of the 32,152 children in Riverside County entering kindergarten, 2,015 (6.3%) did not have all of their required immunizations.[6]

Data covering the 2009-10 school year indicate that 423,412 children were enrolled in public/charter schools. Of these, 44,685 (10.6%) were enrolled in special education. The majority of children (*n=245,155,* or 58.3% of 420,151—the enrollment estimate) received free or reduced price meals. For the 2008-09 school year, the adjusted grades 9-12 four-year dropout rate was

[1] U.S. Census Bureau, 2007-2009 American Community Survey
[2] Ibid.
[3] Status Report on the Implementation of County Centralized Eligibility List prepared by: California Department of Education Child Development Division. November 2010.
[4] State of California, Department of Public Health, Birth Records. Obtained online February 16, 2011 at http://www.cdph.ca.gov/data/statistics/Documents/VSC-2009-0221.pdf
[5] State of California, Department of Public Health, Birth Records. Obtained online February 16, 2011 at http://www.cdph.ca.gov/data/statistics/Documents/VSC-2009-0220.pdf
[6] 2010 Kindergarten Assessment Results. California Department of Health Services, Immunization Branch. Obtained online February 17, 2011 at http://www.cdph.ca.gov/programs/immunize/Documents/2010KindergartenAssessmentReport.pdf

21.9%.[7] This estimate reflects the percent of students that would drop out in a four year period based on data collected for a single year (the 1-year dropout rate in 2008-09 was 5.7%).[8]

The Riverside County Office of Education is located at 3939 Thirteenth St., Riverside, CA 92501. The Indio office is located at 47-336 Oasis St., Indio, CA 92201. The Murrieta office is located at 24980 Las Brisas Rd., Murrieta, CA 92562. Riverside County school districts and Riverside County colleges and universities are listed in Tables 2 and 3, respectively.

Table 2. School Districts in Riverside County

School Districts in Riverside County	
Alvord USD	Moreno Valley USD
Banning USD	Nuview Union School District
Beaumont USD	Palm Springs USD
Coachella Valley USD	Palo Verde USD
Corona-Norco USD	Perris Elementary School District
Desert Center USD	Perris Union High School District
Desert Sands USD	Riverside USD
Hemet USD	Romoland School District
Jurupa USD	San Jacinto USD
Lake Elsinore USD	Temecula Valley USD
Menifee Union School District	Val Verde USD

Table 3. Colleges and Universities in Riverside County

Colleges and Universities in Riverside County
California Baptist University
California Southern Law School
California State University San Marcos
California State University San Bernardino
College of the Desert
Devry University
Kaplan College
La Sierra University
Mt. San Jacinto College
National University
Riverside Community College
Southwest Bible College
University of California Riverside
University of Redlands School of Business Riverside Campus

[7] The number of dropouts takes into account students initially reported as dropouts by later found enrolled in another California public school and students reported as having transferred to another California public school but not found to be enrolled.

[8] California Department of Education DataQuest. Obtained online February 16, 2011 at http://dq.cde.ca.gov/dataquest/

The number of children 0-18 in Riverside County is 614,983. From January 1, 2009 to December 31, 2009, 35,406 children (5.8%) were referred to DPSS. Among these children, 7,267 referrals resulted in a substantiated case (20.5% of those with an allegation). Of the substantiated cases, 2,387 children (32.8%) entered care. Of all children in Riverside County, 1,893 (3.1%) had a first entry (or entered the child welfare system for the first time) between January 1 and December 31, 2009. [9]

[9] Center for Social Services Research, UC Berkeley. California Child Population (0-17) and Children with Maltreatment Allegations, Substantiations, and Entries. Obtained from http://cssr.berkeley.edu/ucb_childwelfare/EntryRates.aspx on March 18, 2011.

PROVIDER SURVEY

METHOD

HARC collaborated with PCARC and DPSS CSD staff to design a Provider questionnaire to solicit input regarding the allocation of CAPIT/ PSSF resources for child abuse prevention. The survey consisted mainly of fixed-response items and was developed to be administered in an online application to DPSS and DPSS-funded agency personnel as well as to a broad range of other service providers.

HARC began by selecting six basic respondent descriptor/ demographic items, then identified twenty services currently funded by CAPIT/ PSSF resources or recommended in the literature as essential to the prevention of child maltreatment. Respondents were invited to rate the importance to child abuse prevention of each service on a six-point Likert-type scale from 1= "Not at all Important" to 6= "Extremely Important." Next, an item pool was constructed based upon national best practices in the prevention of child abuse. These practices were identified in a review of the literature and in personal communication with Sid Gardner, President of Children and Family Futures.[10] Literature particularly useful at this stage included "Pathway to the Prevention of Child Abuse and Neglect," Schorr, L.B. and Marchand, V. (2007) Center for the Study of Social Policy;[11] "Developing a Comprehensive Approach to Child Abuse and Neglect Prevention: Strategies for State and Local Policymakers," Szekely, A. (2005) The Finance Project;[12] and "Poverty and Child Maltreatment: Common Challenges and Solutions," Hutson, R.Q. (2009) CLASP.[13]

In many cases, survey items were "cross-walked" to present a best practice, e.g. "Services and supports should target populations throughout the county in communities with concentrated risk factors," followed by an assessment of the extent to which that best practice is currently implemented, e.g. "Promising community-based organizations in Riverside County provide services and supports to respond to a wide range of needs in communities with concentrated risk factors." This item pool was initially evaluated for local relevance by PCARC, then reformulated and submitted to DPSS for review and revisions. The resulting survey was pilot-tested on a small sample of DPSS staff and revised before programming into a web-based application for administration. The final survey contained 58 survey questions.

Links to the survey were sent to administrators for distribution to the staff of DPSS CSD and to eight vendor organizations: Alternatives to Domestic Violence, Catholic Charities, Family Service Association, Family Services of the Desert, the JFK Foundation, MFI Recovery, Perris Valley Recovery and Shelter from the Storm. Directors of these agencies received the link in November 2010. DPSS CSD sent the link to 964 CSD staff. Also in November 2010, links were sent to 2,673 individuals identified by 2-1-1 Riverside County as service providers, and followed by a reminder e-mail in December.

[10] CFF is a California non-profit organization that consults to federal, state, and local government and community-based agencies, conducts research on the best ways to prevent and address the problems of children and families (particularly those affected by substance use disorders), and provides comprehensive and innovative solutions to policy makers and practitioners. See http://www.cffutures.org/

[11] http://www.cssp.org/publications/documents?type=pathways_to_outcomes

[12] http://www.financeproject.org/publications/childabuseSB.pdf

[13] http://www.clasp.org/resources_and_publications/filter?type=presentations&num=all

RESULTS

A total of 489 individual respondents completed the survey in December 2010. Of these, 395 (80.8%) persons answered twelve or fewer items "Don't know" or left them blank, 38 respondents (7.8%) left 13 to 47of the 48 fixed-response questions blank, or with "Don't Know" answers and 56 left all 48 fixed-response questions blank. In effect, 433 (88.5%) of the 489 respondents provided usable data. Since all valid responses are used in the following analyses, the number of missing values varies from question to question.

Provider Demographics

Table 4. Provider Agency Affiliation

Agency Affiliation	N	%
DPSS	250	51.7%
Nonprofit Service Provider	155	32.0%
District Attorney's Office	24	5.0%
County Agency, Other Public Sector	13	2.7%
K-12 Education	11	2.3%
For-profit Service Provider	8	1.7%
Fire Department, Authority	8	1.7%
Other	15	3.1%
Total	484	100.0%

Table 4 indicates that a slim majority of respondents are affiliated with Riverside County DPSS, and that the second largest proportion of respondents is affiliated with nonprofit service providers.

"Other" agency affiliations include respondents with Parks and Recreation, the Probation Department, City Government, Law Enforcement, independent substance abuse treatment providers and therapists and counselors.

Table 5. Provider Position

Position	N (%)
Office Support, Clerical, Reception	16 (3.5)
Front-line or Field Staff	260 (56.2)
Supervisor	53 (11.4)
Manager	58 (12.5)
Administrator	76 (16.4)
Total	463 (100.0)

Most (n= 260, 56.2%) professionals responding to the survey self-identify as front-line or field staff, followed by administrators (n= 76, 16.4%), managers (n= 58, 12.5%) and supervisors (n= 53, 11.4%).

Considering just the two largest agency/ organizational affiliations, Figure 1 illustrates that proportionally more administrators and managers responded to the survey from nonprofit service providers, and proportionally more front-line staff from DPSS [χ^2 (4, 390)= 151.268, $p < .001$].

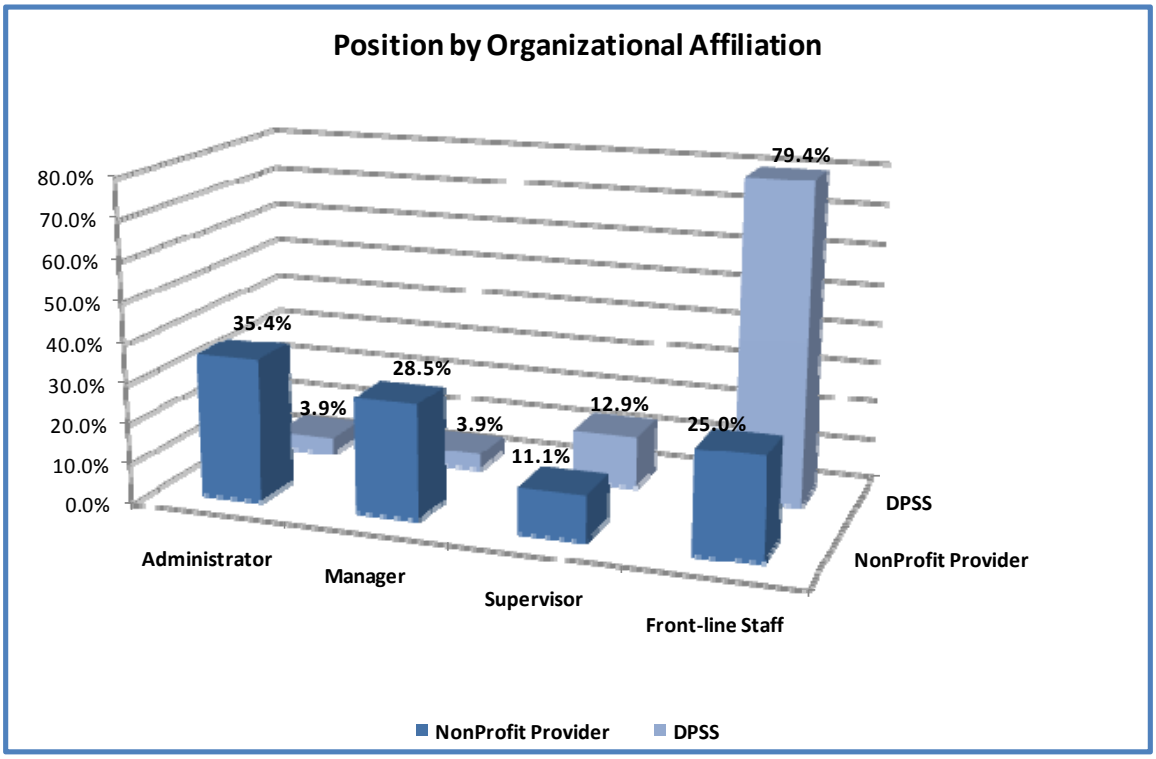


Figure 1 Provider Position by Organizational Affiliation

Survey respondents report from less than one year to 41 years of professional experience. The mean is 11.7 years and the median (the point above which and below which half the values fall) is 9.0 years. As one might expect, length of professional experience is significantly associated with position in an agency or organization. The mean length of professional experience among clerical, reception and front-office staff is (*M*= 9.2 years, *n*= 15); among front-line or field staff (*M*= 8.2 years, *n*= 254); and among supervisors (*M*= 14.7 years, *n*= 52). Managers reported (*M*= 13.5 years, *n*= 55) and administrators an average of 21.7 years of professional experience (*n*=76). Differences in the distribution of respondents by position account for significant differences between agencies/ organizations in mean years of professional experience. Just more than four of every five (*n*= 368, 80.5%) Provider Survey respondents is female, and just less than one in five (*n*= 89, 19.5%) is male.

Table 6. Provider Race/ Ethnicity

Race/ Ethnicity	N	%
White/ Caucasian	231	48.3%
Latino/ Hispanic	137	28.7%
African-American	66	13.8%
Multiracial	28	5.9%
Asian, Pacific Islander	12	2.5%
Native American	4	0.8%
Total	478	100.0%

Table 6 shows that there is no majority racial/ ethnic group among Provider Survey respondents. The largest proportions are White/ Caucasian (48.3%) and Latino/ Hispanic (28.7%) and the smallest Asian, Pacific Islander (2.5%) and Native American (0.8%).

Respondent age ranges from 22 to 81 years, with an average of 42.1 years and a median of 41. For analytic purposes, age groups were computed at decennial cut-points to divide respondents into clusters of roughly equal size.

Table 7. Provider Age Groups

Age Group	N	%
22 to 30	92	20.2%
31 to 40	135	29.6%
41 to 50	110	24.1%
51 and older	119	26.1%
Total	456	100.0%

Allocation of Resources to Primary, Secondary and Tertiary Prevention

Primary, Secondary and Tertiary prevention were defined in the Provider Survey questionnaire as follows:

> **Primary prevention** raises public awareness about child maltreatment among the general population. [Examples include public service announcements using billboards, print and broadcast media and educating religious leaders about how the system works.]
>
> **Secondary prevention** targets families with risk factors for abuse and neglect. [Examples include services to families in which allegations of abuse were not substantiated and to families in communities with multiple risk factors.]
>
> **Tertiary prevention** programs prevent continued child maltreatment after abuse or neglect has been substantiated. [Examples include front-end programs, back-end programs, and aftercare services for birth, foster and adoptive families.]

Respondents were asked to indicate the percentage of resources that DPSS CSD should allocate to each form of child abuse prevention, and reminded to be sure that their total summed to 100%. Because the web-based application accepted only whole numbers, seven respondents who allocated resources equally across each type of prevention (i.e. 33-33-33) produced totals of 99, which were accepted. Four hundred seven respondents produced allocations totaling 100%, resulting in 414 usable recommendations, summarized below.

	Mean	Median	Mode
Primary Prevention	28.61%	25.0%	20%
Secondary Prevention	32.18%	30.0%	30%
Tertiary Prevention	39.46%	40.0%	40%

Despite a high degree of intra-category variation (recommended allocations for primary and tertiary prevention each ranged from zero to 100% and for secondary prevention from three to 80%), each measure of central tendency suggests the recommendation that more resources be devoted to secondary than to primary prevention, and that tertiary prevention receive the greatest allocation of resources.

The mean recommended allocation to primary prevention is remarkably higher among respondents in office support, clerical and reception positions (M= 47.8%, n= 12), compared to administrators (M= 29.4%, n= 64), managers (M= 27.1%, n= 49), supervisors (M= 32.0%, n= 45) and front-line or field staff (M= 28.61%, n= 230); [F (4, 395) = 3.729, p= .005]. Male respondents also recommended a slightly but significantly higher allocation to primary prevention (M= 33.6%, n= 87) than did females (M= 28.4%, n= 45); [F (4, 412) = 5.832, p= .016].

Lastly, although the number of respondents is small, mean recommended resource allocations to secondary prevention were significantly higher among respondents from the DA's Office (M= 39.5%, n=17) and from K-12 educators (M= 39.1%, n= 11) than from respondents with other agency affiliations (means between 31.1% and 32.5%); [F (4, 385) = 3.068, p= .017].

Five Most Important Services to Prevent Child Abuse

Survey respondents rated the importance of 20 services to the prevention of child abuse on a six-point Likert-type scale. Of the 489 survey respondents, between 411 and 430 provided valid ratings of each service. Sixteen of the 20 services received mean ratings greater than 5= "Very Important" (from 5.024 to 5.589) where 6= "Extremely Important." Four services received mean ratings between 4.448 and 4.9995 where 4= "Somewhat Important" and 5= "Very Important."

Table 8 lists the five services ranked as most important to the prevention of child maltreatment. Note that the mean ratings among the services ranked as most important are tightly clustered within just over one-tenth of one point on the six-point scale. All of these services are viewed as very important to the prevention of child maltreatment. The differences between ratings of the top three, in particular, are miniscule. The perceived importance of services for youth who age out of the foster care system is noteworthy. The frequency with which these former foster youth become parents and the proportion of their children that come to the attention of CSD is alarming. Parent education is viewed by providers as an important service to prevent child abuse. Next, a variety of suggestions to refine the topics, emphases and manner in which parent education is delivered are described.

Table 8. Provider Five Services Ranked as Most Important to the Prevention of Child Abuse

Item Number and Text	Mean Rating	N
Q12. Individual, conjoint, family, or group counseling services designed to prevent the occurrence of child maltreatment or domestic violence.	5.589	423
Q14. Anger Management classes designed to stop abusive and violent incidents by teaching alternative methods of expressing emotions, how to negotiate differences and by holding offenders accountable for their behavior.	5.586	420
Q11. Mental health counseling for children.	5.556	428
Q18. Services for youth who age out of the foster care system, e.g. housing, health and safety, employment and education.	5.520	427
Q1. Parent Education classes for adults who need assistance strengthening their emotional attachment to their children, learning how to nurture their children, and understanding general principles of discipline, care and supervision.	5.481	401

Advocacy for Particular Parent Education Curricula or Emphasis

Table 8 indicates that Parent Education classes were collectively rated as the fifth most important service to the prevention of child maltreatment. The following item prompted respondents to think more specifically: "If you'd like to advocate for a particular parent education curriculum, please describe it here (e.g. parenting using behavioral principles, the effects of exposure to trauma on the developing brain, etc.)"

One hundred ninety-one (39.1%) of the 489 Provider Survey respondents replied to this open-ended question. These replies were content analyzed and up to two codes were assigned to each reply. Fifty-eight of the responses required two codes, producing a total of 191 + 58 = 249 coded responses. These coded responses are listed in descending order of frequency in Table 9.

Unique open-ended responses coded as "Other" in Table 9 include answers like, "Parent Effectiveness Training (PET)," "Parenting from the Inside Out (Siegel & Hartzell)," "The effects of parent/ infant interaction on adult social behaviors," "All prospective new parents need parenting classes that last over a year; classes presently offered are not long enough…," "Education on bullying especially for gay children in the community," "Teaching coping skills to people with Post-Traumatic Stress Disorder," "High school education about dating violence, as this is a precursor to child abuse," "ESL classes," and "Very seriously, I believe we should look into family planning as so many of our mothers have multiple children while having open CSD cases."

It should be noted that the first and third most frequent open-ended responses depicted in Table 9 were embedded in the text of the question: "If you'd like to advocate for a particular parent education curriculum, please describe it here (e.g. parenting using behavioral principles, the effects of exposure to trauma on the developing brain, etc.)" Both of these topics or themes are popular components of parent education curricula. The frequency of their mention in these results, however, must be interpreted in light of their appearance in the question text.

Table 9. Coded Open-Ended Responses Advocating for a Particular Parent Education Curricula

Item Number and Text	Count	%
Focus upon effects on development of exposure to violence/ trauma/ neglect/ abuse	26	10.4%
Positive Parenting Program (Triple P)	23	9.2%
Behavioral/ Cognitive-Behavioral Approach	17	6.8%
Focus upon adolescents, teenagers	16	6.4%
Parent Child Interaction Therapy (PCIT)	14	5.6%
Focus upon appropriate discipline	14	5.6%
General Parent Education, child development, strengthening families	13	5.2%
Children with special needs (mental health, behavioral)	12	4.8%
The Incredible Years Programs	11	4.4%
In-home parenting education, direct observation, hands-on parenting, coaching	11	4.4%
Curricula reflecting the diversity of parent values across cultures	10	4.0%
Parent education on age-specific children	8	3.2%
Focus upon attachment	8	3.2%
Positive Discipline (Jane Nelsen, Ed.D.)	6	2.4%
Effects on children and families of drug use, substance abuse	6	2.4%
Systematic Training for Effective Parenting (STEP)	5	2.0%
Parent Project	4	1.6%
Love and Logic	4	1.6%
Positivity , Responsibility, Influence, Consequences and Encouragement (PRICE)	3	1.2%
Any evidence-based curriculum	3	1.2%
Classes specific to particular child behaviors	3	1.2%
Teen Parenting education	3	1.2%
1-2-3 Magic	2	0.8%
Focus upon self esteem	2	0.8%
All Others	25	10.0%
Total	249	100.0%

A theme emerging from these replies is that no single parent education curriculum is universally effective. Instead, to engage parents and to change their behavior, practitioners are saying that classes tailored to parents' specific needs (e.g. parenting children in specific age groups—particularly teenagers; parenting in the context of a specific cultural-linguistic heritage,

parenting children with special needs) are necessary. Curricula/ activities that lead to an understanding of appropriate discipline and that promote attachment tend to be emphasized.

Both consensus and distinct preferences are noted with regard to the parent education curricula and foci presented in Table 9 when responses from for-profit and nonprofit service providers are grouped and contrasted with DPSS survey respondents, and with those affiliated with any other agency. For example, all six mentions of Positive Discipline as promulgated by Jane Nelsen, Ed.D. are provided by DPSS respondents, as were 14 of the 15 replies associated with information about respondent affiliation that advocated for parent education on the topic of dealing with adolescents and teenagers. In contrast, Parent Child Interaction Therapy was mentioned both by DPSS (*n*= 6, 4.8%) and other service providers (*n*= 7, 7.5%), as was the Positive Parenting Program (*n*= 6, 4.8%) among DPSS respondents and (*n*= 6, 5.5%) among for- and nonprofit service providers.

Replies calling for a focus upon appropriate discipline were evenly distributed between DPSS and for- and nonprofit service providers. Likewise, the proportions advocating for parenting education with a behavioral or cognitive-behavioral approach were similar across all three agency affiliations (5.5% to 7.5%). All twelve of the survey respondents articulating a need for parent education regarding children with special needs are affiliated with DPSS, however, as were all eleven calling for in-home, direct observation, hands-on parent coaching. Conversely, no mention of the Positivity, Responsibility, Influence, Consequences and Encouragement (PRICE) program was made by a respondent affiliated with DPSS, but a nonprofit service provider and one respondent each from K-12 education and "County agency, other public sector" called for this curriculum.

Perceived Importance to the Prevention of Child Abuse of the Remaining 15 Services

It bears repeating that almost all of the services listed in Table 10 are perceived to be "Very important" to the prevention of child maltreatment. Differences in the ratings of importance between the items listed in Table 8 and the first six services described in Table 10 are small (within just more than a quarter point on the 6-point scale). Again, the mean ratings for all items above Q2 in Table 10 are higher than 5= "Very Important."

Table 10. Remaining Services Ranked by Providers in Descending Order of their Perceived Importance to the Prevention of Child Abuse

Item Number and Text	Mean Rating	N
Q7. Crisis intervention, as a preventive service for families at risk.	5.388	425
Q17. Classes and advocacy services for victims of domestic violence to empower them and to prevent future incidents of domestic violence.	5.371	426
Q15. Accessible family-centered treatment services for mental illness including education about parenting and child development.	5.353	422
Q6. Personal stress management.	5.352	426
Q13. Counseling services designed to ensure permanency by maintaining children with their parents, adoptive parents, kinship providers, or legal guardians.	5.341	417
Q19. Accessible family-centered treatment services for substance abuse including education about parenting and child development.	5.326	423
Q20. Treatment services for substance abuse attend to the issues of clients with children and strive to minimize family separation.	5.208	423
Q16. Treatment services for mental illness attend to the issues of clients with children and strive to minimize family separation.	5.156	424
Q8. Kinship Support services providing peer counseling, group support, information and referrals, and mentoring services to caregivers/relative families with dependent children.	5.063	427
Q5. Household safety, environmental and personal hygiene.	5.058	428
Q10. Services to address special needs of adoptive children.	5.024	419
Q2. Help parents to meet basic needs by obtaining the financial supports they are entitled to and the opportunities they need to become self-sufficient.	4.995	428
Q4. Information on proper nutrition, grocery shopping, meal planning and preparation.	4.888	428
Q3. Budgeting and money management.	4.864	428
Q9. Conflict resolution between birth families and adoptive families.	4.448	411

The mean ratings of the importance of the services described by Q2, Q4 and Q3 are about one-tenth point or less away from "Very Important." The lowest-rated service, "Conflict resolution between birth families and adoptive families" falls just less than midway between 4= "Somewhat Important" and 5= "Very Important" on the 6-point scale.

Differences in the Perceived Importance of Services to the Prevention of Child Maltreatment

The largest source of differences in the perceived importance of various services to the prevention of child abuse is observed with regard to agency affiliation when responses by for-profit and nonprofit service providers are grouped and contrasted with DPSS survey respondents, and with those affiliated with any other agency. These differences between means are summarized by Table 11. Each difference is statistically significant [$p < .005$].

Table 11. Significant Differences by Agency Affiliation in the Perceived Importance of Services to the Prevention of Child Abuse

Item Number and Text	DPSS	For- and Nonprofit Providers	Other Agencies/ Organizations
	Mean Rating (N)		
Q4. Information on proper nutrition, grocery shopping, meal planning and preparation. Ranked 18th overall, (*M*= 4.888, *n*= 428).	4.74 (230)	5.07 (134)	5.00 (52)
Q9. Conflict resolution between birth families and adoptive families. Ranked 20th overall, (*M*= 4.448, *n*= 411)	4.26 (220)	4.70 (132)	4.54 (54)
Q12. Individual, conjoint, family, or group counseling services designed to prevent the occurrence of child maltreatment or domestic violence. Ranked 1st overall (*M*= 5.589, *n*= 423)	5.55 (227)	5.71 (133)	5.42 (52)
Q16. Treatment services for mental illness attend to the issues of clients with children and strive to minimize family separation. Ranked 13th overall (*M*= 5.156, *n*= 424)	5.16 (229)	5.28 (134)	4.84 (50)
Q19. Accessible family-centered treatment services for substance abuse including education about parenting and child development. Ranked 11th overall (*M*= 5.326, *n*= 423)	5.37 (228)	5.38 (134)	4.96 (50)
Q20. Treatment services for substance abuse attend to the issues of clients with children and strive to minimize family separation. Ranked 12th overall (*M*= 5.208, *n*= 423)	5.32 (228	5.22 (135)	4.71 (49)

Note that the lowest mean importance is assigned by DPSS respondents to items Q4 and Q9, but that in each other case, the lowest mean importance is assigned by respondents affiliated with other agencies/ organizations, the largest proportion of which is from the DA's office, but also includes K-12 education and other county and public sector agencies.

No significant differences with regard to a respondent's position in her or his organization are observed. Females provide significantly higher mean importance ratings (between one and four tenths points higher) on each of the twenty listed services except, "Q7. Crisis intervention as a preventive service for families at risk." On this item, females' mean rating (M= 5.41, n= 330) is just .11 points higher than the rating provided by males (M= 5.30, n= 90); a difference that is not statistically significant.

A significant difference in the perceived importance of services between respondents of different racial/ ethnic groups is observed on item "Q9. Conflict resolution between birth families and adoptive families." This item ranked 20th overall in importance to child abuse prevention, (M= 4.448, n= 411). In descending order of magnitude, the ratings are: Asian, Pacific Islander (M= 5.00, n= 10); African American (M= 4.78, n= 59); Latino/ Hispanic (M= 4.59, n= 113); Caucasian, White (M= 4.28, n= 195); Multiracial (M= 4.18, n= 22); and Native American (M= 3.50, n= 4); [F (5, 397) = 4.019, p= .001].

The perceived importance of "Q1. Parent Education classes for adults who need assistance strengthening their emotional attachment to their children, learning how to nurture their children, and understanding general principles of discipline, care and supervision," [ranked 5th in importance overall, (M= 5.481, n= 401)] is significantly different between respondents of different ages. Ratings among those 22 to 30, 31 to 40, and 41 to 50 range between M= 5.39 and M= 5.44, compared to a higher rating (M= 5.69) provided by respondents 51 and older; [F (3, 400) = 5.065, p= .002]. It should be noted that age is highly related to cumulative years of professional experience.

Additional Recommended Services to Prevent Child Maltreatment

Provider Survey respondents were asked to recommend up to two additional services needed to prevent child abuse in Riverside County and to link each recommended service to a specific target population. Seventy (14.3%) providers described one service/ target population combination, and 114 (23.3%) provided two, producing a total of 298 recommendations. The services were content-analyzed and coded to present the results listed in descending order of frequency in Table 12.

The largest proportion (23.2%, n= 69) of answers specify some type of parent/ caregiver education or support service. In many cases the recommendations restated a specific curriculum the respondent identified earlier, in other cases the responses were very general, e.g. "Parenting education," and "Parenting classes," and in some cases the recommended services were described very specifically, e.g. "Birthing workshops; workshops that empower women and their families to regain control of this intimate stage of life. Help families make informed decisions about pregnancy, birth, healthcare options and parenting. Create community groups lead my midwives," "Continued education and training regarding the child's emotional health and behaviors as a result of being in foster care, especially when they have been in the system for a long period," "Diversion program or FM services to prevent removal of children from African American families," and "Support group for parents/ guardians of children that have been molested." Of the 67 respondents who linked a target population to their parent education service, the largest proportion (10.4%, n= 7) specified Spanish-speaking parents. Other target populations included, "All drug abusers who have kids," "Foster parents and potential adoptive parents," "Deaf parents," "Fathers raising children who also work full time," and "At-risk families residing in housing projects and at-risk neighborhoods."

The second most frequently recommended service was some other type of education (9.7%, n= 29). Service/ target population combinations in this category included, "Classes for prospective

legal guardians," "CPS education for those in Prop 36[14] programs," "Financial literacy classes" targeting "Families at risk for domestic violence and child abuse," "School Environment Bullying and Social Media Bullying" education for "K-12 students," and "True understanding of how abuse and lack of help impacts families;" education for "Judges."

Table 12. Additional Recommended Services to Prevent Child Abuse in Riverside County

Recommended Service Category	Count	%
Education and related services for parents, caregivers and at-risk families	69	23.2%
Other education	29	9.7%
Counseling, Therapy	27	9.1%
Substance abuse	15	5.0%
In-home services	14	4.5%
Sexual abuse	13	4.4%
Child care, respite, after-school care	12	4.0%
Spanish language, bilingual services	11	3.7%
Employment, job training	9	3.0%
Teen Parenting	8	2.7%
Housing	7	2.3%
Domestic violence	6	2.0%
Safety net supports/ services	6	2.0%
Prevention of child maltreatment	5	1.7%
Youth empowerment, motivation, encouragement	5	1.7%
Health, medical	5	1.7%
Anger management	4	1.3%
Family planning, contraception	4	1.3%
Emancipating youth	4	1.3%
Co-located services	4	1.3%
Faith-based	3	1.0%
Gang intervention, prevention	3	1.0%
Nominated by two respondents	12	4.0%
Other	23	7.7%
Total	298	100.0%

[14] Proposition 36, the Substance Abuse and Crime Prevention Act of 2000, offers adults convicted of nonviolent drug possession offenses the opportunity for substance abuse treatment instead of incarceration. Treatment must be provided through ADP licensed or certified drug abuse treatment programs. Obtained online February 22, 2011 at http://www.courtinfo.ca.gov/programs/collab/prop36.htm

Respondents recommending counseling or therapy (9.1%, *n*= 27) provided both extremely general descriptions, e.g. "Therapy/ counseling" and very specific service/ target population combinations. Examples in the latter category include: "Mental health treatment, including psychiatric care and day treatment alternatives to women who are mentally ill and raising very young children," "Reactive detachment disorder treatment" for "Parents, infants and young children," and "Counseling" targeting the "Homeless population."

Five of the 15 respondents who recommended substance abuse treatment associated this service with an adolescent or teen population. Other target populations included, "Indian, tribal," "Latino," and "Non-documented families in need of low-income services in general." While the services recommended were typically assigned a very general label, e.g. "Substance abuse program," one entry stated, "24 hour medical inpatient alcohol and drug detox with aftercare component servicing the family unit."

"In-home services" (4.5%, n= 14) included recommendations like, "Home visitation, resource navigation," "In home parenting targeted at parenting difficult teens; bilingual services," and "Nurse-family partnership county wide." Target populations include "At-risk and newly reunified families," "First-time moms: low income, at-risk," and "Parents who are mentally delayed."

Sexual Abuse services (4.4%, n= 13) includes recommendations such as, "Abuse-specific (specialized) treatment services mandated for sexual abuse. No 'suggested' services due to Family-to-Family," "Counseling regarding reporting and emotional issues," and "Male-centered services for perpetrators and victims." The specified target populations include, "Sexually abused population," "Possible victims of sexual abuse who have been returned to the home," and "Young, minor perpetrators, boys and girls."

Child care, respite and after-school care services (4.0%, n= 12) include descriptions such as, "Affordable child care," "Continued financial aid for child care," and "Emergency respite care." Target populations include, "Children home alone and vulnerable to exploitation," "Mothers with more than three children under the age of five, working mothers," and "Low income family/ relative/ NREFM/ County foster parents." NREFM is an acronym for "Non-relative Extended Family Member."

The Spanish language, bilingual services (3.7%, n= 11) category consists largely of straightforward recommendations for, "More Spanish language services" for the Hispanic/ Latino/ immigrant population. Other recommendations in this category include "More bilingual/ bicultural mental health and parenting," and "Better interpreter services, availability and training."

Service recommendations and associated target populations classified as "Employment, Job Training" include "Economic self-sufficiency through higher education and job skills acquisition" targeting "Parents offered Family Reunification or Family Maintenance Services through CPS," "Employment opportunities, training in competitive occupation fields, education opportunities which will help in regaining people's self worth and decrease the risk of child abuse/domestic abuse" directed to "Families with unemployed or under employed heads of households," and "Viable job opportunities and skills, also volunteering" for "All teens including parenting teens."

In the "Teen parenting" category (2.7%, n= 8), service/ target population combinations included, "Teen parent counseling prior (2nd-3rd trimester) to the child being born" for "Teen mothers and fathers," "Additional support groups, peer support, mentoring, skills building, training, etc." for "Teen parents," and "Education on parenting, domestic violence and the cycle of abuse/

generational involvement in the foster care system, how to develop stable support systems" targeting "Minor mothers and fathers."

"Housing" service recommendations (2.3%, *n*= 7) include, "More space in homeless shelters with wrap-around programs" for "Homeless families with children," "Transitional housing" for "Clients with criminal history/ substance abuse history" and "Housing assistance" targeting "Families who are ready to have their children returned to their care but do not have housing available."

"Domestic violence" (2.0%, *n*= 6) service recommendations include pairings such as, "Domestic violence intervention + Family preservation court" targeting "All residents of Lake Elsinore," "More information about domestic violence" for the "Hispanic population," and "Alternatives to domestic violence (ADV)" targeting "Spanish speaking and undocumented residents."

Recommended "Safety net supports" (2.0%, *n*= 6) include "Emergency donations of food, cash, clothes, etc. and child care assistance" naming "Community Partners/ moderate to low income families," "Providing for the concrete needs of families through development of a Children's Fund similar to that in San Bernardino County" targeting "Low income families," and "Help in getting jobs, counseling, shelter and food" for "teenagers and young adults."

Skipping detailed explanation of the services recommended by three to five respondents, (by category) the services recommended by just two respondents include "Children and youth at-risk of, or diagnosed with mental illness," "Prevention, screening services" such as EPSDT Medi-Cal counseling [Early and Periodic Screening, Diagnosis and Treatment **(**EPSDT**)** is a Medi-Cal benefit for individuals under the age of 21]; "All services" typically targeting "Spanish speakers" or "Non-English speakers," "Services emphasizing appropriate discipline," and "Crisis intervention and case management."

Among the 23 (7.7%) recommended services classified as "Other" are "Fund a study to assess correlation of broken families (and/or single parent families) and child abuse," "Life loss issues in relation to behavior" targeting "Professionals in DPSS and related agencies," "Loma Linda Veterans Healthcare System" targeting "Returning Vets with children (supportive services, including housing, anger management, treatment)" "Minimize case load of children/ families at risk so they can be monitored regularly," "Stricter enforcement of child abuse and neglect laws, harsher penalties," and "Assessment of efficacy of current services i.e. parenting classes, counseling, etc. on creating changes in behavior."

Best Practices for the Prevention of Child Abuse and their Implementation in Riverside County

The second section of the Provider Survey presented 28 items, seven of which describe best practices for the prevention of child abuse. As previously explained, in many cases survey items in this section were "cross-walked" to present a best practice or service (the implementation indicator items in this section also "crosswalk" to seven services listed in the previous section of the questionnaire) followed by an assessment of the extent to which that best practice or service is currently implemented in Riverside County. This type of questionnaire construction is informative in several ways.

First, local support for national best practices and recommended services can be assessed. Second, the perceived gap between each service or practice and the extent to which it is currently implemented can be quantified. Third, a between-groups comparison of the magnitude of the perceived gaps between best practices and current implementation can be performed. That is, the perceptions regarding gaps expressed by persons representing different racial/ ethnic groups and genders, years of professional experience, positions within organizations and with different organizational perspectives can be compared. To introduce these results, Table 13 lists the seven "best practice" items presented in the second section of the questionnaire in descending order of mean agreement on a 6-point scale, from 1= "Strongly Disagree" to 6= "Strongly Agree."

Table 13. Best Practices in Child Abuse Prevention Ranked by Providers in Descending Order of Agreement

Item Number and Text	Mean Rating	N
Q24. A high degree of collaboration between agencies involved in child abuse prevention will lead to more integrated and comprehensive services, collective problem solving and shared innovations.	5.305	390
Q28. Placing offices or staff from various agencies at the same location (e.g., placing substance abuse treatment staff in children's services offices) improves collaboration and can help ensure that supports and services are easily accessible.	5.223	391
Q21. Developing systems to share information and track clients can improve coordination between agencies to prevent child maltreatment.	5.201	404
Q45. A holistic approach is necessary to address poverty, substance abuse, mental health problems, violence and child maltreatment effectively.	5.194	341
Q30. Services and supports should target populations throughout the county in communities with concentrated risk factors.	5.131	397
Q47. Systems of care should stay connected to families over time and assist with challenges as needed.	5.003	367
Q36. Funds should be allocated to child abuse prevention programs on the basis of the outcomes (defined as real changes in the lives or circumstances of the families served) they produce.	4.673	382

Note that five of these items, from a high degree of collaboration between agencies involved in child abuse prevention (Q24) to targeting populations in communities with concentrated risk factors (Q30) result in means from one tenth to three tenths points above "Agree" toward "Strongly Agree." The sixth item, staying connected to families over time (Q47) results in a mean corresponding almost exactly to "Agree," and the seventh item, allocating funds on the basis of outcomes (Q36) falls about three tenths point below "Agree" toward "Somewhat Agree."

Next, gaps are computed between agreement with the premises of these seven best practices (and the perceived importance of the seven services from the previous section) and the extent to which they are actually implemented in Riverside County. To prioritize and order these results, two kinds of information are considered. First, the perceived importance of each service and best practice was ranked separately from highest (ranked 1) to lowest (ranked 7). Second, the gap

between the service/ best practice and its implementation in Riverside County was ranked from widest to lowest. The widest gap was ranked 1 and the narrowest gap was ranked 23.

These two ranks were multiplied, and the products ordered from lowest to highest to establish the priority and order of presentation. For example, the service ranked 1st was multiplied by the gap between that service and its implementation (ranked 2nd), producing a product of two. Similarly, the best practice ranked 2nd was multiplied by its gap (ranked 1st), also producing a product of two. These tied for first with regard to priority and order of presentation. In second place, the best practice ranked 1st was multiplied by its gap (ranked third), producing a product of three. Tied for third is the service ranked 2nd with a gap ranked 4th, and the service ranked 1st with a gap ranked 8th; both producing a product of eight.

Although this may seem complicated, ordering the results by gap alone risks assigning undue emphasis to a wide gap associated with a service that is not perceived to be at all important or with a best practice associated with premises with which the majority of providers disagree. Conversely, ordering by agreement/ importance alone might result in an unduly high priority assigned to a best practice widely agreed upon, but already perceived to be implemented extremely well. The procedure utilized here balances perceived importance or agreement and the size of the gap, guarding against such errors.

Tables 14 and 15 present the differences in means between a service and best practice tied for first priority (ties are signified by ".5" following the number at the end of the table's title). Table 14 contrasts the service ranked most important to the prevention of child maltreatment with one of two statements that serve as indicators of its implementation. Note that many items are associated with multiple implementation indicators. The resulting gap (1.623) is the second widest observed across all items. Note that fewer respondents (n= 357) agreed or disagreed with the implementation item (Q33) than the number (n= 423) rating the importance of the service. Restricting the analysis to survey respondents who answered both items [Q12 and Q33 (n= 353)] has an effect on the gap, but in this instance (increasing it from 1.62 to 1.64) the change is relatively minor.

The mean gap between the items listed in Table 14 as assessed by females (M= 1.72, n= 279) is significantly higher than the mean gap perceived by males (M= 1.25, n= 68); [F (1,345) = 8.138, p= .005]. There are no significant differences in the magnitude of this gap by race/ethnicity, years of professional experience, position, or organizational affiliation.

Table 14. Counseling Services Available Prior to Dependency Court-1.5

Item Number and Text	Mean Rating	N
Q12. Individual, conjoint, family or group counseling services designed to prevent the occurrence of child maltreatment or domestic violence.	5.589	423
Q33. In Riverside County, we have a full array of community-based services structured to respond to families by connecting them with supports and services prior to dependency court intervention.	3.966	357
Gap	**1.623**	

Table 15 depicts *the widest gap between a best practice and its implementation* in Riverside County. That co-locating staff from various agencies at the same location improves collaboration receives the second-strongest agreement in the second section of the questionnaire. The difference in means between this best practice and perceptions regarding its implementation in Riverside County is highest among DPSS staff (M= 2.08, n= 202), followed by respondents affiliated with K-12 education (M= 1.78, n= 9), those in the DA's office (M= 1.42, n= 12), and for- and nonprofit service providers (M= 1.38, n= 82). This gap is perceived to be narrowest among respondents affiliated with a county agency other than DPSS or in other public sector employment (M= 0.78, n= 9). These differences in perspective by organizational affiliation are statistically significant; [F (4,309) = 3.951, p= .004].

Table 15. Co-location of Services Relevant to Child Abuse Prevention-1.5

Item Number and Text	Mean Rating	N
Q28. Placing offices or staff from various agencies at the same location (e.g., placing substance abuse treatment staff in children's services offices) improves collaboration and can help ensure that supports and services are easily accessible.	5.222	391
Q29. In Riverside County today, a variety of services available to families of children at risk for child abuse are frequently located in the same building.	3.449	357
Gap	**1.773**	

Table 16 contrasts the best practice receiving the strongest agreement in the second section of the questionnaire (Q24), with one of three indicators of its implementation. This contrast results in the third highest difference in means among all paired items. The perceived gap is viewed as equally high by DPSS (*M*= 1.66, *n*= 200) and for- and nonprofit provider respondents (*M*= 1.67, *n*= 100), somewhat lower by personnel in the DA's Office (*M*= 1.54, *n*= 13) and considerably lower by the ten respondents in other county agencies or public sector roles (*M*= 0.80). Interestingly, the nine respondents affiliated with K-12 education indicate no difference (a mean of zero) between agreement with the premises of this best practice and its implementation indicator. These differences by organizational affiliation are statistically significant; [*F* (4,327) = 3.836, *p*= .005].

Table 16. Collaboration and the Distribution of Responsibility for Preventing and Addressing Child Maltreatment-2

Item Number and Text	Mean Rating	N
Q24. A high degree of collaboration between agencies involved in child abuse prevention will lead to more integrated and comprehensive services, collective problem solving and shared innovations.	5.305	390
Q27. In Riverside County, the responsibility for preventing and addressing child maltreatment is well distributed between child protection agencies and local communities.	3.751	357
Gap	**1.554**	

The items depicted by Tables 17 and 18 are prioritized equally, as third highest. Table 17 contrasts the service ranked as fifth most important to the prevention of child abuse with the implementation indicator also appearing in Table 14, which serves equally well here as one indicator of the implementation and availability of parent education. The resulting gap is the fourth highest across all paired questionnaire items. There are no significant differences between provider groups.

Table 17. Parent Education Classes Available Prior to Dependency Court-3.5

Item Number and Text	Mean Rating	N
Q1. Parent Education classes for adults who need assistance strengthening their emotional attachment to their children, learning how to nurture their children, and understanding general principles of discipline, care and supervision.	5.481	430
Q33. In Riverside County, we have a full array of community-based services structured to respond to families by connecting them with supports and services prior to dependency court intervention.	3.966	357
Gap		**1.515**

As in Table 14, Table 18 presents the service ranked most important to the prevention of child abuse, however the indicator (resolving problems like…unhealthy parenting behaviors before they escalate) is different than the indicator listed in the previous table and the resulting gap is not as wide.

Table 18. Counseling Services Available Prior to Dependency Court-3.5

Item Number and Text	Mean Rating	N
Q12. Individual, conjoint, family, or group counseling services designed to prevent the occurrence of child maltreatment or domestic violence.	5.589	423
Q32. Staff at my agency/ organization is able to connect children and families to needed supports and services at the earliest moment possible, so early interventions can help resolve problems like substance abuse or unhealthy parenting behaviors before they escalate.	4.299	384
Gap		**1.290**

Listing the best practice ranked highest in the second section of the Provider Survey questionnaire, Table 19 again presents the idea that collaboration between agencies involved in child abuse prevention will lead to more integrated and comprehensive services, but it is contrasted here with a different implementation indicator. This produces a difference in means that is the 15th widest overall, considerably narrower than the gap produced by the previous implementation indicator specifying that the responsibility for preventing and addressing child maltreatment is well distributed between child protection agencies and local communities. This gap is the fourth-highest priority overall and there are no differences in its perceived size between provider groups.

Table 19. Collaboration, Innovation and Problem-Solving-4

Item Number and Text	Mean Rating	N
Q24. A high degree of collaboration between agencies involved in child abuse prevention will lead to more integrated and comprehensive services, collective problem solving and shared innovations.	5.305	390
Q26. In Riverside County various collaboratives have formed to share innovations and work together to solve problems in the prevention of child abuse and neglect.	4.325	351
Gap	**0.980**	

Like Table 17, which presented a contrast tied for third place in terms of priority, Table 20 (the fifth overall priority) compares Parent Education with a different indicator of its implementation in Riverside County. This contrast produces the ninth widest gap among all service/ best practice and implementation differences. The perceived magnitude of this gap is not significantly different between provider groups.

Table 20. Availability of Parent Education at the Earliest Possible Time-5

Item Number and Text	Mean Rating	N
Q1. Parent Education classes for adults who need assistance strengthening their emotional attachment to their children, learning how to nurture their children, and understanding general principles of discipline, care and supervision.	5.481	430
Q32. Staff at my agency/ organization is able to connect children and families to needed supports and services at the earliest moment possible, so early interventions can help resolve problems like substance abuse or unhealthy parenting behaviors before they escalate.	4.299	384
Gap	**1.182**	

Table 21 pairs a third implementation indicator with the best practice premise receiving the strongest agreement in the second part of the Provider Survey (Q24). This difference in means (0.89) is the narrowest produced by the three contrasts (producing a gap ranking 19th overall), but the strong agreement with this best practice pulls this difference into sixth place with respect to priority. The magnitude of the difference between means isn't statistically significant with regard to organizational affiliation, respondent position, years of professional experience, race/ ethnicity or respondent gender.

Table 21. Collaboration for Integrated and Comprehensive Child Abuse Prevention Services-6

Item Number and Text	Mean Rating	N
Q24. A high degree of collaboration between agencies involved in child abuse prevention will lead to more integrated and comprehensive services, collective problem solving and shared innovations.	5.305	390
Q25. In Riverside County today, a strong degree of interagency collaboration helps to provide more integrated and comprehensive child abuse prevention services.	4.415	369
Gap		**0.89**

Table 22 presents the contrast ranking as the seventh highest priority. Remaining on the theme of collaboration, that shared information and client tracking can improve coordination to prevent child maltreatment is the third most strongly agreed premise among best practices in the second section of the Provider Survey. Its contrast with an implementation indicator focusing upon common intake and assessment forms produces the seventh widest gap overall (1.325).

Interestingly, the size of the gap between this best practice and its implementation is significantly related to providers' years of professional experience. Those with the fewest years of experience (from less than one to four years) produce a difference in means (M=0.91, n= 87) roughly equivalent to those in the next category (more than four years to eight years); (M=0.87, n= 75), but substantially lower than providers with more than eight to 16 years of professional experience (M=1.55, n= 88) and lower still than those with more than 16 years of experience (M=1.64, n= 78) who assess this gap as wider than do their colleagues with less professional experience; [F (3,324) = 4.728, p= .003]. The gap between agreement that sharing information can improve coordination between agencies, and the extent to which common intake and assessment forms are used in Riverside County is also seen as significantly wider by female respondents (M=1.42, n= 269) than by males (M=0.70, n= 71); [F (1,329) = 9.833, p= .002.]

Table 22. Sharing Information, Common Intake & Assessment Forms-7

Item Number and Text	Mean Rating	N
Q21. Developing systems to share information and track clients can improve coordination between agencies to prevent child maltreatment.	5.201	404
Q23. Agencies and organizations in this county have developed common intake and assessment forms to integrate the information collected by various agencies, share this information and to reduce the number of forms families must complete.	3.876	340
Gap	**1.325**	

Table 23 contrasts agreement with the premise that a holistic approach is necessary to deal with problems like child maltreatment with a closely matched implementation indicator. This comparison produces the sixth widest difference in means (1.496) overall and constitutes the eighth highest priority overall. There are no differences in the perceived magnitude of this gap between provider groups.

Table 23. Holistic Approach to Treatment-8

Item Number and Text	Mean Rating	N
Q45. A holistic approach is necessary to address poverty, substance abuse, mental health problems, violence and child maltreatment effectively.	5.194	341
Q46. In Riverside County, agencies and organizations approach families at risk by treating the complete person, physically, psychologically and spiritually.	3.698	311
Gap	**1.496**	

Staying connected to families over time is the best practice receiving the sixth strongest agreement in the second section of the Provider Survey, and the difference in means with its implementation indicator produces the fifth widest gap overall. This ties with the contrast presented in Table 24 as the ninth-highest priority (hence the "9.5" in the titles of Table 24 and 25). The gap between staying connected to families over time as a best practice and its actual implementation in Riverside County today is perceived to be a significantly wider by female respondents (M=1.61, n= 212) than by males (M=0.94, n= 60); [F (1,260) = 8.619, p= .004].

Table 24. Systems of Care Stay Connected to Families over Time-9.5

Item Number and Text	Mean Rating	N
Q47. Systems of care should stay connected to families over time and assist with challenges as needed.	5.003	367
Q48. In Riverside County, systems of care for families at risk do a good job of staying connected over time and assisting with challenges as needed.	3.493	268
Gap	**1.510**	

Table 25 (Sharing 9th place in overall priority) lists the best practice receiving the third strongest endorsement on the second half of the questionnaire. In this case, the implementation indicator is different, and the resulting gap is somewhat lower. Female service providers (*M*= 1.27, *n*= 279) appraise the difference between this best practice and its implementation as over twice the size of the gap as assessed by male respondents (*M*= 0.63, *n*= 76); [*F* (1,353) = 10.946, *p*= .001.]

Table 25. Collaboration, Innovation and Problem-Solving-9.5

Item Number and Text	Mean Rating	N
Q21. Developing systems to share information and track clients can improve coordination between agencies to prevent child maltreatment.	5.200	404
Q22. Today, systems and institutions in Riverside County that encounter families (including CSD and others that deal with public health, mental health, substance abuse, homelessness, domestic violence, law enforcement, and judicial review) share information and track clients to coordinate care over time.	4.036	363
Gap	**1.164**	

Table 26 depicts the contrast ranked tenth in priority. Accessible family-centered treatment services for substance abuse ranked as the eleventh most important service to the prevention of child maltreatment, and the difference in means (1.027) with this implementation indicator (Q32) produces the thirteenth widest gap. In this instance, DPSS respondents (*M*= 1.25, *n*=205) and those affiliated with K-12 education (*M*= 1.20, *n*=10) see the widest gaps and for- and nonprofit providers (*M*=0.72, *n*= 125), respondents from the DA's office (*M*=0.73, *n*= 15) and those from other county agencies or in other public sector roles (*M*=0.56, *n*= 9) see the gap as considerably more narrow; [*F* (4,359) = 3.497, *p*= .008]. No significant differences in the magnitude of this gap are observed with regard to respondents' positions in their organizations, years of professional experience, racial/ ethnic group or gender.

Table 26. Early Availability of Family-Centered Treatment Services for Substance Abuse-10

Item Number and Text	Mean Rating	N
Q19. Accessible family-centered treatment services for substance abuse including education about parenting and child development.	5.326	423
Q32. Staff at my agency/ organization is able to connect children and families to needed supports and services at the earliest moment possible, so early interventions can help resolve problems like substance abuse or unhealthy parenting behaviors before they escalate.	4.299	384
Gap	**1.027**	

The contrast at eleventh place with regard to priority, like the preceding table, presents accessible family-centered treatment services for substance abuse, but compares this service with a different implementation indicator. When this analysis is restricted to the 266 providers who answered both questions, the difference in means actually increases to 1.01 which is the 14th widest gap overall. The magnitude of this gap is significantly different between respondents of different organizational affiliations, but in a different order than described with reference to Table 25. Here, the widest gap is expressed by seven respondents affiliated with K-12 education (M=1.86) followed by for- and nonprofit service providers (M=1.39, n= 69), other county agency and public sector employees (M=1.14, n= 7) and with a much lower assessment, by DPSS personnel (M=0.85, n= 170). Six respondents from the DA's office see no gap between this best practice and its implementation. These are significant differences; [F (4,254) = 4.632, p= .001].

Table 27. Substance Abuse Treatment Integrates Parenting Education-11

Item Number and Text	Mean Rating	N
Q19. Accessible family-centered treatment services for substance abuse including education about parenting and child development.	5.326	423
Q41. Outpatient and inpatient treatment services for substance abuse and mental illness in Riverside County integrate education about parenting and child development into their programs.	4.412	267
Gap	**0.914**	

Treatment services for substance abuse that attend to the issues of clients with children is the service ranked 12th in importance to the prevention of child maltreatment. Note the relatively small number of providers responding to the implementation indicator (Q42). When the difference in means is computed by utilizing only respondents that provided valid answers to both items, the gap increases to 1.16, which is the 11th widest overall. There are no significant differences in the assessment of this gap between provider groups.

Table 28. Substance Abuse Treatment Minimizing Family Separation-12

Item Number and Text	Mean Rating	N
Q20. Treatment services for substance abuse attend to the issues of clients with children and strive to minimize family separation.	5.208	423
Q42. Outpatient and inpatient treatment services for substance abuse and mental illness in Riverside County pay attention to the circumstances of clients with children and minimize separation from children.	4.229	253
Gap	**0.979**	

Services and supports targeting populations throughout the county in communities with concentrated risk factors (Q30) is the fifth-most agreed upon best practice. The corresponding implementation indicator for this practice receives a fairly high score, however, producing a difference in means of just 0.52, placing 22nd of the 23 gaps assessed. As there are no significant differences between any provider groups, this difference in means is universally perceived to be narrow.

Table 29. Available Services in Communities with Concentrated Risk Factors-13

Item Number and Text	Mean Rating	N
Q30. Services and supports should target populations throughout the county in communities with concentrated risk factors.	5.131	397
Q31. Promising community-based organizations in Riverside County provide services and supports to respond to a wide range of needs in communities with concentrated risk factors.	4.609	350
Gap	**0.522**	

Table 30 presents the contrast ranking 14th in priority. Note the substantial difference between the number of providers who rated this service (ranked as the 13th most important to the prevention of child abuse) and the number who indicated the extent to which it is implemented in Riverside County. When the computation of difference in means is restricted to providers who answered both Q16 and Q42, the gap increases somewhat to1.03, ranking as the twelfth widest overall. There are no significant differences between provider groups with regard to the size of this difference in means.

Table 30. Family-Centered Treatment for Mental Illness-14

Item Number and Text	Mean Rating	N
Q16. Treatment services for mental illness attend to the issues of clients with children and strive to minimize family separation.	5.156	424
Q42. Outpatient and inpatient treatment services for substance abuse and mental illness in Riverside County pay attention to the circumstances of clients with children and minimize separation from children.	4.229	253
Gap		**0.927**

Table 31 presents a contrast ranking 15th in priority. Treatment services for substance abuse that attend to the issues of clients with children and strive to minimize family separation are regarded as the 12th most important service to child abuse prevention and the difference in means between this service and its implementation is the 18th widest overall.

The size of this gap is perceived significantly differently by respondents with different organizational affiliations. Similar to the differences described with reference to Table 26, which concerned a similar take on family-centered treatment services for substance abuse, DPSS respondents (M= 1.19, n=205) and those affiliated with K-12 education (M= 1.20, n=10) see the widest gaps and for- and nonprofit providers (M=0.56, n= 126), respondents from the DA's office (M=0.40, n= 15) and those from other county agencies or in other public sector roles (M=0.44, n= 9) see the gap as considerably narrower; [F (4,360) = 5.178, p< .001]. Front-line or field staffs see this gap as significantly wider (M= 1.13, n= 214) than do administrators (M=0.75, n= 55), managers (M=0.65, n= 46), supervisors (M=0.59, n= 41), and office support, clerical and reception workers (M=0.17, n= 6); [F (4,357) = 3.107, p= .016].

Table 31. Early Access to Family-Centered Substance Abuse Treatment-15

Item Number and Text	Mean Rating	N
Q20. Treatment services for substance abuse attend to the issues of clients with children and strive to minimize family separation.	5.208	423
Q32. Staff at my agency/ organization is able to connect children and families to needed supports and services at the earliest moment possible, so early interventions can help resolve problems like substance abuse or unhealthy parenting behaviors before they escalate.	4.299	384
Gap		**0.909**

Family-centered treatment services for mental illness (Q15) are viewed as the eighth most important service to the prevention of child maltreatment, and the gap with the implementation

indicator depicted in Table 32 is seventeenth overall in size. There are significant differences in perceptions of the size of this gap (16th in order of priority) by organizational affiliation.

The seven respondents from K-12 educational organizations replying to both items assigned this contrast the widest gap (*M*= 1.71), followed by 68 for- and nonprofit service providers (*M*= 1.49), and seven respondents from other county agencies/ public sector roles (*M*= 1.29). The narrowest gaps were perceived by DPSS respondents (*M*= 0.82, *n*=168) and six respondents from the DA's Office (*M*= 0.67). These perceptions are significantly different; [*F* (4,251) = 4.416, *p*= .002]. Note the comparatively small number (*n*= 267) of respondents who expressed an opinion regarding the implementation indicator (Q41) listed in Table 32. There are no other significant differences in the size of this gap between provider groups.

Table 32. Availability of Family-Centered Treatment Services for Mental Illness-16

Item Number and Text	Mean Rating	N
Q15. Accessible family-centered treatment services for mental illness including education about parenting and child development.	5.353	422
Q41. Outpatient and inpatient treatment services for substance abuse and mental illness in Riverside County integrate education about parenting and child development into their programs.	4.299	267
Gap		**0.941**

The contrast ranked 17th in priority concerns the perceived disparity between the best practice of allocating resources to child abuse prevention programs on the basis of the outcomes (defined as real changes in the lives or circumstances of the families served) they produce and the implementation of this funding practice in Riverside County. Note the comparatively small number of providers who expressed an opinion with regard to the implementation indicator (Q37).

Interestingly, the size of this gap is perceived to be three times as wide by providers with the most professional experience—more than 16 years—(*M*= 1.27, *n*=64) than among those with less than one year to four years of experience (*M*= .40, *n*=60). This difference between the most and least experienced providers is also observed between the two groups between them. Personnel with more than eight to 16 years of experience (*M*= .66, *n*=71) see this gap as almost twice as wide as providers with more than four to eight years of professional experience (*M*= .35, *n*=55). These differences are statistically significant; [*F* (3,246) = 5.392, *p*= .001].

The first and largest difference between respondents based upon their race/ ethnicity is also observed on this item. The very few Native American respondents see this gap as extremely large (*M*= 3.33, *n*= 3), followed distantly by multiracial respondents (*M*= 1.12, *n*=17). Providers of each other race/ ethnicity evaluate this gap as much smaller with means between 0.46 and 0.69; [*F* (5,245) = 2.663, *p*= .023].

Table 33. Allocate Resources to Programs Based Upon their Outcomes-17

Item Number and Text	Mean Rating	N
Q36. Funds should be allocated to child abuse prevention programs on the basis of the outcomes (defined as real changes in the lives or circumstances of the families served) they produce.	4.673	382
Q37. In Riverside County, when it comes to the prevention of child maltreatment, funding decisions are based upon outcomes (defined as real changes in the lives or circumstances of service recipients) much more than upon outputs (units of service delivered).	4.081	259
Gap	**0.592**	

In 18th place with regard to its computed priority, Table 34 depicts a contrast producing the 16th largest difference in means. Helping parents to meet basic needs by obtaining the financial supports they are entitled to and the opportunities they need to become self-sufficient was assessed as the 17th most important service to the prevention of child abuse. The distance between this service and its implementation in Riverside County is perceived to be significantly greater by female respondents (M= 1.14, n=223) than by males (M= 0.48, n=52); [F (1,273) = 9.864, p= .002].

Table 34. Help to Families in the Form of Work Supports to Meet Basic Needs and Become Self-Sufficient-18

Item Number and Text	Mean Rating	N
Q2. Help parents to meet basic needs by obtaining the financial supports they are entitled to and the opportunities they need to become self-sufficient.	4.995	428
Q44. Current services available to families at risk of child maltreatment in Riverside County emphasize connecting them with "work supports" (e.g. child care and transportation).	4.018	280
Gap	**0.977**	

Finally, Table 35 shows the 19th priority, which depicts the 21st widest gap between a service/ best practice and its implementation. Female respondents assess this gap to be nearly 4.5 times wider (M= 0.67, n=220) than males (M= 0.15, n=55); [F (1,273) = 7.147, p= .008]. This is the only significant difference between providers.

Table 35. Connecting Families with Income Supports to Provide Their Basic Needs-19

Item Number and Text	Mean Rating	N
Q2. Help parents to meet basic needs by obtaining the financial supports they are entitled to and the opportunities they need to become self-sufficient.	4.995	428
Q43. Services available to families at risk of child maltreatment in Riverside County today emphasize connecting them with income supports (e.g. cash assistance, EITC, child tax credit, Food Stamps, WIC, child support, health insurance).	4.418	280
Gap	**0.577**	

COMMUNITY PARTNERS FORUM

METHOD

Approximately 62 persons attending the November 2010 Community Partners Forum in Moreno Valley were divided into six groups to work collaboratively on one of two exercises. Three groups were assigned to a "Service Prioritization Exercise." Each of these three groups considered a list of 17 services identified by experts in the field and by an independent literature review as national best practices for the prevention of child abuse. Their first task was to identify and add any service/ target population combinations they wished to add to this list. Next each group discussed the list and selected the six services they believed to be the most important to prevent child maltreatment in Riverside County.

The other three groups were assigned a "System Improvement Prioritization Exercise." Persons in these groups were provided a list of eight system improvement items derived from a review of national best practices. Their first task was to identify and add any system improvement priority that was not on the list, and their second to select one as the most important to advance the prevention of child abuse and neglect in the county.

After working on these tasks for about 40 minutes, a representative from each group reported their results to the audience, providing the rationale for selecting the item/ items prioritized at their tables. Following this "report out," all "Service Prioritization" and "System Improvement" recommendations mentioned at least once were posted on large sheets attached to the perimeter walls of the multipurpose room. Each forum participant was provided six brightly colored stickers. Working individually (no longer part of their group), each participant "voted" for six of the services and system improvement processes posted around the room by affixing their stickers next to the text of the item. Individuals were freed to distribute their votes by placing all six on one service or system improvement process, or distributing them in any combination.

RESULTS

System Improvement Priorities

The system improvement priorities identified by attendees are presented in Table 36. "Connecting children and families to needed supports/ services at the earliest possible moment" was ranked 1st. Ranked 2nd is "Community group and CSD partnerships in neighborhoods with a high concentration of families involved with the child welfare system." The 3rd system improvement is to "Allocate resources based on outcomes—not units of services delivered." Note the significant diminution of votes (n= 5) cast for the fourth item in this table, "Improving collaboration between agencies involved in child abuse prevention with an emphasis on developing more integrated and comprehensive services, creating opportunities for collective problem solving and sharing innovations."

Table 36. Community Partner Forum System Improvement Priorities Ranked 1-4

System Improvement Priorities	*Rank*	*Votes*
Enhance our collective ability to connect children and families to needed supports and services at the earliest moment possible, so early interventions can help resolve problems like substance abuse or unhealthy parenting behaviors before they escalate.	1	56
CSD partners with community groups in neighborhoods that have a high concentration of families involved with the child welfare system to educate them about its services, build trust and establish a positive "community presence."	2	44
Allocate resources to child abuse prevention programs emphasizing the outcomes (defined as real changes in the lives and circumstances of the families served) they produce, rather than "units of service" they deliver.	3	26
Improving collaboration between agencies involved in child abuse prevention with an emphasis on developing more integrated and comprehensive services, creating opportunities for collective problem solving and sharing innovations.	4	5

Table 37 lists the system improvement items that were <u>not</u> selected by any group and consequently, were not available during the vote.

Table 37. Community Partner Forum System Improvements Not Selected by Vote

System Improvements Not Selected by Any Group
Improving collaboration between agencies invovled in child abuse prevention with an emphasis on developing common intake and assessment forms to integrate the information collected by various agencies, share this information and reduce the number of forms families must complete.
Improving collaboration between agencies invovled in child abuse prevention with an emphasis on col-locating services to improve collaboration and help ensue that supports and services are easily accessible.
Enhance training and professional development opportunities in agencies/ organizations that encounter families to include pre-service and/or in-service training in the prevention of child abuse and neglect.
Emphasize services available to families at risk of child maltreatment in Riverside County that connect them with income supports (e.g. cash assistance, EITC, child tax credit, Food Stamps, WIC, child support, health insurance) and with “work supports” (e.g. child care and transportation).
Improve our collective ability to approach families at risk by treating the complete person, physically, psychologically and spiritually.

Service Priorities

Of the 17 services presented for consideration, 11 were selected by at least one group. These 11 items, listed in descending order of the number of votes received, are presented in Table 38. Services for foster-care youth who age out of the system were ranked 1st (with 46 votes), followed by crisis intervention as a preventive service for families at risk (40 votes).

Table 38. Community Partner Forum Service Priorities Ranked 1-11

Service Prioritizations	*Rank*	*Votes*
Services for youth who age out of foster care (e.g., housing, health and safety, employment and education).	1	46
Crisis intervention, as a preventive service for families at risk.	2	40
Mental health counseling for children.	3	25
Treatment services for substance abuse attend to the issues of clients with children and strive to minimize family separation.	4	20
Counseling services designed to ensure permanency by maintaining children with their parents, adoptive parents, kinship providers, or legal guardians.	5	17
Help parents to meet basic needs by obtaining the financial supports they are entitled to and the opportunities they need to become self-sufficent.	6	16
Accessible family-centered treatment services for mental illness including education about parenting and child development.	7	15
In-home homemaker services: a) budgeting and meal planning, b) nutrition, grocery shopping, meal planning, c) household safety and personal hygiene, d) personal stress management.	8	7
Parent education classes for adults who need assistance strengthening their emotional attachment to their children, learning how to nurture their children, and understanding general principles of discipline, care and supervision.	9	6
Individual, conjoint, family, or group counseling services designed to prevent the occurrence of child maltreatment or domestic violence.	10	5
Anger management classes designed to stop abusive and violence incidents by teaching alternative methods of expressing emotions, negotiating differences, and by holding offenders accountable for their behavior.	11	4

Six services, presented in Table 39, were not selected into any group's list of the "top six" with regard to their importance to child abuse prevention. These services were not included in the voting process.

Table 39. Community Partner Forum Services Not Selected

Services Not Selected by Any Group
Kinship support services provding peer counseling, group support, information and referrals, and mentoring services to caregivers/ relative families with dependent children.
Conflict resolution between birth families and adoptive families.
Services to address special needs of adoptive children.
Treatment services for mental illness attend to the issues of clients with children and strive to minimize family separation.
Classes and advocacy services for victims of domestic violence to empower them and to prevent future incidents of domestic violence.
Accessible family-centered treatment services for substance abuse including education about parenting and child development.

DPSS CLIENT SURVEY

METHOD

HARC collaborated with PCARC and DPSS CSD staff to design a questionnaire for administration by mail to former CSD clients. Cases selected into the sample frame for this study met three criteria: 1) their interaction with CSD was comparatively recent. The sample frame consisted of cases closed between July 1, 2009 and June 30, 2010. 2) Cases selected into the sample frame had received a disposition of "reunification" or "family maintenance stabilized." 3) The client's relationship to the child involved in the allegation of maltreatment or neglect was "birth mother."

The survey questionnaire included items assessing the perceived helpfulness of the services received to 1) improve the conditions/ circumstances that led to the family's involvement with CSD and 2) prevent a reoccurrence of these events. A third item solicited estimates of how helpful it would have been to have had a parent mentor to assist with navigation through the dependency court process. Respondents were asked to explain their rationale for each rating. Additional questions assessed interagency coordination and the appropriateness of the services that were provided. Next, former clients were invited to rate the helpfulness of nineteen "core" services, then to describe any other services that were helpful, to identify the single most-helpful service, and to indicate a service that would have been helpful, but was not offered. The DPSS client questionnaire concluded with seven basic respondent descriptor/ demographic items.

To protect client privacy, rather than provide an address list to HARC, DPSS mailed the surveys to 932 former clients. Based upon DPSS records of the primary language spoken at home, 811 (87.0%) surveys were printed in English and 121 (13.0%) in Spanish. Sixteen percent (n=149) of the 932 surveys mailed on November 18, 2010 were returned as undeliverable. Of the 783 surveys believed to have reached the intended recipient, 61 (7.8%) were completed and returned in the enclosed postage-prepaid envelope to HARC by the December 2010 deadline.

As an incentive to complete and return the questionnaire, HARC offered three $100 prizes that were awarded to randomly selected respondents. To maintain client privacy, the winning client IDs and three $100 money orders were delivered to DPSS staff, who forwarded the cash prizes by mail to the three randomly selected respondents.

RESULTS

The distribution of valid responses to all survey items is presented in the tables and graphs that follow. Statistical analyses based upon respondent demographics are not presented due to the small size of the overall sample and of subgroups in the sample.

Client Demographics

Four (6.6%) former DPSS clients responded to the Spanish questionnaire and 57 (93.4%) to the English version. Of the 59 respondents indicating their gender, 58 (98.3%) are female and one is male. Of the 57 respondents describing their relationship to the child or children involved in the allegation of maltreatment or neglect, 55 (96.5%) are biological mothers, one is the biological father and one is the step-mother. As illustrated by Figure 2, approximately equal proportions of respondents self-identify as Latino/Hispanic (40.7%) and White/ Caucasian (39.0%). Seven (11.9%) are African American and five describe themselves as "multi-racial."

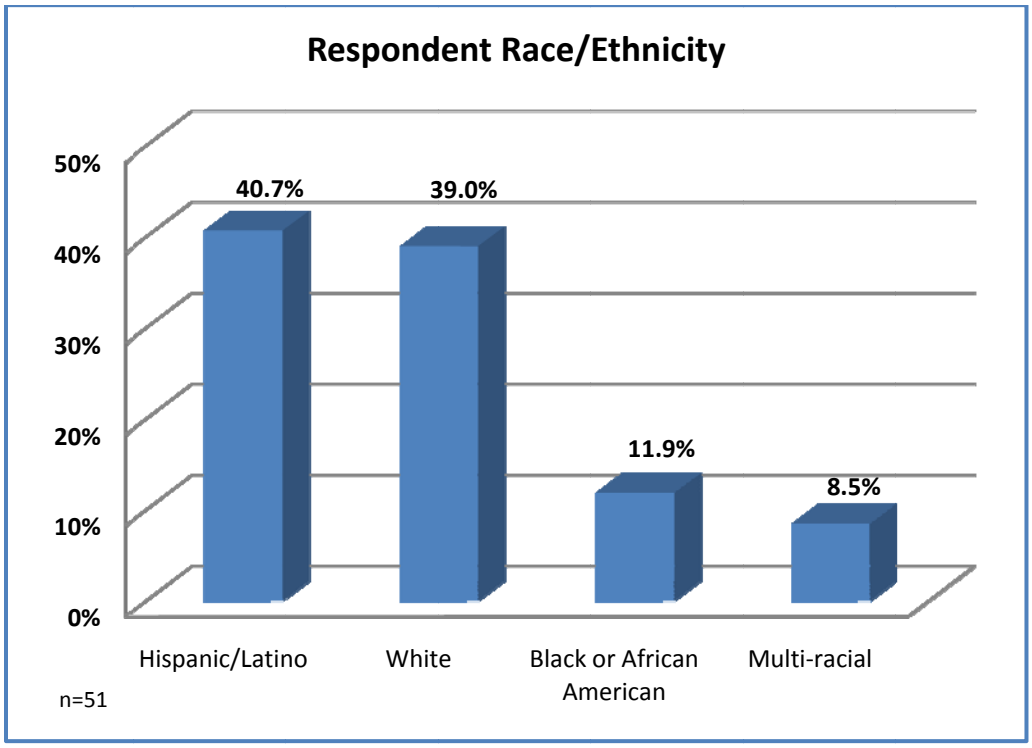


Figure 2. DPSS Client Race/ Ethnicity

The largest proportion of respondents (*n*=22, 37.3%) report completing some college, but do not possess a degree. Twelve (20.3%) have completed 9th to 11th grade, and an equal proportion has completed high school or obtained their GED degree. Seven (11.9%) report a graduate or professional degree.

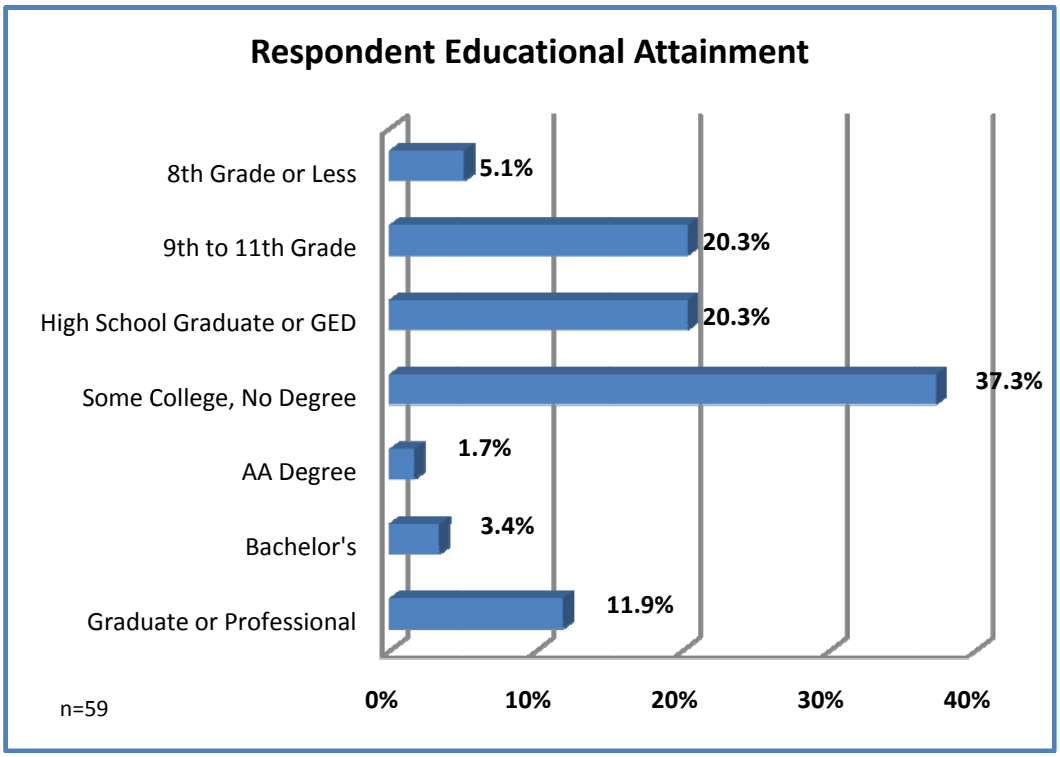
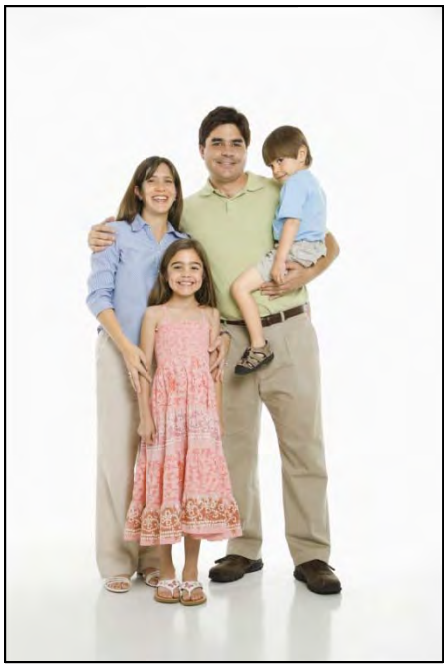


Figure 3. DPSS Client Educational Attainment

The average respondent age is 34.3 years, the modal (most frequently reported) and median age (the point above and below which half the distribution falls) is 32. As Figure 4 shows, the largest proportion (35.6%) of former DPSS clients responding to the survey is 30-34 years of age and just two are 50 years of age or older.



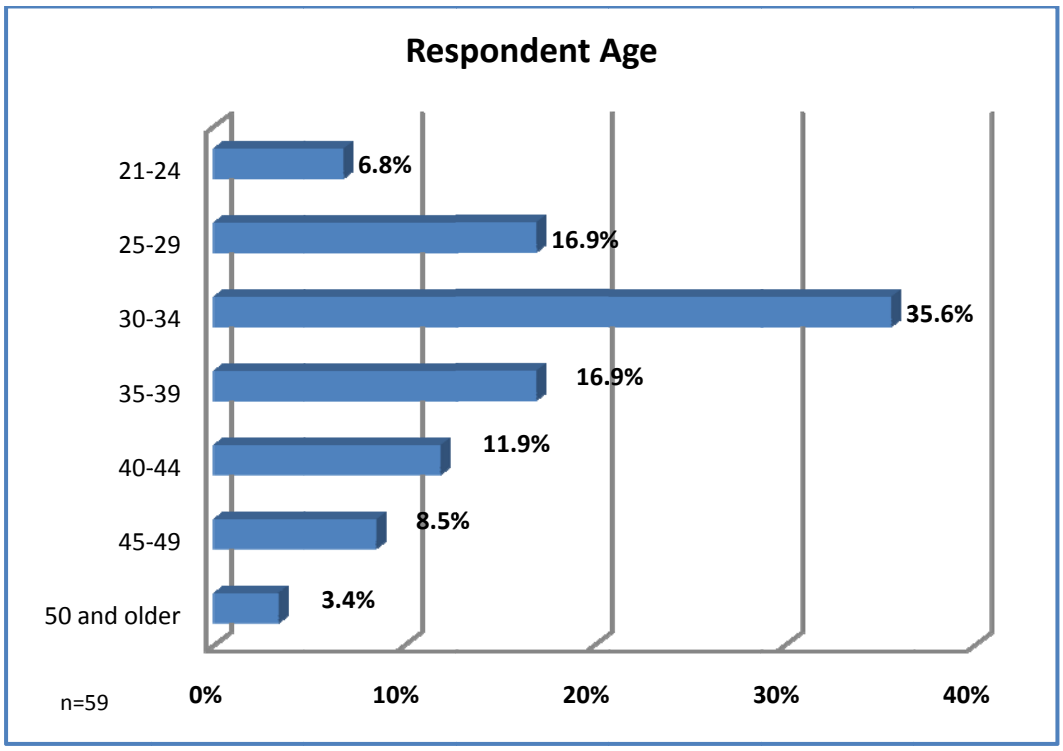


Figure 4. DPSS Client Age

Many respondents left blank questions soliciting the number of children at home in particular age groups. Whether this means they do not have children at home in that age range or that they simply declined or neglected to answer is unknown. Table 40 shows that the largest proportion (42.9%) of respondents answering the question has one child 0 to 5 years of age at home. Similarly, the largest proportion of respondents (41.2%) reports one child six to 17 years of age at home (Table 41).

Table 40. Clients' Children 0-5 Years of Age

Children 0 to 5 in Household	*Frequency*	*Percent*
One	15	42.9
Two	10	28.6
Three	5	14.3
Four or more	5	14.3
Total	35	100.0

Table 41. Clients' Children 6-17 Years of Age

Children 6 to 17 in Household	*Frequency*	*Percent*
One	14	41.2
Two	7	20.6
Three	8	23.5
Four or more	5	14.7
Total	34	100.0

As depicted by Table 42, approximately equal proportions of former DPSS clients report only children 0-5 (34.4%) or only children 6-17 years of age (32.8%) at home. Fourteen respondents (23.0%) report children at home in both age groups. The six former DPSS clients falling into the "No children reported" category likely left these items blank.

Table 42. Total Children in Household

Children in Household	*Frequency*	*Percent*
No Children Reported	6	9.8
Only Children 0-5	21	34.4
Only Children 6-17	20	32.8
Children 0-5 and 6-17	14	23.0
Total	61	100.0

Table 43 presents residential Zip Codes classified by DPSS Riverside County Service Zones. The largest proportion (42.9%) of former DPSS clients responding to the survey resides in Zone 1 and equal proportions in Zones 2 and 3.

Table 43. Client Residence by Zone

Client Residence by Zone	*Frequency*	*Percent*
Zone 1	21	42.9
Zone 2	14	28.6
Zone 3	14	28.6
Total	49	100.0

CSD Services

Help with Initial Conditions or Circumstances

Figure 5 illustrates the fact that the majority (52.5%) of former DPSS clients rated "the services that the county child protection agency (Children's Services Division) provided in improving the conditions or circumstances that led to your family's involvement with the system in the first place" as "Very helpful." Eleven (18.0%) of 61 evaluated the services they received as "No help at all" and five (8.2%) indicated they were "Of little help." The extent to which the average rating (*M*= 3.08) on this 4-point scale reflects the fact that former clients responding to this survey "graduated" from the system with "reunification" or "family maintenance stabilized" dispositions is not known.

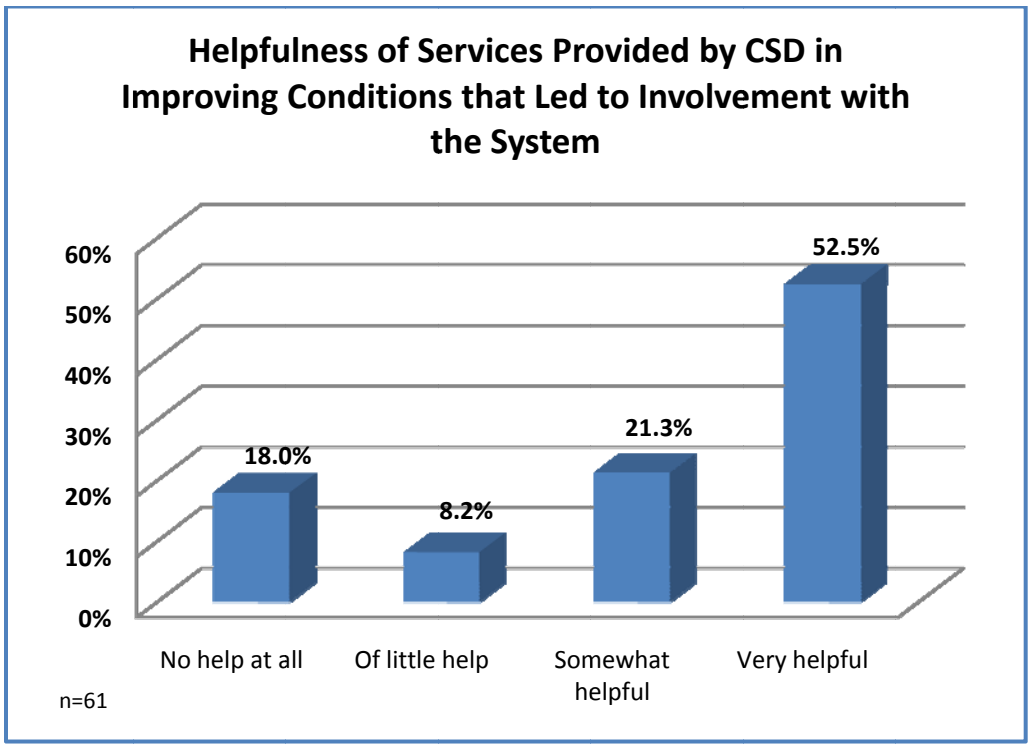


Figure 5. DPSS Client Rating of Helpfulness of Services – Initial Involvement

Eight of the 11 respondents rating "Services to improve the conditions that led to involvement with the system" as "No help at all" explained their rationale. Three expressed the opinion that DPSS intervention was unnecessary, for example, "There was no good reason for children's services to be involved with my family in the first place. My children were never in danger." Respondents assessing the services to be, "Of little help" provided unique answers. Two were frustrated or unhappy with their CSD worker, one had transportation problems, and one remarked that their children were separated after having lived together their entire lives.

Four of the 13 former clients that rated this item "Somewhat helpful" indicated that the services allowed them to grow in some way. Two examples are, "It helped me get out of a bad situation with the man I was in a relationship with. It opened my eyes," and "Shedding light on the issues of alcohol use as it relates to domestic violence. The impact of the dynamics between my partner and me on our children was helpful. I'm beginning to think about the situation differently and act accordingly." The rest of these responses are unique.

As one might expect, the majority of respondents rating the services as "Very helpful" provided positive comments such as:

> "I feel that family therapy and parenting classes provided great insight as to things I could do differently."
>
> "I needed to be educated and reminded of appropriate ways to handle disobedient behavior."
>
> "I never would have gone to those classes. I would never have learned the tools on how to stay clean or how to deal with my kids."
>
> "Things, classes, and solutions were found in the best interest for my children."

"Their services gave me encouragement to keep moving forward and it was all to live better. That's why it was very helpful."

Other respondents had positive comments about their case workers:

"Always someone to guide or direct any questions I might have."

"Because the people that handled my case wanted to help get me on the right track and get things done sooner than later."

"The social worker never judged us and was very supportive for the well being of our family."

"They are fair people. When someone seeks them out, they are always there."

Help with Preventing a Recurrence of Conditions or Circumstances

Figure 6 illustrates the distribution of respondents' ratings of the helpfulness of the services they received at, "preventing the same conditions and circumstances from happening again." Like the previous question, the majority (55.0%) indicated the services were "Very helpful." Ten (16.7%) indicated the services were "No help at all" and six (10.0%) rated them, "Of little help." The average rating on the 4-point scale is 3.12.

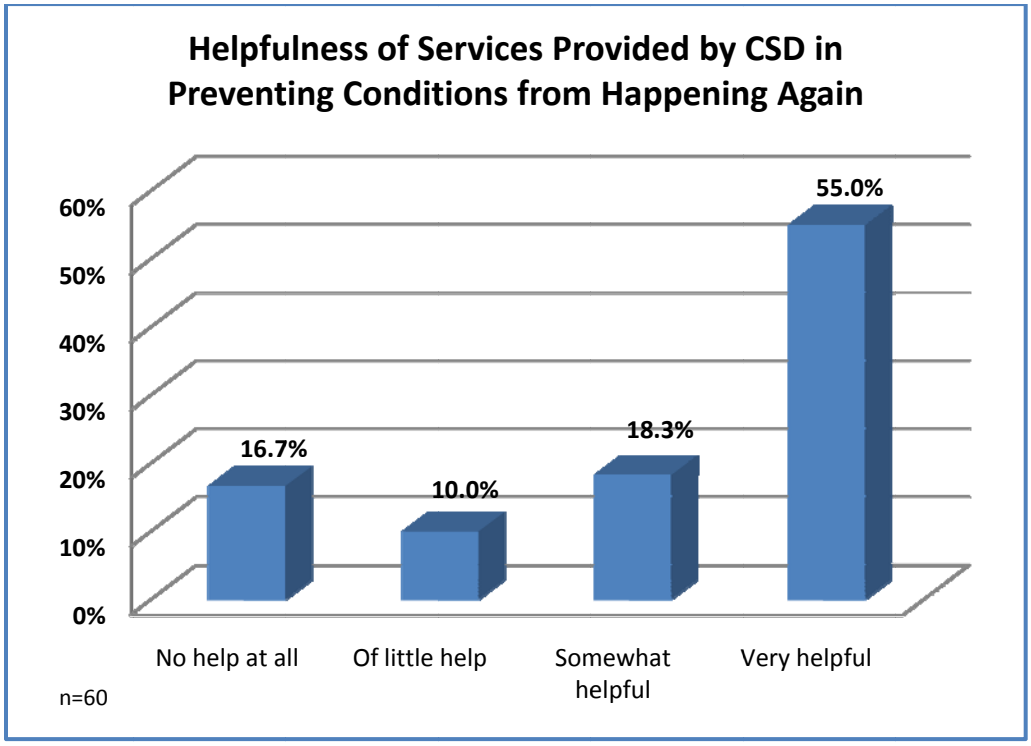


Figure 6. DPSS Client Rating of Helpfulness of Services – Recurrence of Events

The item soliciting a rating of the helpfulness of the services they received at, "preventing the same conditions and circumstances from happening again" was followed by the open-ended question, "In a sentence or two, why did you provide that rating?"

Many respondents echoed the reason(s) they provided in answer to the previous question. For instance, those rating the services "No help at all" expressed the opinion that the initial allegations were false and complained that CSD unnecessarily interfered in their family. Those replying that the services were "Of little help" again provided unique answers—one indicating no help was needed, another was frustrated that the father of her children did not receive services, and another indicated that she had to leave California to receive the help she needed for her family.

Most who rated the services "Somewhat helpful" mentioned the benefits obtained from the services they received. Several respondents who rated the services as "Very helpful" made positive comments about substance abuse treatment services:

> "I was given the opportunity to go into a drug program/rehab."
>
> "I have changed and learned from my addiction how to apply different tools to stay clean."
>
> "I was advised to do a 12-step program."

Some respondents mentioned the parenting education classes:

> "I learned more appropriate ways of parenting and listening to my children."
>
> "Parenting classes helped with a lot of ideas on how to handle certain situations with our children."

Former clients also mentioned counseling:

> "The counseling, especially individual, helped me a lot to better understand why I go in an abusive relationship and how to stay away. Be aware of future abusive relationships."

Again, respondents had positive comments about their case workers:

> "Because they helped me come up with plan to make sure it doesn't happen again."
>
> "My CPS worker took the time to help me and provided me with all the tools I needed to stay sober and walked me through the process."
>
> "We could call the caseworkers at all times. They were always there with advice and support."

Help of a Parent Mentor

The extent to which a parent mentor—a person who had gone through the process—might be helpful to a new client navigating through the dependency court system was also assessed. The distribution of responses (see Figure 7) follows a similar pattern with 53.4% indicating such a service would be "Very helpful," and ten (17.2%) indicating it would have been "No help at all" and four "Of little help." The average rating on the 4-point scale is 3.12.

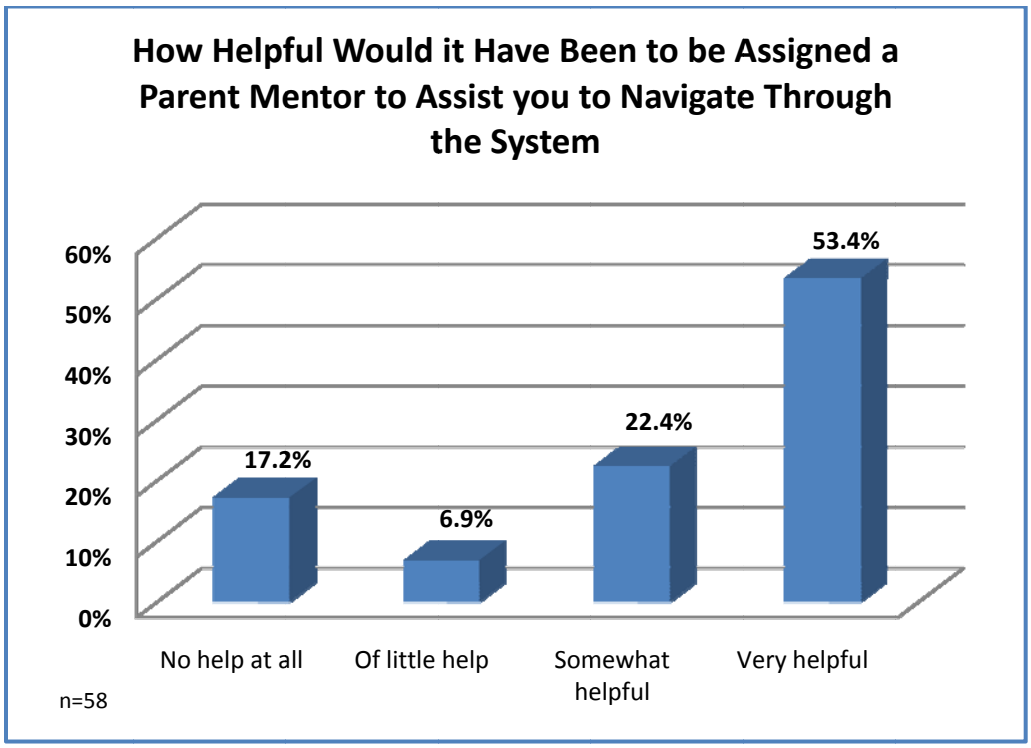


Figure 7. Perceived Helpfulness of Parent Mentor

Many former DPSS clients who indicated that a parent mentor would have been "No help at all" or "Of little help" provided unique reasons for this rating. Additionally, several individuals provided non-responsive answers.

A few individuals thought it would be only "Somewhat helpful" because everyone's circumstances are unique. Others believe the information from their CSD worker was enough. Several individuals noted that a mentor would have been helpful because that person could provide support:

> "It's always helpful to have someone by your side to assure that everything's going to be okay."

> "It's always good to have someone there to help you who has been through the same thing."

Almost all former clients who thought a parent mentor would have been "Very helpful" commented that it would have improved their understanding/ knowledge, provided needed support, diminished their fear, or led them to trust DPSS more. Sample responses include:

> "Because when you're hearing it from someone who has never been through it, it's hard to believe them but when it comes from someone who has been there, it's a different story. I would love to help families out."

> "In the beginning of my situation, I didn't realize how serious it could have gone, it was my first time, so seeing and hearing someone else's story that it happened to would be great."

> "Sad to say it happened to them, but they know what is going to happen, what to expect and what to do and how long it would take."

"You need someone in this horrible time to talk to and be here to help/support. "

"It would have made trusting the offer of assistance easier and most likely less confusing."

Core Services

Respondents were invited to rate the extent to which 19 different services met their needs as, 4= "Very helpful," 3= "Somewhat helpful," 2= "Of little help" or 1= "No help at all." These services are presented in Table 44 in descending order of the mean response. Respondents indicating that they "Do not remember" or "Did not participate in this service" are omitted from the counts and means presented in Table 44. Aside from the CPS Orientation Video at Court (2.85) and Tribal Social Services (2.22), all services received an average rating between 3.00 and 3.48 on the 4-point scale. A rating of "3" corresponds to "Somewhat helpful," and 3.48 is midway between "Somewhat" and "Very helpful." The service receiving the highest mean rating is "Substance Abuse Treatment" followed extremely closely by "Group Counseling" and "12-Step program."

Table 44. Mean DPSS Client Ratings of the Helpfulness of Core Services Received

Services	*N*	*Mean (Scale 1-4)*
Substance Abuse Treatment	33	3.48
Group Counseling	28	3.46
12-Step Program	35	3.43
Anger Management	30	3.40
After Care Services Provided after CPS Case Closure	32	3.34
Drug Testing	36	3.33
Parenting Education	50	3.32
Domestic Violence Services	26	3.27
Drug Court	19	3.21
Individual Counseling	53	3.19
Family Counseling	43	3.12
In-Home Visitation	48	3.10
Psychological Evaluation	22	3.09
Medical Evaluation	24	3.08
Monthly Visit by Social Worker	54	3.00
Team Decision Making/ Family Meetings	34	3.00
Paternity Testing	16	3.00
CPS Orientation Video at Court	27	2.85
Tribal Social Services	9	2.22

Respondents described other services they found helpful during the time their CPS case was open. A few individuals mentioned transportation services, such as "rides to and from visits and drug testing" and "bus passes were very helpful." A few individuals mentioned child care services. Several respondents mentioned services they had already rated, such as parent education, substance abuse treatment, and counseling.

Tailored Services

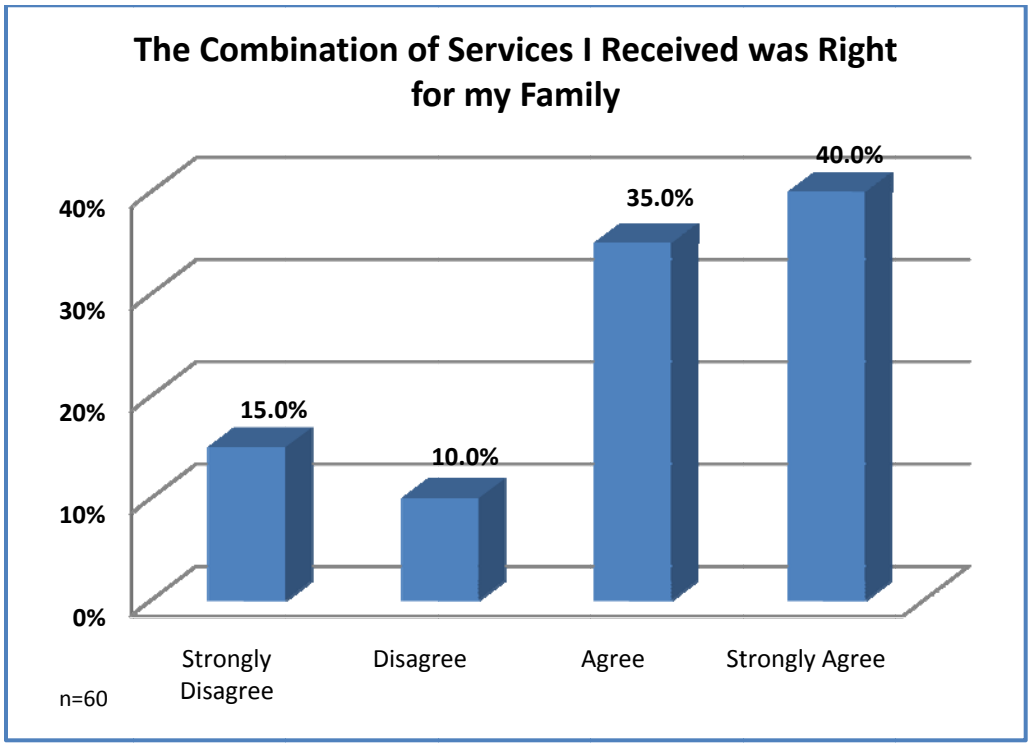


Figure 8. Combination of Services was Right for Family

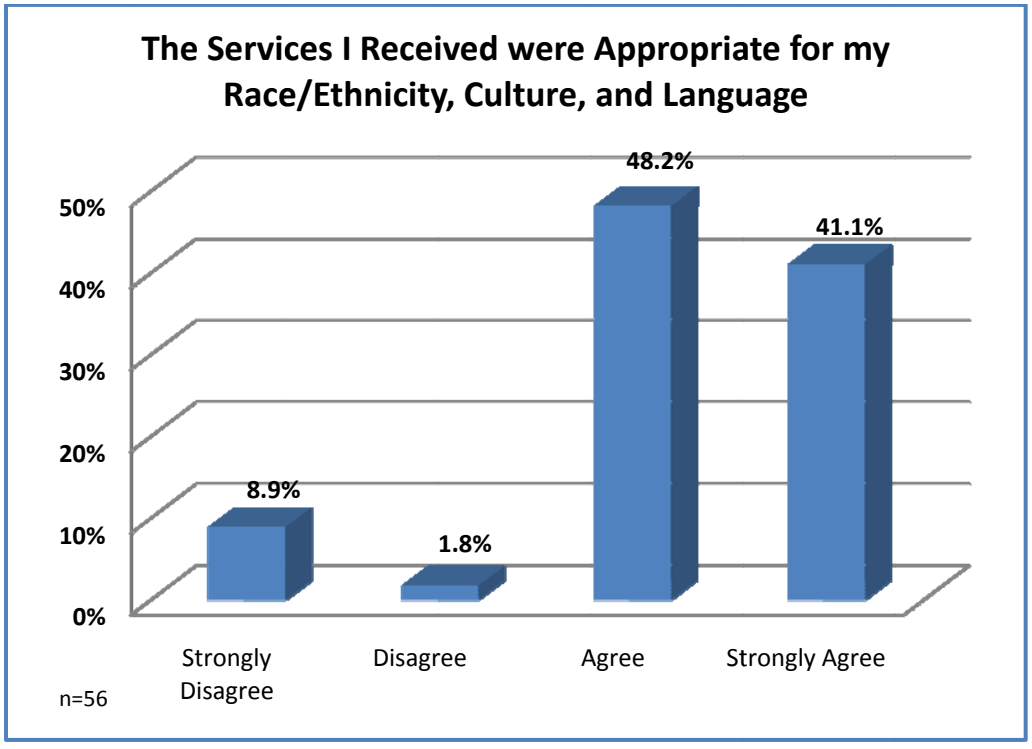


Figure 9. Services were Appropriate for Race, Culture, Language

As illustrated by Figure 8, three of four (75.0%) respondents either "Agreed" or "Strongly agreed" that the combination of services they received was right for their family. Figure 9 shows that about 90% of respondents either "Agreed" or "Strongly agreed" that the services they received were appropriate for their race/ethnicity, culture, and language.

Inter-Agency Collaboration

Two questions assessed the extent to which former clients believed that agencies collaborated regarding their cases. About three in five (63.3%) respondents either "Agreed" or "Strongly agreed" with the statement, "Staff at the various organizations and agencies that I had to work with seemed to know what the other was doing as far as my case was concerned." Eleven respondents (18.3%) "Strongly disagreed" and "Disagreed" with this statement. These data are illustrated by Figure 10.

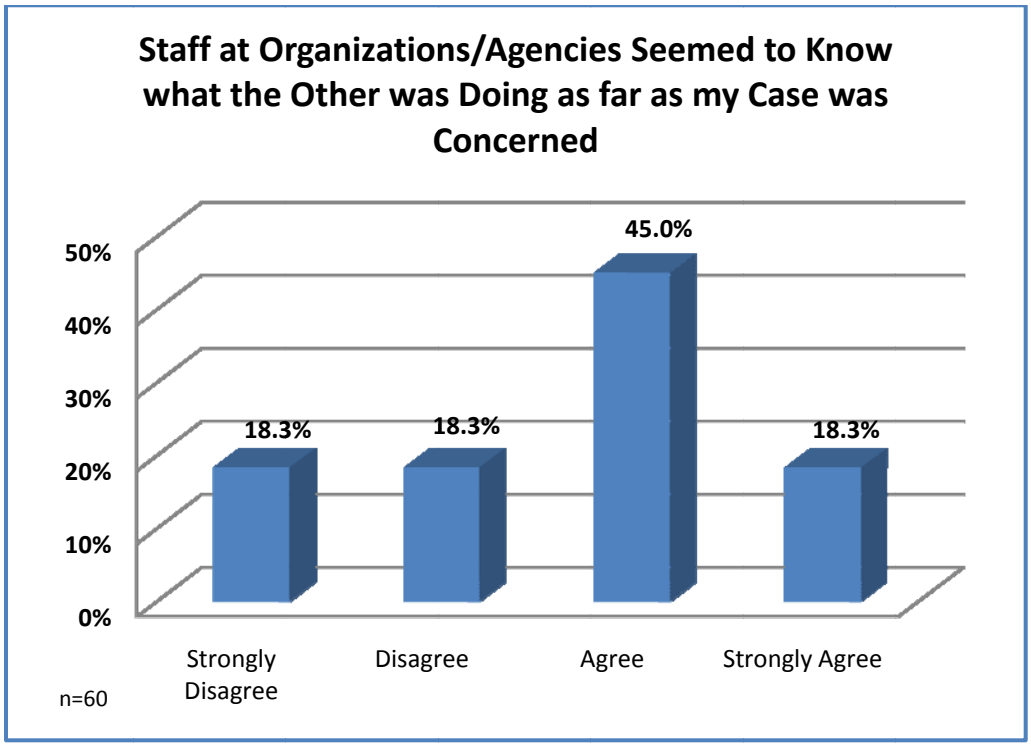


Figure 10. Agencies Seemed to Know what the Other was Doing

Figure 11 illustrates responses to a related statement, "I had to provide the same information over and over to staff from different organizations and agencies." About 2 of 5 (43.3%) respondents "Strongly disagreed" or "Disagreed" with this statement (a positive appraisal in this case), but one third (33.3%) agreed and more than one in five (23.3%) strongly agreed.

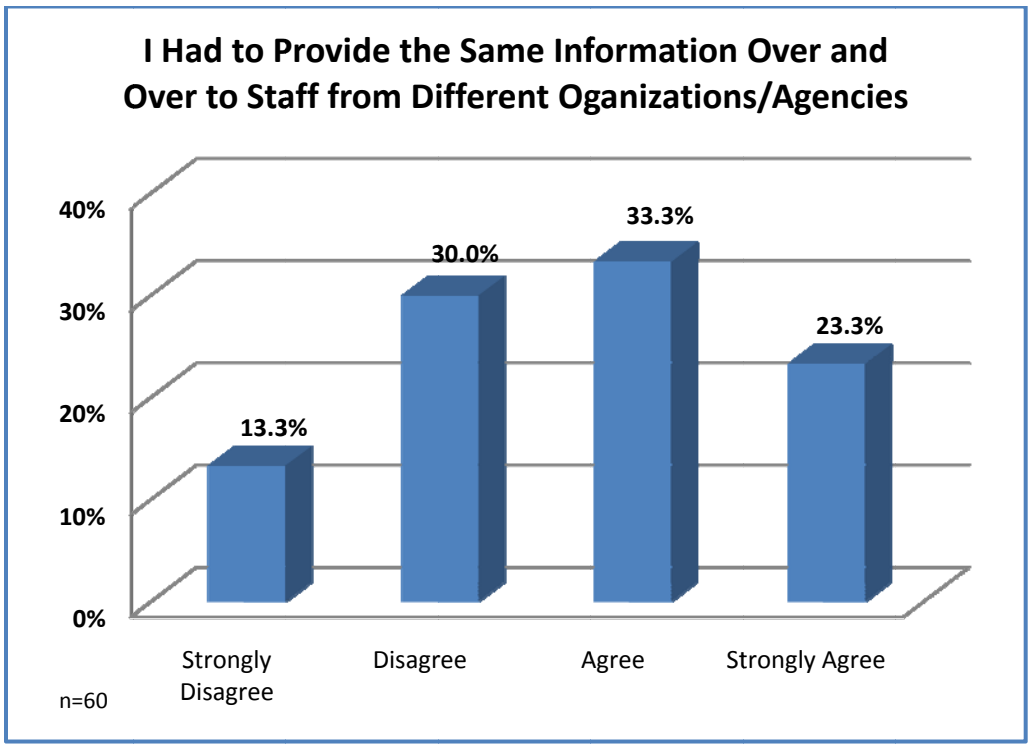


Figure 11. Client Had to Provide Same Information Repeatedly

One Thing that was Most Helpful

Former clients completed the sentence, "The one thing that was most helpful for me and my family was…" These open-ended responses were coded and the category codes are presented in Table 45. Of those answering, the largest proportion (16.9%) remarked positively on their experience with their CSD worker. Next, former clients indicated that maintaining family contact or being reunified with their children was most helpful (13.6%). This was followed by substance abuse treatment (11.9%) and parenting education (10.2%).

Table 45. One Thing that was Most Helpful

One Thing that was Most Helpful	*Frequency*	*Percent*
CSD Worker	10	16.9
Visits with Children/Reunification	8	13.6
Substance Abuse Treatment	7	11.9
Parenting Education	6	10.2
Counseling	4	6.8
Other	19	32.2
Nothing	5	8.5
Total	59	100.0

Responses coded as "other" include: "The only service that was helpful was the milestone evaluation for one of my kids," "To see my kids father have full responsibility of my kids without me," "Interrupting the adult family member dynamics with an offer of services," "Learning a new way of life," "The last court date," "My family support," "The paternity test to rule out another guy

as a father," "The team decision making/ family meetings; we got great information and help. Plus how to start managing things better than before," "To get out of our old situation and start fresh all over. We bettered ourselves and are now in our new own home," and "FPC (Family Preservation Court) was most helpful for me

One Thing that was Not Done

Former clients completed the sentence, "The one thing that would have helped me and my family that was not done was…" Of the 56 valid responses, 16 (28.6%) clients indicated that "nothing" else could have been done or they could not think of anything. Four respondents mentioned housing assistance, and three each requested follow-up, child counseling services, and more communication with their CSD worker. About half of the responses were unique and could not be coded into thematic categories. Many of these were critical of unique experiences with CSD:

> "Well, my two boys were placed with my mother and my daughter was left with a foster family because things were not done fast enough for her to stay with my mother and my little girl is still affected by it today."
>
> "More contact with my children. More praise from the county. One worker only would be nice."
>
> "The medical request for my son to be circumcised after birth was ignored."
>
> "I provided proof that the reason for the call was unfounded, but the family law mediator wrote in her report that a portion of the charges were founded even though the worker said all was good when he left."
>
> "For my girls' voices to be heard. Court doesn't always know what's best for them."
>
> "Everything. This may seem harsh but I felt very uncomfortable with my minor in the care of Chino Hospital. It was a nightmare to get her home and out was a 2 hour ordeal after her hold was up. This place needs to be looked into."
>
> "Our visitation with our children was made a hardship on us due to moving our visits to the Temecula office instead of keeping them in the Hemet office where we live."
>
> "See what the parent feels. What help they need."
>
> "Going after my son's father to make him pay or giving me options on what to do to make him cooperate with me."
>
> "Someone to find the truth the second my ex was put in jail!"

Some clients mentioned one service, such as: "More help with transportation," "Family counseling," "More mental health evaluation would have been helpful," "Settling child support matters for each of the parents," and "Provide more help getting my kids into Alateen and me to Al-Anon."

FAMILY RESOURCE CENTER CLIENT SURVEY

METHOD

HARC collaborated with PCARC and DPSS CSD staff to design a questionnaire suitable for self-administration to walk-in Family Resource Center (FRC) clients at the Mecca, Desert Hot Spring, Perris, and Rubidoux locations. About 12 surveys were administered at the Permanency Region, which arranges adoptions and other permanent placements for children. The Permanency Region also provides training for new foster parents. Survey data were collected in November and December, 2010.

Questions were developed to 1) assess knowledge about child abuse and 2) to determine what services and supports families need to help prevent child abuse and neglect. The survey began with six questions included on the Community Survey designed to assess public knowledge about child abuse and neglect. These items reflected information provided on the "Department of Public Social Services Children's Services Division 2009 Fact Sheet" as well as some national statistics. Fourteen services currently funded by CAPIT/ PSSF resources or recommended in the literature as essential to the prevention of child maltreatment previously developed for the Provider survey followed the knowledge items. Respondents were asked to rate the importance of each service to child abuse prevention on a six-point Likert-type scale from 1= "Not at all Important" to 6= "Extremely Important." Six basic respondent descriptor/ demographic items completed the FRC Client Survey questionnaire.

RESULTS

The distribution of completed surveys by FRC location is depicted in Table 46. Of the 361 completed surveys, location could not be determined in 55 cases.

Table 46. Distribution of Responses by FRC Location

Location of FRC Data Collection	*Frequency*	*Percent*
Desert Hot Springs	79	25.8
Perris	83	27.1
Rubidoux	69	22.5
Mecca	75	24.5
Total	306	100.0

FRC Survey Respondent Demographics

The majority (54.6%, *n*=197) of the surveys were completed in Spanish and 164 (45.4%) were completed in English. Of the 332 respondents that specified, 238 (71.7%) are female and 94 (28.3%) are male. The majority of respondents (76.1%) self-identified as Latino/ Hispanic; and just over one in ten as White/ Caucasian (10.6%) and Black/African American (10.3%).

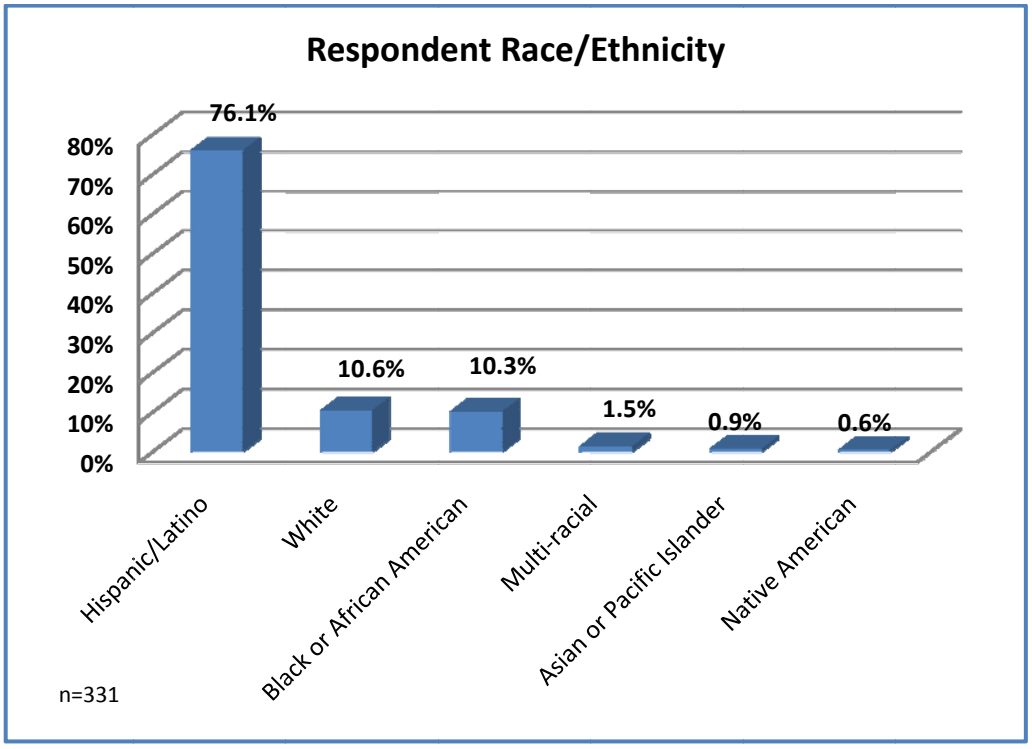


Figure 12. FRC Client Race/ Ethnicity

Table 13 indicates that the largest proportion of FRC clients (29.8%) obtained their high school diploma or GED, but note that a total of 41.9% of FRC respondents report less than a high school education.

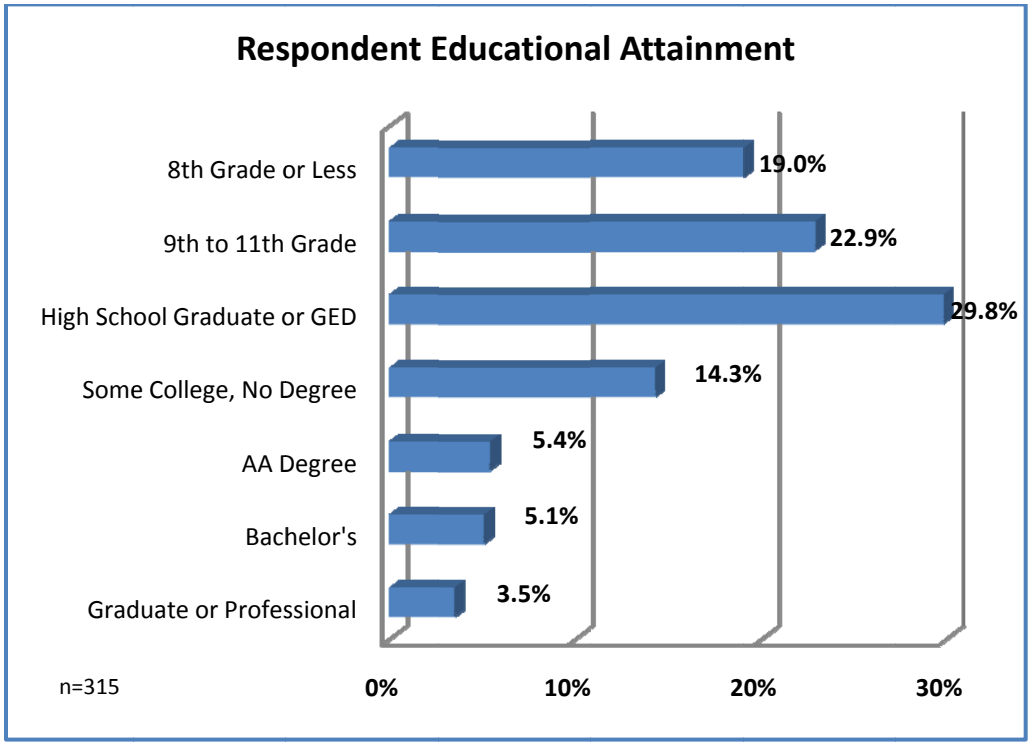


Figure 13. FRC Client Education

Respondent age ranges from 18 to 76 with an average of 37.2 years. The median (the point above which and below which 50% of the cases fall) and mode (most frequently reported age) is 35. Figure 14 illustrates the fact that, except for fewer respondents 45-49, age is fairly evenly distributed across five-year categories.

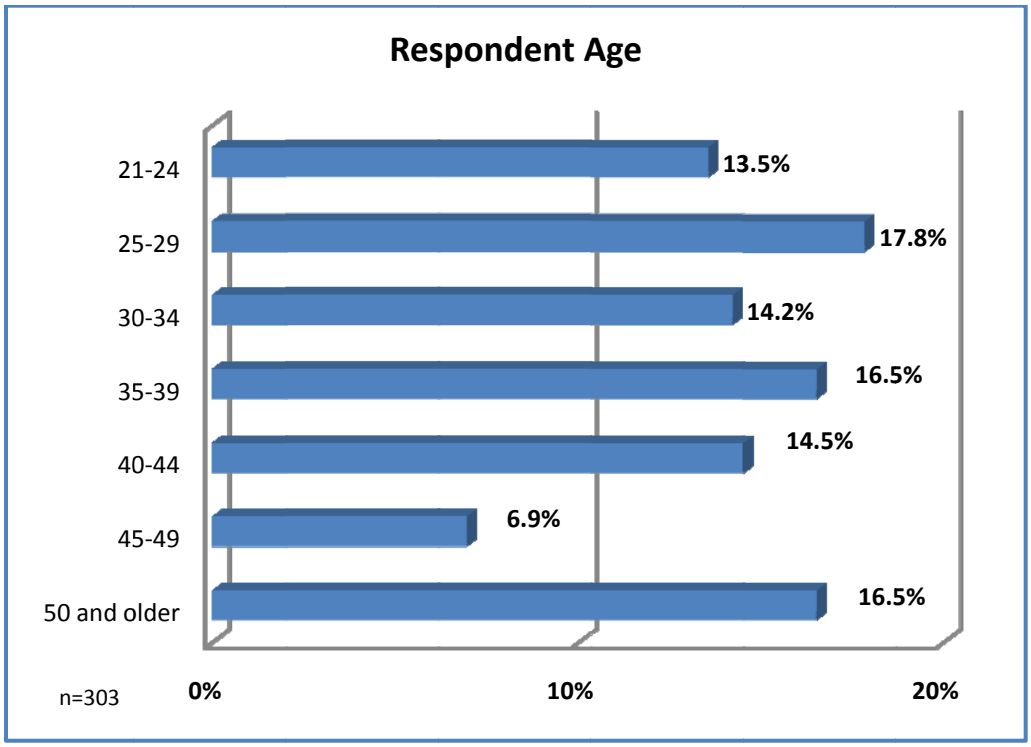


Figure 14. FRC Client Age

Table 47 shows that the largest proportion (45.1%) of FRC clients answering the question reports one child from zero to five years of age at home. About a third (33.5%) has two children in this age range and 21.4% have three or more.

Children 0 to 5 in Household	*Frequency*	*Percent*
One	78	45.1
Two	58	33.5
Three	24	13.9
Four or more	13	7.5
Total	173	100.0

Children 6 to 17 in Household	*Frequency*	*Percent*
One	47	30.5
Two	52	33.8
Three	40	26.0
Four or more	15	9.7
Total	154	100.0

Table 48 indicates roughly equal proportions of FRC clients with one and two children six to 17 years of age at home.

Table 49. Total Children in FRC Client Households

Children in Household	Frequency	Percent
No Children Reported	122	33.6
Only Children 0-5	87	24.0
Only Children 6-17	68	18.7
Children 0-5 and 6-17	86	23.7
Total	363	100.0

Note that the "No children reported" category in Table 49 includes respondents who declined or neglected to answer questions about the number of children in their homes and is not a valid indicator of the proportion with no children at home. Just less than one quarter (24.0%) report only children zero to five and 18.7% report only children six to 17 years of age. Children in both age groups are reported by 23.7% of the respondents.

FRC Client Knowledge Regarding Child Abuse

FRC survey respondents answered six questions designed to assess knowledge of child abuse and neglect. These items reflected information provided on the "Department of Public Social Services Children's Services Division 2009 Fact Sheet" as well as some national statistics. Open-ended items inquired about what the community can do now to prevent child abuse in Riverside County and the best way to educate people about the issue of child abuse. Specific items inquired about the proportions of child abuse by type, the professions of mandated reporters, who reports the largest proportion of child abuse, the number of calls received annually by the Child Protective Services hotline, the age group with the highest rate of victimization, and Riverside County's rank (out of all 58 counties) in terms of the number of children in out of home placements. The distribution of responses to each of these questions is presented in the following graphs. In each case, the bar depicting the proportion of respondents choosing the correct answer is shaded green.

Child Abuse Investigations

The largest proportion of FRC clients (46.1%) incorrectly answered that two-thirds of child abuse investigations focus on physical abuse. The correct response, neglect, was selected by 20.1% of FRC clients. Slightly smaller proportions answered sexual abuse (18.1%) and emotional abuse (15.7%).

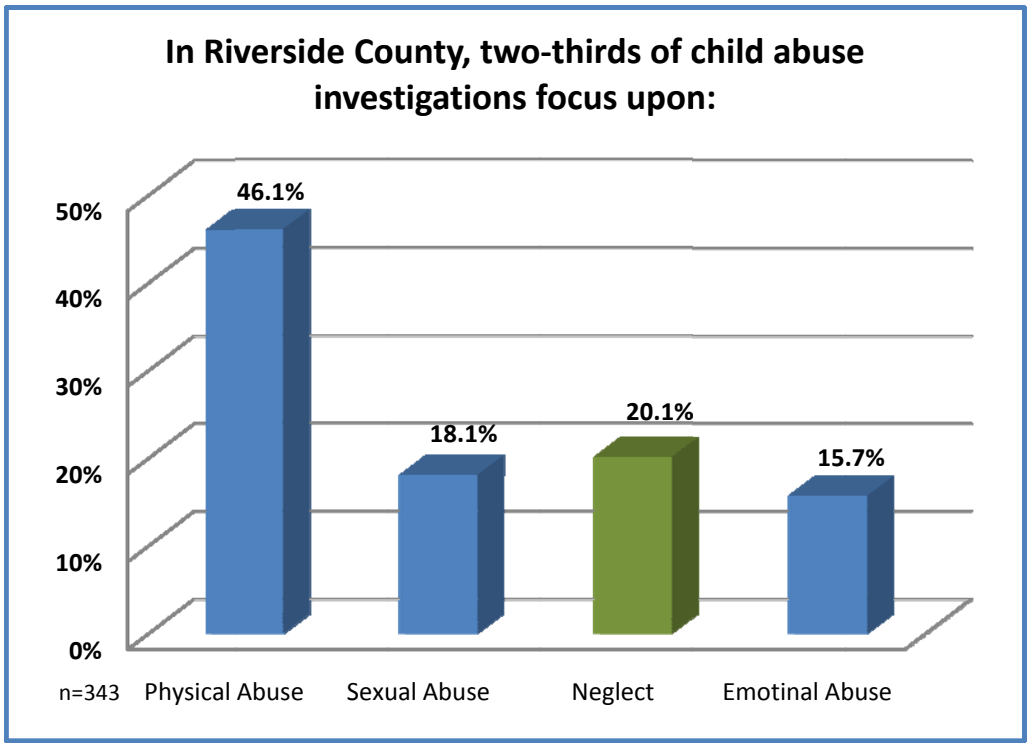
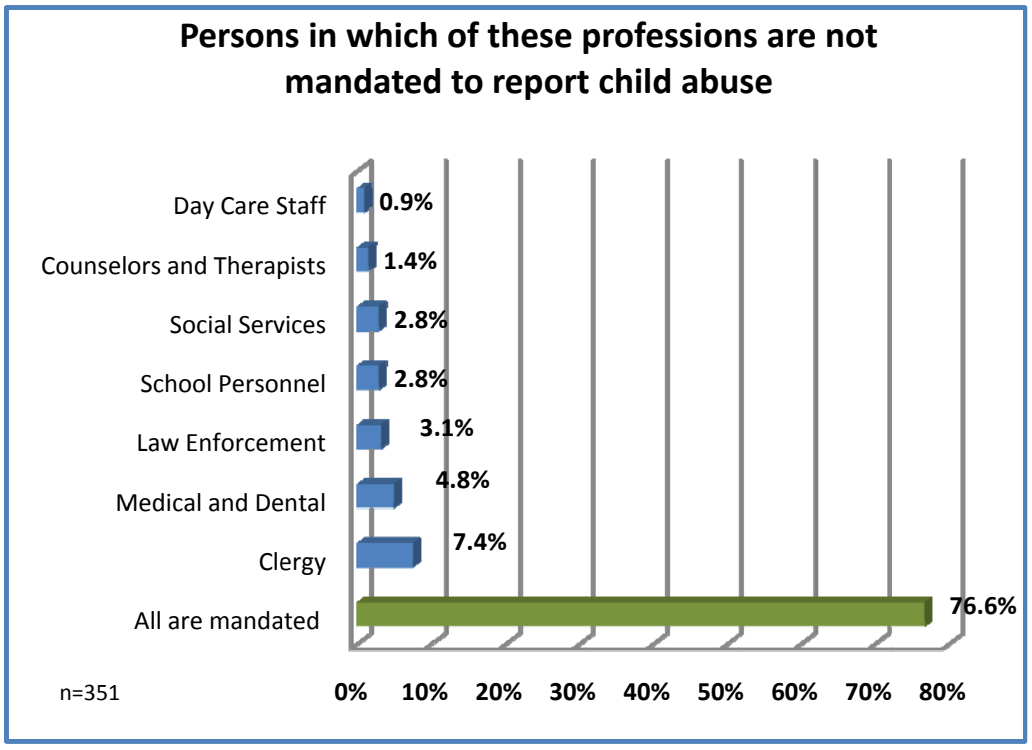


Figure 15. FRC Client Knowledge Regarding Most Frequent Type of Child Abuse



Mandated Reporters

Just more than three quarters of FRC clients correctly identified all listed professions as mandated reporters.

Figure 16. FRC Client Knowledge – Mandated Reporters

Who Reports the largest Proportion of Child Abuse?

Just more than two of five (43.7%) FRC clients correctly answered that school personnel report the largest proportion of child abuse. Three in ten respondents (30.6%) incorrectly believe that health care providers reported the largest proportion of child abuse.

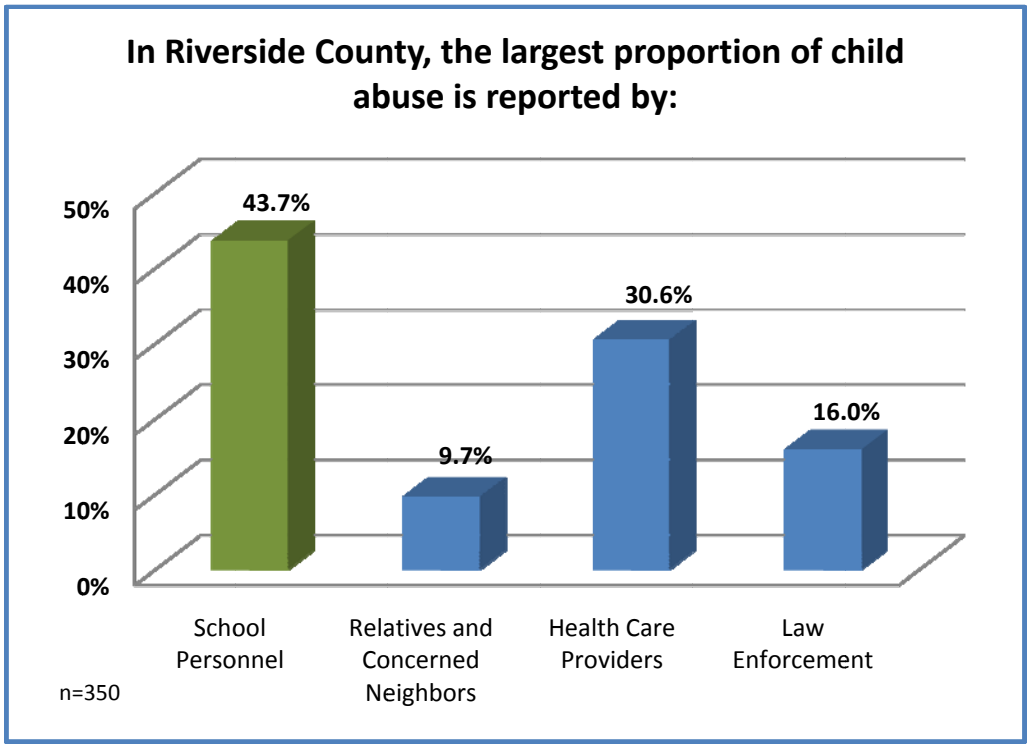
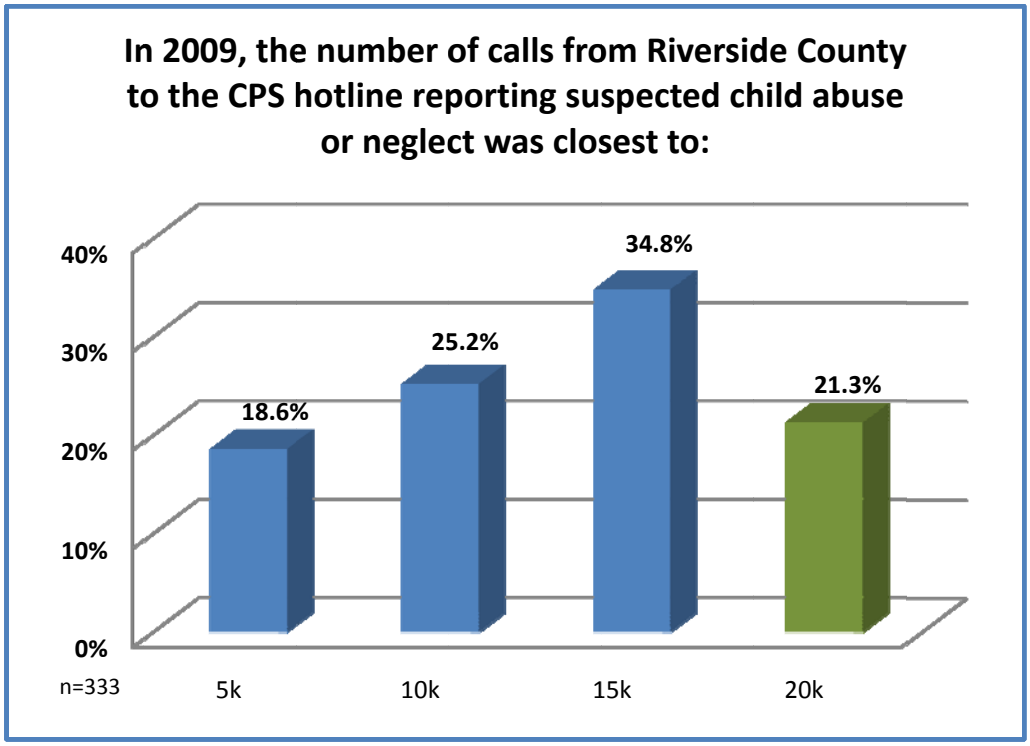


Figure 17. FRC Client Knowledge – Who Reports the Largest Proportion of Abuse



Child Protective Services Hotline Calls

In 2009, about 23,000 calls reporting suspected abuse or neglect were received by the Child Protective Services Hotline. The correct answer (20,000) was selected by 21.3% of FRC clients. The largest proportion selected the next lowest answer (15,000 calls).

Figure 18. FRC Client Knowledge – Annual Number of Calls to the CPS Hotline

Out of Home Placements

About 4,400 children in Riverside County are supervised in out of home placements. Riverside County is second only to Los Angeles County in this regard. The correct answer was selected by 36.0% of FRC clients. The largest proportion (41.2%) of respondents selected the next lower alternative, 12th.

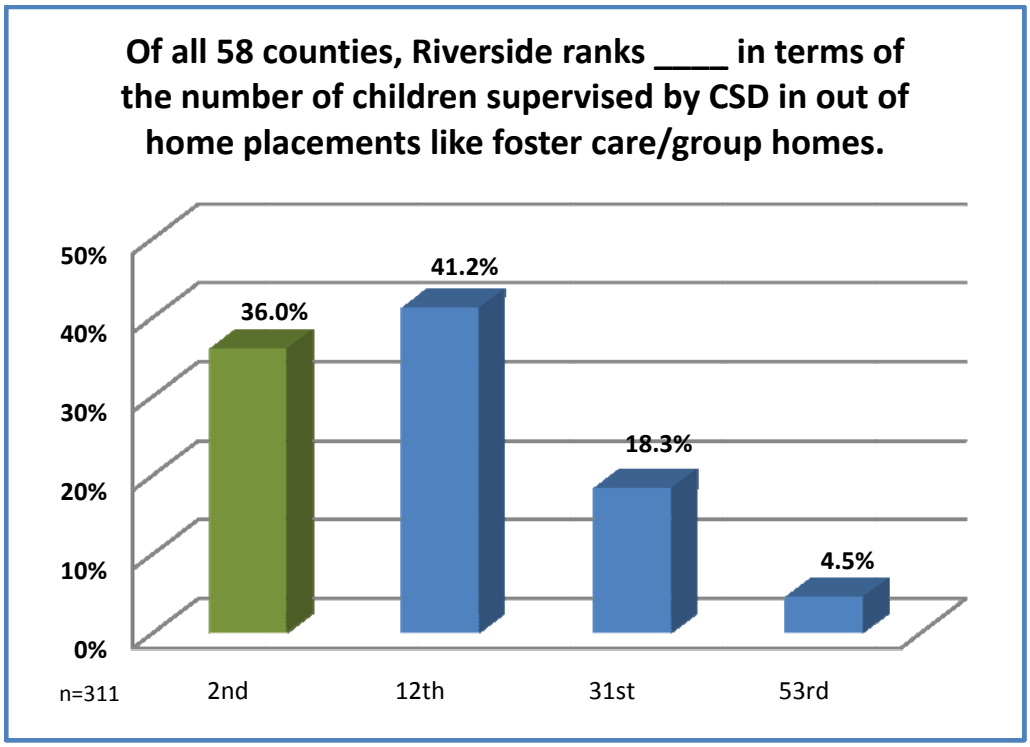


Figure 19. FRC Client Knowledge – County Rank Regarding Out of Home Placements

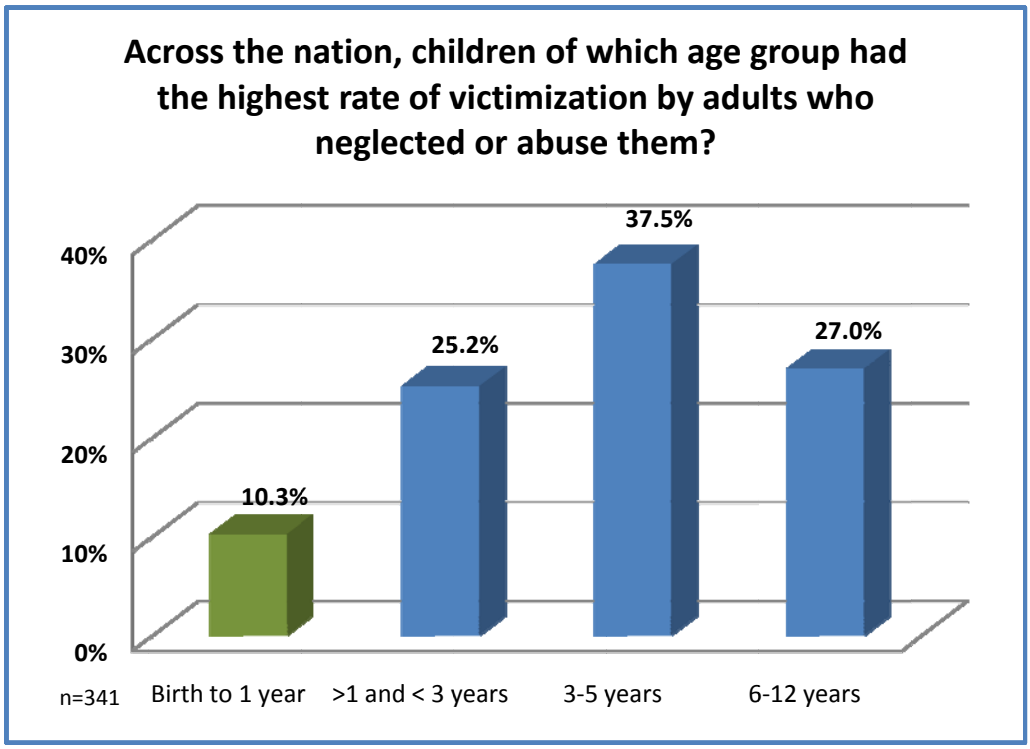


Figure 20. FRC Client Knowledge – Rate of Victimization by Age Group

Victimization Age

FRC clients were least likely (10.3%) to know that children zero to one year of age have the highest rate of victimization.

Total Knowledge

Figure 21 illustrates the distribution of total correct answers. The largest proportion (41.3%) of FRC clients answered two of the six questions correctly. Collectively, 73.8% of the FRC survey respondents answered two or fewer questions correctly, compared to 26.3% answering one half or more of the six questions correctly.

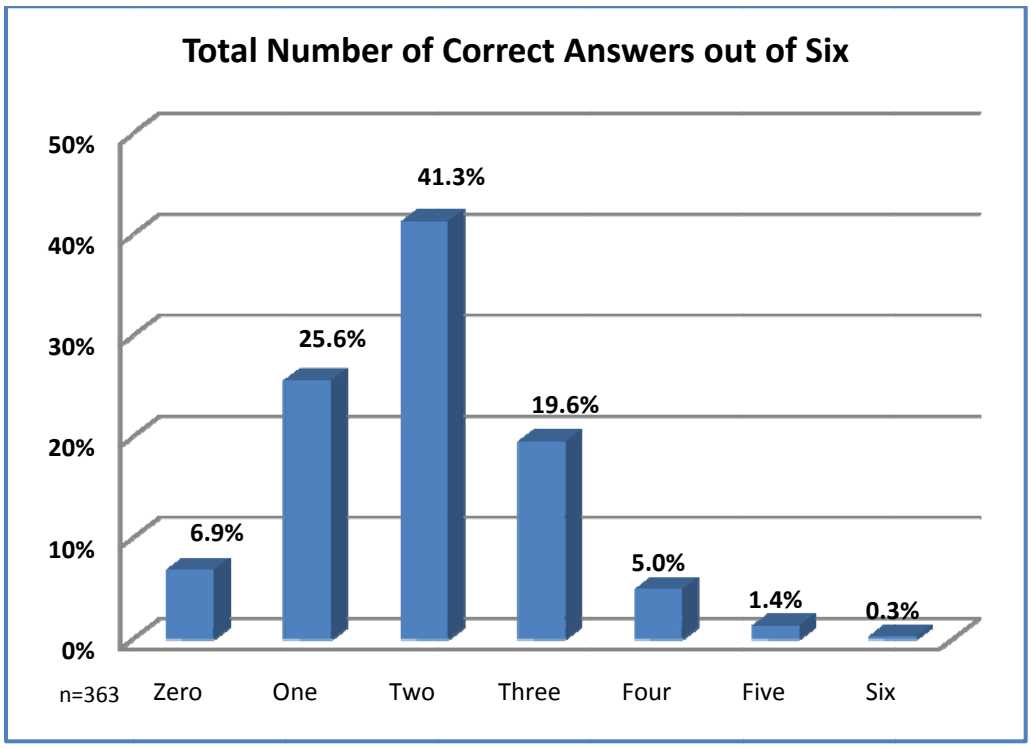


Figure 21. FRC Client Knowledge Questions Answered Correctly

Total Knowledge by Respondent Demographics

English-speaking FRC clients answered an average of 2.09 questions correctly compared to Spanish-speaking FRC clients answering an average of 1.84 questions correctly. This is a small but statistically significant difference; [F (1, 359) = 5.064, p= .025]. There are no other significant differences by respondent characteristics (gender, race/ethnicity, age, level of education).

Importance of Services to Prevent Child Abuse

FRC clients rated the importance of 14 services to the prevention of child abuse in Riverside County on a Likert-type scale with alternatives including 1="Not at all Important," 2="Of very little Importance," 3="Somewhat Unimportant," 4="Somewhat Important," 5="Very Important," and 6="Extremely Important." Note that these are the same services rated by providers, although they are described using simpler language. In descending order of mean rating, Table 47 presents the full text of the service description, the valid number of survey responses, an abbreviated description of the service, and the average rating. Note that13 of these 14 services are rated within four tenths of one point on the six-point scale from 5.02 to 5.42. These are all higher than the point corresponding to 5= "Very Important."

Table 50 indicates that the service rated by FRC clients as most important to prevent child abuse in Riverside County is "Easy-to-get-to family-focused treatment for substance abuse including education about parenting and child development" (*M*= 5.42). Tied for second (*M*=5.37) are "Parent Education classes for adults to help them feel closer to, and learn how best to discipline, care for and supervise their children," and "Anger Management classes to stop abuse and violence." Tied for third are "Classes and advocacy services for victims of domestic violence to empower them and to prevent future incidents of domestic violence," and "Counseling to prevent the occurrence of child abuse and domestic violence" (*M*= 5.33). The four services rated as least important were described as "homemaker services provided in the parent's residence."

Table 50. FRC Client Importance of Services to Prevent Child Abuse

Importance of Services to Prevent Child Abuse	*N*	*Service*	*Mean Rating*
Easy-to-get-to family focused treatment for substance abuse including education about parenting and child development	340	**Substance Abuse Treatment**	**5.42**
Parent Education classes to help them feel closer to, and learn how best to discipline, care for and supervise their children	348	**Parent Education**	**5.37**
Anger Management classes to stop abuse and violence	335	**Anger Management**	**5.37**
Classes and advocacy services for victims of domestic violence to empower them and prevent future incidents of domestic violence	341	**Empower Victims of DV**	**5.33**
Counseling to prevent the occurrence of child abuse and domestic violence	335	**Counseling for Adults**	**5.33**
Easy-to-get-to family focused treatment for mental illness including education about parenting and child development	334	**Mental Illness Treatment**	**5.21**
Help parents to meet basic needs by getting the financial supports they are entitled to and help to become self-sufficient	342	**Meeting Basic Needs**	**5.20**
Mental health counseling for children	329	**Counseling for Children**	**5.19**
Crisis intervention for families at risk	328	**Crisis Invervention**	**5.17**
Peer counseling, group support, information and referrals, for relatives like grandparents caring for dependent children	331	**Relatives Providing Care**	**5.12**
Personal stress management provided in the parent's residence	333	**Stress Management**	**5.11**
Household safety, environmental and personal hygiene provided in the parent's residence	332	**Safety and Hygiene**	**5.09**
Information on proper nutrition, grocery shopping, meal planning and preparation provided in the parent's residence	333	**Nutrition and Meals**	**5.02**
Budgeting and money management provided in the parent's residence	327	**Money Management**	**4.85**

Table 51. FRC Client Service Ratings by Language

Services	Language of Interview	
	English M (n)	Spanish M (n)
Substance Abuse Treatment	5.47 (159)	5.37 (179)
Parent Education	5.49 (158)	5.26 (188)
Anger Management	5.58 (159)	5.17 (174)
Empower Victims of DV	5.51 (159)	5.17 (180)
Counseling for Adults	5.56 (158)	5.13 (175)
Mental Illness Treatment	5.42 (159)	5.02 (173)
Meeting Basic Needs	5.30 (159)	5.10 (181)
Counseling for Children	5.39 (159)	5.01 (168)
Crisis Invervention	5.42 (156)	4.94 (170)
Relatives Providing Care	5.30 (157)	4.97 (172)
Stress Management	5.24 (158)	4.99 (173)
Safety and Hygiene	5.23 (158)	4.95 (172)
Nutrition and Meals	5.13 (158)	4.92 (173)

English and Spanish-speakers provide significantly different [$p < .05$] mean ratings on nine of the 14 services rated with regard to their importance to child abuse prevention in Riverside County. These nine items are shaded in Table 51. As indicated by the means, in each case the mean rating provided by English-speakers is significantly higher than the mean provided by Spanish-speakers. The consistency of this difference suggests that it may be an artifact of cultural-linguistic dispositions.

Service Ratings by Language of Interview

Table 52 compares ranks based on the mean rating of each service provided by English- and Spanish-speaking FRC Client Survey respondents. The top five services are the same for both groups, although they appear in different order. "Information on proper nutrition, grocery shopping, meal planning and preparation provided in the parent's residence" and "Budgeting and money management provided in the parent's residence" were ranked as least important by both groups.

Table 52. Differences in Service Ranks by Language

Importance of Services	*English-Spekers Rank (Mean)*	*Spanish-Speakers Rank (Mean)*
Anger Management	1 (5.58)	3 (5.17)
Counseling for Adults	2 (5.56)	5 (5.13)
Empower Victims of DV	3 (5.51)	4 (5.17)
Parent Education	4 (5.49)	2 (5.26)
Substance Abuse	5 (5.47)	1 (5.37)
Crisis Invervention	6 (5.42)	12 (4.94)
Mental Illness Treatment	7 (5.42)	7 (5.02)
Counseling for Children	8 (5.39)	8 (5.01)
Relatives Providing Care	9 (5.30)	10 (4.97)
Meeting Basic Needs	10 (5.30)	6 (5.10)
Stress Management	11 (5.24)	9 (4.99)
Safety and Hygiene	12 (5.23)	11 (4.95)
Nutrition and Meals	13 (5.13)	13 (4.92)
Money Management	14 (4.98)	14 (4.72)

Importance of Services by Gender

Table 53. FRC Client Service Ratings by Gender

Services	*Gender*	
	Male M (n)	*Female M (n)*
Parent Education	5.19 (93)	5.46 (230)
Counseling for Adults	5.14 (90)	5.45 (225)
Crisis Invervention	4.98 (89)	5.26 (220)
Safety and Hygiene	4.87 (90)	5.20 (223)

Males and females provide significantly different average ratings on four of the 14 services. As indicated by the means displayed in Table 53, in each case females provided significantly higher ($p < .05$) mean ratings than males. All rows are shaded because only the significant differences are presented.

Importance of Services by Educational Attainment

FRC clients with less than a high school education differed significantly from clients with higher levels of educational attainment, and the between-group differences in the latter category were small. Consequently, clients with "less than a high school education" were compared to those with "high school or better" educational attainment. Without exception, (note that each row in Table 54 is shaded) the mean rating provided by FRC clients with less than a high school education is significantly lower than the mean rating provided by FRC clients with a high school education or more.

Table 54. FRC Client Service Ratings by Education

Services	*Level of Education*	
	Less than HS M (n)	*HS or Higher M (n)*
Substance Abuse Treatment	5.30 (128)	5.52 (176)
Parent Education	5.21 (126)	5.51 (181)
Anger Management	5.12 (122)	5.55 (177)
Empower Victims of DV	5.15 (127)	5.45 (177)
Counseling for Adults	5.16 (122)	5.47 (175)
Mental Illness Treatment	5.00 (123)	5.35 (175)
Meeting Basic Needs	5.02 (124)	5.27 (177)
Counseling for Children	4.95 (120)	5.31 (174)
Crisis Invervention	4.98 (118)	5.31 (174)
Relatives Providing Care	4.90 (122)	5.26 (173)
Stress Management	4.85 (122)	5.27 (176)
Safety and Hygiene	4.89 (123)	5.26 (174)
Nutrition and Meals	4.84 (124)	5.16 (173)
Money Management	4.67 (120)	5.01 (172)

Importance of Services by Race/Ethnicity

White/ Caucasian, Hispanic/Latino, and Black/African American FRC clients provided significantly different mean ratings of one service, "Crisis intervention for families at risk." Whites/ Caucasians (*M*= 5.57) and African Americans (*M*=5.53) provided higher mean ratings of this item than Latino/ Hispanic FRC clients (*M*=5.05); [*F* (2, 294) = 5.111, *p*= .007].

Additional Services

Table 55 presents coded responses to the question, "What other kinds of services or supports do families in Riverside County need to help prevent child abuse"? Of the 363 respondents, 213 did not answer and 16 answers were non-responsive. Of the valid responses, one-third (33.3%) of FRC clients mentioned parenting education classes (including anger management, communication courses, and unspecified "classes" for parents). The next most frequent response was the need for community outreach to inform and raise awareness. "Other" responses included "Help to navigate system," "Resources on helping kids," "Better police," and "Classes for children."

Table 55. Additional Services Needed to Prevent Child Abuse

Family Services/ Supports to Help Prevent Child Abuse	*Frequency*	*Percent*
Parenting Education	50	33.3
Outreach/ Education/ Information	31	20.7
Mental Health Counseling or Treatment	25	16.7
Help Families Meet Basic Needs	17	11.3
Address Problems with Social Services	6	4.0
Activities for Children	5	3.3
Substance Abuse Treatment	4	2.7
Community Invovlement/ Increased Reporting	4	2.7
Church	2	1.3
Other	6	4.0
Total	150	100.0

Reason for FRC Visit

Clients were asked the reason for their visit to a FRC on the day the survey was administered. Eighty-nine did not answer. As indicated by Table 56, of the valid responses, 18.2% visited an FRC for an unspecified need for help—such as information or a referral. The second largest proportion (12.4%) was attending a parent education class. About one in 10 came for assistance with basic needs (e.g., clothing, utility assistance, or housing assistance) or to use office equipment (e.g., make copies, send a fax, or use the telephone). Responses categorized as "other" include: "to practice my exercises," "mediation request," "because it was necessary," "for legal help," "problems with child," "to register children for program," "family classes," "because I need to get in touch with my social worker" "to tell [them] that I got a great job," and "to help my family."

Table 56. Coded Client Reasons for Visiting a Family Resource Center

Why Did you Come to the FRC Today?	*Frequency*	*Percent*
Help/ Information/ Referral/ Class	50	18.2
Parenting Education Class	34	12.4
Meeting Basic Needs	29	10.6
Office Services	29	10.6
Counseling or Mental Health Services	24	8.8
Job Search	20	7.3
English Language Classes	18	6.6
Toys/ Christmas	16	5.8
Anger Management	14	5.1
Court/ CPS Mandated	12	4.4
Medical	8	2.9
Domestic Violence Classes	3	1.1
Other	17	6.2
Total	274	100.0

Other Client-Desired FRC Services

Table 57 presents coding categories developed for responses to the question, "Other than the service you are receiving today, is there any other type of service that you would like to have available at this center?" Equal proportions (10.5%) of FRC clients requested counseling/ mental health services and activities for children. Also desired are computer classes (9.7%), parenting education classes (8.9%), and a computer/ Internet access/ scanner (8.1%). Responses coded "other" include: "social and medical services," child support agency," moving assistance," "more benefits and help for us in Spanish," "mentorship for the youth entrepreneurship," "how to deal with teenagers," more days of classes," and "help with teenagers."

Table 57. Coded Responses to Other Client Desired Services

Other Type of Service You'd Like Available	*Frequency*	*Percent*
Counseling or Mental Health Services	13	10.5
Child Activities	13	10.5
Computer Classes	12	9.7
Parenting Education Class	11	8.9
Internet/ Computer/ Scanner	10	8.1
Meeting Basic Needs	8	6.5
Job Search	8	6.5
English Language Classes	7	5.6
Transportation	6	4.8
Preparedness Classes	5	4.0
Substance Abuse Treatment	4	3.2
Other	27	21.8
Total	124	100.0

COMMUNITY SURVEY

METHOD

HARC collaborated with PCARC and DPSS CSD staff to design English and Spanish-language versions of a questionnaire suitable for face-to-face and self-administration to residents encountered in public places throughout Riverside County. Questions were developed to assess knowledge about child abuse and to solicit community input regarding means of preventing child abuse and educating the public about the issue.

HARC trained individuals to approach community residents to ask for their help by completing a short survey about preventing child abuse, neglect, and maltreatment in Riverside County. Community residents agreeing to complete the questionnaire were provided a print copy of the questionnaire (on a clipboard with a pencil). Upon return of the completed survey questionnaire, the interviewer handed the respondent a "Fact Sheet" presenting the correct answers to the knowledge-based questions and the Child Protective Services Hotline Number.

The questionnaire began with six multiple-choice questions assessing public knowledge about child abuse and neglect. These items reflected information provided on the "Department of Public Social Services Children's Services Division 2009 Fact Sheet" as well as some national statistics. Open-ended items inquired about what the community can do now to prevent child abuse in Riverside County and the best way to educate people about the issue of child abuse. Six standard demographic items were also included.

RESULTS

Survey data were collected from 409 Riverside County residents at the Grove Community Church, Sacred Heart Church, the Chicago Avenue Gateway Office Building, Palm Desert Community Park, Palo Verde Unified School District in Blythe, in the Eastern Coachella Valley, and at public locations (e.g., libraries, shopping centers) in the Riverside/ Corona area. The distribution of completed surveys by location is presented in Table 58.

Table 58. Community Resident Location of Interview

Location of Community Data Collection	*Frequency*	*Percent*
Riverside Metro	211	51.6
Coachella Valley	185	45.2
Blythe	13	3.2
Total	409	100.0

Community Survey Respondent Demographics

Almost three-quarters (72.6%, *n*=297) of the surveys were completed in English and 112 (27.4%) were completed in Spanish. Of the 381 respondents that answered the question, 249 (65.4%) are female and 132 (34.6%) are male.

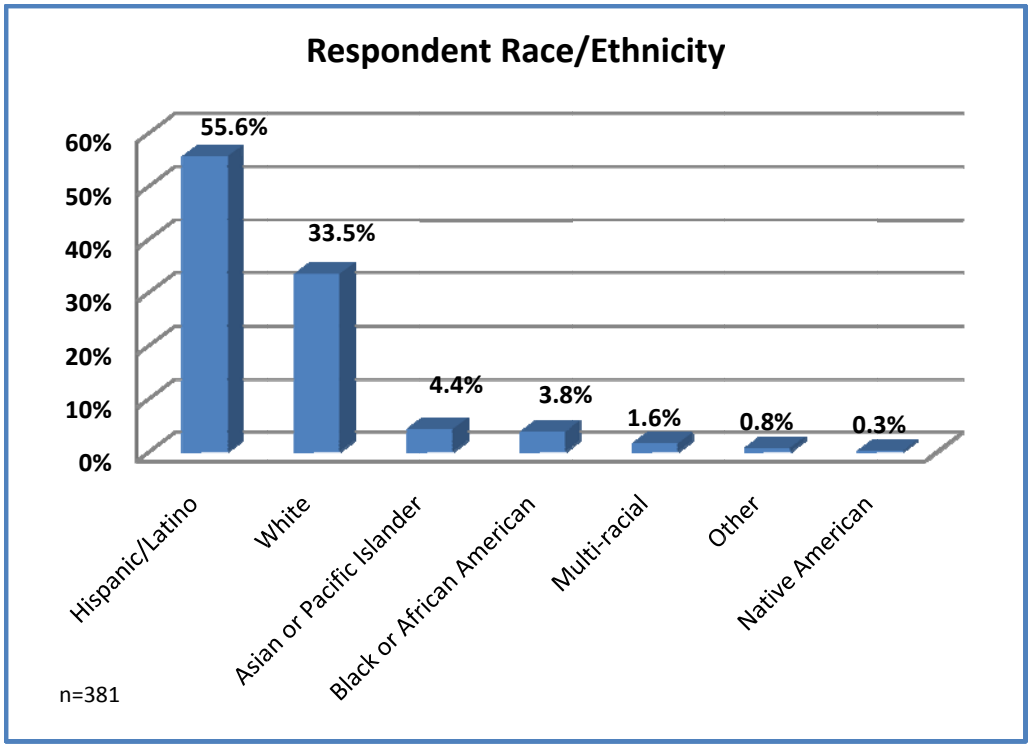


Figure 22 illustrates the fact that the majority of respondents (55.6%) self-identified as Latino/ Hispanic and one-third (33.5%) self-identified as White/ Caucasian.

Figure 22. Community Survey Respondent Race/ Ethnicity

Figure 23 shows that roughly equal proportions of community residents reported a high school diploma or GED (23.1%) or completing some college, but not a degree (22.0%). Sixty-three (18.0%) survey respondents report less than a high school education.

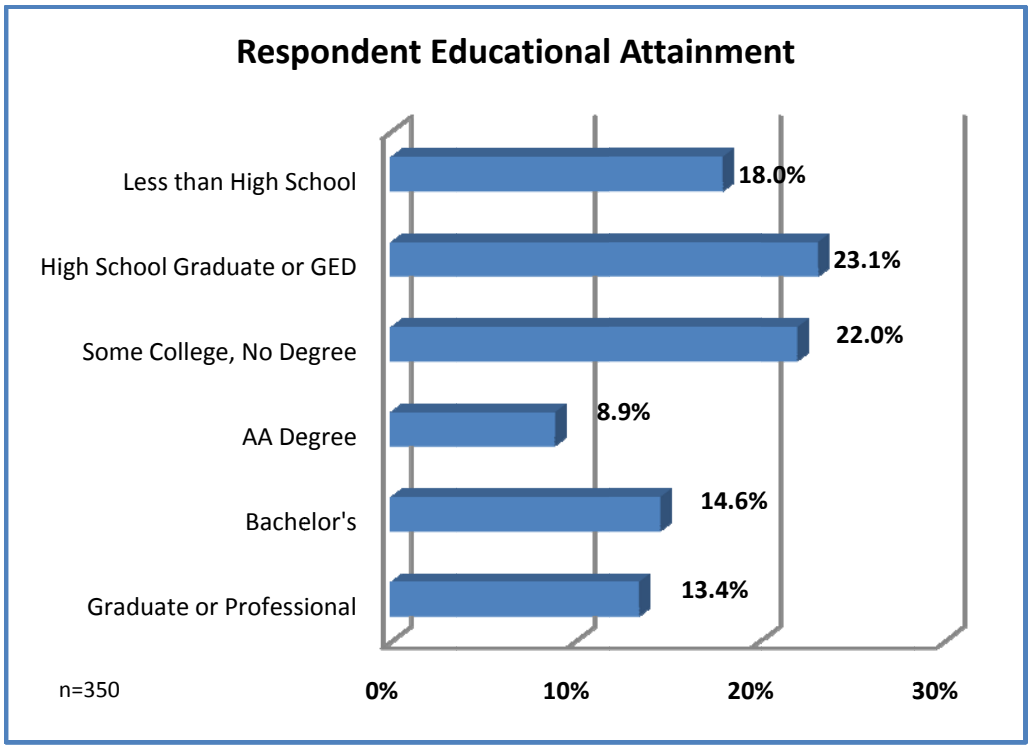
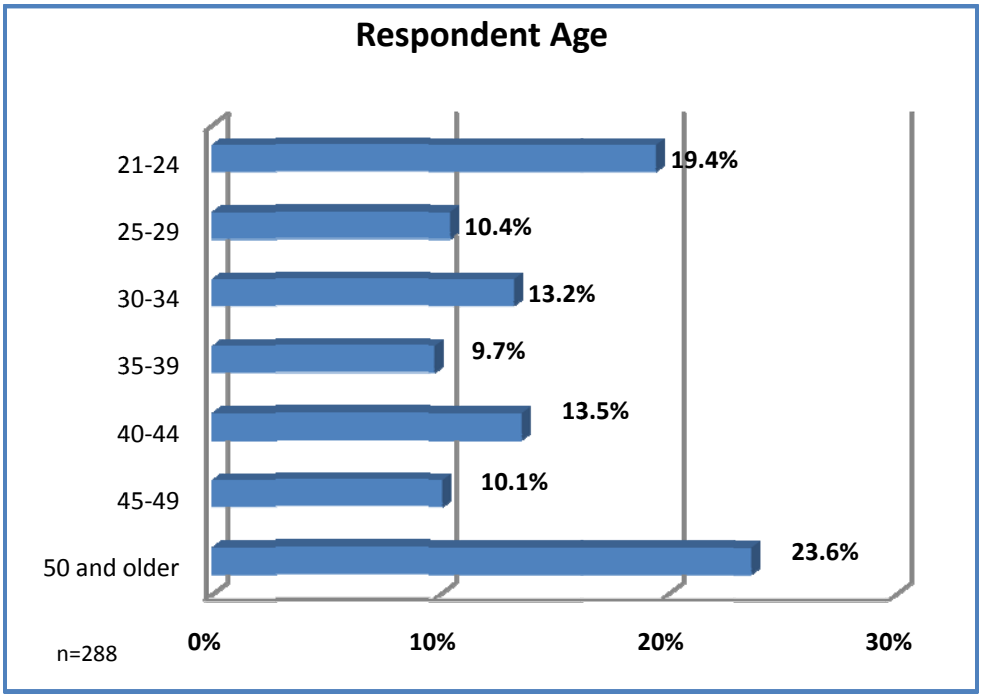


Figure 23. Community Survey Respondent Educational Attainment



Respondent age ranges from 18 to 82. The average age is 38.9. The median age is 37. The mode, the most frequently reported age, is 41. Sixty-eight (23.6%) community survey respondents are 50 years of age or older and 56 (19.4%) are younger than 25.

Figure 24. Community Survey Respondent Age

Table 59 shows that of the residents reporting a child 0-5 years of age in their home, the majority (57.4%) have one child and about one-fifth (20.9%) have two children in this age group.

Table 59. Community Survey Respondent Children 0-5

Children 0 to 5 in Household	*Frequency*	*Percent*
One	85	57.4
Two	31	20.9
Three	19	12.8
Four or more	13	8.8
Total	148	100.0

Table 60. Community Survey Respondent Children 6-17

Table 60 indicates that the largest proportion of respondents (47.7%) with children 6-17 has one child and 41.1% have two children 6 to 17 years of age.

Children 6 to 17 in Household	*Frequency*	*Percent*
One	51	47.7
Two	44	41.1
Three	10	9.3
Four or more	2	1.9
Total	107	100.0

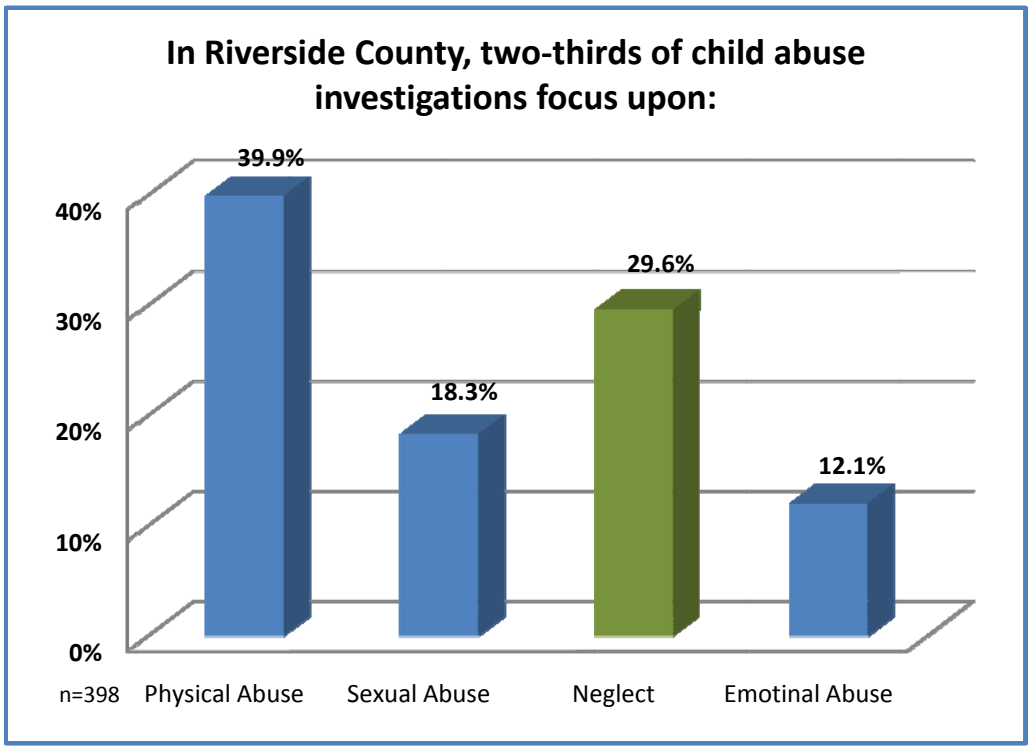
Table 61 shows that just less than half (46.7%) of all Community Survey respondents did not report any children in their households. The next largest proportion (27.1%) has only children 0-5. About 1 in 10 (9.0%) has both younger and older children.

Table 61. Community Survey Respondent Children in the Household

Children in Household	*Frequency*	*Percent*
No children Reported	191	46.7
Only Children 0-5	111	27.1
Only Children 6-17	70	17.1
Children 0-5 and 6-17	37	9.0
Total	409	100.0

Public Knowledge Regarding Child Abuse

Community Survey respondents were asked about the proportions of child abuse by type, the professions of mandated reporters, who reports the largest proportion of child abuse, the number of calls received annually by the Child Protective Services hotline, the age group with the highest rate of victimization, and Riverside County's rank (out of all 58 counties) in terms of the number of children in out of home placements. The distribution of responses to each of these questions is presented in the following graphs. In each case, the bar depicting the proportion of respondents choosing the correct answer is shaded green.



Child Abuse Investigations

The largest proportion of respondents (39.9%) incorrectly answered that 2/3 of child abuse investigations focus upon physical abuse. The correct response, neglect, was selected by 29.6% of the public. Smaller proportions answered "sexual abuse" and "emotional abuse."

Figure 25. Public Knowledge Regarding Most Frequent Type of Child Abuse

Mandated Reporters

Almost two-thirds (64.5%) of the survey respondents correctly identified the option indicating that all listed professions are mandated reporters. The most frequent incorrect answer was clergy," reported by 18.0% of community residents.

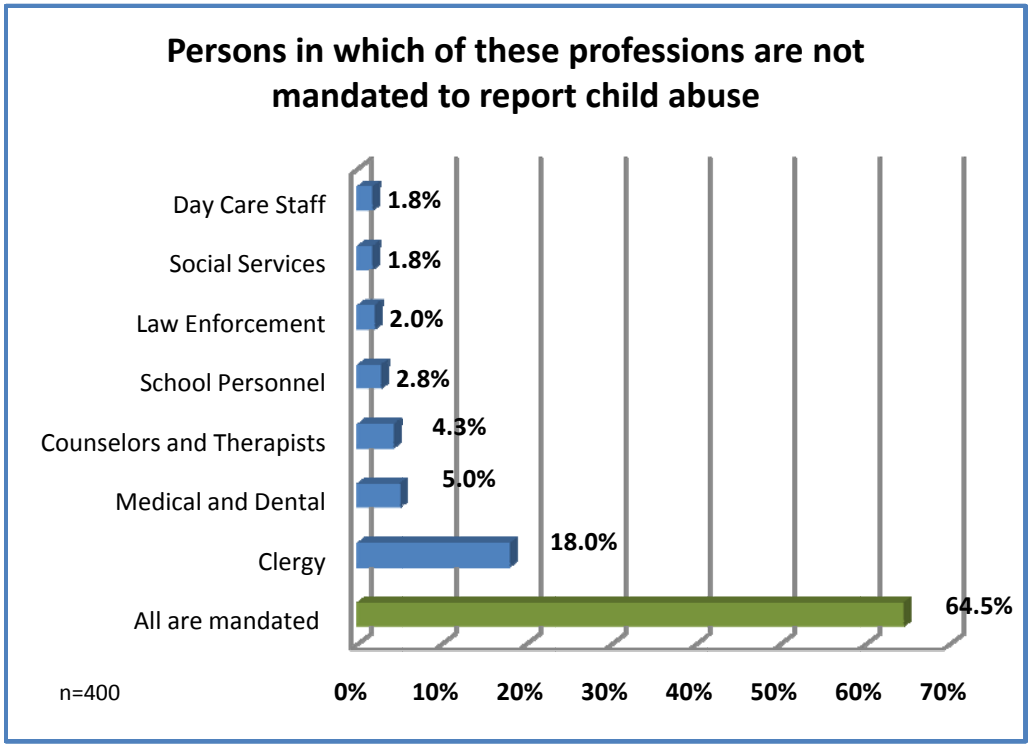
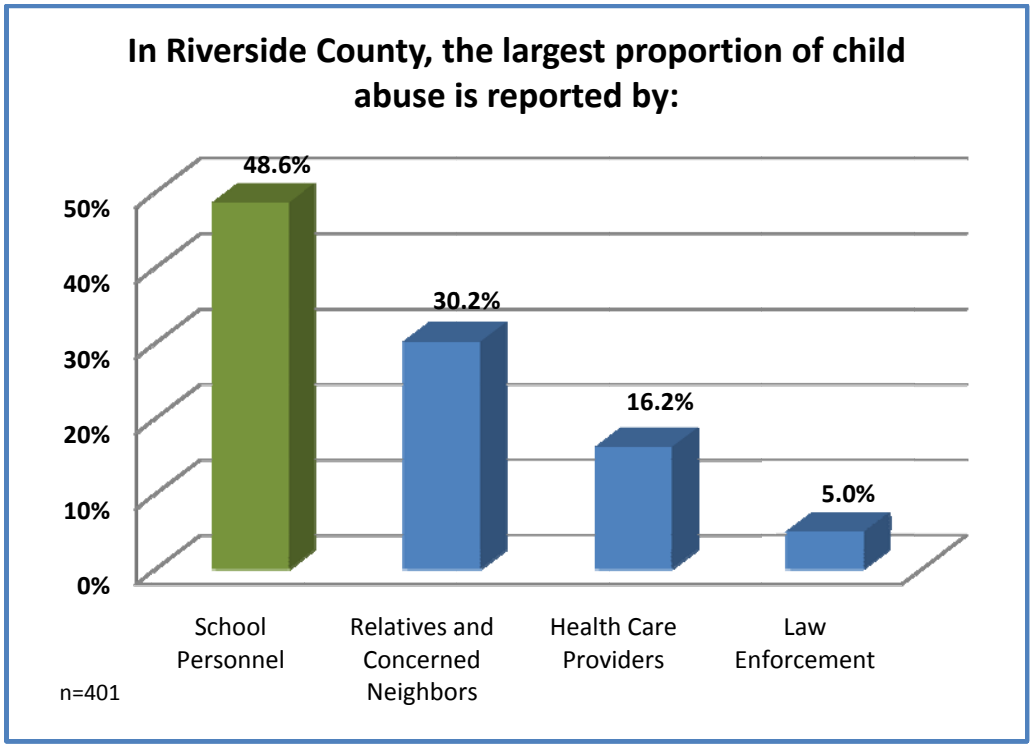


Figure 26. Public Knowledge – Mandated Reporters



Who Reports Abuse?

Almost half (48.6%) of the respondents correctly answered that school personnel report the largest proportion of child abuse. Three in 10 residents (30.2%) incorrectly identified relatives and concerned neighbors.

Figure 27. Public Knowledge – Who Reports the Largest Proportion of Abuse

Child Protective Services Hotline Calls

In 2009, 23,226 calls reporting suspected abuse or neglect were received by the Child Protective Services Hotline, making "20,000" the correct answer. Of the 399 residents answering this question, 22.6% were correct.

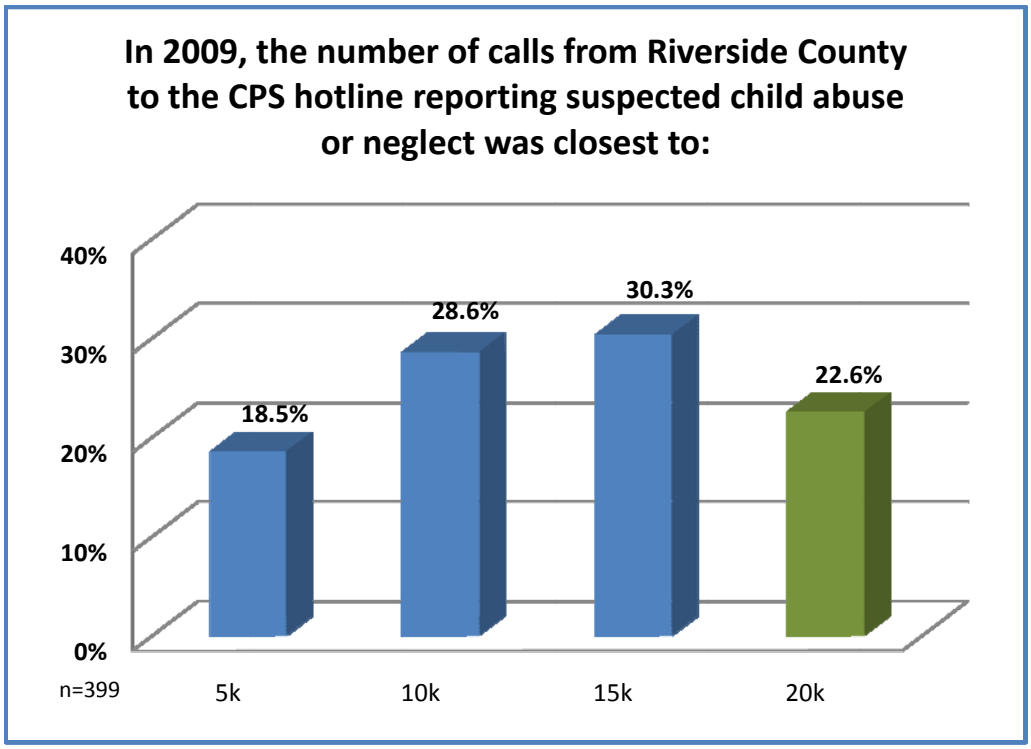
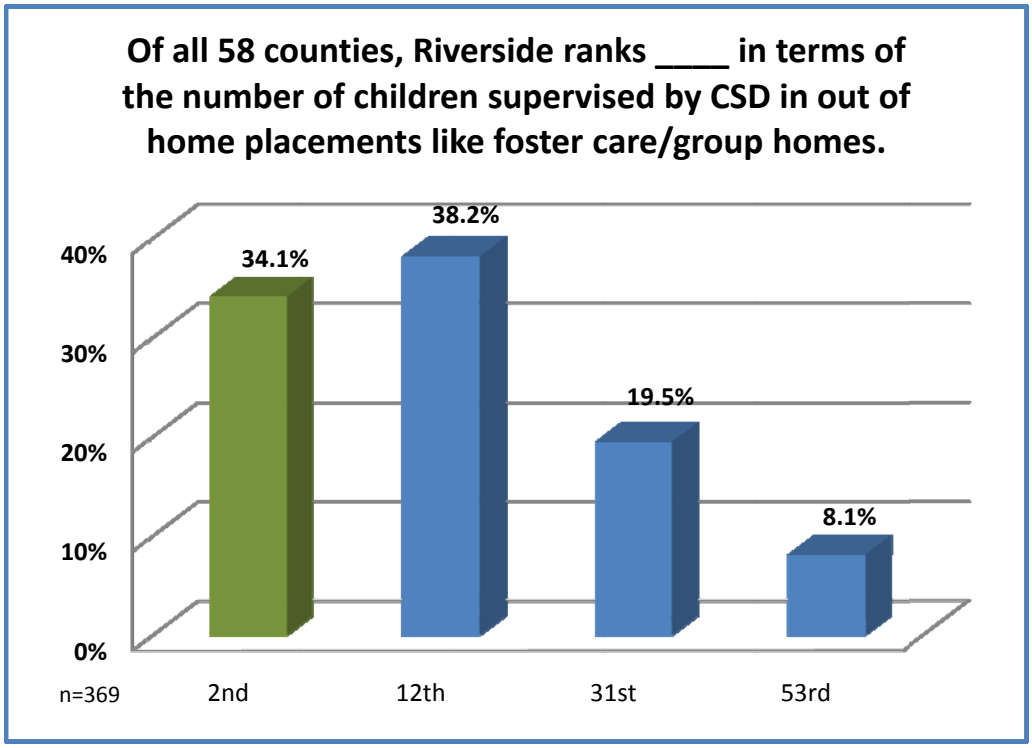


Figure 28. Public Knowledge – Annual Number of Calls to CPS Hotline



Out of Home Placements

With 4,433 children supervised in out of home placements, Riverside County is second only to Los Angeles County (with 21,866 children in out of home care in July, 2010). This was the second most frequently (34.1%) chosen answer by Riverside County residents.

Figure 29. Public Knowledge –County Rank Regarding Out of Home Placements

Rate of Victimization by Age Group

This question is the sole item in the Community Survey based upon national-level data. The public clearly entertains the mistaken notion that older children suffer the highest rates of victimization.

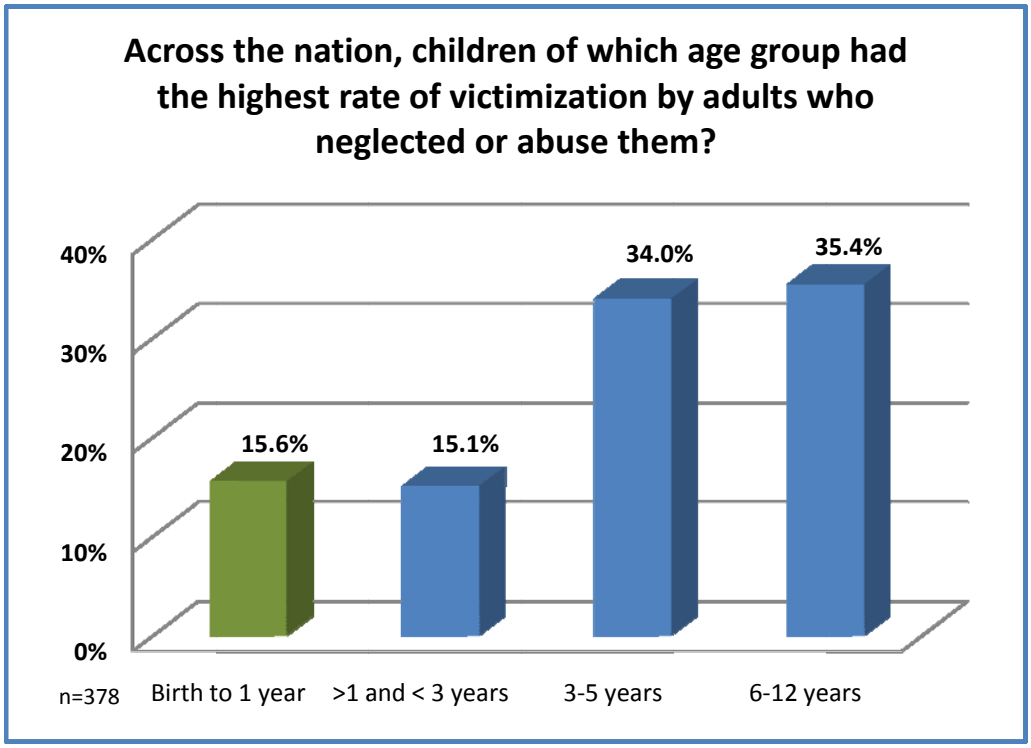
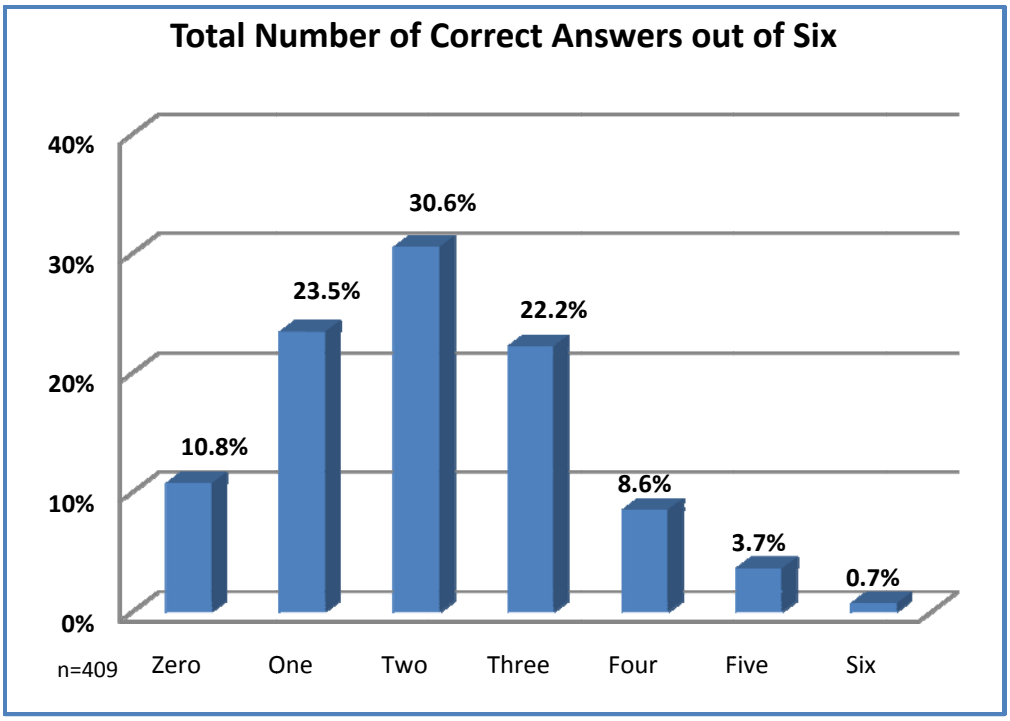


Figure 30. Public Knowledge – Highest Rate of Victimization by Age Group



Total Knowledge

Figure 31 illustrates the fact that the largest proportion of Community Survey respondents (30.6%) answered two out of six questions correctly. Just 13% of the residents completing the questionnaire answered more than half (four or more) of the questions correctly.

Figure 31. Public Knowledge – Distribution of Total Correct Answers

Public Knowledge by Respondent Demographics

Language of Interview

English speaking residents (*n*=297) answered significantly more (*M*= 2.29) questions correctly, than did Spanish-speaking respondents (*n*=112), who answered an average of 1.54 items correctly [*F* (1, 407) = 29.533, *p*< .001].

Race/ Ethnicity

White/ Caucasian residents (*n*=123), on average, answered an average of 2.45 questions correctly, compared to Latino/ Hispanic residents (*n* =204) who answered an average of 1.94 questions correctly [*F* (1, 325) = 20.027, *p*= .001].

Age Group

Respondents 25-29 and 50+ obtained the highest mean number of correct answers (*M*= 2.40 and *M*=2.41, respectively as shown in Table 62). The youngest residents (those 18-24) and residents 40-44 showed the lowest mean numbers of correct answers (*M*=1.91 and *M*=1.48, respectively). Knowledge is significantly different between respondent age groups; [*F* (6, 281) = 2.304, *p*= .035].

Table 62. Public Knowledge by Age Group

Respondent Age	Frequency	Average Correct Responses
18-24	56	1.91
25-29	30	2.40
30-34	38	2.29
35-39	28	2.29
40-44	39	2.31
45-49	29	1.48
50 and Older	68	2.41
Grand Mean	288	2.18

Educational Attainment

Residents with less than a high school education (*M*= 1.49) answered the least number of questions correctly. As indicated by Table 63, the average number of correct responses then increases with each categorical increase in respondent level of education. Differences are statistically significant [*F* (3, 346) = 10.779, *p*< .001].

Table 63. Public Knowledge by Level of Education

Respondent Level of Education	Frequency	Average Correct Responses
Less than High School	63	1.49
High School/ GED	81	1.83
Some College or AA	108	2.23
BA or Graduate	98	2.56
Grand Mean	350	2.10

Public and FRC Client Knowledge Comparisons

The knowledge questions included on the Community Survey and FRC client surveys are identical. Analyses were conducted to determine whether the proportions of correct responses to each question are significantly different between the two samples. Table 64 shows that the general public, compared to FRC clients, is more likely to know that two-thirds of child abuse investigations focus on neglect. The general public is also more likely to know that Riverside County ranks 2nd in terms of the number of children supervised in out of home placement. FRC clients, on the other hand are more likely than the general public to correctly identify all listed professions as mandated reporters. The total number of correct responses is not significantly different between FRC clients (*M*=1.95) and the general public (*M*=2.08).

Table 64. Comparison of General Public and FRC Client Knowledge

FRC Cient and Community Resident Knowledge Comparison	FRC Clients % (n)	General Public % (n)	Significance
Child Abuse Investigations Focus on	20.1 (69)	29.6 (118)	p=.003
Which of Following are Mandated Reporters	76.6 (269)	64.5 (258)	p=.000
Who Reports Abuse	43.7 (153)	48.6 (195)	p=.178
Calls to CPS Hotline	21.3 (71)	22.6 (90)	p=.688
Riverside County's Rank for Out of Home Placements	10.3 (35)	17.2 (65)	p=.007
Victimization Age	36.0 (112)	34.1 (126)	p=.611

What can we do now as a Community to Prevent Child Abuse?

As depicted in Table 65, the majority (*n*=134, 52.1%) of community residents indicated that awareness and education are needed to prevent child abuse. Residents wrote in answers like: "gain knowledge," "helping to inform people," "reach out to the community," and "get the word out." The next most common response was to report abuse. Examples include "be more vigilant and involved" and "contribute by reporting if you see something wrong." About one in 10 community residents (10.9%) indicated that parent education/ parenting classes are needed.

Sample responses from the category labeled child-centered services (*n*=19, 7.4%) include after school programs, providing more school counselors, and ensuring that children have a safe place and people to talk to in case they need to ask for help or report abuse.

Table 65. What Can we do now to Prevent Child Abuse?

What can Community do to Prevent Child Abuse?	*Frequency*	*Percent*
Awareness and Education	134	52.1
Report Abuse/ Get Involved	64	24.9
Parent Education/ Counseling	28	10.9
Child-Centered Services	19	7.4
CSD Remedies	5	1.9
Legal Changes	3	1.2
Provide Basic Services	2	0.8
Other	2	0.8
Total	257	100.0

Best Way to Educate People in Riverside County About the Issue of Child Abuse

The majority of residents indicated that various community outreach techniques are the best way to educate Riverside County residents about child abuse. Responses in this category included: classes, meetings, forums, symposiums, discussion groups, workshops, and seminars. Many residents provided a location for these outreach efforts—such as schools, churches, parks, community centers, worksites, doctors' offices/ hospitals, and booths at social events. Media includes TV, newspapers, radio ads, billboards, and brochures.

Table 66. Best Way to Educate about Issue of Child Abuse

Best Way to Educate People about Issue of Child Abuse	*Frequency*	*Percent*
Community Outreach	161	71.2
Media	61	27.0
Social Media or Internet	4	1.8
Total	226	100.0

FOCUS GROUP DISCUSSIONS AND KEY INFORMANT INTERVIEWS

METHOD

Focus group discussions consist of eight to twelve interacting individuals having some common interest or characteristic, brought together with a moderator to gain information about a specific issue. In the first set of seven discussions summarized in this report, the shared characteristic is membership in a PCARC local collaborative. In the second set of seven focus group discussions, participants are affiliated with Riverside County DPSS CSD or are related professionals with some connection to foster care, adoption and/or child abuse prevention.

Effective focus group moderators create a permissive and supportive environment that encourages different perceptions and points of view, without pressuring participants to reach consensus. Focus group interviews are a very popular and effective means of exploratory, qualitative research. Their primary purpose is to generate ideas, not numbers. Although this qualitative information is subjective, the rich description of the topics under discussion is extremely useful. For example, this qualitative information supplements the quantitative, "fixed response" rating information obtained by administration of the Provider, Client and Community Surveys.

Focus group discussions of approximately 90 minutes in duration were conducted in October and November, 2010 during the regular meetings of seven PCARC local collaborative groups in Banning, Blythe, the Coachella Valley, Corona, Temecula, Perris, and the Riverside/ Metro area. The eighth local PCARC collaborative in Hemet did not meet during the Needs Assessment data collection phase. These discussions were typically conducted in conference or multi-purpose rooms in city or nonprofit agency locations.

One focus group discussion with eight CSD Supervisors and one with nine persons attending the Inland Regional Center Joint Operational Meeting were conducted in October 2010. A discussion with members of the DPSS faith-based collaborative involving a video conference link between participants in Riverside and Banning was conducted in November, and a focus group was conducted in November with persons attending the Transitional Housing Program and Independent Living Program Joint Operational Meeting. A fifth focus group discussion was conducted with emancipated youth in December. A discussion with five members of the Child Assessment Team was conducted in December, and the seventh focus group in this series was conducted in December with eight representatives of Indian Child and Family Services (ICFS). No one-way mirrors were installed at any of these locations, so all participants were visible to one another.

To focus the discussion on issues consistent with the funding intents and restrictions of the Child Abuse Prevention, Intervention and Treatment (CAPIT), Promoting Safe and Stable Families (PSSF) and Community-Based Child Abuse Prevention (CBCAP) programs, a three-page handout explaining these resources was distributed before the discussions began. The discussion guide for these focus groups was developed collaboratively by HARC, PCARC and DPSS CSD staff. Topics included identification of the *existing* services and policies in Riverside County that are effective, and that are not effective or need improvement at preventing child abuse, maltreatment and neglect; *new* services, programs or policies that are needed in Riverside County for this purpose; and racial/ ethnic or cultural/ linguistic groups, specific at-risk populations and specific geographic areas that may be served very well or are underserved.

Some type of food and beverage was served at each discussion. Incentives were provided for participation only to emancipated youth. Each session was audio-taped with the participants' permission, and the primary raw data for analysis is the typed transcripts of the 14 recordings, collectively filling 439 single spaced pages. All transcripts summarized in this report were content analyzed to extract themes, which are supported by direct quotations from the 14 transcripts. Direct quotations appear in the results section as indented text. The first number in the citation refers to the transcript number (1-7 are PCARC local collaboratives, 8-12 are the DPSS-assigned discussions), and the second number signifies the page in that transcript.

In addition to focus group discussions, one-on-one interviews were conducted with four individuals identified as "key informants" regarding the prevention of child abuse and neglect. Nominations were initially sought from PCARC staff and were designed to cover all of Riverside County. Additionally, nominations were solicited at the November 4th Community Partner Forum. DPSS CSD staff were not included due to their heavy representation in other data collection activities.

Four interviews were conducted in November and December 2010. Each interview lasted approximately 50 minutes; individuals did not receive compensation. As with the focus group discussions, interviews were audio-taped with the participant's permission and transcribed, producing about 60 pages of raw data to analyze. Since the semi-structured interview guide mirrors the focus group discussion topics, findings from the key informant interviews are interspersed in the section that follows. These data are cited with numbers 13-16 to indicate which of the four interviews the excerpt comes from. The second number signifies the page in that transcript.

RESULTS: PCARC LOCAL COLLABORATIVES AND INTERVIEWS

What's Working to Prevent Child Maltreatment in Riverside County?

Many PCARC local collaborative members assert that parent education works to prevent child abuse. In these discussions, parent education subsumes a variety of curricula and emphases, and is delivered to a diverse array of parents most (but not all) of whom are perceived to be at risk for child maltreatment. In Blythe, the Positivity, Responsibility, Influence, Consequences and Encouragement (PRICE) parenting curriculum is one of the few resources available to parents:

> "And for that program, they offer child care during the meetings and also if they have a child in the school district their tuition is free for that program, for the PRICE Parenting.
>
> And it's wonderful" (1:15).

Staff at Alternatives to Domestic Violence (ADV) serving Western Riverside County is also trained to facilitate the PRICE curriculum, which is delivered as an intervention for domestic violence. First responders with the Beaumont Police Department note descriptions of children present during episodes of domestic violence, and leave referrals to the ADV program.

> "The clients are referred to me by Beaumont P.D.... the police officers give them …a referral card, and that's voluntary, but we also have CPS mandated clients" (4:3).

Parent education also takes the form of support groups for DV victims at Family Justice Centers, as described by this member of the Southwest PCARC collaborative:

"And I know at the Family Justice Center we're doing support groups for domestic violence victims, but a lot of it isn't just D.V., it's CPS has been called in with the children so they're sending the women, the moms, to support groups which for a lot of them it's really, really healthy because a lot of them have no idea. They don't understand what went wrong, why CPS is involved, even though... they say it's a minor thing, but it's not a minor thing, so when we can get them first off when something happens and... CPS sends them to a support group, or they're court appointed to go to one, we see a little bit of a difference there you know, which is helping the moms.

…Right. We have some of them...right now that are coming on their own.

They are coming on their own and doing this; they haven't been asked by anyone to do it or told and directed. So you know, that's kind of cool that they see that need to protect their children and... to do that so that's a plus" (6:4).

Head Start in Blythe offers parent education classes that are open to the public, but these aren't widely advertised.

"At Head Start we do parenting class for our parents on the ages and stages of child development so they're aware of what to expect during those ages and discipline" (1:5).

Varied curricula include emphases upon appropriate discipline, cultivating parent/ child attachment, child development, and caring for children with special needs.

"I know in my own work with young parents, there's a lack of knowledge as to how to deal with the child that is not looking at his or her own boundaries and how parents establish boundaries with the children, how they deal with acting out, how they deal with the difference between discipline and punishment, how to deal with rewards and incentives and motivation. I think there's a lot of lack of understanding regarding what to do and I think the parenting classes help tremendously with that. Being able to work with the whole family, particularly both parents together I think is tremendous. I think also not to leave out the single parents that... we're reaching because that's a tremendously challenging home to deal with" (2:4).

"We utilize Systematic Training for Effective Parenting classes which are an internationally noted program, they are accepted by all three courts, Child Protective Services, Family Law, and Drug Courts, and it covers both your child developmental stages … learning to communicate with your child, building your child's self-esteem, and the last chapters are on discipline, the difference between discipline and punishment and you want to utilize discipline and not punishment. So it's a seven week curriculum, two hours sessions, we provide both the classes as well as free child care because most of our families could not attend the classes if the child care was not part of the program" (3:7).

The effectiveness of parent education is not established by formal evaluation involving pre- and post-intervention measurement, but by observation and anecdotal accounts or reference to studies conducted elsewhere by program proponents:

"We don't collect outcome data, but I can tell you …I'm one of the child care providers for my court mandated classes, and the difference in the behavior of those kids from the first two or three classes to class six and seven, sometimes even four, five, and six, you start seeing a difference that is remarkable. You have kids that are shoving and pushing and maybe biting and pulling hair the first few weeks to saying please and thank you and waiting turns and not yelling

and I mean, ... it can't be just those of us in child care, it has to be going full circle and there has to be behavior changes at home" (3:7).

"I can say that out in the field we have run into parents that have gone through the project, through the Parent Project, and they've made comments that it's made a difference in their ability to communicate and correct their child in their behavior" (4:5).

"And we look at the recidivism rate especially if the parent is mandated by CPS or the court, if there's a CPS case that's an ongoing case, if the client... if the parent finishes our program and doesn't come back, to me that's successful.

So that's evidence that there was no reoccurrence?

Right" (4:5-6).

"But I think... we were getting the feedback from the folks we're serving and they're coming back for more because it's working…And I think that's good. I think we're seeing...

So repeat requests for service?

Yes" (6:7).

"Over the last couple of years, we've had several different parents come back and share about the things that they've learned and followed through with." (14:4)

The exception to anecdotal accounts of program success was identified by participants in the Metro/ Riverside PCARC local collaborative who indicated that families participating in the Team Decision Making (TDM) process were followed by DPSS CSD to track reunification and the permanence of the reunified family.

Returning to the topic of what works to prevent child abuse, in addition to parent education, PCARC local collaborative members and key informants also focused upon educating both children and the general public about child maltreatment:

"I think what's starting to work with this prevent child abuse committee, is getting out in the public and getting the information out… And probably most important is for the children to understand what abuse is because they may be being abused and not be aware that they're being abused" (1:6).

"I think some of the campaigns that they have been doing and the different collaboratives are really successful too and … when you're driving down the ten freeway now you can see the 'It Happens to Boys' and other billboard ads...and I don't remember when I was growing up seeing ads like that and …there are kids that can read and can see that and maybe it starts them thinking. So I think that that's a positive thing as well" (1:7).

"I agree with the education side because I know for us that the education and support and … we direct ours at children and... it's that level of teaching from the ground up and that root level of teaching the children which is so important that nobody has the right to hurt them. So when we teach the kids we do a full program …I believe then as they grow and they learn we all know how many people that abuse children were …abused themselves somehow and didn't deal with it. So these kids learn that... nobody has the right to do this to them then they grow up not perpetrating and continuing the cycle" (2:4).

"When we're able to have a lot of resources…that talk about the different types of child abuse—flyers and things like that that you can hand somebody without making them feel uncomfortable….I like when they come and do things at the schools and talk with the younger kids about what's unsafe and safe" (14:3).

"I think with the Prevent Child Abuse chapter here in Blythe what's been helpful is just getting the word out, getting that 1-800 out, giving people information on what to do when they become aware of any kind of abuse and that they report that" (16:2)

In addition to education, a theme emerging from replies to the question, "What's working?" is programs that can reduce parental stress. In Corona, collaborative members cited the availability of "safety net" options for parents that assist families to meet basic needs.

"I think here in Corona, Corona gets behind its families and kids. … Well, we have services for everything. There's... Edison has a program called CARE that'll get them as much as twenty percent reduction on their Edison bill. ... there are multiple locations that assist with food, housing and utility bills. There are two locations in town that help with bus passes.

… and I think in taking care of basic needs, that relieves a whole lot of stressors for families that lead to abuse. The more families are stressed, the shorter parents' fuses are and the more likely the chance that abuse will happen, and does happen. I could be wrong, but my experience tells me that that's a big piece" (3:3).

The value of "safety net" services was also emphasized by a provider attending the Southwest collaborative meeting:

"Well coming from a pantry I will say that nutritious food really helps to reduce all these problems at home. The people that come... they have no money to pay for the food, so... that's where we come in...and help them, the children. And as a parent it's very stressful to see your child with no food. And not only do we provide to the families that come to us, we are also providing food to the high schools which parents make just a little bit extra money that they don't qualify for the free lunch...but not enough to provide for lunch and so as a pantry we help the schools by giving them granola bars, peanut butter, bread and jelly. And that... it takes the stress away from the students and they do much better in school" (6:4).

Getting services to families antecedent to their involvement in dependency court is widely agreed to be critically important, but processes for identifying and serving families at risk do not appear to be in widespread use. Two programs that identify and serve families at risk before they formally enter the system include a program at the Family Resource Center in Rubidoux and a program in the Perris Valley School District:

"…in Rubidoux, at the Family... Resource Center in Rubidoux... they have a... gentleman that works with families from that hotline, so before they get to the investigation part or whatever ... he talks to the family and finds out what type of resources they may need for that particular situation.

"…Yeah, his name is Francisco, and that's what his role is…It's like... I don't know if it's a pilot program... he's been there for at least almost a year, because I've been with my agency for a little over a year. And I know we both started off around each other, but... I was like, 'Wow, I love that' (7:8-9).

"I also know a gentleman that works out in Rubidoux at a community center and he specifically works with the families when they get the call from the hotline. And he helps provide them whatever services so they don't have to enter into the system. So I really like that.

"I know my part …for the school district is a home program... that I personally do and I have five staff that do that. And so I have had CPS referrals …Where we can go into the home and maybe monitor even if dad's in prison or monitor the child and give support that way. So we continue to do that and that's Parents As Teachers and it's a national program…It's a home visitation.

Okay. So when you say referrals, are these screened-out families?

They can be referrals or based on answering a questionnaire to... on low academics or the environment. So it's on the whole child. …So we go in and do the educational part, but … we also have to do a screening for hearing and vision and the health part, and that's where we bring in other resources, and then from there if there's a mental health issue then we contact a zero to five health provider" (5:3).

Programs that focus upon emancipating or "aged out" foster care youth were also mentioned as activities that are effective at preventing child abuse:

"… the task force I'm working for is an agency established by resolution, by the County Board of Supervisors, by the City of Temecula, City Council, and by the Trustees at the School District. …Now in that way, it's limited to just youth in Temecula Valley Unified School District, but the mission is to create a model. And in that process we're using a lot of evidence-based practice. We have completed a needs assessment now. We're working …with an evaluator at San Diego State so that we would have an evaluation process... we've looked at the Child Welfare dynamic statistics; we've... done an extensive literature review …plus had the task force meeting now for about eighteen months which has representatives from all of those agencies coming together in the task force and producing an evidence based look ...at transitioning foster youth, not necessarily preventing, but certainly at the other end.

And what's... what's the title or name or acronym for that program?

City County School Partnership...Task Force on Foster Youth.

So there was a statewide city/ county school partnership that three years ago had to report on... their task force on foster youth, created a call to action to communities, we're the only local community that has followed through on that call to action. So I think that's definitely something Riverside County, the city and the school district should get some props for because they're doing very good work there" (6:9-10).

"The Riverside County Office of Education has a program not necessarily the prevention of child abuse, but supporting the foster children that are in... the public school district, so they have a club on each campus at the high school level and they meet and they work in collaboration with DPSS" (3:5).

In addition to emancipating youth, local collaborative members described programs for teens, thinking both of improving circumstances for youth, and of assisting parents to deal with difficult behaviors. In the Coachella Valley, the availability of youth programs was cited as a positive response to preventing child abuse:

"I think there's a lot of different youth organizations out here so kids can have an opportunity, if they're not getting the support [or if] they're being abused at home at least there's a Boys and Girls Club, Big Brothers, Big Sisters... there's so many different youth organizations out here where kids can at least be paired up with adults, a positive adult mentor in their life that can show them something different. And a lot of these organizations their staff are mandated reporters so... the proper intervention can take place. So although I'd like to see that increase, specifically here in the Coachella Valley, I think there is a variety... of different organizations for our youth so that they can at least work with positive adult figures in their lives" (2:5).

The Youth Accountability Team (YAT) is another program for at-risk adolescents that received praise from Pass Area collaborative members.

"…they did a real fine job of working with our kids at Beaumont High. …and that started oh, probably six years ago or so. …There was somebody away from the school they could talk to. The other scenario is a counselor at the high school... so the YAT person is somewhat removed that they can sometimes open up to…I think they make sure that they're following the rules, they see their probation officer, if they have issues or problems they can come talk to them, so...

It's kind of like an informal probation...

Where... they have different degrees in the program from having them on contract which is like probation where they go out and they do searches and things like that to just having a counseling session with the youth and anything in between. It only runs up to six months and they don't take anybody younger than the age of twelve. …But it's a good program. I share the office with...the YAT lady and... you get a lot of kids coming in just to look... check in, talk with her, and just converse" (4:10).

Another program cited by PCARC local collaborative members that is effective at preventing child abuse is Team Decision Making (TDM), identified by members of the Perris, Southwest and Metro/ Riverside local collaboratives. The first quotation is from an individual who is not a social worker, but was involved as a community resource in the process. The last quotation in this section is from a key informant, who had positive things to say about TDM:

"But I do work with social workers and I was a little bit involved with the beginning of Family to Family, and bringing in community partners was part of what I was allowed to be involved with and that I know assists families. Initially... when the worker gets involved with the family they set-up what is called a Team Decision Making meeting that involves the parents... any community member who could assist with the family, and the family agrees to have there, they also have other agencies, partners that come in to assist with the family with whatever's needed.

And so there is intercession with the family to try to get the services set-up very quickly. The meeting is about placement of the child. ... they decide where is the best place for the child, whether it's back with the home or to stay with the home...the family, or if it's safer for that child to be with a relative or with a foster parent. That's all decided at that first meeting...with participants, as many family members, friends, neighbors, that are involved with already and care about the children, are there to assist too. So that happens quickly, in some cases they decide the child is safe to remain at home, in many cases, and so we continue to be involved with the family, the worker does continue to be involved to monitor what's happening, and also to set-up resources so that... we can move out of their situation and let them begin to resume their lives" (5:4-5).

"I think the Casey grant that DPSS had in child welfare was really significant and included Team Decision Making and more case consultations, and more inclusion of community resources, where children can stay in their community even if they're removed from their home and gives everybody more access and more motivation to reunify. For me, I have almost primarily worked with fostering youth in permanent placement so on the other end of it, but it creates such a bias for me because I know how difficult it is to grow up in foster care that my bias is like do anything you can do to keep them home because it's not like they're moving to the Cleaver's house.

…Exactly.

... they're probably going to be moving to fifteen houses, realistically. And so all the things that they're doing for preservation, I think is really important" (6:6).

"I think the advent of Family to Family in the last few years has been a really positive thing that's involved community members and is really a strength-based focus for families. And from the families that I've worked with and from the professionals that I've worked with who've been part of that, it's a really positive experience almost always for people." (13:2).

The following quotations place the Family to Family program in a broader context of community outreach by DPSS:

"I think from my perspective and I've been in my job for eight years, and probably the last two or three years, there's been a huge shift in our Department of Social Services I think, in terms of their outreach to the community. And I feel like that's a real boon to my work and to the prevention of child abuse... they've really reached out in the last three or four years to community based organizations and people in the community. That was not happening prior to that.

How have they done that? How has that actually happened?

I think with the community meetings, they have regular community meetings I think, in almost all regions. They're now doing a process called Family to Family, where family members and adjunct people can be brought in when there is a difficulty with the family so that everybody can kind of voice their opinion and offer assistance and help to families to keep them intact. So I think that's been a huge shift in a positive direction.

…I just have to agree with P., that I've heard a lot of great things about the Family to Family program. And really all the benefits that that program …has made possible just with the families and the parents, the biological parents and maybe the foster parents being both able to share their opinion and being involved together. So for the benefit of the child.

... and the people that attend... I believe, most of the time, birth parents if they're the primary …caretaker…they're asked for permission to have most of the people who attend. But they can also bring people that they feel are allies for them, so they can bring a pastor from their church, or neighbors, or other relatives that they think are involved with... or need to be involved with the child or can be helpful in terms of the prevention of moving kids out of... out of home" (7:4).

"One part that I like about the Family to Family is that it really stepped out to the faith- based community. So I really commend the county for doing that. It was really stepping out not just

to the community base, but to faith based…Because they really are... a group of compassionate folks as well, as part of their mission or missionary work. So... I think that's good" (7:5).

"And I think the Family to Family process has really helped [DPSS] really work at being more community oriented and pulling in community partners and really valuing those of us who have expertise in areas that perhaps some of their staff may not. So I think it's been successful…We are all more effective if there are more of us involved" (13:4).

In addition to the development and expansion of DPSS-community relations in recent years, collaboration between all local agencies concerned with child and family welfare is viewed as an effective means of preventing child abuse.

"…we have a lot of good interventions out here and at least in our group we're all working together for the same cause and they're so hard to get out here in the desert to collaborate, they're very territorial but in our organization we all work together...

Yep.

And cooperate with each other and help each other.

That's an asset.

And really an asset" (2:5).

"So you're saying good collaboration is an asset here?

Absolutely.

Absolutely. And there's... everybody works together no matter what. …All these groups do.

Yeah, and even that is a big strength down here, is that there are sort of these core groups and people do know each other and even though it has grown so fast there is still this small town feel.

We can call each other, make contact with each other, and help each other [with] just about anything as far as I know" (6:21).

Finally, although it deals with the investigation of child abuse rather than its prevention, the multi-disciplinary center established by the City of Corona received mention as a "service that works."

"I know Corona, they have... a facility that's kind of what you described, a law enforcement, social workers, psychologists, and all sorts of people are involved in that same facility. ... they're in the same facility, it's a very child friendly facility, all the interviewing goes on in that facility, you know with the CPS workers, the medical professionals, the law enforcement, everything...

That's impressive.

…Happens there in that same location and it's very child friendly. And they've had …really good outcomes with that. So I think having something like that all over replicated with the same concept …It needs to be a collaboration of all these different professionals coming together and working together" (7:20).

What Does Not Work, or Needs Improvement to Prevent Child Maltreatment?

Though educating both children and the general public about the issue was cited earlier as a program that works to prevent child abuse, others suggest that public education is lacking:

> "And I think what's not working is the education of the public" (5:8).
>
> "Is it your perception that the general public has …much information about child abuse?
>
> … it's my perception that they have little information about that" (3:4).

Reaching and engaging the parents and children that would most profit by participating in educational and training programs is a difficulty cited by PCARC local collaborative members across the county:

> "So basically, the cooperation with the school districts where your kids are, and the parents, you have to either have parents willing to come and listen or schools willing to let you go educate the kids...Because you can't... I mean, we can have free summer fun events to try and draw them, but...you still have to have them participate" (1:8).
>
> "…we also do a parent education thing, but getting the parents to show up to it, teaching the parents about safety for their children, the neighborhoods' children and that type of thing, but getting the parents to come to it. We teach them about the warning signs to look for and the typical perpetrator-type behavior and the things that they need to look at, but getting the parents there is very difficult" (2:15).
>
> "There's a lot of resources that help, that are offered, and are there for the taking, but it's reaching the people or the parents to accept it.
>
> Uh huh.
>
> That's our difficulty" (6:3).
>
> "Or they get embarrassed and... or things like that,... they need to understand that everybody's going through it just not themselves. So they need to understand that they need to get out and find out what's going on out there, find out what help is there and deal with the other people that are going through the same thing they are. And maybe the abuse won't be so bad at home between the husband and wife or parents and children or teens that are... even battering moms for that matter" (6:8).

Bringing education relevant to child abuse prevention into the schools is frequently mentioned as an important goal. This would enable a broad reach and fulfill the recommendation of professionals concerned with child abuse prevention to start the process of education as early as possible

> "Well, the after school programs...are really good and all those other ones too...but then you have so many kids that aren't involved in any of those things and so many of those... the reason they're not involved is because the abuser doesn't want them to be involved.
>
> But they still have to go to school and so... I think the big thing is getting the education into the schools" (2:6).

"Go out to the schools or even the college… where they could explain what type of services they provide and that they do go to great lengths to prevent kids from being removed from the home, but yet they still need to have those reports when there are instances of child abuse" (16:10).

This suggestion is frequently critiqued by others who cite the focus in the State of California upon standardized testing. There point is that the introduction of new topics to the school curricula that are not tied to educational standards is highly unlikely, and that teachers simply do not have the time to implement "curriculum infusion" methods of instruction, for example, teaching about inappropriate touching or other forms of abuse or neglect in the context of a health class.

Despite the work DPSS has done to engage the faith-based community, a member of the clergy participating in the Perris PCARC local collaborative observed that the faith-based community has the capacity to perform a greater role than it presently fulfills:

"Previously there was, based on location, the opportunity for us to work alongside with DPSS to provide some clothing items and other things like that. Possible counseling type situations for parents and families, but that sort of dried up and went away and so... I think that one of the big things that we're missing is the 'spiritual component' of this whole event. Taking a child out of a home is extremely traumatic for everybody concerned, and I think there should be some other options for the parents with regard to discussions or counseling or things of that nature. I would like to see the churches more involved.

… Having someone close at hand proximity-wise that would be willing to come and to speak with the family and come in and do what they could to help the family, I think that would be an awesome thing. And I think that quite frankly speaking from the clergy, I think we fall down on that job. ... I'd like us to be challenged in that area. And I think it would... it would be very beneficial if we were" (5:7-8).

This sentiment was echoed by one of the key informants affiliated with a faith-based organization that mentioned the work being done by Today's Urban Renewal Network (TURN), but noted that more needs to be done:

"About forty churches participate, and we've all come together and we've identified maybe I think, three or four different objectives and how we can participate more into the TDM process from the initial call to reunification. And then getting more faith-based people to participate in the actual TDM's… So I think it's a good idea, but TURN is not diversified. So you have a lot of white congregations in TURN. You don't have a face of Hispanic, African American, or Asian. There's maybe one or two African American [churches] and I think there might be a Catholic Church involved." (15:7)

Another area identified by PCARC local collaborative members and key informants that needs improvement to prevent child abuse is better training for first responders:

"I have a background in law enforcement as well and I do think that public safety and law enforcement in general needs to be more educated on child abuse, the signs, the red flags, when they go out to a home because I absolutely agree, I was a dispatcher for eight years and they go out to the homes, they look, everything looks fine, they leave. So it's not being reported the way it needs to be reported.

… I think a lot more training as far as maybe the detectives that work on... the sexual abuse crimes, things like that, that that needs to be prominent because they're the ones on the front line going out to these homes to see what's going on" (2:10).

"You know when they think they're going to mess up or things are going to be done to them, and then they don't make their report... to understand that just noticing those signs and what are the signs of that you know, are important.

Who do you feel needs to get that information and training, either agencies or organizations?

Educators. Some of the counselors know, but the teachers don't. It just seems that when we talk to kids they're like, "Well yeah you know, my teachers you know…they've never asked me any questions..." They see it more as that's not their job—it's the counselor's job. But teachers see the kids more than the counselors do on a regular basis. And at least to be able to recognize more signs so that they can get them to talk to the counselor or get them to talk to whoever is necessary" (14:6-7).

This need was confirmed during discussions with law enforcement personnel in Riverside County but obstacles were identified by PCARC local collaborative members. In view of the funding constraints experienced by public safety agencies, compensating law enforcement personnel to attend professional development trainings is extremely difficult.

"[Regarding] law enforcement…when you try to get them to come to the training …they're saying there's no money to pay for them to come to the training and if they don't get paid for the day they don't want to come either. …So even if we scholarship them, they don't get paid for their time they don't want to come and I can't blame them because they have so many of the cuts, but they've got to feed their families too.

You know, how do we offer them the training if they can't even get there?" (2:12).

The quotation below encompasses both the issue of an expanding need for services, and a recommendation to co-locate services for easier access:

"…eighteen months and two years ago were typically families …that had been consistently on the low socioeconomic rung most of their lives. We're seeing huge numbers of families that were medium middle income, some of them even upper middle income, eighteen months to two years ago lost jobs and houses and cars.... and have nothing, and they have nowhere... no idea of where to go to access any kind of resources. And I think that there needs to be …a centralized location for resources …and families need to have access to that…" (3:3-4).

Another factor contributing to the expanding need for service is the rapid population growth in the Southwest area of the county, which has challenged local service providers:

"But our growth out here in the Southwest has been very... I would say from where I'm seeing it, the growth in the Southwest area has also impacted a lot of what we're seeing here for service providers...

Uh huh.

Totally.

That... our population explosion has hit... to meet the demands I don't think people understood" (6:12).

In the areas of Riverside County in which military families reside, providers are seeing a greater demand for services due to post-deployment stressors:

"And you know, we're seeing a lot more military families and it's a first time thing, they say this has never happened in our home, but he's come back and he's under stress and not a lot of debriefing going on for him. And so, we're not judging that because it's like they throw them back in there. They've been out for a year and they have a new baby and then it all just kind of tumbles" (6:5).

The lack of availability of mental health services for families is frequently mentioned, with services for adolescents and special needs children emphasized in the quotations below:

"there is very little of any kind of resources available not just here, but in Riverside County for adolescent family counseling. And that's the age when families... whole families bust apart, marriages bust apart, because of the stressors for kids they're trying to become independent. Even kids that aren't on drugs and alcohol, are struggling with that line of where the independence lies and still listening to what mom and dad are trying to say, and then you add all of the socioeconomic struggles and burdens to that relationship and families are imploding. … I've had parents that are just kind of begging for more resources" (3:10-11).

"I know some of the... some of the programs for parents with special needs kids have been cut back again because... of the finances. And I think those are some of our highest risk population because they have behavior issues, parents struggle, the kids don't listen... their little brains don't work the same as everybody else's do, and the demands far exceed the resources. And then a lot of those resources have been cut back. IEP's have been cut way back. Some of those kids that are even on the autistic spectrum have been pulled from IEP's because they're just high enough functioning that it doesn't matter they have severe behavioral issues, the fact that they can semi-function they're put into a normal classroom and the kid's parent gets called and the parent has to go get the kid from school and this is day after day after day, so it's again, the combination of... the resources for kids with special needs, but also that mental health because you have the counseling piece for the parents which enables them to better deal with those special needs kids" (3:11-12).

Insufficient services for homeless families were mentioned by several PCARC local collaborative members:

"And I'm not sure communities really give... the kind of support that the homeless need. Again... you're dealing with high stress, lack of socioeconomic resources to support the families, it's a whole lot of pieces, it's not just one piece. But I would think again for the same kinds of those kinds of reasons, that that population would be at high risk and I don't know that we're doing a real good job there" (3:13).

Improved communication and information-sharing between DPSS social workers and some agencies is needed in some areas:

"I think sometimes social workers don't really understand our program and they say that we can provide a service that we can't. Or... recently I've had a few social workers tell their clients that you can get into A.D.V. today, and you can't you know. We schedule our appointments, so just

know the services that we offer... that would... cut down on a lot of confusion and it will save the client a lot of frustration" (4:6).

"The other really big frustration I think is just how often folks change jobs within the DPSS system. It makes it really hard for those of us who are outside of the system to kind of find a network and work collaboratively because there's just lots of... there's lots of movement. People are changing jobs all the time." (13:15)

The quality of foster care is identified by some collaborative members as an area requiring improvement. This is a theme emphasized and described in great detail by emancipated youth later in this report:

"[In] Riverside County the foster care system's not very great. ... and I think …it could have to do with the fact that social workers are overloaded and they have so many cases...But yeah, I don't feel like they're following through very well on a lot of these kids and just I think that there could be more done for these kids.

Is it the quality of the care from the foster parents or is it a lack of services to the foster parents to help them?

Both maybe. Maybe both" (4:7).

"I think also maybe a little... what the process is for becoming a foster parent, but sometimes these kids are removed from an... abusive home... and they're put right back into another one with these foster parents. I don't know what great detail, background investigation or what's going on, but I have heard of that happening a lot. …And they just go from home to home to home, and... then what?

…I've had several clients who their children were removed from their custody because they witnessed domestic violence and placed them in a foster home where they were re-victimized.

So is it better screening or better ongoing contact?

…I would think ongoing contact...from the social workers. …And it is a lot to ask of them and it's understood, but if they don't do it, who's going to do it? …You know, these kids depend on them" (4:8-9).

One participant suggested that insufficient time allotted to training foster parents might be a contributing factor to the quality-of-care issue:

"…and one of my big pet peeves is that we're doing different kinds of training with different populations. So I spend my professional life really giving I think, foster parents really good training in how to manage some of the really difficult behaviors because it's attached to... attachment and brain development and stuff... and most foster families don't get out of a training prior to taking a child into their home...So they're blown out of the water by some of the behaviors that they see" (7:10).

Law enforcement participants identify a continuing need for parent education that bridges into a recommendation for a CPS public education and public relations program in the Pass area:

"We go out to a lot of incorrigible youths...You know, where you can tell the mom and dad are just frustrated because they're afraid to discipline their kid because they don't want CPS called

and have to go through all of that, so... they don't discipline but then... the kid is getting away with murder essentially... there's the lack of understanding of... where they're allowed to discipline and how far they're allowed to discipline in certain ways and what ways to discipline versus doing nothing and allowing the kid to just run rabid. And... it's not even that mom and dad are terrible drug addicts, it's just the everyday mom and dad that, I don't know if their parents didn't teach them that way... or what, but... it seems more and more I run into parents that they're afraid to do anything with their kid. And... I think they get to the point where they're just frustrated.

In your view, is that a legitimate concern? I mean, do parents really... will there be allegations filed against them if they're stern with their kids?

Yes….Parents are really afraid that if they discipline their child in any way that CPS will become involved. ... and whether that's a threat from the child that I will call CPS or the parent knows somebody, a family member or friend, where CPS is involved in their lives.

So it sounds like there's a public relations issue between CPS... and communities around here that needs to be addressed. It sounds like there's some trust building or something that needs to happen so parents understand better... where that line is so they'll know not to cross it. Is that right?

Uh huh. Like I said, I think it all comes down to just educating these parents and making them understand what's the correct form of discipline for their age because that's important too, a lot of these parents are getting so angry with their two year old who wants to get out of line because they don't want to wait in line for an hour because they're two you know. And the parent, instead of them coming down to their level they're expecting their two/three year old to go up to their level. So I think just education and all that and kind of making them understand what it is just to be a better parent. Not to say that they're bad parents... just to do better, everyone can do better" (4:18-19).

Providers indicate a lack of resources for emancipating youth and re-unifying families, particularly with regard to housing:

"Well, … on the front end too where a former foster youth are in domestic violence situations, are homeless, are coming back into the system with their own kids, there's very, very limited transitional housing. There's no THP Plus housing, there's no FUP housing, Family Unification Housing, and... these are monies that are not necessarily Riverside County generated and we're not getting our share.

…From the state, from the federal, and we need to stand up and say, 'Yeah, we're here; we want that'" (6:15).

"Only forty-two percent of our kids are graduating from high school which is less than the national average.

All kids?

No, foster youth.

Only twenty-four percent are leaving with a job...

What it's telling us is our foster youth programs that are out there really working hard at it, when they get eighteen years of age coming out of the system, there's no housing for them to go to, no jobs...No nothing. So their livelihood is one of three things; they might make it to what nineteen/twenty before they either end up in jail, dead...

Or homeless.

Or and homeless with children and so then that...perpetuates more abuse.

And that's reality of the foster care system right now." (6:16)

Finally, the size of the county and its geographically dispersed communities creates transportation issues for persons in need of services.

"Going back to …the services in Blythe, like counseling for instance... I'm not poor... but I'm not rich, and I wanted my son to get counseling for some issues he was having and …I don't meet the Welfare guidelines so I didn't qualify for any of the services we have here, and so I'd have to pay out-of-pocket. Well I have healthcare so I actually have to travel forty-five minutes out-of-town to get services. And then I go to Parker because it's closer for my son..." (1:21).

"Transportation's definitely an issue though. When we do our community needs assessment every year, that's always the top problem..." (1:11).

"Transportation and … even getting the kids to get into activities, after school programs and things like that. I mean, parents just might be working and they can't get the kids there or the bus system is like just to get from the mall to the east side is over an hour and a half, so it's just... people are kind of like stuck sometimes just in their routine because kids should be able to take a bus to a baseball field and play. There's a huge stressor off of everyday life and their parents.

Yeah, transportation is this county is really bad" (7:30).

New Programs or Services Needed to Prevent Child Maltreatment in Riverside County

Among the suggestions for new programs that are needed to prevent child abuse is a "Parent Advocate" project to guide families through the dependency court process:

"I worked in … the dependency court a lot and I just feel like … people come in and... it needs translation, it needs a parent advocate for them. They don't understand what's going on… they're upset, if they have substance abuse problems it's going to take a while to get sober enough and the timelines are very quick, six months/twelve months/eighteen months it's over. I'm looking at you guys because some other counties, I haven't seen it here, do a mentoring piece, when you were saying you have other people...Who have helped in your programs...Do a mentoring piece with families. Like if you've been through the system successfully then you kind of mentor … which makes people more engaged and accessible to it. I know like five years ago, they were doing orientations before court. So if you came in they did a family orientation, but I was there as a child's advocate and I always felt like the parents needed an advocate too" (6:11).

Another recommendation involves "guiding" community service providers through the system as well:

> "I have their org chart and all of that kind of stuff…but no real formal orientation training like new social workers in the system would get. It probably would be helpful actually for you know, for those of us who are outside the system to kind of know how they work" (13:17)

Members of the Coachella Valley local PCARC collaborative describe a program that isn't new, but may be worthy of expansion:

> "…we started partnering with Animal Control which seems kind of an odd thing, but we'll be training with their investigators because if they respond out to animal violence …now they're trained to look all around to see if there's any child abuse or domestic violence also going on. …and in turn they foster animals for us, if we have people that need to go into a shelter right away and they don't want to leave the home or their situation because they have pets and they'll foster them until the family is situated. So that was kind of like trying to think of new creative ways and there's no extra money …There's a... there's a correlation with child abuse and animal abuse so at least now they're looking for that when they go out to homes" (2:12).

Although this isn't an ongoing program, members of the Blythe local PCARC collaborative are planning a large public education event this summer. The advertised topics are water and heat safety, but the prevention of child abuse will be a subtext. This event exemplifies one means of addressing an indifferent target population described earlier as an obstacle to parent education.

> "It's going to be a summer safety event...And .. it's going to be at the fairgrounds most likely or at the park...It's going to be a water and heat safety event to educate kids about water and heat safety, and then also during... having a large group of children, we can educate them about the different forms of child abuse and...that sort of thing too.
>
> Realize we're right on the Colorado River and there's canals that run through our entire city…So we're trying to educate the kids to stay out of the canals...If you're going to swim in the River, those things too. And parents too, how to protect your children, use life vests, use sunscreen...that sort of thing. And we're going to be sending out letters to the different businesses to try and get different businesses to support the event as well. …Yeah, I think we have... the avenue to distribute whatever information we want to a large group, now the important thing is that we get the information that we want to distribute and do it effectively" (1:7-8).

The expansion of services that are provided to families in which neglect or abuse has been alleged or substantiated to treat families identified as at-risk before child maltreatment occurs is highly desirable.

> "I would love to see the same thing for families who are not in the system.
>
> …Some red flagged families... I don't know how we would identify them or where we would pull them from, but we can use them from the same resources that they use on the schools and things like that. So before they even have to get to the system, there's been some type of bonding, some type of resiliency building taking place. So that [abuse or neglect] can be avoided..." (7:6).

A Blythe representative advocated for a new delivery system for existing services:

"I think that if there's not funding for some of these services to be provided in Blythe, if there was at least funding to provide transportation out to this area, that would help. Or to even have a representative from some of these agencies come out to Blythe and provide services, even if it's, once a month" (16:9).

Underserved Geographic Areas

The most urgent need for additional services in a particular geographic area is articulated by PCARC local collaborative members in Blythe. This is tied to a lack of local service providers and to the lack of available transportation:

"…And having the resources to do that because you know, sometimes child abuse stems from emotional issues or substance abuse issues and things like that. Well once it's identified in the home, what are we going to do in our community to help these people? We really don't have a huge counseling base out here and we don't have domestic violence shelters, and we don't have a lot of things in this geographical area to service people even if their needs are addressed, you know, if they came up and said, 'I'm having this issue, where do I go?' Well, most of them can't get out of town. A lot of people here can't get out of town for services" (1:10).

"… I know our majors are drugs and domestic violence. Those are the two areas we really do need treatment for these parents. But then if they don't have income, sometimes they can use Medi-Cal, sometimes they can't. So that means they don't get the... resources they need.

We remove their children from their care and we give them the four/six months to get all their issues addressed, especially substance abuse. And the waiting list is so long, if you have children from zero to five, by the time the end of six months it's time for us to place those children for adoption. They haven't done anything.

And so the parents have no recourse to get the services that you're requiring them to receive?

No, but now the new law is really good, beneficial, because they're trying to put in you know, attempts to get services and things like that we can extend it for like eight/ten months which is good" (1:12-13).

"There's no programs here for women and to my knowledge, there's no domestic violence program either" (1:14).

"…substance abuse is huge here and …if you look at a lot of the broken families or a lot of the families that have child abuse issues, it's because of substance abuse or it's because of domestic violence that stems from substance abuse. I mean I've never lived in a place... I'm sure it's very prevalent in the other places I've lived too, but because of the population and the wide variety of services it's not as apparent as it is here, where you see it a lot... even if there are substance abuse... type classes... they're not available to teenagers ... and so that I think is an issue. It should be available to teens as well" (1:16).

The following excerpt from a key informant interview details the list of services that Blythe, Desert Center, and Ripley are lacking:

"You know, we don't have any woman's facility, any residential drug treatment programs for women, we don't have any teen programs, we don't have the mental health services, we don't have a shelter for domestic violence victims, we don't have a Juvenile Hall out here, we don't have Juvenile Court out here. Our juveniles and their parents have to drive an hour and a half to Indio to get to court. There's just... there's not much here."

Is that what happens for all services? The closest place to drive is to Indio?

Right. We have families that have never been out of Blythe, they've never been on Interstate 10. You know, they don't have a vehicle to get there.

What happens to those families?

A lot of times they don't show up for court, a bench warrant is issued, and then the kid's picked up and transported by law enforcement to Juvenile Hall….He asked where we were going and I told him we were going Indio and he asked if it was near the ocean" (16:9).

Members of the Perris PCARC local collaborative also suggested geographic areas at particular risk:

"I used to go to different meetings in Riverside and it was very frustrating to go and... and they discuss all this money that was coming to Riverside County, and as I listened the money went everywhere but Perris. They would skip Perris and go to Murrietta, Hemet, San... you know, San Jacinto and everything, and I'm thinking wait a minute; Murrieta, Hemet, San Jacinto, Temecula, Riverside...What happened? Did we... did we disappear you know? And... I could never understand that. And I know there are several factors that deal with that, one of them told me one reason is nobody from Perris was ever at the table, and I said, "Well, I was sitting just here," but they meant government wise" (5:23).

"I think just the area itself is at-risk.

Uh huh, yeah.

…Areas, pockets of areas that I know definitely … the pockets of Good Hope area, that's because... they're out in the boonies kind of thing, no transportation and stuff to get down here, transportation for school, that kind of stuff, like... prevention...Preschool, and... that's where we try and get to reach" (5:18).

"Mead Valley used to be considered …the drug capitol of the Perris Valley.

Yeah.

I mean you drive through there you know...Extreme poverty" (5:19).

Members of the Southwest local PCARC collaborative identified a number of outlying communities that, in their opinions, were underserved:

"Lake Elsinore, Sun City…

Wildomar. All the way to back around to Winchester" (6:19).

"Hemet, San Jacinto.

… Perris. Moreno Valley.

…I think probably Sun City in that area.

The Sun City, Menifee... well the new Menifee... City of Menifee, that whole area they draw their services from Perris, from Temecula, from Lake Elsinore, I mean they don't have any...

centralized services there" (6:28)..

Underserved Racial/ Ethnic and Cultural-Linguistic Groups

The quotation below suggests both a geographic area (the desert areas of eastern Riverside County), and a racial/ ethnic group (Native Americans) at particular risk of child abuse:

"…the resources that they have or don't have for those populations are just frightening and that includes the Indian reservations that are out there. Some of them don't even have as much as running water, and... sanitation. And we're talking... not an isolated home here or there; we're talking about masses. And again, I really think that [unmet] basic needs affect one's ability to sustain their own self-esteem [and]... that all by itself helps reduce abuse. Because if you feel good about yourself, you're going to be less likely to do those drugs or alcohol or whatever it is that will lead you to that abusive behavior" (3:14).

"And there's a whole piece at least I think for our larger Coachella Valley and that is the Native American population. And... a lack of knowledge about old cultural pieces and what is appropriate in terms of not only accessing, but working with and being able to encourage all of the pieces that we're talking about. And I think there's a huge, huge gap that needs to be addressed" (2:16).

A lack of sufficient Spanish-language services is described in many areas of the county, but the problem is particularly acute in Blythe:

"Well for instance… there's no Spanish speaking D.V. classes. …So if somebody is Spanish speaking only and goes to the court and has that requirement for probation, they've actually had to waive it, where it's in the Penal Code that they have to attend it. But if it's not available to them then they can't force them to do it so... that whole community then is not being served... for counseling in that aspect" (1:19).

The disproportionate number of young men of African American and Latino/ Hispanic descent who are not reached during childhood sets them on a trajectory leading to prison.

"Based on the reports from First Five and... and the state and I don't know if Perris has any numbers, but the African American zero to five population is under served. …Probably older, but since... my interest is zero to twelve…from the education standpoint, African American young men and Hispanic young men concern me because too many of them are ending up in the penal system. And I... I think it's due to not beginning young.

Yeah.

And then when they got older everybody wants to fix them, but nobody's paying attention to them when they were at an age to listen" (5: 15-16).

A member of the Coachella Valley local PCARC collaborative identifies difficult conditions and a lack of consistent services targeting African Americans in North Palm Springs. A representative working in the San Jacinto/ Hemet region also identified African Americans as underserved:

> "…off and on throughout all of the years has been the black community in North Palm Springs, so there's been services, then there's no services, then there's services, and no services. And I think really being able to entrust that area specifically and the black community, they need a lot of support and help" (2:20).

> "We have a lot more African Americans here that have come from L.A. and different places…but I don't see them getting a lot of services or even just a support group or something like that" (14:8).

Lastly, a member of the Southwest collaborative suggests that an increase in Russian-speaking persons presents new demands to area service providers:

> "I've seen a lot more Russian-speaking incoming" (6:22).

Underserved At-Risk Populations

The quotation below from another member of the Southwest collaborative identifies grandparents that function as caretakers as an underserved population; one that is certainly not exclusive to one area of the county:

> "… the elderly population that is taking on these abused children and they have no resources... or they have resources, but they're being depleted because …they weren't eligible...
>
> Do you know what I'm saying?
>
> Yes. They're just above the threshold of eligibility for assistance.
>
> Uh huh, uh huh.
>
> So... they lose what they've got and that was their strength trying to help their families, but you know you have a whole population of elderly raising grandchildren... and I get a lot during Christmas...
>
> Yeah, we do get more.
>
> I have them coming in and... I've got grandparents that have six grandkids they're taking care of.
>
> Disabled and elderly...
>
> Both son and daughter have moved the kids in and possibly themselves moved in there as well….And it's on a set income all of a sudden they're taking care of all of them and …hearing them there's a lot of laziness going on [with]... their own kids and they're stuck watching the grandkids all the time and it seems like they're always doing everything. And all of a sudden they're out trying find out... what I can do for Christmas, where can I get extra food, what can I do and in getting the kids back and forth to school, maybe even going into the school programs for talking to the teachers and stuff because the parents are just too fricking lazy to go" (6:25).

Like grandparents raising grandchildren, teen parents are found throughout the county. These quotations from professionals in the Pass area and southwest Riverside suggest that they are an underserved population:

> "Teen parents. I think they're at high risk...with their kids because they're not mature.
>
> They're kids raising kids.
>
> Yeah, exactly" (4:14).

> "The teen parents [issue] is huge.
>
> ...The school programs like that we had when we had a smaller population... have left the area. We have one teen parent school program serving the whole southwest county now.
>
> Yeah, we used to have a very good one.
>
> And there are not enough slots in that program?
>
> It's a small self-contained and limited program.
>
> How many pregnant parenting teens and parenting teens do you know of in the southwest area?
>
> There's a lot.
>
> How many would you say?
>
> I don't know. I have a caseload of fifty-four and that just barely...
>
> Oh, that's not even touching it.
>
> You know, and I don't... I'm not even able to contact all the referrals I get.
>
> There's a lot.
>
> So that's a population that's at risk" (6:26).

During the key informant interviews, teen parents were also mentioned as an at-risk group that is presently underserved. As evidenced by the quote, these young parents have multiple risk factors:

> "For Blythe it's not really a certain race or ethnic group, I think it's just more of the severe low income families, and it's the younger parent…It's the ones that don't want to go for services because they're afraid of CPS coming and taking their kids away. It's the ones that are just uninformed. And I think it's just a combination of low income and lack of education…I don't think it's necessarily a certain ethnic group or anything like that" (16:6).

Families with members (particularly parents) that are involved with gangs and families in which a parent is incarcerated were identified as particularly at risk of child maltreatment:

> "I don't know what it is, but the gang community is... there's a generational [cycle] now that's going from parents down to their kids and sometimes even grandparents or the parents of those kids...

Are... gang participants at risk of child maltreatment... in a way that sets them apart from the general public?

Well they are because I think it's the lack of parenting and the criminal involvement and there's drugs and alcohol, the whole bit…I think the children of a lot of these populations... whenever we are providing service, we're providing it I'll say to the gang member, to the perpetrator of domestic violence, to the perpetrator... in anger situations, to the person who's convicted …that somehow we reach the family member and we probably cannot mandate it, but at least highly recommend that the family be evaluated and that services be open, accessible, be able to provide it to those families. Because I think we all know that that's the surface issue and if you open it up I guarantee you it's opening up a full can of worms when you begin to look at the family that's underneath that perpetration" (6:17).

"We have families that are just generation after generation. We have three generations all on probation at the same time: the kid, the dad, and the grandpa. Or the kid, the mom, and the grandma even…It seems like once they're in that cycle it's impossible to get them out.…" (16:7).

Finally, the overlap between substance abuse and child maltreatment was noted by several key informants. The first quotation indicates that substance abuse is used by females *after* they have been abused. The second notes the consequences of substance abuse by parents.

"I see a lot of females using substance abuse to cope with the pain of the abuse…I would say out of every five to six girls that I have in a program, at least three of them have been abused, whether it's sexually, physically, or both sometime before they started using drugs" (14:14).

"A woman who's not on drugs that gets their kid taken away will do anything in her power to get them back. She'll go to the parenting classes, domestic violence classes, whatever she needs to do. But the ones that are on meth—that drug takes over and they have no fight in them to do anything but get that" (16:11).

RESULTS: DPSS-ASSIGNED FOCUS GROUPS

What's Working to Prevent Child Maltreatment in Riverside County?

The community services, specifically parent education, offered by the Differential Response program was initially identified by DPSS regional supervisors as something that's working to prevent child abuse in Riverside County. Asked about the specific curricular elements that seemed to be most effective, however, led to the admission that little was known about the type of parent education made available as a component of Differential Response:

"I'm going to back up I guess, that would be helpful to know what the curriculums are.

…I mean... I don't know. We send them to programs, but we don't know what the... curriculums are. Whether or not it's focused on D.V. substance abuse or sort of general.

…So I think that's a starting point.

Would be to receive better education about what those programs are actually teaching?

Correct" (2:5).

Persons affiliated with Indian Child and Family Services (ICFS) in Temecula also believe that parent education is effective, and they have specific ideas about the necessary curriculum:

> "I think parenting programs can be very effective, but for the native community it's important that they are addressing the cultural issues and [are] culturally relevant for the native community" (5:5).
>
> ICFS utilizes an adaptation of the "Incredible Years" curriculum (Spirit Incredible Years) that has been specifically tailored for Indian families. It is implemented in-home on a one-to-one basis.
>
> "We kind of see things as side-by-side, you want to …give them skills in the modern world, but you're not doing that without strengthening who they are as a people" (5:9).

The Riverside County Family Preservation Court, an intensified one-year court-supervised substance abuse recovery program that is designed to enhance the sobriety efforts of parents prior to filing a dependency petition to enable their children to be safely maintained with them was cited by DPSS CSD Regional Supervisors as a program that appears to be working, particularly the component that provides intensive parent-child interaction therapy. The length of the waiting list appears to vary by county region, but in the Metro Riverside area, long waiting lists are an obstacle to participation.

> "And so a lot the last several and this whole year … it's hit and miss if we get somebody in and most of them are getting… out-sourced to another program" (1:8).
>
> "Another program that I think has helped... it's through our legal system, it's the drug courts...that they've established … they're addressing... the children and the parents that come in as a result of drug problems. … I was involved in that early on, but there was a lot of success in that. I think that helps... it provides... the parent with a lot of support...
>
> Or that judge... with the rewards and sanctions can be really compelling.
>
> Exactly, exactly.
>
> And they work very closely with the dependency court so that does...
>
> Thank you for mentioning that. Yeah, because we have had really good success with that. They've stayed at a recidivism rate of around two percent, while right now, the county's at over nine" (6:11).

The Adolescent Family Services Program of the county's Department of Public Health Maternal, Child & Adolescent Health program is cited as a successful program for parenting teens:

> "Maternal Adolescent Family Services, I know that has changed, but that has really been beneficial for a lot of our teens. I don't know what statistics have been for those youth who've gone through it and whether or not in the future we find out... and remove their children or if we've opened cases, but I do know that at least from the experience of those youth and them talking to our social workers and it's been extremely beneficial for them" (2:9).

Wrap-around programs are utilized by a variety of agencies concerned with preventing child maltreatment. The quotation below lists some of these and points out a valuable outcome resulting from the intensive services provided by wrap-around programs:

> "I'd just like to second the Wrap-around idea because CPS has a Wrap-around, the Regional Center has a Wrap-around, Probation has a Wrap-around, everybody has a form of it.
>
> But we use the Wrap-around for is primarily intrinsically... to reduce circumstances of neglect. You have families that are falling apart and you put somebody in there, a team of experts in there, and what they'll do is... they can report back... to the funding agency, the Regional Center... in this instance, and we find out what's going on in the family home. Sometimes when we... on the surface you think of child abuse and neglect, it's physical, but sometimes it can be financial.
>
> Are they just keeping this child because they want the... the money? The check? And so we put these eyes and ears into there and then we can find out what's going on and if that's the case, then we can redirect at that point. …So I think Wrap-around... whether you're talking Probation, CPS, or Regional Center, it's a very key tool... to creating less of a circumstance of child abuse" (6:9).

Characterizing the county's focus as "minimizing risk, 24 hours a day," access to the hot line, the Kin Care "warm line" (which is especially useful to grandparents caring for grandchildren) and access to some DPSS staff during evening and weekend hours is viewed as something that works to prevent child maltreatment:

> "I think another thing that works well... for Riverside County … it's the fact that... Riverside County is always available. We have schedules... that allow people to work nights and evenings and weekends and everything else, which if... there's a problem out there [and] people call in... we're always available, there's somebody there to answer the phone. I think that really works well and I think we work hard to get that done and keep that moving... so I think that's a good preventive measure" (2:10).

Team Decision Making (TDM) is identified by regional supervisors and many others as a practice that appears to be working well. Its purpose is described as:

> "To try and prevent a filing or prevent having to remove the kids and do a safety plan that really speaks to all those safety and risk factors. And then if that doesn't follow through then... we have pre-preventive efforts and then it looks like it'd probably have to go to court at that point and maybe remove, but at least we tried that method before having to intervene.
>
> … on the back end it's used to try and prevent a change of placement if possible, or to facilitate it if there's no way to prevent it. And also to address conflicts within the case, and having all those parties there at the end of... the TDM to get them to buy into the decision, takes a lot of pressure off the... social worker and everybody at least is on the same page working towards the... the same goal" (2:13-14).

Members of the Child Assessment Team and administrators associated with the Inland Regional Center and its collaboration with DPSS discussed the positive results of implementing TDMs:

> "I could see that it's making a huge impact in the families if we could just get all the families to go to TDMs.

Yeah.

It's awesome … the number of detentions that we've done …dropped dramatically after we started doing TDMs. And it started with the whole Family-to-Family concept because we have TDMs at all different levels, for E.R. it's... it's a placement issue...If we're going to detain and we get families together and sometimes we can get the families... to make plans so we don't have to detain these kids...

Uh huh.

And then we get the service providers that come into these meetings and they can put stuff in place and help us and then we don't have to detain. I... I believe with my whole heart...that Family-to-Family has been an excellent addition to the department and... our every day operations.

…it would be beneficial if Family-to-Family really could be taken a step further, where I think it's intended to go at some point, but the funding is gone" (1:35-36).

"TDMs, Wrap-round seems to be effective. TDMs we're hearing a lot of positive results from TDMs, and we always invite quite a few other agencies to come to the table for those TDMs and they're reporting that it's a really positive experience" (6:4).

An element of Team Decision Making that bears recognition as a successful practice is the extent to which DPSS has reached out to, and enlisted the participation of the faith-based community in recent years. The quotation below attests to the partnerships that are developing between DPSS and faith-based organizations across the county:

"…the positive working relationship we have with the social workers that we have been working with so far in the last two years... we feel like they value... the piece that we bring to the table and I felt like my effort with our organization has been really... to communicate to our churches and the members that this is a unique season when there is an open door to partner with Child Protective Services and we're on the same team. They're not the bad guy and we're the good guy. You know, I really try and say, 'We're on the same team...' 'Don't make the CPS social worker out to be the bad person. Let's work together because we all want this placement, this family, to succeed.'

And is that collaboration developing as per plan?

Yeah, I think... I think the message... is being heard... and... so when a family will come... and surround and kind of support and walk along side of, a young mom say. We're working with the social worker, we're having Team Decision Making meetings together or more informal meetings with the social worker, and it's a very positive working relationship"(3:3).

"I think that one of the places that we really see the community coming together with staff, staff at all levels, whether it's social work staff or it's supervisors or even at... at times, managers, is in our Team Decision Making meetings. And so bringing people together from the community, from the family, and with our staff to collaborate on …really what's in the best interest of that child whenever that child is at risk of placement or a placement move has made a tremendous difference in the way in which not only we do business... the way we advocate for the child's needs, but also opening that door to the community and saying, 'A. We can't do it alone; and B. Everybody's ability to problem solve at the table makes a difference for that child.'" (3:6)

Members of the DPSS faith-based collaborative observe that not every church is ready to open their doors to collaborate, or to partner with DPSS to work with families in their congregations that come to the system's attention. But the outreach is setting the stage for future collaboration by developing relationships. As illustrated by the quotation below, a benefit of working with faith-based organizations is the opportunity to communicate directly with compassionate individuals who are disposed to help:

> "…we put on the big foster care picnic last summer, it was an enormous amount of work, an enormous amount of work.
>
> Resource intensive, that's all I have to say.
>
> ... it was outrageously resource intensive. (laughter) ... and the response was positive. We got a handful of people that said, 'Yes, they want to foster, yes they want to adopt.' We got a dozen people that said, 'Yes, I want to be a camp counselor at one of the foster camps.' We got a dozen people that said, 'Yes, I want to be an educational representative.' Compare that to when I went into a church, a church of two hundred and fifty people, so it's a smaller, moderate size congregation, over the summer and I spoke ten minutes in the first service and ten minutes in the second service, so it cost me a few hours of preparation and then work on a Sunday, and I got the exact same response.
>
> Wow.
>
> The exact same response. I got two or three people that said, 'Yes, I want to foster or adopt.' I got twelve people that said they wanted to be educational representatives, and a handful of people that said they want to do everything in between.
>
> So there's an efficiency in working with welcoming congregations?
>
> …Absolutely. ... I would say that if you want to use your time most efficiently, it would be to build relationships with senior leadership and congregations. And it'll take a year or two, but if you can present on a Sunday morning, Saturday morning, Friday night, whenever they meet, if you can present to their congregation, that is extremely effective" (3:9).

A member of the Riverside County Child Assessment Team suggests that the county's Department of Mental Health is effective at preventing child abuse and neglect. An assessment and recommendation from the Child Assessment Team represents the, "biggest push to get mental health services for kids, the most effective push." The counseling services offered by the Department of Mental Health introduce parents to a means of coping with issues other than those that brought them to the county's attention.

The participation of Public Health Nurses in Child Assessment Team activities is regarded as highly effective:

> "…we would ride with her to go out to the homes to see the kids and... she could really say …right then and there if there's something wrong with this child, if... it looked like maybe failure to thrive or if this baby had a temperature, or things that as an E.R. worker we didn't necessarily know just by looking at the child out in the field.
>
> …if we detained kids and brought them back into the office and she was on it, she was doing assessments, she was looking to see if there were marks, bruises, injuries, that we might have missed as workers" (1:5).

The PHN's resourcefulness with regard to obtaining medical records and interpreting them, and the ability to converse with doctors using the proper professional vocabulary were also valued by members of the Child Assessment Team.

> "…whenever an Emergency Response Worker responds and conducts an investigation and they find that they're not going to substantiate the referral, they can close out the referral with a referral to the Differential Response Program that'll still provide services even though we're back out. ... it can't be a very high risk referral... and so the services that they provide would be parenting education within the home, so that takes care of your transportation issues.
>
> I think they will provide just about anything as a social worker would refer a family out, this is for ninety days they're going and checking on the family... the social worker's saying, 'This family needs family counseling, anger management, parenting, and emergency...In home...homemaking..." (1:5-7).

The PALS program was identified by DPSS Regional Managers as a very concrete program that works:

> "…essentially it's like an in-home teaching and demonstration program where they come to the home, try to work with the parents, and are hands-one with the children present, and really try to make some strides forward in their parenting practices and addressing them back in the home.
>
> …It is an excellent program because as is mentioned, you have an extra set of eyes in the home and it's kind of a one-on-one type thing, not a big group. And they can show them... how to budget, how to make a shopping list, the things that that family definitely needs. And I think it should be expanded to include more people doing that work" (2:16).

This praise was repeated independently during the Inland Regional Center Joint Operational Meeting in terms of the participation of PALS[15] nurses on visits to both foster and biological parents with medically fragile children:

> "I think we should mention that when we go out for our annual reviews to say, "Do we want to renew this contract?" everybody speaks very, very highly of the PATCHS nurses and that program. They make themselves readily available, they'll go out on a visit with the social worker to the home or wherever...the child is at" (6:14).

Interagency collaboration is widely viewed as a positive for child abuse prevention in Riverside County. Collaboration between DPSS and the faith-based community was described above, and DPSS has been reaching out extensively to community partners, including representatives of the Native American population:

> "I think also the relationship as far as social workers being aware of our programs... and... the open-mindedness of saying, 'Hey, you know, I can refer this family too because we don't do blood quantum, it's based on if you are American Indian decent.' So we're getting a lot of referrals from Riverside County which is a new thing because we've been here for a while and now they're really understanding how important and effective our program is for our families. So they're really working with us... and I think with Dr. Dionne doing trainings in the different offices has really helped with the relationship with Indian Child and Family Services and Riverside County, Child Protective Services and social workers and just other agencies as well.

[15] The quotes presented are taken verbatim from the recorded transcripts. DPSS CSD staff indicate that these focus group participants were discussing the PATCHS program, not PaLS.

Including the courts.

...And it isn't happening in San Bernardino County. It isn't happening in San Diego County so... that's a big difference where they don't get it and they don't want to get it" (5:13).

"And like I said, all this is happening and Riverside County … is really working well with tribes. You know …they work well with us. I mean, you have problems, but you can fix them..." (5:35)

"I would say that from my perspective it [what's working to prevent child abuse] would be... over the last several years, the sort of deliberate effort on the part of DPSS upper management to truly extend its collaborations. In other words, admitting that they cannot do it by themselves...and they absolutely need as many community partners that are willing to come to the table. I think that awareness and public education effort send a clear message to everyone, including... those vulnerable youth that... there are entities out there that can help" (7:2).

Personnel in agencies that work with DPSS praise the agency for its willingness to collaborate. The participant below ascribes this to the kind of people that work for DPSS and their disposition to problem-solve and to collaborate:

"I will say, we're an agency that works with a lot of agencies, and I do feel that the relationship with Riverside County in general, is a good relationship, and between our agency and the County. But I think that's partly largely because there are a lot of people in the County agencies in Riverside and I don't think that's true in all counties, that do work well with other agencies. I mean, every agency's got people that are difficult to work with, and that's just the reality, I mean, every agency. And I think we've done a pretty good job in the Riverside County area ...of at least having the people that are able and willing to work together actually do that. And I think that as budgets are cut more, which they're going to be, I mean, it is imperative that we're not so territorial, that we do cooperate more, and a lot of that is just going to come down to personalities..." (6:3).

What Does Not Work, or Needs Improvement to Prevent Child Maltreatment?

Increasing community involvement in the prevention of child abuse is necessary as public funding for social services diminishes:

"I think …due to the lack of participation from the outside communities here, like I'm part of the PCARC Metro area and you go to the meetings and there might be just two of us. It might be just a PCARC representative with myself or someone else, so... it's sad, but... it's reality that not a lot of the community is getting together basically, to assist in this. And I think... until we can get different entities together at a table to try to work on this problem, it's never going to stop" (1:40).

Moving rapidly from the general to the very specific, treatment programs for victims of sexual abuse are perceived to be insufficient. The waiting period to enter treatment is so long that the presenting need becomes less acute and the window for optimal therapeutic effect has begun to close by the time victims are admitted:

"…what really comes to mind where I think we're falling down currently would be... sexual abuse treatment…previously, we've had sexual abuse treatment or a program and now we're just kind of referring folks to the Department of Mental Health and how well that's addressed is just

kind of depending upon...the counselor that they're paired up with. And there's no sexual abuse treatment group any longer" (1:9-10).

"there's a current... program right now with Children's Mental Health Services that they... there is a sexual abuse component to it but there's a waiting list for it. And so we have these children who …they're traumatized... most of the times they've been removed from their home, they've been sexually abused, and the perp is probably still at home and... they're the ones that are being punished for disclosing and we put them on a waiting list to get help to address some of these issues. And... they have languished for like two months before they can get an appointment to get in and …that's not helpful to... these kids that go into placement... or the perpetrator leaves the home and... they stay home and we make that referral to this program and they still don't get in and... it's frustrating because what I see sometimes is if they stay in the home then the parent that they're with kind of helps them to minimize what's happened and so by the time they get ready to go into this program they may not be found to … meet the criteria … it's frustrating because there's such a lag and... I think in terms of sexual abuse, we really fail" (1:10-11).

Though they are staples of the effort to prevent child abuse, the extent to which parent education and anger management classes are effective depends upon the intensity and interactivity of the presentation and the motivation of the parents attending. The need to provide education to large numbers of offenders is clear, but the one-size-fits all classroom lecture approach is not thought to be effective.

"But the other [thing]… we've always sort of talked about here in the medical setting is the anger management classes, that we feel that some of them are just not effective. It's just they become so lecture style oriented...that they're so general that basically …about all you have to do is …sign-in, sit there...

Sign-in, sit there, stay awake, yeah.

Until …ten twelve sessions …and then you get your certificate that you're done.

Yep.

And it's... it really is not making a difference because these kids are coming back again with parents that have their certificate that they completed anger management.

…But they haven't learned anything.

Exactly" (1:12).

"…we were just talking …yesterday about the difference between a parenting class and P.C.I.T. [which] is Parent Child Interactive Therapy. And they were saying for parenting classes, they're basically just, tools to change their discipline but you're not really working on the relationship with the kid. And so we have the …same thing, sort of lecture style, here's... some tools for you to work on at home, but it's still not really going into what's really going on in terms of relation between you and your son or you and your daughter. Whereas the parent child interaction therapy you're actually having the parent and the child in the room and they're being guided by a therapist …in terms of how to direct the behavior and at the same time, how to enhance the relationship with the kids" (1:21).

Referring to the requirement for 30 days sobriety before a referral for mental health treatment will be processed,

"[Another problem is] substance abuse treatment county wide in terms of accessing mental health services. And there's a substance abuse problem, it's never just the D.V. or just the... anger management issues, it's the substance abuse, it's the underlying mental health issues, that are leading to the substance abuse, but we're in a situation where we cannot get mental health services provided to folks until they've addressed their substance abuse issues.

Yep.

Uh huh.

They're not referring them.

So that … creates such a lag in service delivery because often times they're on a waiting list to get the substance abuse service" (1:16).

The difficulty associated with getting clients into substance abuse treatment is compounded by the limited timeframes for intake and the geographically dispersed nature of the intake and treatment facilities:

"One thing that doesn't work is if you have a substance abuse issue and trying to go through... the county program... there's a program in Riverside, Corona, there's nothing in Moreno Valley, so if there's a way to send them to a contracted place in the local area... if they're in county substance abuse they have to go to Riverside for intake, or they have to go to Indio or Hemet, there's only certain substance abuse clinics in the county and so they have to travel... they have to travel away to just get in the door … there's... nothing in all those communities like Perris, Moreno Valley, Lake Elsinore, there's nothing local that somebody can plug into for a consultation and intake…

…Well and it's not like they have a two thousand and nine Honda Accord they're driving in either you know.

Yeah.

They're having to spend four hours on the bus" (2:20-21).

Services for teens in the foster care system are widely perceived to be inadequate. This inadequacy is particularly important to address in view of the compelling needs of emancipating youth:

"Doesn't it seem like for... for the youth in general, whether they've just emancipated or that sixteen plus, there's still a general lack of resources...in our programs?

…Yeah, I can't think of programs specifically for those age groups that we offer besides ILP itself...

Uh huh.

I can't think of other programs that we specifically offer that help them with this transition out of foster care" (7:11).

"We don't have services that... adequately address teenagers' needs...at all. We don't have adequate teenage drug treatment programs, we don't have adequate anything for teenagers really.

... if they're past thirteen and somewhat incorrigible, then we're in trouble because ... there's nothing we can do. I mean, they do counseling, but there's no P.C.I.T. for teenagers..." (1:22).

A particular difficulty ensues when a teen mother is a dependent of the court, but her infant child is not:

"I know especially the... the cases that have been coming through with the minor moms, they're 602 kids so... they're on a probation placement and then they have a child and then...

...And I just find that that has been a real big task sometimes even keeping the mother and the baby in the same placement.

Because sometimes if we don't detain that child then the placement that the mother is in, if they're not getting paid they're not going to keep the baby. And then we have to separate this minor mom you know, fourteen/ fifteen/sixteen, from her newborn, and I think that's the hardest part if we don't detain the child... And that's hard to keep them together because it's a business, at the end of the day these foster homes, it is a business and the foster parents say we love and we want to help, but as soon as you mention, 'Can the baby stay here for free?' and it's like...

'Oh... oh no!'

You know, can you assist in this? 'Like, no'" (1:24-25).

"And we get the power struggles too, like if... okay, so the mom's a dependent and baby isn't, so mom is in charge of parenting the baby...

She's responsible, uh huh.

And you get into this foster home and... the foster mom or dad sees … there's problems with... this sixteen year old parenting the baby like they're not burping the child right, they're not feeding the child enough, they're not changing the diapers they're just letting the baby sit in the crib and cry, when the foster parent tries to correct the teenager, the teenager is like you know, 'Screw you, this is my baby. I'm going to raise my baby the way I want.' So what happens is the foster parent feels completely like they have no part in this or you have the other way around where the... the kid goes, 'Take care of my baby,' and then runs the streets.

Uh huh.

And... just leaves everything... the responsibility on the foster parent and foster parent's like, 'And I'm not... and I'm not even getting paid, I mean, I have like no legal responsibility to this child, I have no financial responsibility to this child, what am I doing?' And so there's... no adequate way to handle it. ... and then, so... you detain the baby too and then you keep them together as they move around and because the placements always kind of bomb out. ... the teen that was incorrigible when she got pregnant doesn't stop being incorrigible because she got pregnant... she's still getting her groove on and coming back and getting pregnant again. So... we don't have services that adequately address...that either I don't think" (1:25-26).

The issue of pregnant and parenting teens in the foster care system is a great concern because of the extent to which such births perpetuate the cycle of dependency:

> "Over thirty percent of the youth in the program now are parent kids.
>
> Wow, that's a huge proportion…do they range up to twenty-one or twenty-two?
>
> ... our age range stops at twenty-four.
>
> The majority of your kids aren't even twenty-one yet.
>
> Right.
>
> …The vast majority of them are twenty-two and under….And we have some that are parenting for the second time already. And... there needs to be some additional support system for them, because it creates a completely different dynamic.
>
> We're seeing it again, and... we've seen the same trend just from a cursory standpoint of foster youth having youth that go into foster care.
>
> …Yeah, in our program let's say probably ten percent or more of the young adults that have children have opened a CPS case already...for their children. So that's a big number" (7:8-9).

DPSS Regional Supervisors also call out the need for supportive housing and services for teens, specifically those emancipating from foster care:

> "My focus is really still going back to our youth, our adolescents, and so at least for us in order to prevent future abuse of their children and then also homelessness and poverty for them as well, what we're lacking is transitional housing for youth, also supportive services for our teenagers. Mainly, counseling type issues where they want to go to a support group for other teens that are dealing with issues of emancipating and being on their own. And for them, counseling is very limited, a lot of times difficult for them to get counseling if there's not a specific issue that they're dealing with aside from 'I'm emancipating and I don't know... what life is going to be like later.' … that's where our focus is really being able to provide those services so that we can wrap them around them before they leave us" (2:17-18).
>
> "What we're looking at is …all the services that we provide to an FM family, but yet for our ILP kids or kids that are transitioning out, they really don't have that. They have basic things that they come back for like, 'I need housing because I just got kicked out of where I was living,' or 'I need clothing for this day' or... or food for this day, there's very few programs that offer enough of our youth the opportunity to actually go into …the Workforce Investment Act...so they can go through that program and they'll do job placement and job training, but it's still limited to a select few of our youth. It's not open to the great amount... many youth that are leaving us on... on a yearly basis" (2:38).

An emancipated youth describes the lack of independent living skills instruction, and provides a possible explanation for the lack of hands-on training in foster placements:

> "I wasn't taught anything whatsoever. The good thing was that I entered at an older age when I had already learned those life skills, but had I not, then I think I'd be pretty lost like other kids were. Because I know one of the agencies, regardless of age, you're not allowed to be near the stove...Oh, they have like bio-hazard problems like you can't have certain items...so I think you

miss out on a lot of life skills. ...they do have workshops, but it's not the same thing as... being within your home and having hands-on [experience]" (4:6-7).

Foster Family Agencies (FFAs) are responsible for the recruitment, training and certification of families to provide alternative homes for children. FFAs monitor and provide oversight for the homes they have certified, and have the authority to decertify homes when necessary. Through the use of professional staff such as social workers, FFAs provide ongoing support to certified parent(s) and the children who live with them. The quotation below describes an interesting approach to increasing the extent to which foster youth develop independent living skills:

"I can speak from an agency level, … I think it's partly our responsibility to provide training to our foster parents and to stress to them the importance of independent living skills, and have them promote those skills within their home….It has been an issue in our agency before where … the child can't use the washer or whatever so they never learned how to wash clothes, they never go to the market with you, they never do anything with you. They never make a doctor's appointment while you sit there and kind of coach them along, they never do any of those things. So they hit eighteen and they hit the street not knowing anything and I think on an agency level it doesn't really require us this great amount of funding that it would cost you. …For us, we have to provide so much post-certification training every year anyway. That [independent living skills] gets incorporated into our required post-certification training. It's a matter of just having the foster parents re-think some things.

... they have to be trained to re-think how they're doing things in the home. And I think if they do more of that, then … you won't need to spend as much money on it. But ... it could be made something mandatory as far as I'm concerned just like we have to [provide] self-esteem training, for everybody every year, it's required. …it could be something that could be a requirement if you're going to have an agreement with the county to place foster children, then part of your agreement is that you will provide some of those services to your teens" (7:20-21).

The quotation below focuses upon the education of foster youth, and the possible need for programs to partner with K-12 organizations, and perhaps more importantly, to stimulate foster parents to advocate for the education of their charges. Unless preparation for college begins early in the educational process, students are unlikely to be prepared to succeed in higher education:

"Whether that is additional services for kids emancipating out because while we've done well in the last three years, we need to do better. Or if it's those educational needs for kids in kindergarten through twelfth that we're not adequately paying attention to and partnering with our school systems in a different way? We've come a long way in the last three years but we've got to go further to make sure that our foster kids are getting their educational needs met because they're not ready for emancipation. And quality resource homes because our foster parents have got to be caring for our kids in the same way that they'd care for their bio children to include those educational life skills, developmental needs so that our kids are ready" (3:15).

"So in the ideal world, at what age would you begin cultivating life skills and decision making skills and long range planning...

Thirteen/fourteen"(7:13).

An emancipated youth describes the type of conditions in foster care that need to be improved to facilitate educational progress among foster youth, especially those who may take a less traditional path to college:

> And then there's other stuff like CAHSEE [California High School Exit Examination], you can take the California Proficiency Exam which is the equivalent of a GED, and start going to a college environment if that's what you feel more comfortable with because there are some people that aren't drop-outs or that do care about school within foster care, and they're not given that opportunity. I was told I could take my exam and I did take it and I did pass it, however they kept me in high school. Like not letting me go to college.
>
> What was the rationale?
>
> Because they figured that I had the availability of choosing my class times and I would choose... the way they said it, it would be disruptive to the schedule of the foster home" (4:25).

The quotation below expresses the frustration of a program director working to orient foster youth to post-secondary educational opportunities, and emphasizes the necessity of buy-in from foster parents and group home staff.

> "Yeah, anecdotally... the desert experience, we had two or three youth that we were told would be there, call the foster parents that morning, 'Oh, they had other things to do; we'll make it in February.' Okay, I mean what could we do?
>
> The buy-in is the key." (7:15-16).

Funding silos and program eligibility restrictions are a great frustration to DPSS CSD social workers and personnel from many other agencies who want to provide comprehensive services to their clients.

> "... and I think we're striving to get there, but we always struggle with different types of funding and how funding works for this program versus that program" (2:18).
>
> "And that even has to do with certain programs that are funded that we get because the criteria sometimes are so strict... that we have a family or a child here that can benefit from this, but my God, they only meet six of the ten, and they needed to be seven of the ten checked boxes. … how can I get this child with this family qualified for this program just so they can get in, but without also labeling the family and helping them.
>
> It's just sometimes everything is just so strict and... and we have very little flexibility" (6:21).

DPSS staff especially believes that the selection of services and programs should be driven by research-based evidence:

> "…one of the things I'd like to get on the record is I think our department really needs to be more research based in a sense to figure out... what's effective.
>
> I think we're really... old school in terms of the way we approach it... and even this focus group is kind of a testament to that because you... get a situation where you get a focus group and maybe it's all supervisors or maybe it's supervisors from mental health, and they all speak to what they think... is effective and appropriate, and it may not be. I think you really need to look at … there's a lot of longitudinal studies that show what's effective and we really don't look at

that kind of stuff. It'd be nice... to look at, and I know it doesn't... fix everything, but it'd be nice to say for example... there has to be some critical elements that are being researched over a long period of time that say that these things... are effective in reunifying kids with their parents" (2:40).

New Programs or Services Needed to Prevent Child Maltreatment in Riverside County

Extending the pace and reach of presentations to the general community, through faith-based groups and in other community settings is necessary to inform and enlist the help of the general public:

> "Well there really needs to be a lot more outreach community presentations on prevention. I don't think there is a lot of prevention education out there in the community that I've seen in Riverside County. I think maybe if we had more of that at least we would prevent one family from abusing a kid. And …a lot of people are somehow linked to faith-based so... we're not talking about … doing it while they're having their service, but having them housed there so they feel comfortable to attend because they trust their pastor or they trust the faith-based community they're a part of. So I think you... you need to have a lot more presentations" (1:39-40).

The mental health needs of children and adolescents are not being adequately addressed. The quotation below calls for a particular type of therapy for traumatized children:

> "I'd like to see more of the trauma-focused cognitive behavioral therapy, the TF-CBT.
>
> …because we have traumatized children period. We deal with traumatized children... and they had given a presentation … on TF-CBT, and it works.
>
> … I tried to get TF-CBT last week for a case and we couldn't make it happen and that's very frustrating when you have children in your office who are visibly decompensating you know, they're visibly torn up and sad... and they've just been rejected... and gone through a traumatic episode and we can't do anything about it. ... so I think if we had more funding for this, … I think it'd be something that would be a positive thing for our kids…" (1:30-31).

The accounts of their foster care experience provided by emancipating youth are heartbreaking, and discussions with them leave one frustrated about the quality of the care they received. The quotation below succinctly presents a key problem:

> "We spend more effort on marketing toothpaste than we do marketing for foster parents" (3:18).

Advocacy training was recommended as a needed service for foster parents, especially those caring for children with special education needs, those who need mental health services, or those who need ongoing medical care:

> "maybe some type of trainings …and I know we do foster parent and caregiver training, but something specific to not teaching them, but maybe educating them about how to advocate for our kids. Not only education wise, mental [health]... I don't know if it's lack of knowing how to, or fear to speak up, but I feel that if [the children] have more advocates and it's not just that social worker, it would be a huge improvement.

…In both languages because I know that we have a lot of foster parents we're meeting in the desert that are Spanish speaking only and I don't know if it's a cultural thing or they are all about respect so they don't want to step on the social worker's toes...so they want to be respectful and they won't schedule an IEP, they won't. So if we could have training in both languages that would be great so they know exactly what they have to do.

So they understand how to kick that door in nicely.

…Exactly" (3:28-29).

The quotation below notes the difficulties associated with transportation, describing a program serving the Native American population to provide culturally sensitive counseling that could be expanded to include African Americans, Latino/ Hispanics and other cultural-linguistic groups when a child of specific descent is placed with a "mainstream" American family:

"However, often times they may not have a home so we have to place the child... in a non-Native American home.

And that's a big issue with the tribes.

…However, Indian Child and Family Services now has a program and I believe it's called the Spirit Awareness or something along those lines...and what they're doing is they have a motor home... and we're trying to designate certain families in our foster care system... and to train them to address the Native American culture. And then if we end up placing a child in a non-Native American home in one of these homes, we would work with ICFS and then they would actually send out the motor home to... the foster home... and so they could work with the child, they could work with the family providing whatever culture, providing whatever … they need, and they would also be working with the family, the Native American family. …So... we are making some inroads on stuff like that, but if something like that could be expanded to other, not just Native American, but to other...groups" (6:27).

A short-term "Receiving Home" for children and families that would perform an assessment function as well as meeting their immediate housing and safety needs is envisioned:

"If you had sort of an Orangewood-type situation on a very short term basis where they can go... if it's the middle of the night, but we told them they could go right to the receiving home where they can get medical treatment on the spot and counseling assessment right there.

You have somebody [who] maybe can maybe help deal with that emergency relative placement. I know they've talked about in the past, years ago, about doing a join-up with San Bernardino County who also has the same needs...to try and do a joint type of emergency shelter or receiving home where...you have a nurse on staff, a psychiatrist on staff, and just give the people the services right up front... and then find out appropriate placement nearest relative or foster instead of just shipping them to the first shelter home you can find in the middle of the night. So that's a huge thing" (2:19).

Like the short-term housing offered by a "Receiving Home," a "Safe House" as a fall-back for emancipating youth that encounter difficulties is envisioned. Equally important, however, as described earlier is the need to increase the services available to prepare youth aging out of the foster care program for independent living:

"And we have these youth that are constantly coming back to us who are homeless and who are now pregnant and what do you offer to them?

If you had a home again, a centralized home where if the situation comes back, they have a place, an emergency place... they have a safe house, but it's only... it's only more focused on former 'fostees' in the system" (2:39).

The former practice of out-stationing DPSS social workers at FRCs and the Sheriff's offices is missed by experienced staff who would like to see FRCs in each region function as a base of operations and as a hub for activities and services related to child abuse prevention.

DPSS staff also lament the lack of technology required to do remote documentation of the 25 to 50 client contacts they may have in a day:

"Well we had that technology available, they were able to do that sitting in the car…and get that in, and then their minds are [able to do] more quality work with... the clients that they work with. So we need to look at... some funding streams to bring that technology back...Or at least... have every front end worker have the ability to log into our system remote for that, or remote worker type of thing. ... our regions help each other. So when one region... is slammed it affects the other region where we're picking up. So I'm in the Valley Region, we're driving out to Cathedral City to help out because then those are some of the things that are happening because... their case loads are so high because they're driving all over the place and trying to get back to put the work in" (2:27).

The documentation required to provide small-expense short term aid is prohibitive, which takes away a tool that experienced social workers miss. One participant suggested developing a partnership with a motel chain to accept vouchers to fulfill emergency housing needs.

"a pass for something for forty-five dollars is just... it's the back-up documentation just makes it impossible.

And it's a very small need, but it's a very big need as far as just making a difference, get them into that hotel for the night, let's try to clear the air, come back tomorrow and see if things can sort of clear up a little bit as far as getting them out of that immediate crisis and here's a Motel Six voucher and partner with some local motels, most of which probably has higher vacancy rates... to some degree. I'm sure they might buy into it" (2:34).

TDMs have been identified by multiple sources as a program that works to prevent child abuse. The quotations below are presented under the "new programs" heading because they suggest expansions or modifications of the process, in the first case to facilitate the participation of faith-based and nonprofit organizations and agencies outside the DPSS circle:

"Every child that's...at risk for a placement change…currently is receiving TDMs in Riverside County.

… but to expand that to... really have the community involved and have … some of the... confidentiality issues set aside so we can bring the community in and have faith-based organizations more prevalent at the table, and other community agencies and individuals in the community really take hold of the mission of keeping children safe and servicing families. ...we've yet to go there and I don't know how we get there, but given the budget crisis... there are in Moreno Valley alone over two hundred registered faith-based organizations. But the resources are there, they're just not coming from the federal government." (1:37-38).

The second proposed expansion of the TDM process is to resolve some of the confusion (and resulting frustration for the court) when the agency that should be providing services is not clearly identified, and the client is "batted back and forth" between providers. By having multiple agency representatives present and unified in a decision, it was also suggested that this model would curtail the manipulative behavior of certain kinds of families that play one agency against the other.

> "But most of the ones [TDMs] that I've been invited to or heard of... are people who are not our clients but might be our clients….and even if we go in there and they're clearly not our clients, we have the opportunity of saying to somebody, 'This is why they're not.' And it may be a little time consuming, but a TDM model where … you don't need to call in a hundred different agencies, but the person that's running that TDM is saying, 'These are the five that should be in there.'
>
> And you know … that's a difficult position to do correctly. …So maybe something along those lines. I mean …if you can get ten skilled people that are really good at saying, 'These are the areas that this person needs and who can we call in?'" (6:23).

The quotation below identifies the necessity of public relations programs to develop community trust, which is a prerequisite to the sort of collective problem-solving that DPSS is initiating in communities with concentrated risk factors.

> "Well I think too when you talk about prevention,.. one of the critical elements of that is community trust.
>
> … like I said, the work that we're doing in the Valley Region, we try to hold... parenting forums for families in our system and facilitate children returned to the African American population. So we didn't have a big turn out because some of the few that we got …they thought it was a trap you know.
>
> Like it was a sting operation. You know, like you want us to come and you want to serve us dinner and all... and I'm just here for us to do a focus group?
>
> So getting back into the community and... and educating them on...Trust.
>
> We're not here to take your kids, we're here to help with some of these problems...and build their trust up" (2:32-33).

Underserved Geographic Areas

The quotations below point to the difficulties associated with the size of the county, and underscore the transportation difficulties experienced by many. Co-locating services would begin to reduce the travel required

> "Moreno Valley does not have Department of Mental Health Services; it doesn't have substance abuse services; anger management services, parenting services. …There's nothing in this huge community that's centrally located and you think it would be … a natural place to have all these services.
>
> Uh huh.
>
> They're not here" (1:27).

"Services need to be on bus routes.

… And South County too, the Temecula area, Lake Elsinore, again, we have a large geographical spot, you're not going to get people from Lake Elsinore wanting to go to Temecula or even Hemet wanting to go to Temecula that frequently. And then if you don't put the service providers on a bus route um the resources to get them to the service providers are significantly limited. And so you have a lot more families hit and miss with services because they can't get there" (3:27).

Underserved Racial/ Ethnic and Cultural-Linguistic Groups

The quotations below call out the need for more services provided in Spanish:

"But I would say in the desert, services for the Spanish speaking families [they're] grossly

…Underserved. You just cannot find Spanish speaking services" (1:28).

"…all of our classes are full. Like there's no funding for more... parenting; there's no funding for more D.V. classes; this month I've probably taken more complaints from clients because they want to start their services and they can't because the classes are full and the next class isn't until February…

And then... to that you add the language [barrier] you know...

Oh yeah.

If there's a waiting list for English-speaking there's an even greater list for Spanish-speaking parents.

And a big population in Riverside County is Spanish speaking"(1:15).

"we don't have enough Spanish speaking services for clients (inaudible)

For... your monolingual Spanish speaking population?

Uh huh.

Okay. So okay, I just want note for the tape, there were a lot of heads nodding at that comment.

Yes" (2:23).

"we have limited front end workers who speak Spanish, so that is...

... because that is a barrier... to servicing the population, and we have a lot of Spanish speaking investigations and they're just delaying getting their service because now we're pulling a Spanish speaking worker to go along with the English speaking worker and then their case loads are piling up.

…And I think that that even gets worse on the back end in the offices that I've worked in, we have very few Spanish speaking workers in the back end. And there ... you're having to have contact with these people all the time because you have them on your case load for a year and yet the worker can't speak the language, so every time they call they've got to hunt down

somebody who can. And if they're going to go out there they have to hunt down somebody who can go with, and so it's not even the same Spanish-speaking person, so there's a lot of inconsistency there to it" (2:23-24).

Culturally-relevant services are needed by African American families:

"…we work on racial disparity and disproportionality as it relates to African American and Native American children and so one of the things that we identified in our work in the Valley region with that is that the number one thing that can happen in the African American community, is physical abuse. And so the more you ask the parents, …they want African American specific services. And that's lacking in the Valley region, it's lacking in Moreno Valley" (2:22).

"African American children were being brought into care because of physical abuse and drilling down with the community further, some of what we were able to identify was the need for education. ... and it's not about anger management, it's about education. And it is about education coming from within the African American community to African American families. Again, we as the department can't do it alone; without partnering with our community partners. So rather it's the African American Church or it's African American counseling resources that are specifically targeted to work with the African American community. It doesn't help an African American family to be meeting with a Caucasian therapist who doesn't understand the needs or the history that that African American family brings with them, that historical history as well as the family history. That Caucasian therapist is not likely to be able to get where they need to be able to go. And so to create that relationship in a therapeutic manner, whether it's with counseling resources or it's counseling within the church, or it's education, we really need to have resources that meet the specific cultural need of the community" (3:23).

"African American kids who are in our system stay in care longer because these families who are in poverty, African American and single families are in poverty, don't have those resources to go out. So when it comes to their... jurist hearing is contested or is continued, so these kids stay in care longer because of that lack of … culturally specific services" (2:23).

The lack of culturally tailored mental health services for geographically dispersed, low-income Native Americans is identified as a problem.

"They're not going to pay for therapy in other words.

Yeah, they don't have vehicles to get there. They're... they're barely feeding themselves...

…You know, they're barely making rent, they're living with some random relative and moving every couple of months, they don't have money for sliding scale fees.

…And how do you get anywhere? Indians are isolated in rural areas...

…There's no bus that goes to the Cahuilla reservation...

…And transportation is a big, big factor" (5:28).

Underserved At-Risk Populations

The lack of services for teens and adolescents surfaced repeatedly in the quotations above. The quotations below suggest that because of this, teens in the system are an at-risk population.

> "…because it becomes like a power struggle between the teen and the parent, or the teen and the foster parent, or the teen and the adoptive parent. And … maybe if they had somebody in there interacting with them during these power struggles that ensue between the two, maybe we could alleviate some of the abuse that we're seeing with the... teenagers.
>
> And I think even more so if they were to be conducted in the home…you need to see them in their environment...
>
> Especially with these teenagers. We get teenagers all the time...
>
> Yep. It's getting worse.
>
> Like I said, who do you refer them to? Yeah.
>
> I think it's getting worse. I think we're getting more teenagers that are getting visibly physically abused" (1:22-23).

> "I think for us, the majority of our group home youth who may not fit the requirements for TAY, which is Transition Aged Youth, to provide them mental health and in order for them to be eligible for TAY, they have to have pervasive mental health issues that a lot of times our youth don't qualify for. Yet there are some significant issues there and we just don't have enough services through our transitional housing facilities or programs for the year" (7:23).

SUMMARY AND CONCLUSIONS

The overarching context for the 2012-15 system improvement plan is expected reductions in federal, state and local funding for public social services. The 112th United States Congress opened in January 2011 with 107 freshman members, most of whom were elected on a platform of fiscal discipline and smaller government. In California, the state budget for fiscal year 2011-12 submitted by Governor Jerry Brown proposes deep cuts to nearly all state programs. California's welfare program may be cut in half, $1 billion is to be trimmed from public universities, and tens of thousands of elderly and disabled residents may lose access to care at home.

In his opening letter to the Board of Supervisors for the "Fiscal Year 2010-11 Recommended Budget," Bill Luna, County Executive Officer, wrote, "Revenue from property and sales taxes may have broken its free fall but the bottom has become the new normal, and we must cut ongoing general-fund costs to match realistic revenue predictions." Mr. Luna noted that, "After across-the-board cuts of five and ten percent, this is the third consecutive year of budget cuts" and warned departments to brace for more cuts in FY 2011-12. The $4.7 billion budget was approved and represented an almost 11 percent decrease from FY 2009-10. Most county departments were cut an average of 19 percent of net county cost.

In this fiscal context, low or no-cost improvements to our efforts to prevent child abuse in Riverside County are critically important. Clearly, these are the only sustainable recommendations that DPSS CSD will be able to implement and CAPIT/ PSSF/ CBCAP resources should be allocated to leverage these improvements. Programs, services, and policy recommendations requiring new resources that cannot be funded will prove especially challenging. We do not, however, advocate "business as usual." Conversely, we submit that we cannot afford to continue "business as usual" to achieve future reduction in the incidence of child abuse and continuing improvement on reentry and permanency indicators. Instead, continuing system improvement must capitalize upon the groundwork laid by the Family to Family initiative, continue to improve and expand interagency and agency/ neighborhood collaboration, emphasize the co-location of services, allocate resources for effect, and increase efficiency. Each of the recommendations supported by the data contained in this report follows from these themes.

Recommendations resulting from the results of this Needs Assessment must align with the specific funding intents and restrictions of the Child Abuse Prevention, Intervention and Treatment (CAPIT), Promoting Safe and Stable Families (PSSF) and the Community-Based Child Abuse Prevention (CBCAP) programs.

> CAPIT "Service priority is to be given to prevention programs provided through nonprofit agencies, including, where appropriate, programs that identify and provide services to isolated families, particularly those with children five years of age or younger. Service priority is also to be given to high quality home visiting programs based on research-based models of best practice, and services to child victims of crime. Projects funded by CAPIT should be selected through a competitive process, and priority given to private, nonprofit agencies with programs that serve the needs of children at risk of abuse or neglect and that have demonstrated effectiveness in prevention or intervention."[16]

[16] http://www.dss.cahwnet.gov/cfsweb/res/OCAP/CAPIT_FactSheet.pdf

CAPIT resources may be allocated to programs including, but not limited to family counseling, day care, respite care, teaching and demonstrating homemaking, family workers, transportation, temporary in-home caretakers, psychiatric evaluations, health services, multidisciplinary team services, and special law enforcement services.

PSSF funding may be used to:

> "…support services to strengthen parental relationships and promote healthy marriages, to improve parenting skills and increase relationship skills within the family to prevent child abuse and neglect, while also promoting timely family reunification when children must be separated from their parents for their own safety. The PSSF funds are also to be used by child welfare agencies to remove barriers which impede the process of adoption when children cannot be safely reunited with their families and to address the unique issues adoptive families and children may face."[17]

A minimum of 20% of PSSF resources must be expended to address each of four service components, including Family Preservation, Family Support Services, Adoption Promotion and Support Services and Time-limited Family Reunification Services.

The CBCAP program provides resources only to *Primary* and *Secondary* prevention services. Primary prevention consists of activities that target the community at large. Examples are public education activities, parent education classes that are open to anyone in the community, and family support programs. Secondary prevention consists of activities targeting families that have one or more risk factors, including families with substance abuse, teen parents, parents of special need children, single parents, and low income families. Some examples of secondary prevention services include parent education classes targeting high risk parents, respite care for parents of a child with a disability, or home visiting programs.

"Services and programs provided resources by CBCAP may include, but are not limited to:

- Comprehensive support for parents
- Promoting meaningful parent leadership
- Promoting the development of parenting skills
- Improving family access to formal and informal resources
- Supporting the needs of parents with disabilities through respite or other activities
- Providing referrals for early health and development services

CBCAP resources can be used to foster the development of a continuum of preventive services through public-private partnerships; finance the start-up, maintenance, expansion, or redesign of specific family support services; maximize funding through leveraging of funds; and finance public education activities that focus on the promotion of child abuse prevention."[18]

Some results of the comprehensive needs assessment detailed in this report point to system improvements broader than what can be realistically addressed given the specific intents and restrictions of the revenue streams HARC was contracted to address. We detail these recommendations in a separate section. Our summary and conclusions are presented under six headings: 1) Diverting children and families from the system, 2) Core services and the manner in

[17] http://www.dss.cahwnet.gov/cfsweb/res/OCAP/PSSF_FactSheet.pdf
[18] http://www.dss.cahwnet.gov/cfsweb/res/OCAP/CBCAP_FactSheet.pdf

which they are delivered, 3) Collaboration and information sharing, 4) Primary prevention, 5) Other needed services and system reforms, and 6) Other needed services by zone.

DIVERTING CHILDREN AND FAMILIES FROM THE SYSTEM

As a public Child Protective Service agency, DPSS is charged primarily with receiving reports, investigating, and providing intervention and treatment services to children and families in which child maltreatment has already occurred. Consistent with this mandate, providers believe that the largest proportion of DPSS resources (*M*= 39.5%) must be allocated to tertiary prevention; services that are designed to prevent reoccurrence of maltreatment or to minimize the harm it has caused.

"Diverting children and families from the system," however, refers to secondary prevention. The astronomical costs associated with child abuse and maltreatment in the United States have been well-documented (Wang and Holton, 2007)[19] as has the fact that it is far less expensive to prevent child abuse than it is to treat its effects (Noor and Caldwell, 2005)[20]. Secondary prevention encompasses activities targeting families that have one or more risk factors for child maltreatment. Four-hundred fourteen Provider Survey respondents recommended a mean allocation of 32.8% of DPSS resources to secondary prevention; less than the allocation to tertiary prevention. Mean recommended resource allocations to secondary prevention were significantly higher among respondents from the District Attorney's Office (*M*= 39.5%, *n*=17) and from K-12 educators (*M*= 39.1%, *n*= 11) than from respondents with other agency affiliations (means between 31.1% and 32.5%).

The Needs Assessment result that best exemplifies the momentum to expand secondary prevention is the gap between the service ranked by providers as most important to the prevention of child maltreatment, "Individual, conjoint, family or group counseling services designed to prevent the occurrence of child maltreatment or domestic violence" and its implementation indicator, articulated as, "In Riverside County, we have a full array of community-based services structured to respond to families by connecting them with supports and services prior to dependency court intervention" (Table 14). Producing the second widest gap observed across all "cross-walked" items in the Provider Survey, these paired items tied for first priority.

"Parent Education classes for adults who need assistance strengthening their emotional attachment to their children, learning how to nurture their children, and understanding general principles of discipline, care and supervision" paired with the same implementation indicator ("…a full array of…supports and services prior to dependency court intervention"—Table 17) produced a gap tied for third priority by providers. The second gap in this tie resulted from pairing, "…counseling services designed to prevent the occurrence of child maltreatment or domestic violence" with "Staff at my agency/ organization is able to connect children and families to needed supports and services at the earliest moment possible, so early interventions can help resolve problems like substance abuse or unhealthy parenting behaviors before they escalate" (Table 18). The fifth priority among providers for reducing child abuse comprised the gap between parent education classes and the same implementation indicator (Table 20).

Each of these item pairs and corresponding gaps goes to providing services and supports to families that have one or more risk factors for child maltreatment before they enter the CSD System.

[19] http://www.preventchildabuse.org/about_us/media_releases/pcaa_pew_economic_impact_study_final.pdf
[20] https://www.msu.edu/~bob/cost2005.pdf

The importance of this approach (secondary prevention) is underscored by the results of the collective priority-setting exercise facilitated at the Community Partners Forum. The system improvement priority voted by attendees as most important to prevent child abuse in Riverside County was to, "Enhance our collective ability to connect children and families to needed supports and services at the earliest moment possible, so early interventions can help resolve problems like substance abuse or unhealthy parenting behaviors before they escalate."

Although getting services to families antecedent to their involvement in dependency court is widely agreed to be critically important, the capacity to provide services to a large pool of "at risk" parents has limits and their lack of willingness to engage with such services is potentially problematic. Moreover, processes for the early identification and referral of families at risk do not appear to be in widespread use. Regarding the latter issue, FRC are well-positioned to perform this function and the family identification and referral activities at the Rubidoux FRC were identified as one successful model.

Two programs based in elementary schools were also identified as successful child abuse prevention interventions. Perris offers the First 5 Parent as Teacher program for infants and toddlers, including a yearlong parent/child program. Parent education is also a component of Lake Elsinore's Special Needs Assistance Program. These programs provide screenings for infants through five-year-olds assessing the child's growth and fine motor skills, cognitive skills, language development, social/emotional development and behavior. If a screener identifies a concern, a "child study team" of experts reviews the screening and recommends additional tests, screenings or services. A case manager works with the family to address the concerns and to get the child back on track. Programs in Riverside County school districts and nonprofits funded by First 5 or others that conduct similar screenings should be identified and a liaison appointed to link families identified as at risk of child maltreatment with CAPIT/ PSSF/ CBCAP service providers.

Innovative suggestions for screening and possible referral included identifying gang-involved parents or family members that are supervised by probation, in the penal system or have otherwise come to the attention of law enforcement. When such individuals reside (or recently resided) in households with children, reaching out to them to conduct a family assessment is thought to be an effective means of preventing child abuse. The analogy here is following a spoke (the gang-involved individual) back to the hub (the family); a practice that holds promise to interrupt the generational cycle of abuse and criminality.

Expanding partnerships with animal control agencies was also suggested. California Penal Code 11166 now includes in the list of mandated reporters, "An animal control officer or humane society officer." A mounting body of evidence links animal cruelty to crimes including spousal and child abuse. Ensuring that a family assessment follows reported incidents of animal cruelty is believed to be a potentially effective means of preventing child maltreatment. Early identification of malefactors may prevent similar crimes victimizing humans.

CORE SERVICES AND THE MANNER IN WHICH THEY ARE DELIVERED

The data collected to inform this needs assessment includes conflicting information about anger management and parent education. Provider survey respondents rated "Anger Management classes designed to stop abusive and violent incidents by teaching alternative methods of expressing emotions, how to negotiate differences and by holding offenders accountable for their behavior" as the second most important service for the prevention of child abuse (Table 8). Providers ranked

"Parent Education classes for adults who need assistance strengthening their emotional attachment to their children, learning how to nurture their children, and understanding general principles of discipline, care and supervision" as the fifth most important service to prevent child abuse (Table 8). Many PCARC local collaborative members also expressed the opinion that parent education works to prevent child abuse, although this belief was frequently based upon anecdotal information. Tied for second (*M*= 5.37 on a six-point scale) among surveyed FRC clients are, "Parent Education classes for adults to help them feel closer to, and learn how best to discipline, care for and supervise their children," and "Anger Management classes to stop abuse and violence" (Table 50).

However, attendees at the November, 2010 Community Partners Forum ranked Parent Education classes ninth and Anger Management classes eleventh in terms of their importance to the prevention of child abuse (Table 38). Among former DPSS clients, the mean rating of Anger Management classes with respect to their importance to the prevention of child abuse ranked fourth and Parent Education classes ranked seventh (Table 44). Focus group participants unaligned with service providers were dubious about the effects of anger management in particular, and about parent education when it is delivered solely in a lecture format.

These inconsistent findings signal the need for objective information about what is and is not working with regard to anger management and parent education. It is probable that parent education and anger management classes are differentially effective depending on the intensity and interactivity of the presentation and the motivation of the parents attending. More refined intake and assessment tools are recommended to inform better targeted/ tailored anger management and parent education classes that meet parents' specific needs. As noted in the results presented earlier, no single parent education curriculum is likely to be universally effective. Cost per unit services can be appropriately minimized for some parents who are motivated to improve and may benefit from lecture-style education. Other parents may need the in-depth, hands-on treatment of, for example, Parent Child Interaction Therapy (PCIT).

Determining the appropriate intensity of parent education or anger management required to produce real changes in parenting behavior depends upon understanding the dose-response relationship associated with different presenting needs and characteristics. This is likely to require longitudinal research which can be accomplished in a cost-effective manner by instituting incremental changes. First, a common case ID must be assigned to connect individuals across CAPIT/ PSSF/ CBCAP service providers and DPSS. This step would ensure that outcomes like successful reunification, family maintenance leading to stabilization and lack of reoccurrence or first report can be linked to the type and extent of services received. There is no better way to determine what is truly working for individuals and subgroups of DPSS clients and other at-risk parents. Satisfaction with services and provider assessments of the extent to which clients benefit from them are poor substitutes for indicators of real changes in their lives and circumstances.

Evaluation results can inform a review of the wisdom of the selection of current core services and the manner in which they are delivered. Whether the current model of service delivery is optimal is an empirical question and one that we can no longer afford to ignore. Support for addressing this issue was provided by professionals attending the Community Partners Forum who ranked as third (out of nine) the service priority to "Allocate resources to child abuse prevention programs emphasizing the outcomes they produce, rather than 'units of service' they deliver" (Table 36). Providers responding to the online survey ranked allocating funds on the basis of outcomes as seventh (out of seven) best practices, producing a mean score about three tenths point below "Agree" toward "Somewhat Agree" and the gap between this best practice and its implementation ranked 17th out of 19 (Table 33).

This inconsistency probably stems from an aversion to outcomes-based evaluation when the results are tied to funding. But to allocate resources efficiently, we cannot afford not to evaluate these services. With a common client identifier the "in-house" cost of analyzing the link between the type and extent of services received and client outcomes is not great, and by our reading of the CAPIT/ PSSF/ CBCAP guidelines, is an expense that could be covered by these funds.

Once the focus upon outcomes is established, DPSS can capitalize on vendors' experience with, and knowledge of the specific deficits and assets of their local service area populations by inviting vendors to propose the best services to achieve program goals. Vendors can advocate for parent education/ anger management classes conducted in a classroom setting for some parents, while others are recommended for more intensive interventions.

The broad array of stakeholders included in this Needs Assessment agrees that there is limited access to mental health care and substance abuse treatment for children, adolescents and adults. Providers ranked "Accessible family-centered treatment services for mental illness including education about parenting and child development" as eighth most important and "Accessible family-centered treatment services for substance abuse including education about parenting and child development" as eleventh most important to child abuse prevention out of 20 services (Table 10). Ensuring that treatment services for substance abuse and mental illness attend to the issues of clients with children (and strive to minimize family separation), were ranked by providers as twelfth and thirteenth most important out of 20 services, respectively. The gaps between substance abuse treatment and its implementation in the county were ranked 10th, 11th, 12, and 15th (see Tables 26, 27, 28, and 31).

In contrast to these views, former DPSS clients ranked "Substance Abuse Treatment" as *the most helpful*, "12-step Program" as the third most helpful and "Drug Testing" as the sixth most helpful of 19 core services they received (Table 44). FRC clients rated, "Easy-to-get-to family-focused treatment for substance abuse including education about parenting and child development" (*M*= 5.42 on the six-point scale) as the service *most important* to prevent child abuse in Riverside County (Table 50). To the extent that access to substance abuse treatment can be leveraged by CAPIT/ PSSF/ CBCAP funds, it should be. Family Preservation Court in Riverside County has been more extensively evaluated than almost any other service available to prevent child maltreatment. The recidivism rate is impressive and DPSS CSD coordination with, and support of this activity should be a priority.

"Services for youth who age out of the foster care system, e.g. housing, health and safety, employment and education" were ranked by providers as the fourth most important out of twenty services to the prevention of child abuse (Table 8) and first in importance by attendees at the Community Partners Forum (Table 38). Focus group participants decried the lack of transitional housing, training in independent living skills and focus upon educational success among other needed services for youth aging out of foster care (see pages 107-111). An interesting idea regarding post-certification training for Foster Family Agencies was advanced (See page 110) to address the lack of independent living skills training. Services for parenting teens in the system are particularly necessary. One professional estimates that 30% of the young adults in the Independent Living Program are parents (some for the second time), and of these, ten percent have open cases with CPS involving their own children. Even if these estimates are high, there is still sufficient data to call for intervention that break the generational cycle of dependency and neglect.

COLLABORATION AND INFORMATION SHARING

The widest gap between agreement with a national best practice and its implementation in Riverside County is the distance between, "Placing offices or staff from various agencies at the same location (e.g., placing substance abuse treatment staff in children's services offices) improves collaboration and can help ensure that supports and services are easily accessible," and its implementation indicator, "In Riverside County today, a variety of services available to families of children at risk for child abuse are frequently located in the same building" (Table 15). This item pair tied for first place with regard to priority. Collaboration represents an opportunity for cost-sharing. Co-location of services can help to alleviate the burden imposed by the of lack of reliable transportation experienced by many individuals geographically dispersed throughout the county who are often most in need of services. We recommend that DPSS CSD modify its procurement process by awarding points to agency proposals that have negotiated shared space agreements.

The gap between the best practice receiving the strongest agreement in the second section of the Provider questionnaire, "A high degree of collaboration between agencies involved in child abuse prevention will lead to more integrated and comprehensive services, collective problem solving and shared innovations" paired with one of three indicators of its implementation, "In Riverside County, the responsibility for preventing and addressing child maltreatment is well distributed between child protection agencies and local communities" (Table 16) results in the third highest difference in means among all paired items and is ranked second in terms of its overall priority with regard to child abuse prevention.

The same best practice associated with the implementation indicator, "In Riverside County various collaboratives have formed to share innovations and work together to solve problems in the prevention of child abuse and neglect" produces a gap ranked as fourth in priority (Table 19) and compared to the indicator, "In Riverside County today, a strong degree of interagency collaboration helps to provide more integrated and comprehensive child abuse prevention services" ranks sixth in terms of its priority with regard to child abuse prevention (Table 21). The second highest system improvement priority established by participants at the Community Partners Forum is, "CSD partners with community groups in neighborhoods that have a high concentration of families involved with the child welfare system to educate them about its services, build trust and establish a positive 'community presence'" (Table 36).

The qualitative section of this report includes repeated independent testimony regarding the positive effects of the collaboration DPSS CSD has undertaken in the context of the Family to Family Initiative; a primary strategy in the Riverside County System Improvement Plan. Family to Family is, "grounded in the beliefs that family foster care must be focused on a more family-centered approach that is responsive to the individual needs of children and their families, rooted in the child's community or neighborhood and is sensitive to cultural differences"[21]. The practice and policy infrastructure developed in this regard, especially TDM, receives positive appraisals from all quarters. Many believe that the expansion of this practice or some variant of it would be extremely helpful as a secondary prevention activity targeting families at risk but who have not yet come to the attention of CSD.

The extent to which DPSS has reached out to faith-based communities and organizations is also viewed as a very positive development that must be continued in the future. Efficiencies in foster and adoptive parent recruitment as well as the recruitment of mentors and families willing to

[21] http://dpss.co.riverside.ca.us/ChildProtectiveServices.aspx

work with other families are noted. Such collaborations must continue and be expanded to interfaith consortiums to include the participation of all faiths.

Another, and perhaps more complicated element of collaboration that must expand is information sharing. One element of information sharing discussed above is establishing a common case ID that can be linked across county service providers and DPSS. Another is the development of common intake and progress forms. That "Developing systems to share information and track clients can improve coordination between agencies to prevent child maltreatment" is the third most strongly agreed premise among best practices in the second section of the Provider Survey. Its contrast with an implementation indicator focusing upon common intake and assessment forms, "Agencies and organizations in this county have developed common intake and assessment forms to integrate the information collected by various agencies, share this information and to reduce the number of forms families must complete" (Table 22) produces the seventh widest gap overall, which is ranked as the seventh highest priority. The size of the gap between this best practice and its implementation is significantly and positively related to providers' years of professional experience. Those with the most experience view the gap between this best practice and its implementation in Riverside County as wider than do their less experienced colleagues.

The gap between the same best practice and a different implementation indicator, "Today, systems and institutions in Riverside County that encounter families (including CSD and others that deal with public health, mental health, substance abuse, homelessness, domestic violence, law enforcement, and judicial review) share information and track clients to coordinate care over time" ties for ninth place in terms of overall priority (Table 25). Movement to encourage the efficiency and improved collaboration that will result from information sharing can be jump-started by recasting CAPIT/PSSF/CBCAP vendor RFPS to award points to proposals including signed MOUs regarding information sharing practices.

PRIMARY PREVENTION

The sections above include recommendations regarding services and programs for at-risk families (secondary prevention) and families already in DPSS care (tertiary prevention services). Primary prevention to raise public awareness about child maltreatment among the general population is also needed (see page 84). In response to the question, "What other kinds of services or supports do families in Riverside County need to help prevent child abuse?" 20.7% of the Family Resource Center clients who answered noted the need for "outreach, education, and information" (Table 55). Similarly, a majority (52.1%) of the general public responding to the Community Survey answered the open-ended question, "What can we do now as a community to prevent child abuse in Riverside County?" by indicating that "awareness and education" is needed (Table 65). Another 24.9% of the general public respondents indicated that knowing the signs of abuse, reporting it, and otherwise getting involved are needed to prevent child abuse.

The need for outreach and education about child maltreatment is substantiated by the finding that the largest proportion of FRC clients (41.3%) and about 31% of the general public answered just two of the six knowledge questions correctly. Primary prevention includes public service announcements, billboards, the print and broadcast media, and educating religious leaders about how the system works.

Geographically dispersed agency representatives, providing diverse services, applauded the efforts that DPSS has taken to better educate the community in preventing child abuse and neglect.

Education efforts, such as the "It happens to boys" billboards, are seen as successful and are lauded for their ability to reach adults and children. Flyers distributed to families are seen as a way to provide information without provoking a defensive reaction from the recipients. PCARC collaborative members noted the effort to disseminate the Child Abuse Hotline Number so that people have the necessary "information on what to do when they become aware of any kind of abuse..." Of special importance is the ongoing education provided to children so that they can distinguish appropriate from inappropriate touching and know how to get help if they are being maltreated.

In addition to providing education about what child abuse is, how to recognize it, and how to report it, Needs Assessment findings point to the need for a public relations campaign to dispel the general perception that DPSS will remove a child from the home with only the slightest provocation. Law enforcement participants in the Pass area recommended a CPS public education and public relations program so that parents would not be afraid to be "stern" with their children. These law enforcement professionals have encountered parents that believe CPS will become involved if they discipline their child in any way. A representative from Blythe echoed the recommendation that DPSS should attend community events to explain the services they provide and to assure parents and community members that they go to "great lengths to prevent kids from being removed from the home." Establishing trust between DPSS and the community is a necessary prerequisite to the collective problem-solving that DPSS is initiating in communities with concentrated risk factors.

OTHER NEEDED SERVICES AND SYSTEM REFORMS

Myriad other services and programs needed to prevent child abuse in Riverside County were identified in the context of this assessment. Provider survey respondents advocated for parent education "curricula reflecting the diversity of parent values across cultures" (Table 9). In the qualitative interviews, PCARC collaborative members and professionals participating in the DPSS-assigned focus groups noted that African American children of all ages and their families are underserved, especially in North Palm Springs, San Jacinto/ Hemet, and Moreno Valley. Tailored services are also needed for African American children who cannot be placed with an African American family. Native American families and children are also underserved. The isolation and poverty experienced by Native Americans in Riverside County present challenges to providing services to this population.

Thirteen (4.4%) Provider Survey respondents indicated a need for specialized services for victims of sexual abuse, including male victims (Table 12). Counseling for known victims of sexual abuse as well as counseling and special services for suspected victims who have been returned home were advocated by members of the Child Assessment Team. Perhaps most troubling is the extensive lag time before treatment is available, which often necessitates returning the child to the home of the alleged perpetrator who can attempt to minimize the events.

A "Parent Advocate" was recommended by a PCARC collaborative member specifically to guide families through the dependency court process. Parents have a difficult time understanding the process and would benefit from an advocate/ mentor who successfully navigated the system. A question regarding the helpfulness of a parent mentor was posed to former DPSS clients completing the mailed survey. The majority (53.4%) indicated such an individual would have been "Very helpful" (Figure 8). Almost all former DPSS clients providing this rating indicated it would have improved their understanding/ knowledge, provided needed support, diminished their fear, or led to greater trust of DPSS. Parent advocates could be recruited from "graduates" of DPSS programs.

Although not specifically recommended, a paraprofessional parent advocate prior to dependency court is a potential new service that could assist families through the investigation/ referral process.

Parent advocates can help to alleviate fears and provide information once families are in the system, but such support is also needed *before* individuals and families come to the attention of CPS. The collaboration with faith-based organizations has resulted in formal and informal programs in which "families walk alongside families." These programs pair functional families with dysfunctional families to provide a mentoring relationship that, ideally, can help families avoid CPS involvement.

OTHER NEEDED SERVICES BY ZONE

In FY 2010-11, DPSS received CAPIT/ PSSF funding requests for programs and/or services for Parenting, Counseling, Anger Management, In-Home Visitation, Adoptions, and Differential Response for Zones 1, 2, and 3. No funding requests were received for Domestic Violence programs/services in Zone 3—perhaps indicating a need for these services in the desert area. Focus group participants and key informant interviewees throughout the county noted that Blythe, Desert Center, and Ripley have the most urgent need for additional services. Specifically, the area lacks residential drug treatment programs for women, teen programs, domestic violence classes in Spanish, mental health services, a shelter for domestic violence victims, a Juvenile Hall, and a Juvenile Court. Compounding difficulties associated with the lack of services in Zone 3 is the lack of transportation to areas where these services are found.

In Zone 2, Hemet, San Jacinto, and Menifee were named as cities in need of services and programs tailored for African Americans in those areas were recommended. Law enforcement participants noted a continuing need for education concerning appropriate parental discipline and the criteria for DPSS intervention. A public relations program targeting parents and caregivers is needed to inform them that stern discipline, if administered appropriately, does not result in children's removal from their homes. Although raised in discussions with Pass area collaborative members, it seems this concern crosses geographic boundaries and that a countywide educational campaign would be productive.

Population growth in the Southwest area of the county, located in Zone 1, points to the need to expand the availability of services in that area. Additionally, although specific services were not mentioned, needs assessment participants indicated that Perris, Good Hope, Mead Valley, Lake Elsinore, Sun City, Wildomar, and Winchester lack services and programs. Participants noted that Moreno Valley does not have a department of mental health, substance abuse treatment programs, anger management classes, or parenting classes. One specific service desired in this area is additional Parent-Child Interaction Therapy (PCIT) classes, as there is currently a waiting list. Several participants suggested that more involvement from faith-based organizations is needed in Perris, and western Riverside County as a whole. Like the need for a DPSS public relations program, cultivating the involvement of faith-based organizations to support family strengthening and child abuse prevention is a suggestion that has broad reach across the county.

Finally, focus group participants and key informant interviewees called attention to the need for services to facilitate the reintegration of post-deployment veterans throughout Riverside County, but particularly in the areas near Temecula in which Marines stationed at Camp Pendleton reside with their families.