

BUTTE COUNTY GRAND JURY REPORT BUTTE COUNTY CHILDREN'S SERVICES

SUMMARY

The Butte County Grand Jury 2007-2008 reviewed the Children's Services program which is a part of the Butte County Department of Employment and Social Services. The Grand Jury wanted to know how the children of our county who are at risk for abuse and neglect are served. The Grand Jury also wanted to determine whether the Children's Services program was operating in an effective manner.

"Children's Services provides services to children of Butte County who have been, or are at risk of becoming victims of abuse, neglect or exploitation." This is the introduction to the program as described by the administration. Their goal is to stabilize the family and if that is not achievable, to present the child with an environment where they can develop into a functional adult. This review covers the Butte County Children's Services organization and the services they provide.

While originally established in Oroville, the Children's Services program was geographically divided into North and South County programs in 1998 to provide enhanced access to the families of the north county. Along with the benefit of access to families, also came the challenge of administering a divided program.

There are factors that have affected the morale of those working on the front lines. The need for services is growing, while local and state budgets are shrinking. Workloads are heavier, services are reduced and Social Workers do the best they can to meet needs with available resources. Federal and state regulations, though well-intentioned, become burdensome and restrictive. With an amazing amount of dedication and commitment, the employees of Children's Services work to respond, to assess, to protect, to support and where possible, to rebuild and reunify families in crisis.

The Grand Jury recommendations will focus on the changes needed to utilize staff and existing resources to meet client needs, strengthening communication within BCCS, and the encouragement of management outreach to community service organizations in providing funding and volunteer services to offset budget reductions.

GLOSSARY

DESS	Department of Employment and Social Services
BCCS	Butte County Children's Services
NCCS	North County Children's Services
SCCS	South County Children's Services

BACKGROUND

Because BCCS had not been reviewed in several years, the Grand Jury decided to review it to get a better understanding of how the needs of troubled families and children in our county are met and to review its efficiency and effectiveness as an organization. Thirty years ago, BCCS was comprised of a staff of sixteen social workers and two supervisors. As of this report, there are over 150 employees of Children's Services. DESS maintains a user-friendly website at www.buttecounty.net/dess

APPROACH

Our review took a look at many issues facing those who work in Children's Services. Since Children's Services is a part of the Department of Employment and Social Services, we wanted to look at the management which oversees Children's Services. We began our interviews with the Director and the Assistant Directors of DESS. DESS is the largest department in Butte County and has over five hundred employees. It is composed of three main divisions, Administration, Employment/Eligibility, and Adult/Children's Services (*Attachment 1*).

The Grand Jury was interested in the children and the system that served them. Children's Services is the major system of intervention of child abuse and neglect in California. Existing law provides for services to abused and neglected children and their families. The goal is to keep the child in his/her own home when it is safe, and when the child is at risk, to develop an alternate plan as quickly as possible. We looked at the process of matching services to needs from the initial referral at intake to all the options which might follow. We heard suggestions and endorsements as well as dedication and frustration.

The work of Children's Services is inextricably entwined with the business of the Court. Children's cases are presented before judges who make the tough decisions which affect their lives. One program we did become informed about was Drug Court. It was begun by the late Judge Darrell W. Stevens and provides a structured program that brought success to many parents struggling to overcome addictions and reunite their families. (*Attachment 2*)

The Children's Services program is split into North County Children's Services and South County Children's Services. Each has a Program Manager and both are overseen by an Assistant Director of Social Services. Members of the Grand Jury visited both the North and South County Children's Services offices to learn about the structure of the department and the vital services they provide to children and families of Butte County. We toured facilities and interviewed fifteen employees representing all levels of the organization from both sites. They were selected randomly within categories of responsibilities.

DISCUSSION

1. How Children's Services Works

The focus of Children's Services is to preserve the family unit whenever possible, but the number one priority is insuring the safety of children.

Intake (Abuse/Neglect Report Call Center)

Children's Services investigates reports of abuse or neglect of children. Reports can be made any time, day or night, seven days a week. The center where the calls are received is called Intake. Those who staff Intake are former field social workers who are experienced in risk assessment. They receive special training for this position and follow specific guidelines to make decisions. During evenings and weekends, there is an answering service that forwards calls to the "on call" social workers.

Investigations

Once a report is made, a response is determined. "Immediate Response" (IR) situations must be investigated within a maximum of twenty-four hours. An example of IR would be a schoolteacher calling to report that a student has signs of physical abuse. In that case, there would be an immediate need for Children's Services to determine the safety of returning the child home before they leave school that day.

An "Emergency Response" (ER) requires an investigation within ten days. An example of ER would be a baby born to a drug-addicted mother. Arrangements for placement can be made over a period of days while the baby is still in the hospital.

The first objective of an investigation of child abuse or neglect is to determine what the facts are. If it is determined that no action is necessary, the investigation is concluded. However, an investigation may determine that a response is needed. At this point, there are two levels of response, **Family Maintenance** or **Family Reunification**.

Family Maintenance

If the investigation determines that the child is safe to remain in the home, but the family would benefit from support services, then a Family Maintenance plan is established. Family Maintenance services are governed by the Welfare and Institutions Code. The services are limited to six months, but can be extended in six months increments if it can be shown that the objectives of the service plan can be achieved within the extended time frame. This requires the Court to make such a finding. These services include parent support groups, life skills classes, and counseling. The family is closely monitored until the program is successfully completed. The goal of Family Maintenance is to keep a family together successfully. In many cases, family maintenance services are needed, but

are not available because sources of funding earmarked for these preventative and early intervention services are extremely limited. Most state and federal funds are only available for out-of-home placement.

Family Reunification

If it is determined to remove the child from the home and detain the child, they become a dependent of the Court. This decision results in a level of response called Family Reunification. This means the goal is to prepare and follow a plan for family reunification. Under the direction of the Court, families may voluntarily elect to receive services such as drug counseling and treatment, parent support groups and life skills classes. They enter into a mutually agreed upon service plan for their family. This may also be part of a court-ordered plan of supervision and visitation.

It is a traumatic experience for a child to be removed from parents. Employees seeking to improve the situation made one small change in the procedure that has helped tremendously. Rather than restraining parents in the presence of their children, Police Officers and Social Workers show as much respect as possible toward the parent and allow them to place their child in the Social Worker's vehicle. This gives the parents and Children's Services an opportunity to work together to comfort and reassure the child.

Shelter Care

As soon as a child is detained, if placement with a relative cannot be immediately arranged, they are placed in shelter care. Shelter care is a temporary foster home where a child can remain for a maximum of twenty-nine days until a suitable foster care placement can be made. The shelter care foster parents receive special training to help newly detained children with the challenges they face. During this initial period, a health screening is done by a Public Health Nurse.

Case Plan

Once the child becomes a dependent of the Court, the child's case is transitioned from the Investigative Social Worker to a Primary Social Worker (PW). The PW makes arrangements for the services the child and family need and helps them navigate the foster care system. (*Attachment 3*)

The PW stays on the case for the duration of the court appointed time and helps the family work toward reunification. Ideally, the PW is from the same unit as the Investigative Social Worker. It is advantageous to the child to have workers from the same unit collaborating and coordinating on the case because it provides an increase of continuity and stability. Units structured in this way are called "blended units".

Bilingual social workers, which are part of some units, serve Hispanic and Hmong families in the county. However, support services contracted by the county such as counseling or parent support groups reportedly lack staff with bilingual capabilities.

Soon after a PW receives the case, several processes begin. Within the first fifteen days of detention, a Family Case Plan (FCP) meeting is held to talk about what the strategy is for family reunification. Another meeting is also held the same day. It is called the Family Placement Meeting (FPM). Where possible, parents and older children, and in some cases relatives, join with the social workers to participate in the FPM. Everyone becomes involved in the decision making process by giving input on where the child will be placed.

The FPM was spearheaded four years ago by a BCCS employee and has made a huge difference in family cooperation. Social Workers have reported that including parents in the discussion and decision of where their children will be placed has dramatically changed attitudes of hostility toward “the system” into attitudes of being engaged in the process of reunifying their own family. This program has been very successful and is now a model for other counties and states.

Foster Care

Foster Care provides a home and family oriented environment for those children needing a temporary or long-term home. There is ongoing monitoring of the child including a monthly visit. Transportation of children and supervision for parent visitation is often facilitated by BCCS Case Aides.

Options for Recovery (OFR)

If a detained child is under the age of five and has been exposed to drugs and alcohol, they are placed in OFR foster homes. OFR foster parents receive specialized training in caring for the special needs of these children.

Treatment placements

Treatment placements provide non-foster home options for children in need of specialized services for mental, emotional, behavioral, or physical problems. Sometimes these are in clinical settings, but there are group homes set up to meet specific levels of need. Children can go from group homes back to foster care if it is appropriate.

“We never give up on a family, but we do run out of time.” BCCS employee

In **Family Reunification**, if a child is under the age of three, a family has six months to meet their goals. If the child is over three, they have up to a year to show success. If the family meets the goals of their plan within the time frame, then **Family Reunification** has been achieved, and children are returned home.

At that point, the **Family Maintenance** program begins. The family continues to receive needed support services and monitoring for up to twelve months. This helps them maintain the changes they have made.

If a family fails to follow the reunification plan and meet the necessary goals in time to meet the court order, then a plan for **Permanent Placement** is begun.

Permanent Placement

These placements are either long-term foster care or legal guardianship. They are designed to provide an alternative permanent family structure for children who cannot safely return to their parents. There is great emphasis upon locating relatives with whom the child can safely live. Some of these Permanent Placement children are placed in locations outside of Butte County. Once they become a ward of the court, they belong to our county until they reach the age of eighteen and continue to receive services through Butte County including monthly visits.

Adoption

Another option for Permanent Placement is adoption. Adoption services are available for children when parental rights have been terminated. Sibling groups, older children and children with special needs are often hard to place. In California there are thousands of children waiting for adoption from the foster care system. For more information on adoption, go to www.cakidsconnection.com.

Independent Living

When a **Permanent Placement** foster child reaches the age of eighteen, they are no longer a client of Children's Services. These young adults face tough challenges building a new life on their own. Butte County contracts with the foster care agency, Youth and Family Programs, to address the needs of these foster youth as they prepare for life beyond the foster care system. Beginning at age sixteen, they work with a specialized ILP (Independent Living) case worker who helps them connect with educational, vocational, transitional housing, and other resources. Together they set a realistic plan for the future.

2. Organization of Children's Services

DESS wanted to provide a "one-stop shop" for employment, eligibility and other services they provide. In 1998, they opened a satellite center on Carmichael Drive in Chico. This brought county services closer to the northern part of Butte County, but this necessitated dividing Children's Services into two programs, North County Children's Services (NCCS) and South County Children's Services (SCCS).

BCCS is overseen by an Assistant Director of DESS who is also responsible for Butte County Adult Services. Children's Services itself has two Program Managers, three Analysts, twelve Supervisors and eighty-nine Social Workers. There are also three Public Health nurses, some Case Aides, and Interns from CSUC School of Social Work.

Meetings and Communication Practices

To enhance the communication of BCCS staff, there are multiple meetings at every level of management. Also, a great deal of time is spent in meetings by both social workers and supervisors to bring services to the families they serve. In addition to meetings, DESS is using Intranet, an "office-only online web page" to keep all employees informed of resources, new information, messages and feedback within the DESS organization.

Despite the great emphasis placed on communication practices and many meetings, there are some challenges to communication within BCCS. Given the twenty-four hour nature of the job, a large workforce, and the geographic distance between NCCS and SCCS, a tendency for two different "cultures" has developed which complicates unity and consistency. There are some feelings of disconnect between them.

Since all Court work is done in Oroville, court is more accessible to the SCCS office. The attorney for Children's Services naturally spends the majority of time in Oroville, but it was mentioned that NCCS needs more access to his services.

There was also some frustration that some court policy changes were communicated immediately to South County but took considerable time to reach North County. This caused difficulty for the NCCS Social Workers when they were in court.

BCCS is launching a new planning process called Children's Strategic Initiative (CSI), which will give all staff the opportunity to give input in how the program is managed and to make suggestions and proposals as to how improvements could be made. It was begun as a response to the current budget crisis, but will provide a model which can be used in all fiscal circumstances.

Administrative Support

Currently, BCCS gets its clerical, fiscal and technology support from DESS Administration. In the past, most units in Children's Services had their own clerk but now an administrative support group has been formed to provide all clerical duties to all DESS departments including Children's Services. Each department in DESS shares the budget expense of this group. This is called "pooled resources" and is designed to be efficient and cost-effective. In general, this is true, but there is some feeling that this has caused another layer of bureaucracy to navigate in order to get paperwork done. Since Children's Services does not have management authority over the clerical staff, it is sometimes difficult to get all the specialized services they need.

Administration provides the receptionists for Children's Services as well. They have a practice of rotating receptionists to various offices within DESS for cross-training purposes. However, the SCCS desk is extremely busy and is often dealing with emotional clients under difficult circumstances. There are many complex procedures to learn in order to do the job correctly. A rotating receptionist is sometimes unable to provide the needed service.

Facilities

Social Workers in NCCS sometimes scramble to find an available room to conduct private interviews with children and families. This contributes to a loss of efficiency and additional stress. Privacy is essential to maintain needed confidentiality.

A highlight of our investigation was the day we toured the David Fulbright Room at SCCS. Culp and Tanner Engineering Firm of Chico donated the décor and furniture for the children's intake receiving room. It is a warm, inviting colorful room filled with stuffed animals, books, activities and videos. In this room, the children are under supervision in a child-friendly atmosphere for a few hours while waiting for further placement. This room is meant to be calming to children during a stressful time. It was named in memory of David Fulbright, a former Social Worker for the county. It is a great example of a business forming a community partnership to benefit children.

The Grand Jury also visited a play area in the building with playground equipment and tables that is used for supervised visitations. On their own initiative, employees of SCCS painted it with cheerful decorations. However, it has an open roof which causes the asphalt in the play area to radiate heat in the summer and makes it almost unusable during hot weather.

Training and Employee Programs

Staff development and training are an important part of Children's Services. All new employees receive training. The Intranet program, is not only a great departmental communication tool, it also provides an e-learning program called Breeze to help employees receive training at their convenience and keep current on needed certification.

There are good employee support programs at BCCS. For instance, if employees need help coping with job stress, they can contact the Employee Assistance Service (EAP) for counseling. All core training for northern California Social Workers is done by UC Davis including Supervisory Excellence Training. UC Davis recently completed a report on Butte County Children's Services and pointed out strengths and made recommendations for improvement.

Another educational benefit is the partnership between BCCS and California State University Chico (CSUC). CSUC provides interns to BCCS from its Social Work degree programs. CSUC's Masters of Social Work (MSW) program has a special three year program for current employees of Children's Services which provides the option to have

all tuition expenses paid for in exchange for a work commitment with the county following graduation.

Workload, Morale and the Budget

The workload of Children's Services is daunting. The organization is facing deep budget cuts, a growing case load, piles of Federal and State mandated paperwork, and court deadlines. Add to it the emotional demands of the job, with children's lives depending on your decisions, good morale is sometimes difficult to maintain.

One example of the challenges Social Workers face is the documentation required by Child Welfare Services (CWS), the State mandated computer database for Children's Services. CWS has been an important part of maintaining information on children and families in the system. For instance, before CWS was implemented, families would often move to a different county to avoid prosecution and children were untraceable. Now, the needs and background on a child are documented and confidentially available statewide.

CWS is an essential tool needed by Children's Services, but one unfortunate trend of the CWS system is that it has grown drastically in complexity. There are now so many fields of information which must be completed, it has interfered with a Social Worker's ability to actually serve the child. Funding to Children's Services is based upon filling out "fields" of information on the computer screen. There is great financial pressure to do all the required data entry.

Over two-thirds of a Social Worker's time is spent on CWS documentation. There are so many state and federal requirements, that there are checklists for the checklists. Some Social Workers feel that management is out of touch with the reality of the increased time required for these mandated demands. However, one Supervisor took the initiative to write a document called "Findings and Orders for Dummies" in order to help county Social Workers navigate the complex bureaucracy of paperwork and streamline routine procedures.

As of this report's writing, the final State Budget decisions are not known. In the meantime, BCCS has been required to offer a proposed 2008-2009 budget. In the past several years, cuts have been made to services provided to families and two Social Worker positions remained unfilled. Outside services to families can no longer be reduced since they are now at the minimum levels required by law and so reductions in Children's Services staff are necessary. BCCS has proposed the reduction of nine positions by October of 2008 with the potential of even deeper staffing cuts depending on the final State budget.

This reduction in staffing increases the workload on everyone else. Currently, no overtime pay is available unless authorized in an emergency. Still, court deadlines must be met and state mandated paperwork must be done. Many workers either stay late, unpaid, to finish the basics or the basics are triaged or left undone. This ongoing problem creates frustration and loss of morale.

Another budget casualty is the fluctuating loss of funding for drug testing. This problem is a central concern to all employees of BCCS. It is essential to be able to drug test parents who are recovering from substance abuse in order to determine the safety of reunifying them with their children. There are different types of drug tests. One is an inexpensive test called a “ready test”, which does not incur lab costs because it can be administered by a Social Worker. There is not sufficient budget to afford the widespread use of the more expensive “lab” type of test, but it is often preferred by the court.

One employee called drugs, “The Defining Problem”. With few exceptions, Social Workers estimated that 90% of their cases are substance abuse related, including both alcohol and drugs. Methamphetamine is referred to as “epidemic”. Employees of BCCS attend trainings to help them understand how to help families suffering from addiction. *(Attachment 4)*

The use of medical marijuana is a difficult problem for Children’s Services. There is reported abuse of the “medical need” for marijuana and often other drugs are also present in the home. Because so many parents have obtained “medical prescriptions” for marijuana, children are often exposed to its use. As Social Workers outline Family Reunification case plans, it is essential that parents test clean before children can be reunified with their family. Even visitation can be denied if a parent tests “dirty”. There is not a consistent approach to whether marijuana use should affect reunification. This is very frustrating to Social Workers because one Supervisor might recommend an Immediate Response and another Supervisor might recommend ignoring it.

Drug Treatment programs are central to Family Reunification. Currently, there are very few Men’s Drug Treatment programs available. This poses a major roadblock to a father caught up in addiction who is trying to regain custody of his children. There are more Women’ Drug Treatment options. Some programs are for women only and others allow children to live onsite with their mothers.

After twenty five years of providing services to BCCS families, Parent Education Network (PEN) closed its doors this year due to lack of adequate and consistent funding. Although they are not a county agency, their financial plight has left a hole in services available to families in trouble. Efforts are being made to fill in the gaps with other providers, but for Social Workers, it is one more problem to solve for the families they serve.

FINDINGS

1. Contracted support services such as counseling and parent support groups are reportedly not available to non-English speaking **parents**. When needed, an interpreter can be hired, but funds for that are limited. Counseling for non-English speaking **children** is available through Behavioral Health.

2. Despite the efforts made for effective communication in BCCS, there is some sense of disconnect between NCCS and SCCS. Communication and consistency are hindered by program division and geographic distance. Notifications of court policy changes have sometimes not been communicated to NCCS in a timely manner.
3. Staff report that NCCS is in need of more access to attorney services.
4. Clerical support to Children's Services is sometimes complicated by a multi-program chain of command.
5. To promote cross training, DESS receptionists are rotated to various divisions including SCCS. In the case of SCCS, receptionist rotation is detrimental. SCCS is a busy reception area, the Children's Services program is complex, and the clients are often dealing with highly emotional issues.
6. NCCS needs better access to interview rooms to provide confidential places to meet with families and children.
7. In SCCS, there is a covered outdoor play area used for supervised visitation that is in need of a way to address oppressive heat in the summer months.
8. Social Workers spend over two thirds of their time in data entry and report work using the statewide Children's Welfare Service database (CWS). The amount of mandated information has increased dramatically in the last five years. This has made it difficult for Social Workers to keep up with their caseloads.
9. Due to the lack of authorized funds for overtime pay unless it is an emergency, some employees are reportedly working overtime without pay in order to meet deadlines.
10. Drug use in Butte County is a concern. Children's Services participates in the Methamphetamine Task Force and also partners with Drug Court. They also provide specialized training for foster parents of drug-addicted children. (OFR-Options for Recovery). However, the use of medical marijuana by parents conflicts with the Children's Services policy of a drug-free environment for children. There is abuse of "medical marijuana" prescriptions and it is often found to be one of many drugs in use. There is not a consistent policy in place to respond to this difficult dilemma.
11. Although there are several drug rehabilitation programs available in Butte County for women, there are limited options for men.

RECOMMENDATIONS

1. BCCS should encourage service providers to include non-English speaking families in their program plans.
2. DESS and BCCS should review communication practices and revise them to address the disconnect issues between NCCS and SCCS, the consistent and complete flow of communication, and general morale issues.
3. BCCS should review the need for additional attorney services to NCCS and ensure that need is met.
4. DESS should consider ways to eliminate barriers in meeting BCCS clerical support needs and should consider the need for a permanent receptionist at SCCS.
5. BCCS should find a way to provide adequate confidential interview space at NCCS.
6. To offset budget reductions, BCCS should identify needs and find ways to partner with service organizations, businesses, civic groups, religious institutions and individuals in Butte County to help provide needed funding and volunteer services for programs and projects.
7. BCCS should develop a solution to the oppressive summer heat problem in the outdoor supervised visitation area in SCCS.
8. DESS and BCCS should explore ways to reduce the time demands placed on Social Workers from CWS data entry requirements and facilitate understanding of its process.
9. BCCS should establish a consistent medical marijuana policy which is based on the protection of children.
10. BCCS should encourage the development of men's drug treatment options in the community.

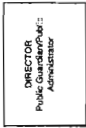
RESPONSES REQUIRED

Department of Employment and Social Services

BUTTE COUNTY

Total Number of Allocated Positions: 553

October 22, 2007





DEPENDENCY DRUG COURT HANDBOOK

I. Introduction to Dependency Drug Court

The Dependency Drug Court (DDC) is a collaboration between the Juvenile Court, Department of Behavioral Health, Department of Employment and Social Services-Children's Services, parents' and minors' Counsel and County Counsel. DDC is designed to insure the parent receives timely and appropriate alcohol and drug treatment services as part of the reunification plan and to encourage the parent to actively participate in those services through the utilization of sanctions and incentives.

II. Goal

The goal of the Butte County Dependency Drug Court Program is to achieve safe and timely family reunification or other court-approved permanency outcomes by providing immediate treatment and support for parental compliance with individualized substance abuse recovery plans.

III. Key Components of Dependency Drug Court

- Seek to identify eligible participants early and to promptly place them into the appropriate level of treatment;
- Provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services;
- Monitor abstinence with frequent drug testing as a treatment tool to assist participants in recovery;
- Integrate substance abuse treatment services with justice system processing;
- Recognize the importance of judicial interaction with ongoing reviews;
- Utilize a non-adversarial approach while protecting the participants' due process rights;
- Coordinate services in a non-adversarial manner, including the Children's Services attorney and the Public Defenders, in order to maximize the participants' engagement and compliance;
- Continue interdisciplinary education to assist with planning and implementing an effective DDC; and
- Continue to develop partnerships with drug courts, public agencies, and community-based organizations;

IV. Drug Court Team Members

The DDC Team will be comprised of the following:

- The Juvenile Court Judge will preside over the DDC proceedings.
- The County Counsel and Public Defenders will be supportive of the DDC process while representing Butte County and protecting the participants' due process rights.
- The DDC Coordinator will supervise the treatment staff, coordinate the overall program components with participating agencies, and report participating parents status to the Court.
- The Behavioral Health Assessor will conduct an Addiction Severity Index (ASI) as soon as possible after the Juvenile Court Judge orders the detention of the child and meet with the Alcohol and Drug Services Case Manager and Children's Services Social Workers to make appropriate treatment recommendations.
- The Alcohol and Drug Services Case Manager will meet weekly with the parents and Children's Services Social Workers to coordinate treatment services and collect treatment data.
- The Alcohol and Drug Services Counselor will provide direct treatment to the parents through individual and group sessions.
- The Children's Services Program Managers and Supervisors will oversee issues pertaining to the Welfare and Institutions 300 case and act as facilitators between the participating agencies.
- The Children's Services Court Worker will act as a liaison between the Court and the DDC Social Workers.
- The Children's Services DDC Social Worker will work collaboratively with the Alcohol and Drug Services Case Manager and Counselor as well as providing ongoing case management pertaining to the underlying Welfare and Institutions 300 case.

V. Eligibility

A parent is eligible for Dependency Drug Court if:

- Parent is a resident of Butte County and at least eighteen years of age; and
- The parent's child is under age three at the time of removal; and
- The parent is not already involved in Adult Drug Court or Proposition 36 Court; and
- Parent will not be incarcerated more than 45 days post-disposition; and
- Substance abuse was a factor in the removal of the children or is an allegation in the petition or is an issue at disposition; and
- Parent attends the jurisdiction and disposition hearing; and
- Parent does not use medical recommendation for medicinal marijuana; and
- Parent does not use medications not approved by the DDC program; and
- Parent receives reunification services at the disposition hearing.

VI. Process

At the time of the detention, if the parent meets the eligibility requirements, the Children's Services Social Worker will identify the case as a potential Dependency Drug Court case. At the initial Detention hearing the parent will be provided with a DDC flyer, which gives a preliminary overview of the program. The DDC Social Worker will explain to the parent in detail the requirements of the DDC program including the sanctions and incentives. The parent will have the option to begin voluntary participation in the DDC program pending the Court order.

After the Court orders the detention of the child, the parent will be referred to participate in an ASI with the Behavioral Health Assessor. The Assessor and the DDC Social Worker will coordinate a meeting that will also include the Alcohol and Drug Case Manager and the parent. The Assessor will provide a summary of the ASI. The DDC Treatment Team will make recommendations and present the parent with the available treatment options. The parent will begin substance abuse services.

Prior to the jurisdiction the parent will meet with his/her attorney to review the petition allegations and discuss the DDC program. At the Jurisdiction hearing, the parent will sign a DDC release and the Court will order the parent into Dependency Drug Court. The Court will schedule a Disposition hearing pertaining to the W & I 300 case and a 30-Day Compliance hearing for the DDC case. The Compliance hearings will be calendared for Thursday mornings at 11:00 a.m.

The DDC case will be calendared every 30 days to review the participating parent's compliance or non-compliance in the program. Incentives or sanctions will be awarded dependent upon the finding of compliance or non-compliance. The parent will graduate up levels from Phase 1 through Phase 4 until completion of the DDC program.

VII. Reports

The DDC Case Manager will complete a Progress Report on a monthly basis. The Case Manager will compile the reports with input from the Counselor, the Social Worker, and other Alcohol and Drug Treatment staff. The Case Manager will send the reports to DESS for filing with the court. The DDC staff will attend the compliance hearing and report the parent's status to the Court.

VIII. Definition of Compliance/Non-Compliance

Compliance events include the following:

- 100% attendance of required drug tests with negative drug test results;
- 100% attendance in required Alcohol and Drug Treatment activities, which includes case management appointments, group or individual counseling appointments, substance abuse classes and 12-step meetings;
- 100% attendance at compliance hearings; and

- Complete cooperation with DDC staff, Alcohol and Drug Treatment staff and/or Children's Services Social Worker.

Non-Compliance events include the following:

- Positive drug test, invalid drug test, or admission of use;
- Unexcused or missed drug test or refusal to test;
- Use/possession of a controlled substance without a valid prescription;
- Use of alcohol;
- Failure to enroll timely in Alcohol and Drug Treatment Programs;
- Unexcused absence in a required Alcohol and Drug Treatment activity, which includes case management appointments, group or individual counseling appointments, substance abuse classes and 12-step meetings;
- Failure to comply with the rules of the DDC and Alcohol and Drug Treatment Programs;
- Failure to appear for a compliance hearing;
- Failure to cooperate with the DDC staff, Alcohol and Drug Treatment staff and/or Children's Services Social Worker; and
- Any arrest or violation of probation.

IX. Excused/Unexcused Absences

In order for an absence to be considered an excused absence the parent must contact the DDC Case Manager and Social Worker 24 hours in advance to give prior notification and receive prior authorization to be absent from required services.

Excused absences include the following:

- Court hearing or legal proceeding
- Education meeting or required appointment for a child
- Documented illness

Unexcused absences include the following:

- No prior notification
- No prior authorization
- No valid reason

X. Incentives and Sanctions

Incentives will include praise from the Judge, a DDC medallion, large candy bar, gift certificates, encouragement stone with supportive written message and certificates of graduation between phases.

Sanctions will include a reprimand from the Judge, community services hours, remand to the Butte County Jail and dismissal from the DDC program.

XI. Services

At the Treatment Review Meeting the Assessor, Case Manager and Social Worker will identify and make referrals to appropriate treatment services. Children's Services Social Workers and Case Manager will meet with participating parents weekly to provide supervision during the early phases of treatment. During these meetings, staff will provide support and encouragement to participants, and review drug testing results, treatment plan compliance, any changes to the current treatment plan, and participant needs. Later in the program, supervision meetings may become less frequent as the client achieves success in treatment goals.

Drug Testing- Drug testing and treatment will be an integral part of the overall Children's Services case plan for DDC participants. Butte County contracts with the County Public Health Department to provide random drug tests. Participants are notified by their social worker when they are expected to drug test and will be tested more frequently in the initial phases of their program. The drug test results will be used to determine the client's compliance and movement through the phases of the program. Drug test results may also be used to determine the schedule for visitation of children by the participating parents.

12-Step Self-Help Meetings-Participating parents will be required to attend three 12-Step meetings per week for Phase 1, 2 and 3. During Phase 4 the parent will be required to attend two 12-Step meetings per week. The parent will be required to provide valid verification of their attendance.

Drug Treatment-During the treatment phase there are four sequential phases of the program, including stabilization, early recovery, ongoing recovery, and continuing care. After assessment, participants are assessed and placed in the appropriate level of care based on the assessment.

Levels of Treatment:

- Residential treatment (30-90 days)
- Day Treatment program (provides substance abuse treatment for women with children under the age of five)
- Intensive Outpatient treatment
- Behavioral Health Outpatient Treatment

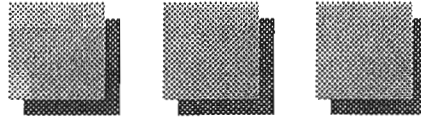
XIII. Program Phases

Phase 1 – Stabilization 90 days	<u>Drug Treatment:</u> Placement in the appropriate level of treatment Residential, Day Treatment, Intensive Outpatient, or Outpatient depending on assessment <u>Drug Testing:</u> Random number code urine testing 2 times per week minimum or drug patch <u>Self-help:</u> 3 N.A. or other 12-Step meetings per week <u>Supervision:</u> Weekly joint meeting with Social Worker & Treatment staff <u>Court TRH:</u> 1 court review every month with a single dedicated DDC Judge
Phase 2 – Early Recovery 90 days	<u>Drug Treatment:</u> Day Treatment, Intensive Outpatient, or Outpatient <u>Drug Testing:</u> Random number code urine testing <u>Self-help:</u> 3 N.A. or other 12-Step meetings per week <u>Supervision:</u> Weekly joint meeting with Social Worker & Treatment staff <u>Court TRH:</u> 1 court review every month with a single dedicated DDC Judge
Phase 3 - Ongoing Recovery 90 days	<u>Drug Treatment:</u> Day Treatment, Intensive Outpatient, or Outpatient <u>Drug Testing:</u> Random number code urine testing <u>Self-help:</u> 3 N.A. or other 12-Step meetings per week <u>Supervision:</u> Two times a month joint meeting with Social Worker & Treatment staff <u>Court TRH:</u> 1 court review every month with a single dedicated DDC Judge
Phase 4 - Continuing Care 90 days	<u>Drug Treatment:</u> Day Treatment, Intensive Outpatient, or Outpatient <u>Drug Testing:</u> Random number code urine testing <u>Self-help:</u> 2 N.A. or other 12-Step meetings per week <u>Supervision:</u> Monthly joint meeting with Social Worker & Treatment staff <u>Court TRH:</u> As needed to Graduation

DEPENDENCY DRUG COURT

INCENTIVES	SANCTIONS	DEFINITIONS
<u>INCENTIVES FOR PHASE I</u> 1ST Court Compliance= ENCOURAGEMENT STONE 2ND Court Compliance= PRAISE FROM THE BENCH/APPLAUSE FROM STAFF & AUDIENCE 3RD Court Compliance= DDC MEDALION - HONESTY *Special Ribbon for PERFECT SCORES* <u>INCENTIVES FOR PHASE II</u> 1ST Court Compliance= ENCOURAGEMENT STONE 2ND Court Compliance= PRAISE FROM THE BENCH/APPLAUSE FROM STAFF & AUDIENCE 3RD Court Compliance= DDC MEDALION - OPENNESS *Special Ribbon for PERFECT SCORES* <u>INCENTIVES FOR PHASE III</u> 1ST Court Compliance= ENCOURAGEMENT STONE 2ND Court Compliance= \$10 BASKIN ROBBINS GIFT CERTIFICATE 3RD Court Compliance= DDC MEDALION - WILLINGNESS *Special Ribbon for PERFECT SCORES* <u>INCENTIVES FOR PHASE III-GRADUATION</u> 1ST Court Compliance= ENCOURAGEMENT STONE 2ND Court Compliance= \$25 TARGET GIFT CERTIFICATE 3RD Court Compliance= CERTIFICATE OF GRADUATION AND PHOTO WITH JUDGE *Special Ribbon for PERFECT SCORES*	<u>SANCTIONS for PHASE I</u> • Clients can expect to receive the lesser sanction if honest about relapse • 1ST Court Non-Compliance= VERBAL REPRIMAND BY THE JUDGE • 2ND Court Non-Compliance= 8 HOURS COMMUNITY SERVICE \$5.00 Fee • 3RD Court Non-Compliance= 1 or 2 DAY REMAND TO THE BUTTE COUNTY JAIL and RESTART PHASE 1 <u>SANCTIONS FOR PHASE II, III, IV</u> • Honesty is now expected and even if honest about relapse, sanction remains the same. However, if dishonest team could recommend higher sanction. • 1ST Court Non-Compliance= 8 HOURS COMMUNITY SERVICE - \$5.00 Fee • 2ND Court Non-Compliance= 1 or 2 DAY REMAND TO THE BUTTE COUNTY JAIL and RESTART PHASE 11 • 3RD Court Non-Compliance= DISCONTINUED FROM DDC	• NON-COMPLIANCE= *Positive drug test, invalid drug test, admission of use or refusal to test *Unexcused absence for a required Alcohol and Drug Treatment activity *Failure to cooperate with DDC service contract *Failure to appear for a Compliance Hearing *Failure to follow DDC rules *Any arrest or violation of probation • EXCUSED= *Court Hearing or Legal Proceeding *Education Meeting or Appointment for a Child *Documented Illness - Client must give prior notification and receive prior permission to be absent from required services. • UNEXCUSED= *No prior notification *No prior authorization *No valid reason

A Parent's Guide to the Child Welfare System



What You Need to Know if Your Family
Becomes Involved with Children's Services



Butte County
Children's Services Division



What is Happening to Me?

You may be confused about why Butte County Children's Services has become involved with your family and your child. You may wonder what you are supposed to do. You may feel helpless, angry and alone.

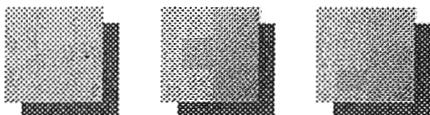
You are not alone. This publication was written to help you make sense of what is happening and to answer commonly asked questions. Please ask your attorney or social worker if you have questions that are not addressed here.

If your child has been removed from your care, your goal will be to reunify with your child.

If you need help, have questions, or a have hard time dealing with the system or your emotions, people and agencies are available to help. Some telephone numbers are listed in the Legal and Community Resources in the Appendix on page 13.

Please work with your social worker and Family Team for referrals to services associated with your efforts to reunify with your child.

This may be one of the hardest things that you will ever do, but your life together as a family is at stake.



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Who will be working with my family?

While you are involved with Children's Services you will work with a number of social workers and professionals. Each social worker's job is to assure that your child is safe and to work with families to reduce the risk of abuse and neglect to children. Social workers will help you identify services, such as family therapists, substance abuse counselors, and parent educators, among others.

Your social worker will encourage you to participate in **Family Team Decision Making** meetings to help identify family needs and work toward solutions.

Social Workers work in such areas as Emergency Response Investigation (**ER**), Family Maintenance (**FM**), Family Reunification (**FR**), and Permanent Planning (**PP**). Other social workers provide supportive, specialized functions, such as; Placement Services, Court Presentation, and Foster Care Licensing.

There are also **Social Service Aides** who may transport your child to and from visits, supervise the visits and keep your social worker informed of how the visit went.

Who are the first social workers to contact my family?

1. Emergency Response Investigator (ER)

An **ER** worker may make contact with you because someone either called the police or the 24-hour Child Abuse Hotline. An ER social worker's task is to investigate calls that report that a child is being abused, neglected, or exploited. The ER social worker assesses family problems and needs, providing support services to help keep children in their homes whenever possible.

The ER social worker's investigation will include persons who can shed light on the truth or falsity of the allegations.

In some situations, the ER social worker may work with Law Enforcement to remove the child from the home or school and place him or her into protective custody. Various ER social workers are on duty 24 hours a day.

The ER social worker will report their findings and make recommendations to the Juvenile Court.

2. Court Specialists

The Court Specialist helps the ER social worker by writing the petition to the Juvenile Court and representing Children's Services in the courtroom.

The **Juvenile Court judge** uses the Children's Services' reports to decide whether the child will be made a dependent and what services your family needs.

If the court determines that your child cannot be safely returned to your care, the child will remain in protective custody and you will be asked to participate in a meeting to decide the next best placement for your child.

3. Voluntary Family Maintenance Services

The initial investigation by the ER social worker may indicate that your child can safely remain at home with no further Children's Services' involvement. It may also determine whether your family is eligible for Voluntary Services or Family Maintenance Services.

Services may include counseling, drug testing, parenting classes, anger management classes, in-home family support, and referrals to community agencies whose services are designed to keep families together.



Discuss your family's situation with your social worker and ask about services you may be entitled to, and are available, to help meet your family's needs.

Who are the social workers who will be working with my family?

Primary Worker

The **Primary** social worker will be assigned to the case right after the child has been detained.

It is the **Primary** social worker's task to meet with the parents, assess their needs, and help them develop a plan to solve the family's problems.

Family Reunification (FR)

If the Juvenile Court declares your child a dependent of the court, the **Primary** worker will work with you to safely reunite your family as quickly as possible.

The **Primary** social worker will work with you until reunification services are ended or until the case is closed.

Concurrent Planning Services

California law requires Children's Services to work toward reunification while, at the same time, finding a safe, permanent home for children if they cannot go back to their parents.

Public Health Nurses are available to provide medical and health services for children. A PHN will contact you to obtain your child's medical history and health status to ensure his or her health needs are met.

Court Ordered Family Maintenance (FM)

If the Juvenile Court determines that your child can safely be returned home, it will order the child home with services provided to maintain the situation and continued supervision by Children's Services.

TIME LIMITS

- If any children removed from your home **are 3 years old or under** at the time of removal, you may have only **6 months** to reunify with that child and their siblings.
- Six months starts from the date that the court takes jurisdiction or 60 days after your child is removed from your custody, whichever comes first. You must make significant progress on your case plan or your child or children could be removed permanently from your care.
- If any children removed from your care are over **age 3, and do not have siblings (brothers or sisters) under age 3**, you may have **12 months** from the date that the court takes jurisdiction, or 60 days after removal from your custody, to make significant progress on your case plan, otherwise, your child or children could be removed permanently from your care.

What social workers are involved in finding permanent homes for children?

When you cannot reunify with your children, Children's Services must find a permanent home through adoption, legal guardianship or long-term foster care. The Juvenile Court judge makes the final decision as to adoption or guardianship.

Permanency Planning Social Worker (PP)

If the Juvenile Court terminates reunification services, the judge will order a hearing to determine the best permanent situation for the child.

The **PP** social worker will write a report for the Permanency Planning, which will determine if the child is to be placed for adoption, provided a legal guardian, or be in long-term foster care.

Adoptions Social Worker

California Department of Social Services—Adoption Branch will assign a social worker to determine whether the child is adoptable, and will also match the needs of the child with an approved relative or adoptive family.

Adoption

When your child cannot be safely returned home, adoption is the first choice for creating a permanent home. **If adoption is ordered by the court, parental rights will be terminated.**

Guardianship

Legal Guardianship is the next best option for permanency. **Parental rights are not terminated.**

Long Term Foster Children's Services Report
The third option for permanency. Attachment 3

Why was my child removed?

A child may be taken into custody (removed from the home) when a law enforcement officer or a social worker is concerned about the child's safety. At the Juvenile Court hearings that follow the detention, the judge will maintain protective custody when convinced that:

- A parent or other person who has custody of the child fails to provide proper care and supervision
- A child is not given the basic necessities of life, including adequate food, housing, or clothing
- A child is in danger because of neglect, cruelty, physical or sexual abuse* by a parent, guardian or someone else in the home.

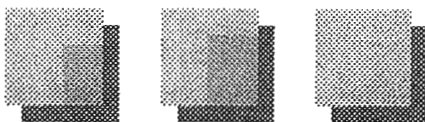
* Please see page 11 for Definitions of Abuse and Neglect.

When can I see my child?

It is your legal right to visit your child. Unless a court order states that you may not visit, your social worker will help you work out a visitation plan.

Regular, positive visits are the best way to work towards reunifying with your child.

- How frequently you visit depends on your case, the court order, and the social worker's judgement.
- Where you can visit will depend on your situation and where your child is living.



Where is my child now?

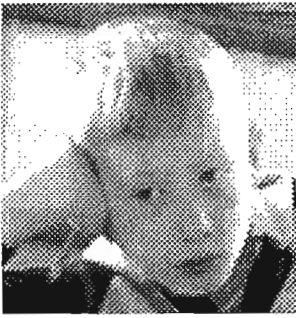
If your child is not released to you, he or she may be temporarily placed in the home of the other parent, (if you are not living together), the home of an approved relative, or a licensed foster family. The social worker will provide you with the telephone number so that you can speak to your child, unless there is concern regarding contact because of the circumstance of the detention.

If placed in foster care, the child's location will remain confidential until the Dispositional hearing, unless released by the judge with the permission of the caretaker.

If you have more than one of your children removed from your care, the social worker will make every effort to place your children together in out-of-home foster or relative care.

The social worker assigned to your family will review your situation. Based on the social worker's assessment and recommendation, the Juvenile Court judge will decide if and when it is safe for your child to return home. Your child may be returned to you as soon as safety is assured.





How can I help my child now?

Remember, you are the most important person in your child's life. Seeing you is one of your child's basic needs. Think about what you do during your visit. You can plan to read a favorite book, play games, draw or color pictures, bring a healthy snack or talk about activities and school.

For the benefit of your child and family, talk to your social worker about how you are feeling or how to make things easier when you visit. Do not discuss the court case or Children's Services involvement with your child. Do not discuss when your child will be coming home. This can confuse and upset your child.

If anyone is coming with you to the visit, that person must be approved by the social worker beforehand. It is important that you limit friends attending with you so that you can focus on your child and the time spent with him or her. This visit is your time to bond with your child.

Can my child stay with relatives?

It may be possible for your child to stay with relatives. Tell your social worker as soon as possible if there is a relative who can care for your child.

Children's Services has adopted a **Family Team** approach for discussing problems and finding solutions. The first meeting, held as soon as practical after detention, is to acquaint you to the team decision making process and to work exclusively on the **next best placement**. Relatives are encouraged to attend the meeting with you.

A social worker will interview and conduct an investigation of relatives who are interested in having your child placed with them in order to:

- Examine background checks (police records) and reports from the Child Abuse Index on relatives and all other adults living in the relative's home.

What safeguards protect my child while he or she is in someone else's care?

Your child may be placed in the home of licensed foster parents who are asked to provide 24-hour care and supervision. Your social worker will visit your child in foster care. Foster parents work as partners with the social worker in providing care for the children who are temporarily placed outside of their biological families.

Foster parents are supervised by the Welfare agency. They have undergone background checks (police records and child abuse records) and training that includes First Aid and CPR. In Butte county many foster parents have specialized training and support services to care for Drug Exposed Children.

Foster parents understand that the children they are caring for are usually in the Family Reunification program and will be united with their biological family in the future.

- Assess if there is a place for the child to sleep and if the home and environment is safe.
- Consider if the relative's home is close enough to support your visits with your child.
- Assess the relative to be physically and emotionally able to care for your child.
- Ensure that the relative is able to meet foster home licensing standards, and
- Ensure that the relative will comply with court orders and support reunification.

The social worker must also discuss whether the relative is prepared to offer a permanent home for the child if he or she cannot be returned to your care in the future



What are my rights?

You have the following rights in Juvenile Court:

- **The right to have a lawyer represent you in court or, if you prefer, to represent yourself.**
 - If you do not have the money to hire a lawyer, the court will appoint one for you.
 - You may have to repay the court for the cost of your legal services according to your ability to pay.
 - Your child will also have a lawyer appointed by the court.
- **The right not to testify against yourself.**
- **The right to be notified of the time and place set for a hearing.**
- **The right to ask questions of witnesses, including the people who wrote police reports or other reports filed with the court.**
- **The right to subpoena witnesses to testify in court.**
- **The right to appeal the court's decisions.**

If you have a lawyer, he or she will assist you in carrying out your legal rights.

If the court decides the allegations are true, the judge will declare your child a "dependent under the jurisdiction of the court".

If your child remains in out-of-home care, you have these additional rights:

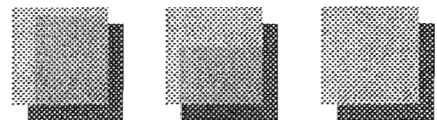
- **The right to visit your child unless the court specifically restricts this right.**
- **The right to receive services to help you make your home safe for your child's return unless the court specifically restricts this right.**

What happens if I don't show up in court?

If the court orders you to be present and you do not show up, the court may issue a bench warrant for your arrest.

If your child has been released to you, and the court orders you to bring the child to court with you to the next hearing and you do not appear, the court may issue a warrant to arrest you and take your child into protective custody.

If you are unable to attend a hearing or keep an appointment required by the court, call your attorney and social worker immediately. Leave a message if necessary.



What is Juvenile Court?

Juvenile Court is part of the Butte County Superior Court. Juvenile Court is different from a criminal court. The judge of the Juvenile Court hears cases that involve suspected child abuse and neglect as well as legal guardianship and adoption.

- Court hearings are confidential and are not open to the public.
- You are not charged with a crime in Juvenile Court.
- There is no jury to decide if you are guilty or innocent.
- The judge decides whether your child should be returned to you or placed with someone else.

Until a full investigation can resolve safety concerns, your child may be detained with the child's other parent (if that parent does not live with you), with an approved relative, a foster home, in emergency shelter care, or in a group home.

The court prefers to return children to their own homes whenever possible if their safety can be reasonably assured.



What are the different court hearings? What can happen at each?

Within two days of your child being removed from you, if your child is not returned to your care, a **petition** (a legal document) to declare your child a dependent is filed with the court. "Filed" means the petition becomes part of the court record. The petition states facts that supports the reason(s) the social worker thinks the court should protect your child.

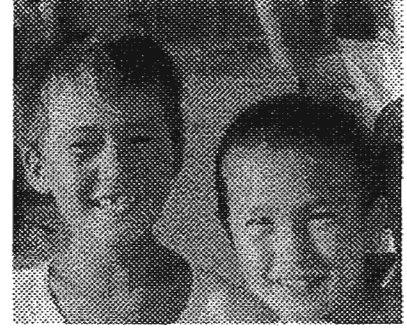
You will be told the date, time and place of the **detention hearing**. At the detention hearing, the court may make one or more of the following decisions:

- Find that the allegations are probably not true. If that happens, the case is dismissed and your child will be returned to you.
- Find that the allegations in the petition are probably true and schedule another hearing so that the judge can hear more information on the allegations.
- Release your child to you while information is being prepared for the next hearing.
- Order your child to remain in out-of-home care while information is prepared for the next hearing.

The **jurisdictional hearing** is usually scheduled two weeks after the detention hearing. At the jurisdictional hearing the judge will consider the evidence or arguments offered by any party to decide if some, or all, of the petition is true. If the court finds the petition is not true, the case will be dismissed and your child will be returned to you.

If the judge finds the petition to be true, the court will set a **dispositional hearing**, usually scheduled for two weeks. At the dispositional hearing, the court will consider the report of the social worker—composed of a family social study and the case plan—declare your child a dependent of the Juvenile Court, and order you to cooperate with the plan for services.

Every six months **review hearings** will be held to provide information to the court regarding your child and you, as well as how you are participating and progressing in services.



What will I need to be ready to tell the court?

The judge will ask you:

- The biological father's name, if he is not already known,
- The mailing address ;you want the court to have on record, and
- Any Native American ancestry about enrolled family members.

The judge will order that you tell your social worker:

- Names and addresses of relatives,
- Complete medical, dental, mental health and education information regarding your child/children and the mother and biological father, if known,
- Any additional Native American ancestry about enrolled family members.

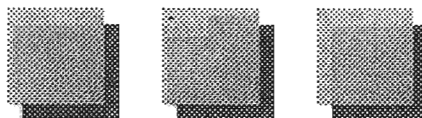
What is a case plan?

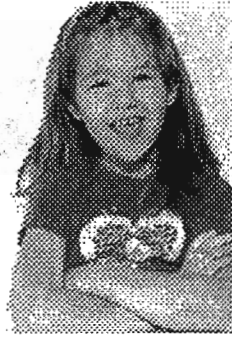
A **case plan** is a written plan developed by you and your social worker to identify what you need to achieve to increase safety, what services will be provided and what activities you must complete to address the problems that brought your family to Children's Services attention.

CSD encourages you to use the **Family Team Decision Making** process to create the case plan. You, your social worker and invited team members will develop this plan within the first few weeks of your contact with CSD.

The plan will be updated regularly and will include services recommended by CSD or ordered by the court. Services may include parenting classes, drug and alcohol testing and treatment, counseling, visiting with your child and/or getting housing. Signing the case plan is not an admission of guilt. It does not make you lose your rights.

The case plan is not a court document, but the court will order you to participate in specific services listed in the plan. The case plan can be changed to ensure that concerns by you, your social worker or the court are addressed.





How does the case plan help me get my child back?

California has strict time limits for you to have your child returned. You may have as little as **6 months** from the date the court takes jurisdiction or 60 day after your child is removed from your custody, whichever is earlier. Ask your attorney and your social worker about your time limits.

If you do not obey court orders, follow the case plan, or visit your child, the court may order the end to your services and require that a permanent plan be made for your child.

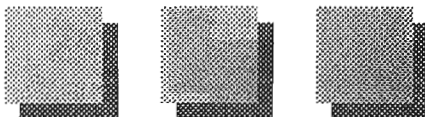
A permanent plan could be adoption, legal guardianship or long-term foster care, depending on what is the best way to provide a stable and permanent home for your child. If the court orders adoption as the best plan for your child, your parental rights may be permanently ended (terminated).

Your goals are to learn ways to improve your parenting skills and provide a safe and stable home for your child so that CSD and court involvement is dismissed.

What do I need to do to get my child back?

Do everything listed in your case plan. You are expected to participate and will be asked to sign the plan showing that you understand and agree. By following the case plan and completing the services, you are demonstrating your desire to reduce risk and increase safety for your child.

Your social worker will help you follow the case plan. Be sure to ask for help. Although you may feel discouraged, don't give up.



Terms used in Dependency Cases:

Adoption. Adoption is a legal process where another person or persons become the legal parents of a child. Once this happens, the biological parents lose all rights to their children.

CASA. Court Appointed Special Advocates—Volunteers appointed by the Juvenile Court who are trained to help and support children who are under the court's protection.

Child Abuse. The willful harming or injuring of a child. Includes non-accidental physical injury, sexual abuse, emotional abuse, and unlawful corporal punishment.

Confidentiality. The legal requirement that protected information, including any details of a child welfare investigation contained in a case or in court reports, cannot be disclosed to outside parties without a court order. Child welfare records or files are examples of confidential information.

Confidential Placement. When the court orders information about where a child is placed is not released to the parent, usually to protect the child.

Detention Hearing. The Detention hearing is the first court hearing when children have been removed from their parents. Parents who appear are appointed an attorney and given copies of the petition that has been filed on behalf of the child.

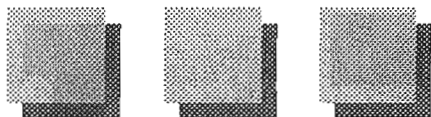
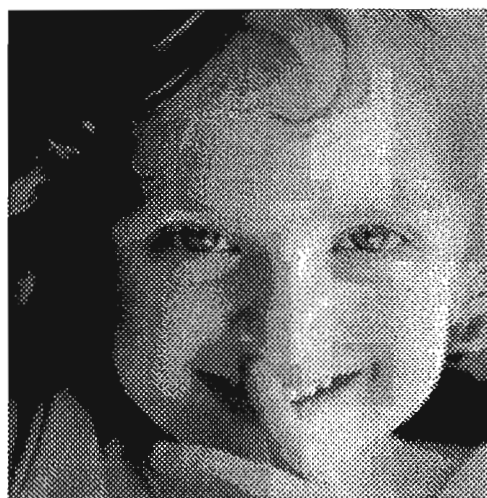
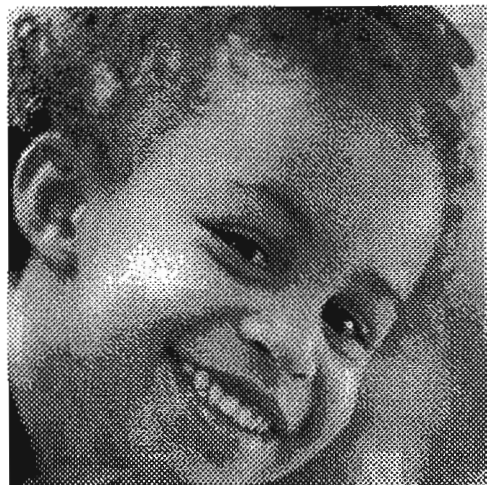
FARE. Facilitating All Resources Effectively—Facilitated family team meetings, coordinated and conducted by a third-party facilitator, who is not part of Children's Services.

Foster Care. Placing a child temporarily with families outside his or her own due to abuse or neglect. Foster care includes family foster homes, foster homes of relatives, and group homes. The county or state licenses foster parents to make sure they provide a safe, stable environment for children.

Legal Guardianship. A legal process where other persons (relatives or non-relatives) take the responsibility of raising a child, including the right to sign legal papers involving the child. The rights of the biological parents are suspended, but not ended, and parents still have a say in their child's care.

Neglect. Child neglect occurs when a parent or guardian fails to provide proper care or protection for their child.

Protective Custody. Removing a child from the parent by a police officer or social worker.

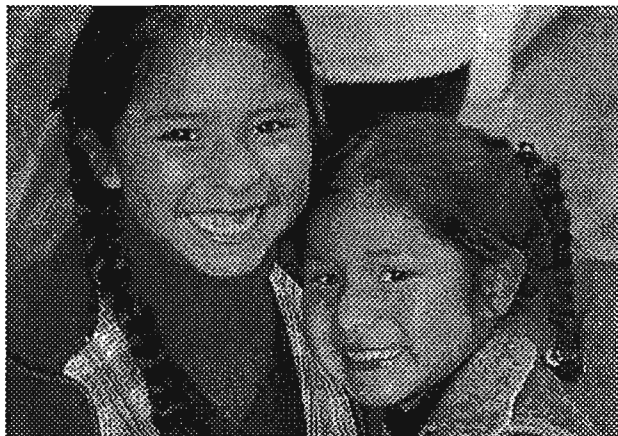


Who will help me solve problems?

Level 1. The **social worker** is the primary person to help you locate resources and solve family problems. Your **attorney** will help you in carrying out your legal rights.

Level 2. The **social worker's supervisor** works with the social worker on additional ideas to resolve problems. The supervisor is available to assist you in the social worker's absence or if you have a concern the social worker is unable to help you with.

Level 3. The **Program Manager** will look into problems that the social worker or supervisor cannot take care of.



What services are in-place to get me started in Family Reunification?

1. Behavioral Health Assessment Screening

You will be required to participate in an initial assessment to help you and Children's Services get a better understanding of which services you need to help solve the problems identified.

2. Assessment Outcome Meeting

Following completion of the Assessment Screening, **you**, the Assessor and your Primary social worker will meet to discuss the findings of the assessment, and to begin to work with you in identifying the services that will meet your needs.

3. Parents' Support Group

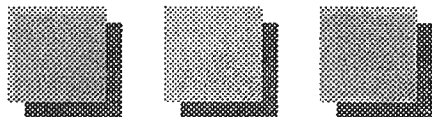
From the Assessment Outcome Meeting you will be referred to enroll in a required 8-week Parent Support Group. This group will be made up of you, other parents and a trained leader, to provide mutual support, teach you about the Juvenile Court and Children's Services' procedures, share information and have open discussion.

4. Family Team Meetings

You will become a member of a problem-solving team. The team is made up of you, other family members that *you* want in the team, your social worker, your child's temporary caretaker, and other professionals who are working with you to solve problems. The team meetings are coordinated and led by a professional facilitator, who plans the meetings.

The meetings will be specific to the immediate current problem that needs to be dealt with:

- A. Family Placement Meeting (FPM)**—The introductory meeting where strength-based family services are described and demonstrated. The only item on the agenda is the "**Next-Best Placement**" for your child.
- B. Family Case Plan Meeting (FCPM)**— A frank discussion of your needs and services available. A decision is made by the team as to what services and objectives will be included in the Case Plan that will be ordered by the Juvenile Court judge.
- C. Family Focus Meetings (FFM)** — On-going team meetings to evaluate how well your services are working and the progress you are making. Problem areas will be discussed and decisions will be made regarding changes needed to improve services and results. The FFM will usually be scheduled a month before the next Juvenile Court hearing, but it can be scheduled sooner to deal with emergencies or needed changes in the case plan.





Legal and Community Resources

Children's Services Public Telephone Numbers

Child Abuse and Neglect Reporting Hotline
Children's Services Reception, Oroville Office
Children's Services Reception, Chico Office

1(800) 400-0902 or (530) 538-7617
(530) 538-7883
(530) 879-3731

Attorneys—Juvenile Court Public Defenders

Myra Bailey
Dale Rasmussen
Christine Zebley
Tamara Solano

(530) 877-3855
(530) 342-5130
(530) 892-0879
(530) 894-4045

Domestic Violence

Catalyst

(530) 534-1599
1(800) 895-9476

Substance Abuse

Alcohol and Drug Services—Butte County Behavioral Health
Alcoholics Anonymous
Narcotics Anonymous
Touchstone Perinatal Program

(530) 891-2810
(530) 342-5756
(530) 877-6361
(530) 332-5290

Parenting Support

Parent Education Network
Young Parent Support Services (NVCSS)

(530) 893-0391
1(800) 339-8336

Transportation

B-line

1(800) 822-8145

Counseling

Chico Community Counseling Center
Gridley Community Counseling Center
Oroville Community Counseling Center
Paradise

(530) 891-2795
(530) 846-7305
(530) 538-2158
(530) 872-6328

Emergency Shelter

Torres Community Shelter
Esplanade House
Sabbath House
Oroville Rescue Mission

(530) 891-9048
(530) 891-2977
(530) 899-9343
(530) 533-9120



Important information to remember

Attorney

Address

Telephone

Social Worker

Address

Telephone

Foster Parent(s)

Address

Telephone

Other

Telephone

Important Dates

Meeting/Hearing

Meeting/Hearing

Meeting/Hearing

Meeting/Hearing

Meeting/Hearing

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Butte County
Department of Employment
and Social Services
Cathi Grams, Director

Children's Services Division
Patty Smith, Assistant Director



Department of Employment and Social Services
Children's Services Division
P. O. Box 1649
Oroville, CA 95965

Version 4

Children's Services Report
Attachment 3
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Summary of
Doctors S. Alex and Janice Stalcup's meeting
With the Butte County Methamphetamine Strike Force
Friday, April 4th from 9 a.m. to 11 a.m.
Butte County Sheriff's Conference Room
33 County Center Drive

Introductions: Paula Felipe (Sheriff's Office); Alice Kienzle (Public Health); Patty Smith (Employment and Social Services); Lisa Cox (Behavioral Health); Phyllis Salopek (Public Health); Pastor Kevin and Deborah Thompson (No. 1 Church); Don Fultz (Feather River Tribal Health); Dennis Hyde (Butte College); Lynne Cannady (LPC/The California Endowment); Carol Casaday (The California Endowment); Allison Burke (LPC Consulting); Beth Porter (CAABCI Esplanade House); Clarissa Pfister (Gridley School District); Lynne Bussey (PR & Marketing); Susan Webber-Brown (D.A.'s office and Narcotics Task Force); Keith Krampitz (Narcotics Task Force); Perry L. Reniff (Sheriff of Butte County); Lisa Van De Hey (Publisher of Gridley-Herald); Lynne Farris (Gridley-Herald); Jessica Farris (Gridley Herald); Dru Otten (Recovery Community); Sarah Reynolds (Butte County Farm Bureau); John Hughes (Public Health); Lori Hungerford (Public Health); Jeremy Wilson (Behavioral Health); Danelle Campbell (Prevention Unit); Al Smith (Sheriff's Office); Rev. Rochelle Frazier (First United Methodist Church); Helen Harberts (District Attorney's Office); David Burke (Skyway House); Mike Ramsey (District Attorney of Butte County); Debra Henley (Public Health); Tou Chanh (Public Health); Cheryl Tuck-Smith (North Valley Property Owners and Salvation Army); Maria Ramirez (Mooretown Rancheria); Laura Hudson (Oroville Hospital); Seng S. Yang (Hmong Cultural Center of Butte County); Mike McCarty (El Medio Fire); Karie Brinker (Butte County Office of Education or BCOE); Marian Gage (BCOE); Kirk Trostle (Chief of Police of Oroville); Mitch Brown (former Chief of Police of Oroville); Carl Sturdy (Narcotics Task Force).

Total: 44 people in attendance at this meeting.

Introduction from Butte County Sheriff Perry Reniff.

Dr. S. Alex Stalcup's presentation: The following is a summary of highlights from his talk.

- 1. Recognition of local leaders nationally known for their pioneering work.** "There are people here in Oroville and Butte County who became national leaders. It was a great loss when Judge Darrel Stevens passed. He led by gentleness, integrity, and his personality." Other recognized leaders are Helen Harberts and Sue Webber-Brown, who is "a national authority and who set the standard and protocols 15 years ago for caring for drug endangered children, and now these protocols are being seen all over the U.S. and even internationally."
- 2. On Finding Out What Worked.** A past study said 94 out of 100 users went back to meth. Our attitude was despair and the idea that this

addiction was not treatable. We surveyed 7,000 users asking why they went back to meth. “To our amazement and delight, we saw a biological basis and after using a functional MRI with high resolution looking at the brain of a meth user in real time, we had a better understanding of how the decision-making process of the brain was detrimentally impacted. In 1998, nine treatment centers were funded. Two models, the Matrix and the Stalcup, were compared. “It was historic and exciting and we found it was an achievable goal. Now we know better why users cannot stay sober. Under our model, 86 % were still meth free in six months and 85 % were meth free after a year compared with the Matrix model (69 % and 59 % respectively) and the TAU model (67 % and 55 %).

3. **Strategies for Prevention Plan.** Best to identify the early stages of addiction before it gets too severe. Not best use of resources to build a program on the back of the sickest of the sick. We need to focus on how to identify and treat in the early stages and to focus on prevention education, especially for at-risk groups. How many have family history of addiction? Child sexual abuse? Mental health diagnosis? School drop out? About 85 to 90 percent of dropouts use drugs. All drug addicts are tobacco users, but not all cigarette smokers are drug users. (Secondary prevention is focusing message on an at-risk population.)
4. **Affects of Meth on the Brain.** A Meth user experiences intense pleasure at first; it's basic brain chemistry; stimulates the pleasure center like tobacco, alcohol, sex—the craving builds; but meth is the worst and most dangerous. The first hit is like having 10 orgasms going off in your head. With meth, the pleasure center gets overstimulated and then damaged and becomes deaf. “Addiction is a disease of the pleasure center of the brain and over time the system dies.” That's why meth users keep using—because it's so awful and intolerable to come down off of meth, so they feel compelled to keep using. They become extremely agitated and some have died in custody. Hedonic (pleasure) Dysregulation is caused by meth use, which causes Dysphoria (opposite of euphoria); persistent boredom; “a poverty of pleasure,” negative feelings; empty, flat, and intense need to use again. When D2, (dopamine receptors) and hypo (under activity) frontal ability (decision-making) of the brain occurs, the meth user forgets and has impaired decision making. “What were you thinking?” you might ask them. They can't answer because they were not thinking at all. Meth users also have impaired impulse control.
5. **Triggers that stimulate Cravings to re-use meth.** Drugs are associated with environment and people that can trigger the cravings. Intense craving can feel like going without food for days, and a craving state is a desperate state. “The number one symptom of addiction is you lose control of behavior. Compulsion is not rational.” (C.U.D.A.C.= Continued Use Despite Adverse Consequences). An addict is a person who uses even though s/he know it is causing problems. Need to start

prevention plan during early or middle stages of addiction and not wait until the late stage, which is the most toxic. Causes of cravings include: Environmental cues (including boyfriend/girlfriend); Withdrawal; Mental Illness Symptoms; and Stress—also called E.W.M.S. (Six out of ten meth users come to Court high due to the stress; also a most stress time is during family reunification when many feel intense cravings to use meth. “If we know what led them to use, we can head them off.” Meth users come into the jail and crash and some become desperate. It would be better to give them a shot to help them sleep for a while. Addicts who have mental health problems need to receive treatment; most of them are women and about 70 percent were molested as children or have a rape history. “Vast numbers of sex abuse victims become addicts.”

6. Identifying Substance Abusers: Point of Entry. “**Screening is diagnostic—to determine what they need.**” **Prop. 36 money for drug testing.** “I like the jail better than the E.R. for point of entry for meth addicts because you have the ability to contain them and medicate them. You can do interviews in jail; Biggest things a meth user needs in jail in sleep; not exercise. Fund shots by billing inmates; “run a tab on them.” Begin screen by asking questions like: How do you feel? How’s your family? How are you sleeping? What’s your energy, pleasures, moods, appetites like? Why are you using? It might be the environment. Is the person manic or bi-polar? “You are making a gigantic on-going assessment; After entry and assessment, comes treatment of addicts and on-going drug testing. After 90 days of random drug tests, focus on who failed the drug test and put in Intensive outpatient treatment program or into Residential program with goal of going to halfway house. Check up on them. Advises law enforcement “bust their ass” and then test them; if can’t stay clean, they are addicts. He also recommends enforcing the tobacco laws and busting underage kids for smoking.

7. Treatment: should be individualized. Once you find out who is using; what are the symptoms of withdrawal: do they have panic attacks/anxiety disorder (could be mental illness)? Need to have fixed goals for treatment program: 1) Find a safe, sober house; 2) Support 3) Financial assistance; 4) Withdrawal management addressed; 5) Safety continued during treatment. Are they an addict? Are they out of control, have adverse consequences to their behaviors; and what got them addicted? Molestation, rape, divorce? Those are issues that will make them want to use-- sexual trauma is a huge trauma. And what’s keeping them addicted? To find out if addicted, if they can’t stay sober for 90 days and continue to use in adverse consequences, they are addicted. Use random drug testing. If fail 90-day urine test, that is by definition an addict. This helps find the early stage addicts too. In 1,000 cases, about 60 percent tested out and were not addicts, so focus on the 40 percent who are, so we can focus our resources. Don’t kick addicts out for re-using;

intensify treatment. This model gets 70 to 80 percent sobriety. Recommended facility: In Idaho, people from churches took an old motel and made it into a sober living environment for women and children. Kids are still going to school and there are classes on parenting and how to budget and anger management classes too. "It's the most loving, delightful place." Also, outpatient programs (less than 30 to 40 percent make it, most relapse.) They encounter old friends and other drug users. You need to control the meth user's environment to promote sobriety. We need more residential treatment programs. We need to partnership with other agencies and deal with addiction as a medical issue. There are some medications that help with the cravings.

8. Drug Supplies and the Internet. Outbreak of Opiate disease. 84 percent of pharmacies do not require a prescription. People order drugs like Vicodin and Oxycontin online and they come from other countries like Burma, Argentina and countries in Asia, for example. Many drugs are ordered using online payment systems, like Pay-Pal and delivered via Federal Express.

To summarize Dr. Stalcup's main points briefly:

- Begin with "**Point of Entry**" (Enforce 11550 public intoxication laws—legal hook—to get more meth users into custody).
- **Make Assessment**
 - biological, psychological, social
 - Do they have a mental health disorder?
 - What are the causes of their cravings?
 - what are barriers to treatment
 - Drug Testing. Recommended 90 days (12 weeks of relapse prevention and a screen to see if they are really an addict. If cannot stay sober for 90 days, they are a meth addict.)
- **Treatment Options.** If they are addicts, they go to an Intensive Outpatient (IOP) program. Those with mental health problems will need medication and treatment. Some need de-tox and a protocol to dispense the meds. Some need the Intensive Outpatient Treatment and a halfway house. Some need to go to a residential program. The "In-Custody" Treatment model includes a full year of treatment in jail. The length of time in treatment is important and a predictor of the outcome. Twelve weeks is the minimum recommendation for a drug treatment program for those addicted to meth.

The meeting with the Stalcups adjourned at 11:30 a.m.