



# Vulnerable Families Meeting Notes

**Meeting Objective(s):** Cover Items Below

**Leader:** Star Graber  
**Recorder:** Jaci DiCarlo

**Time:** 9:00 am to 10:30 am  
**Date:** September 13, 2005

**Attendees:** Vicki Book, Phyllis Braiotta, Jan Campbell, Jaci DiCarlo, Dodie Dunton, Donna Feagin, Peggy Fowler, Star Graber, Carol Jones, Cindy MacLean, Bonnie McElwain, Ann McMahan, Julie Miller, Laurie Morgan, Elise Roberts, Bruce West

Agenda Items	Comments/Recommendations/Action Items	Responsible Person/Date Due
<p><b>VSP Process Clarification</b> (Elise Roberts)</p>	<p>Elise provided clarification regarding the CWS response to the VSP. She stated that all initial copies of the VSP are assigned as Path 1. However, at the very first non-compliance letter, CWS assigns it as a Path 2, and the SW makes a home call to the family. Under Redesign, Path 2 is a joint response. However, a joint response is sometimes not feasible due to compliance/response timeframes. She felt we should explore ways to smooth out this scheduling process to give PhN's and SW's more success in responding together.</p> <p>Elise expressed concern that an immediate referral on every homeless family could overload a system that is already short-staffed.</p> <p>Elise explained that the SDM (Safety Assessment) is done at the first face-to-face with the family. The ultimate goal of the SDM is to help determine the Response Path, however, the state is still in the data collection phase. This data will have to be analyzed, which should result in a decision tree that in the future can be used to determine the Response Path. A Response Path is only who makes the very first face-to-face with the family – it does not determine services.</p> <p>Elise read the definition of the drug-exposed infant from the SDM tool. From this definition, she explained that it is critical that there is both evidence that the mother used alcohol or other drugs during pregnancy AND this has created imminent danger to the infant. Both factors must be present before removal would typically be considered. However, other safety factors may also exist. A new Safety Tool has an Emergency Safety Plan component that is utilized by the worker, which would allow the child to remain in the home if it can mitigate any existing safety factors in the family.</p> <p>Elise explained that the SDM is not an absolute tool, but a guideline. This wiggle room might allow us to make a plan together using Chasnoff and the 4 P's, designing a system that creates a safety net for these families.</p> <p>The group agreed that a different response other than that used for adult women, should be recommended for homeless teen mothers.</p>	<p>See attached list of Vulnerable Families Committee Recommendations.</p>

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<p><b>Chasnoff Presentation</b> (Jam Campbell &amp; Carol Jones)</p>	<p>Jan reported that 18 out of 20 providers in SLO County are now using the 4 P's Plus in their offices. The statistics show that 40% of women report using alcohol and/or drugs the month before they discovered they were pregnant, and of that 40%, over 50% report continued use after they found out they were pregnant.</p> <p>The OBGYN's are given forms and pamphlets to hand out to their patients, and they give every doctor the full-size Chasnoff pre-treatment book, "I Am Concerned", as well as the small pocket-sized version. The Health Department tries to make it very easy for doctors to participate by making monthly visits to collect the data, paying for all the materials they need, and sending Carol and Gina to the offices to train their staff.</p> <p>In spite of all this effort, SLO County continues to be the worst county Dr. Chasnoff has worked with. This is even more pertinent because we are a county of mainly white, middle class, well-educated people, and we are one of the highest counties in the use of alcohol during pregnancy. Pregnant women are receiving the information on the importance of not using substance during pregnancy, but only 6% of them want help outside of their physician's office. The doctors are frustrated because if they take the time to talk to their patients about it, it means they have to do something. Carol stressed that education is a huge part of this. They need to convince the doctors that this is a medical problem, and it will cause problems for the child for the rest of his/her life.</p> <p>Jan is working on trying to get all the OBGYN's together to do a billboard that urges women not to drink or do drugs when pregnant. She has also been working with the wine industry to try to get them to partner with us on this effort, but the problem is that they consider themselves a "food". We need a strong community stance that consumption of drugs and alcohol during pregnancy is not acceptable in any amount! This is a cultural change, and we must all be consistent and strong in our stance.</p> <p>The Children's Center is set to open in November 2006. Jan emphasized that it must be a part of the plan for all these kids to be assessed.</p> <p>Several recommendations from the Chasnoff discussion:</p> <ul style="list-style-type: none"> <li>• Support the 4 P's Plus going from the OBGYN to the hospital with the patient's prenatal packet, so the connection will not be lost.</li> <li>• Support education and billboards that will help raise community consciousness.</li> <li>• Ascertain what the referrals barriers are (linkage process).</li> </ul>	<p>See attached list of Vulnerable Families Committee Recommendations.</p>
<p><b>Questions around Dr. Chasnoff's "I Am Concerned" training</b> (Cindy MacLean)</p>	<p>Cindy brought a number of questions from a group that is looking at Dr. Chasnoff's "I Am Concerned" training.</p> <p>The group agreed that Vulnerable Families should coordinate the training of all first line responders, which includes education on the 4 P's Plus and familiarization with the pre-treatment book.</p> <p>Star clarified that when a client wants help, the MOU between DSS and Drug and Alcohol states that the SW or ERS would send a DSS 815 to D&amp;A, and they will do an assessment and make a referral within 7 days.</p>	<p>See attached list of Vulnerable Families Committee Recommendations.</p>

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<p><b>Safe from the Start</b> (Julia Miller)</p>	<p>Julia informed the group that Dr. Bruce Perry is working with the State on "Safe from the Start". Lisa Fraser is the Safe from the Start Coordinator in SLO County, who is working with the State Attorney General to bring these resources to our county. There will be 4 regional trainings for law enforcement around the state. Julie invited the group to the next Safe from the Start meeting on the 28<sup>th</sup> of September at 10:00 am in Room 358.</p> <p>Julia reported that Linda Chamberlain would be featured at the next CSN Conference, and there will be application for the Chasnoff work as well.</p>	
<p><b>Wrap-up</b> (Star Graber)</p>	<p>Star stated the group will flush out the recommendations that have come out of the VSP and Chasnoff presentations at the October 4<sup>th</sup> meeting. DSS staff will be trained on the recommendations at the CWS General Staff Meeting in January.</p>	

# Vulnerable Families Committee Recommendations

## **Background:**

As directed through the System Improvement Plan (SIP) the Vulnerable Families Committee heard presentations on the Voluntary Service Plan (VSP) process and the Chasnoff 4Ps+Perinatal process during the months of September and October, 2005. The recommendations that follow constitute the Committee's best ideas to continuously improve the current processes from a viewpoint of vulnerable families.

## **Voluntary Service Plan (VSP):**

- VSP 1<sup>st</sup> non-compliance letter (issued from Drug and Alcohol Services) is directed towards Child Welfare Services and is assigned as a Path 2 response. Recommend: Social Worker and a Public Health Nurse be assigned and make the first home visit together to the family. Find ways to smooth out the scheduling conflicts so that both can participate in the home visit in a timely manner. Consider use of triage team or other solution.
- It was agreed that homelessness is a predominate situation that increases the possibility of risk to newborn infants after release from the hospital. Recommend: VSP referral forms designate 'homelessness' as a factor. The first responder team, Social Worker and Public Health Nurse (from above), will prioritize these VSP referrals. Hospital staff can also call Department of Social Services, prior to release from hospital, for an assessment by the triage team.
- Use of the SDM tool has discretionary factors. Recommend: younger age of the child (newborns) be considered when assigning the safety risk.
- Recommend: The Ages and Stages Questionnaire (ASQ) needs to be conducted on each of the VSP referred children. Need to determine the responsible party for this assessment, which could result in a referral to the new Children's Center. Vulnerable Families Committee to provide the training to staff on the ASQ administration and interpretation.
- When the family is homeless and involved in the Prado Day Center, child development staff and parenting education is needed. Recommend: Multi-disciplinary team (Social Worker, Public Health Nurse, Drug and Alcohol Therapist, and/or Family Therapist) work with parenting families at the Prado Day Center.
- Upon the 2<sup>nd</sup> non-compliance letter or upon the failure to participate in treatment as recommended, increased accountability and intervention is needed for these VSP referrals. Recommend: Families who do not respond to the VSP process or who fail to complete treatment as recommended, be transitioned into the Dependency Drug Court. This may need to involve filing petitions on these families for further assessment, treatment and accountability.
- Recommend: An age-appropriate system of response for VSP referrals needs to be developed for teenage parents. This may include coordination with existing TAPP Programs and to include drug and alcohol treatment programs specifically for parenting teenagers.
- The Vulnerable Families Committee is making these recommendations with the understanding that system improvement will take a coordinated effort between many agencies. Recommend: Agencies appoint appropriate staff to work on developing and implementing these recommendations to ensure future compliance. The Vulnerable Families Committee is willing to take responsibility for training staff on the new policies and procedures.

## **Chasnoff 4Ps+ Perinatal:**

- Recommend: Request the 4Ps+ results of the assessment and referral plan be included in the prenatal packet from the OB/GYN to the hospital with the patient for continuity of care on these vulnerable women.
- Recommend: Support education and billboards to help raise community consciousness about pregnancy and the need to not use drugs or alcohol.
- Only 6 – 10% of women are accepting treatment referrals, although close to 100% received the brief intervention in the OB/GYN office. Recommend: Need to ascertain any treatment referral barriers in the linkage process.
- Vulnerable Families Committee will facilitate the trainings for staff (through the Public Health Department) on the "I am Concerned" brief intervention education.