

First Call for Families

Annual Data Snapshot FY 2022

Background

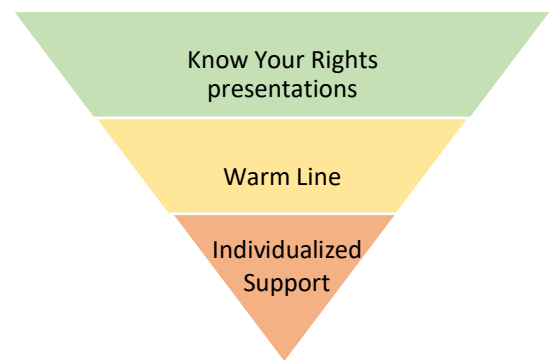
FIRST 5 Santa Clara County's Family Strengthening and Support team is partnering with the Santa Clara County Social Services, Department of Family and Children Services (DFCS), and Dependency Advocacy Center (DAC) to develop and implement First Call for Families (FIRST CALL). This initiative seeks to help at-risk parents make informed decisions and keep their families stable and intact, and in so doing, reduce disparities in the dependency court system and divert families from further involvement in the system. Specifically, goals are to:

- Increase awareness and knowledge of legal rights associated with child welfare system involvement.
- Increase stabilization and self-sufficiency of families who are at risk of becoming involved in the formal dependency court system.
- Reduce rates of substantiated abuse and neglect referrals for children whose families are receiving *individualized support* from FIRST CALL, up to 6 months post-services.
- Reduce rates of sustained petitions for children whose families are receiving *individualized support* from FIRST CALL, up to 6 months post-services.

FIRST CALL will focus on reaching parents in the areas of the county with disproportionate rates of child maltreatment. FIRST CALL will include families living in the 95122 zip code who have been contacted by DFCS within the last 12 months or who are currently receiving informal supervision or voluntary family maintenance services. As capacity allows, the FIRST CALL team will work toward expanding its outreach to include similar communities in East San Jose (95112, 95111, 95127, 95116) and East Gilroy (95020).

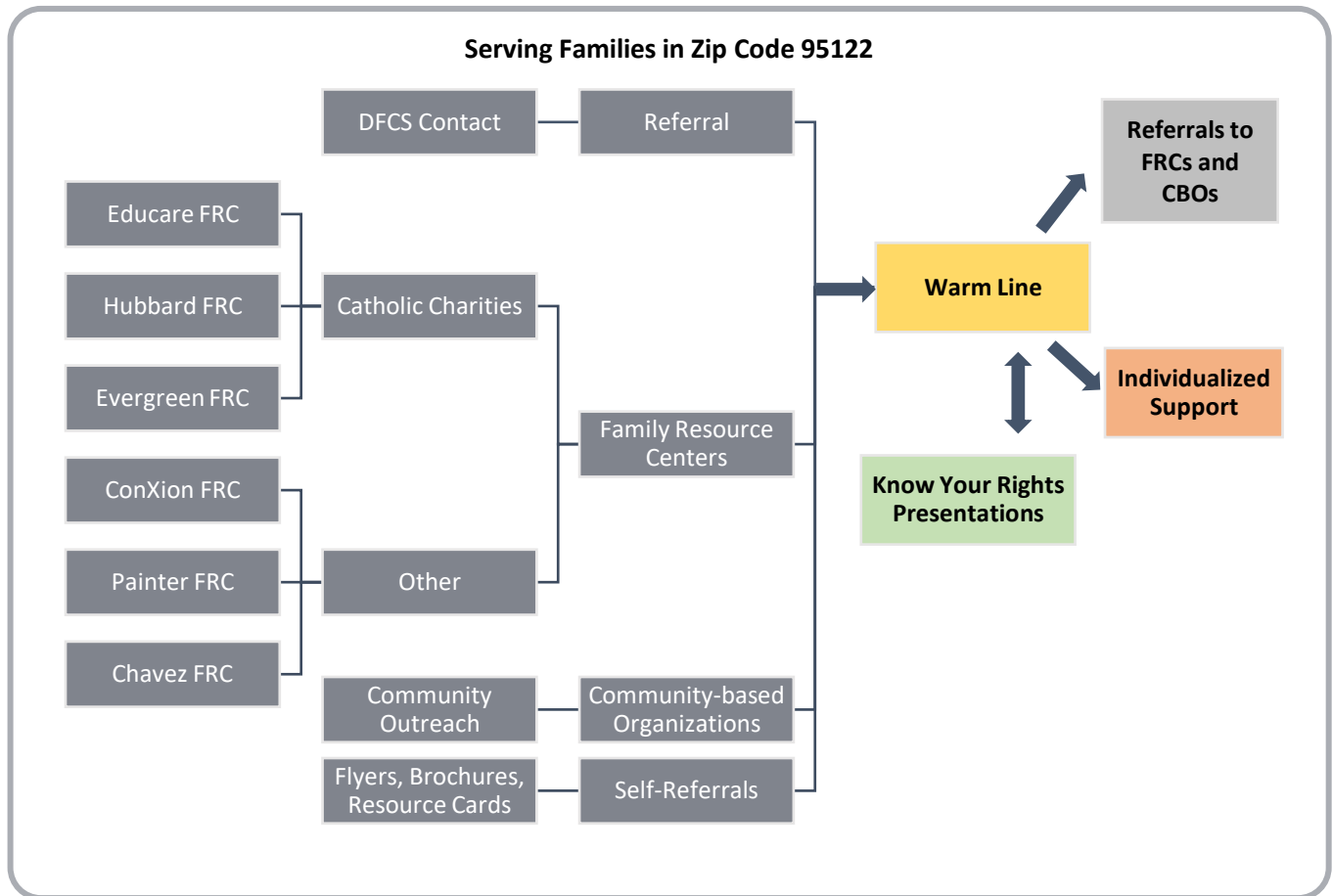
The goal is to reduce the rate of petitions among such families by implementing a three-tiered approach:

1. Delivering "Know Your Rights" **community presentations** to families to help them learn what rights and responsibilities they have during a DFCS investigation. Families can sign-up directly at First 5 Family Resource Centers or may be referred from the warm line to participate in these presentations.
2. Creating a **toll-free warm line** to offer advice about how to navigate the dependency court system and limited resource and referral information. Families can call in directly to the Warm Line or may be referred by a DFCS social worker, a Family Resource Center, or a community-based organization.
3. Providing more intensive targeted case management and representation to parents/caregivers who require more **individualized support**, including ongoing case management, peer mentoring, and/or limited scope representation.



The flow chart on the next page depicts the typical entry points into the FIRST CALL model. Families may be referred to the **Warm Line**, who then refers them to the **Know Your Rights presentations**, or vice versa. From there, if families need additional support, they will be referred for **Individualized Support**.

Identification, Referral, and Support Services Flow Chart



FIRST 5 Santa Clara County and Dependency Advocacy Center have partnered with Applied Survey Research (ASR) to conduct an evaluation of the program in fiscal year 2022. The evaluation team developed data collection tools and **data dashboards to measure implementation and outcomes**. In addition, the evaluation team conducted **focus groups with collaborative partners from the Department of Family and Children Services** to capture details about the success and challenges of the First Call program. Highlighted findings from this evaluation are outlined in the sections below.

Implementation Monitoring

In partnership with ASR, DAC has developed an evaluation plan to assess implementation of the program model. The evaluation plan identifies key process and outcome metrics which are largely gathered through Google Forms and Sheets. Program outputs and outcomes were computed and displayed in a Google Data Studio Dashboard for internal review and monitoring. ASR helped to build and refine these tools throughout the first year of implementation. The list below shows the various data collection tools/processes:

- ▶ **First Call Outreach Log** populated by First Call for Families staff.
- ▶ **Know Your Rights Activity Log** populated by First Call for Families staff with aggregate data collected on a Zoom Poll. For in-person presentations, a survey is administered by paper and entered into a Google Form by First Call for Families staff to be able to submit aggregate data:
 - **Know Your Rights Participation Survey for CBOs**
 - **Know Your Rights Participation Survey for In-Person General Public**
- ▶ **Warm Line Call Log** populated by First Call for Families staff for every call received. Includes each of the following sections to align with eligibility and outcomes:
 - First contact
 - Task check-list
 - Second contact
 - Warm Line closing questions
- ▶ **Individualized Support Log** populated by counsel staff supporting First Call for Families. Includes separate records for each engagement.
- ▶ **Client Satisfaction Survey** populated by clients served through Individualized Support.

A summary of the implementation monitoring data are presented in this section.

KEY TAKEAWAYS FROM IMPLEMENTATION MONITORING

DAC has been implementing the program model since June 2021. Throughout the first year of implementation, First Call for Families has been recording information about key efforts, outputs, and outcomes. Key findings from the implementation monitoring are detailed below.

- ▶ Outreach efforts have been widespread with a heavy focus on reaching DFCS social workers.
- ▶ Know Your Rights presentations have been successful in reaching over 300 participants and increasing parent knowledge and confidence in navigating dependency court systems.
- ▶ The Warm Line has been successful in reaching 100 families, largely sources from DFCS referrals.
- ▶ The Warm Line has provided direct referrals to Individualized Support or other community services depending on the needs and eligibility of the family. Over half (58%) of families needed support with custody, one-third (33%) needed support for domestic violence, 20% needed help with housing, and 18% needed help with mental health services.

- ▶ Individualized Support has been delivered to 23 families in the past year. Activities include ongoing communication, case management, preparing legal documents (i.e., motions, UD answer, etc.), attending court hearings, participating in CFT meetings, developing safety plans, and conducting needs assessments.
- ▶ Participants in Individualized Support demonstrated preliminary outcomes showing improved self-sufficiency, addressing unmet needs, and high levels of satisfaction with the support they received from First Call for Families.

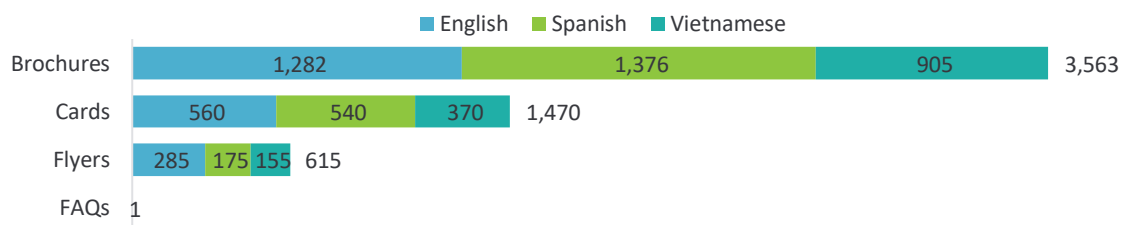
Detailed information about the process and outcome measures are shown below.

OUTREACH EFFORTS

First Call for Families conducted 24 separate outreach efforts across Santa Clara County.

The DAC First Call for Families team conducted 24 separate outreach efforts which included dropping-off brochures and informational materials, participating in staff meetings, presenting information about Know Your Rights and the Warm Line, and participating in community fairs and events. Many of these efforts were in partnership with Department of Family and Children's Services (DFCS), including various units/teams throughout the department. DAC also reached out to parents at local high schools and elementary schools, medical clinics, and other provider networks. Materials were made available in English, Spanish, and Vietnamese.

Figure 1. Outreach materials distributed by language

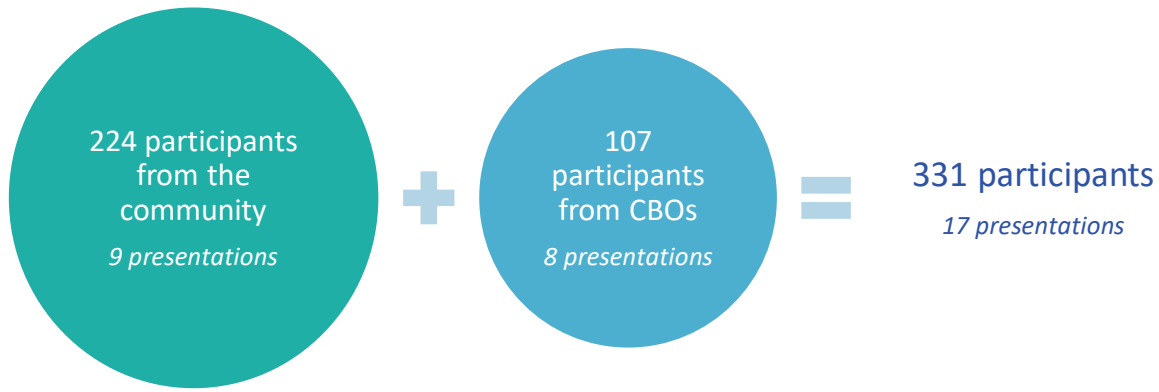


KNOW YOUR RIGHTS PRESENTATIONS

First Call for Families has been delivering “Know Your Rights” community presentations to families to help them learn what rights and responsibilities they have during a DFCS investigation. Families can sign-up directly at First 5 Family Resource Centers or may be referred from the warm line to participate in these presentations.

First Call for Families hosted 17 Know Your Rights presentations reaching 331 participants.

The DAC First Call for Families staff hosted 17 presentations, of which 9 were community members from the general public (224 participants) and 8 were for staff located at community-based organizations (CBOs) and other partner organizations (107 participants). Out of 17 presentations, 9 were held in-person reaching 100 participants, 7 were held virtually reaching 225 participants, and one presentation was hybrid with 6 total participants.



Community member attendees were asked to participate in a brief zoom poll and/or paper survey for each Know Your Rights presentation to identify how families found out about the service, whether they were residing in the priority zip code (95122), and key demographics to ensure that diverse families were supported by this effort. Only 65 community members who attended the Know Your Rights presentations completed the survey (6 out of 9 cohorts, 66% completion rate). Among community member attendees who completed the survey, **80% of them were from the priority zip code (95122)**. Most attendees identified themselves as Hispanic/Latino/Chicano (86%). There were 62% who found out about the Know Your Rights presentation from a local Family Resource Center and another 37% who found out about the opportunity from another community-based organization. Two percent of attendees found out about the opportunity on their own (self-referral).

Figure 2. Referral source for community members attending Know Your Rights presentations (N=65)

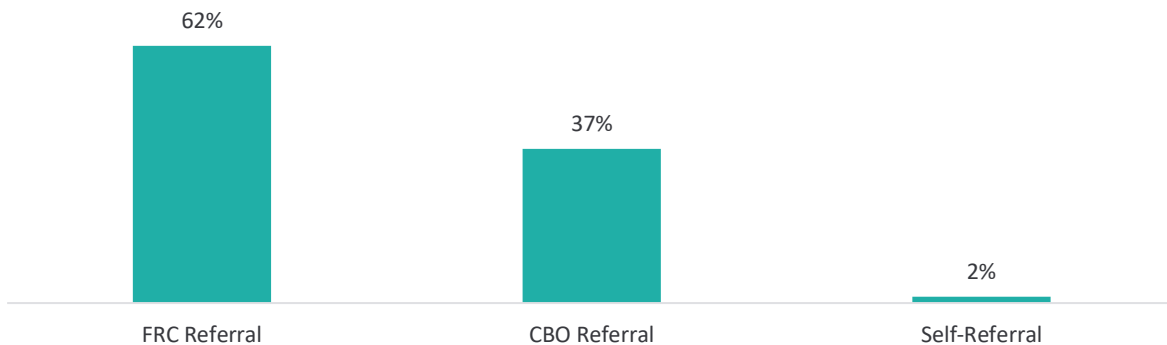


Figure 3. Race and ethnicity of community members attending Know Your Rights presentations (N=65)

	N	%
Hispanic/Latino/Chicano	56	86%
Non-Hispanic White	2	3%
Vietnamese	2	3%
Black/African Descent	2	3%
Two or more races	2	3%
East Asian (e.g., Japanese, Korean, Chinese)	1	2%
Declined to state	1	2%
American Indian/Alaskan Native	0	0%
Filipino	0	0%
Native Hawaiian/Other Pacific Islander	0	0%
Other Southeast Asian (e.g., Thai, Cambodian)	0	0%
South Asian (e.g., Indian, Pakistani)	0	0%

Community members reported increased knowledge and awareness of their legal rights.

All of the community member attendees (100%) reported that participation in the Know Your Rights presentation increased their knowledge and awareness of legal rights associated with child welfare system involvement. Since there is no variation by topic, it is difficult to identify which subjects were most beneficial to families.

WARM LINE

First Call for Families operated a toll-free warm line to offer advice about how to navigate the dependency court system and limited resource and referral information. Families can call in directly to the Warm Line or may be referred by a DFCS social worker, a Family Resource Center, or a community-based organization.

Community members called the Warm Line for support, representing 101 families and 208 children.

There were 101 community members who called the Warm Line to get more information or support services. This represents over 200 children (on average 2 children per family and a maximum of 7). Forty percent (84 children) were five years of age or younger. About 1 in 5 families (18%) were located within the priority zip code (95122). Most of the Warm Line callers were Hispanic/Latino/Chicano (58%), one-quarter spoke Spanish (22%) and 2% spoke Vietnamese. The majority of callers were Female (72%).

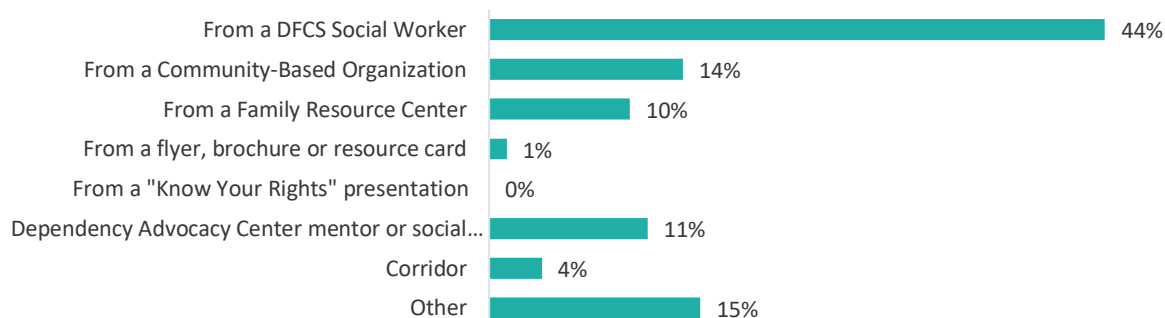
Figure 4. Race and ethnicity, Language, and Gender of Warm Line callers (N=101)

Race/Ethnicity	N	%
Hispanic/Latino/Chicano	59	58%
Non-Hispanic White	14	14%
Two or more races	10	10%
Black/African Descent	6	6%
East Asian (e.g., Japanese, Korean, Chinese)	2	2%
Filipino	2	2%
Vietnamese	2	2%
Native Hawaiian/Other Pacific Islander	2	2%
Other Southeast Asian (e.g., Thai, Cambodian)	1	1%
American Indian/Alaskan Native	1	1%
South Asian (e.g., Indian, Pakistani)	1	1%
Declined to state	1	1%

Language	N	%
English	75	74%
Spanish	22	22%
Vietnamese	2	2%
Arabic	1	1%
Nepali	1	1%

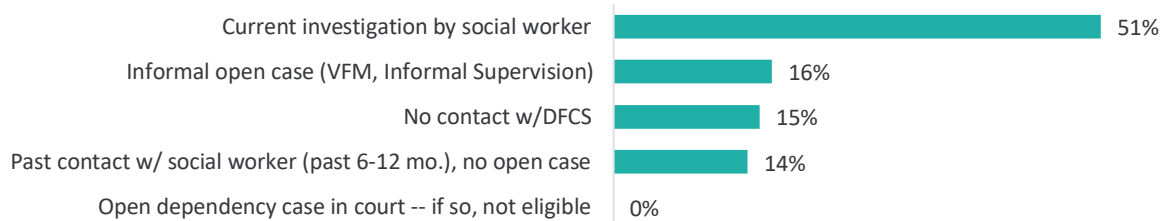
Gender	N	%
Female	73	72%
Male	28	28%

Families were asked to indicate a referral source, or in other words, how they learned about the Warm Line (see figure below). Nearly half of callers (44%) were referred from a DFCS Social Worker, 14% were referred by other community-based organizations, and one in ten were referred by Corridor or a Family Resource Center. This indicates that the outreach efforts with DFCS and community-based organizations have been a crucial step in supporting families.

Figure 5. Referral source for Warm Line callers (N=79)

Callers were asked to provide additional information about their current level of involvement with DFCS. Half (51%) of callers indicated that they had a current open investigation with a DFCS social worker, 16% indicated that they had an informal open case, 14% did have contact with a social worker in the past 6-12 months, and 15% had no contact with DFCS at all. None of the callers had an open dependency case, which would make any family ineligible for support services.

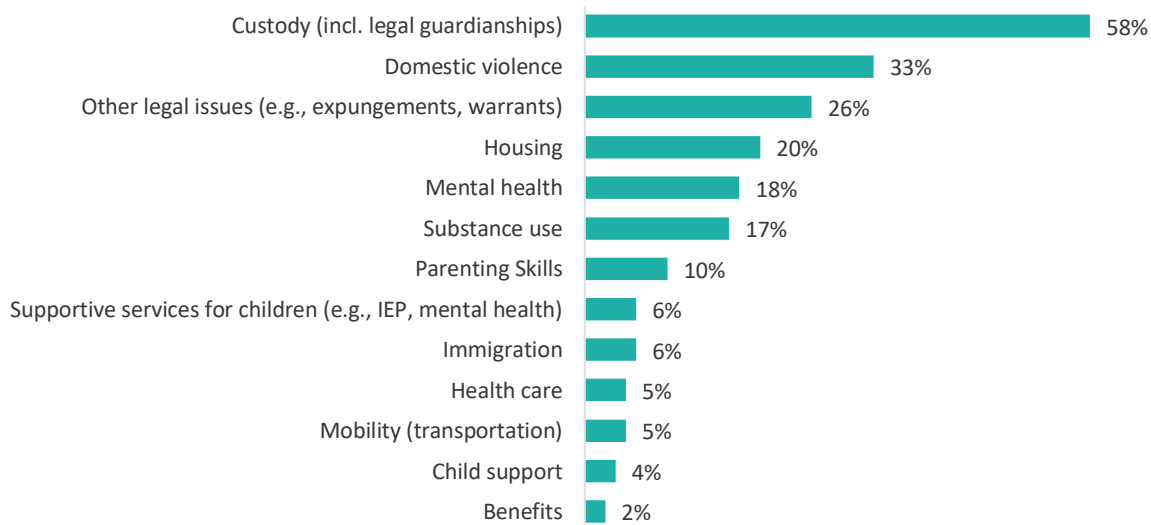
Figure 6. Warm Line callers' level of involvement with DFCS (N=79)



Over half (58%) of families calling the Warm Line needed support with custody and guardianship.

Upon entering Individualized Support, First Call staff would document the presenting needs to identify ways to best support families. Over half (58%) of families needed support with custody and one-third (33%) needed support for domestic violence. About 20% needed help with housing and 18% needed help with mental health services. More information is shown in the figure below.

Figure 7. Presenting needs of families, by type (N=84)



Of the 101 callers, 67 callers were referred to additional supports.

Of the 101 callers, 67 callers were referred to additional supports including Corridor (n=2) and Individualized Support (n=24). The remaining 34 callers were either evaluated out based on eligibility, conflict of interest, or

Warm Line staff were unable to establish contact for follow-up. Details about the outcome of calls to the Warm Line are documented in the figure below.

Figure 8. Outcomes of Warm Line calls for support (N=101)

Warm Line Caller Outcomes and Referrals	N	%
Unknown	5	5%
Conflict of interest	6	6%
Current open dependency court case in Santa Clara County	5	5%
Not in eligible zip code	3	3%
Referred out, no further assistance needed	41	41%
Other legal organization(s)	19	19%
Community-based organizations	13	13%
FIRST 5 Santa Clara (Family Resource Centers, etc.)	5	5%
Know Your Rights presentations	0	0%
Referred to Corridor	2	2%
Referring to Individualized Support	24	24%
Unable to make second contact	15	15%

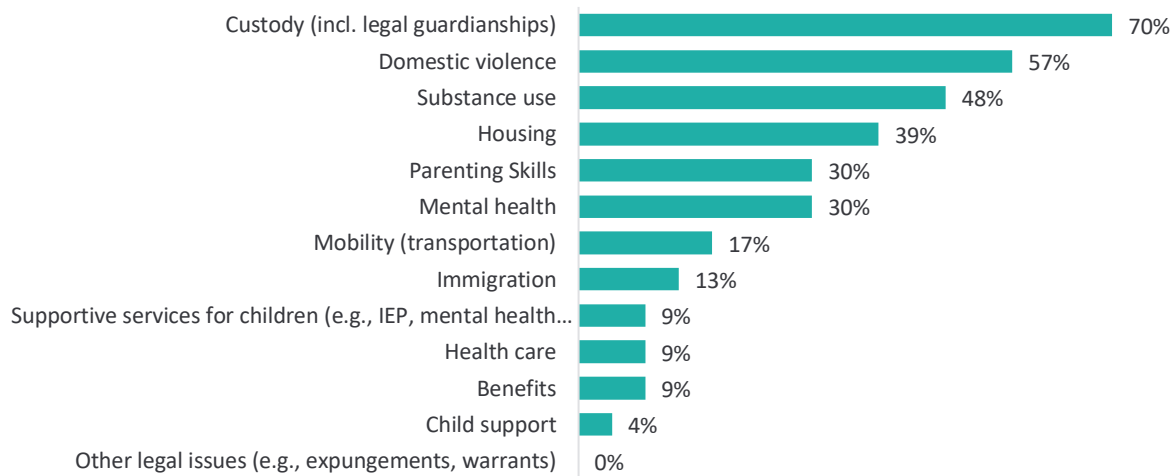
INDIVIDUALIZED SUPPORT

Families with more intensive case management and representation needs were referred to Individualized Support. First Call for Families supported parents/caregivers who required more individualized support, including ongoing case management, peer mentoring, and/or limited scope representation.

23 families (61 children) received intensive supports through Individualized Support .

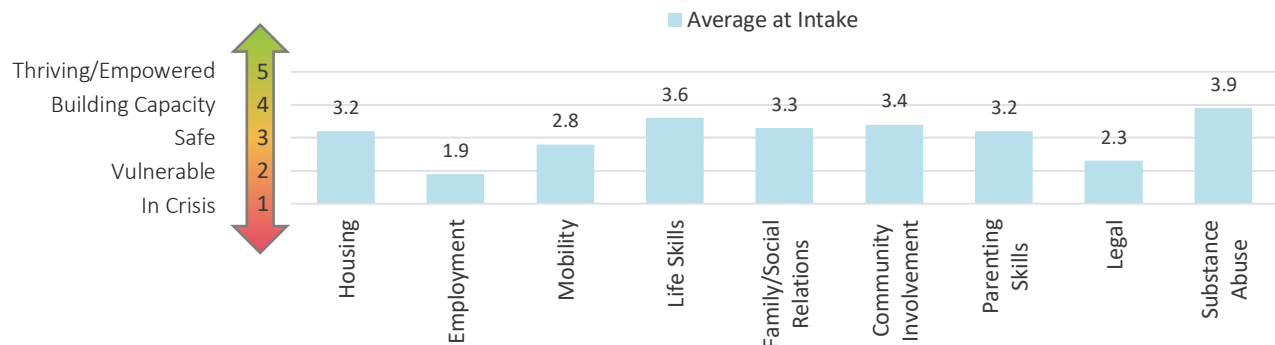
Individualized Support includes more intensive targeted case management and representation to parents/caregivers who require more individualized support, including ongoing case management, peer mentoring, and/or limited scope representation. In FY2022, there were 23 families active in the Individualized Support program. Family needs were documented at Intake to be able to customize support and ideally address all unmet needs by case close. Intensive needs identified at Intake are represented in the figure below.

Figure 9. Intensive needs of families, by type (N=23)



At Intake, First Call for Families staff identify the level of “Self-Sufficiency” (i.e., in crisis, vulnerable, safe, building capacity, or thriving/empowered) across nine categories of need. The highest needs were related to employment, legal services, and mobility (transportation).

Figure 10. Self-Sufficiency Scores at Intake (N=23)



In response to the identified needs of the family, First Call for Families staff would provide ongoing support and case management.

Staff engaged in 23 Intake meetings, 499 Interim meetings, and 3 meetings to close-out cases. Interim meeting activities are detailed in the figure below.

Figure 11. Interim meeting activities (499 meetings)

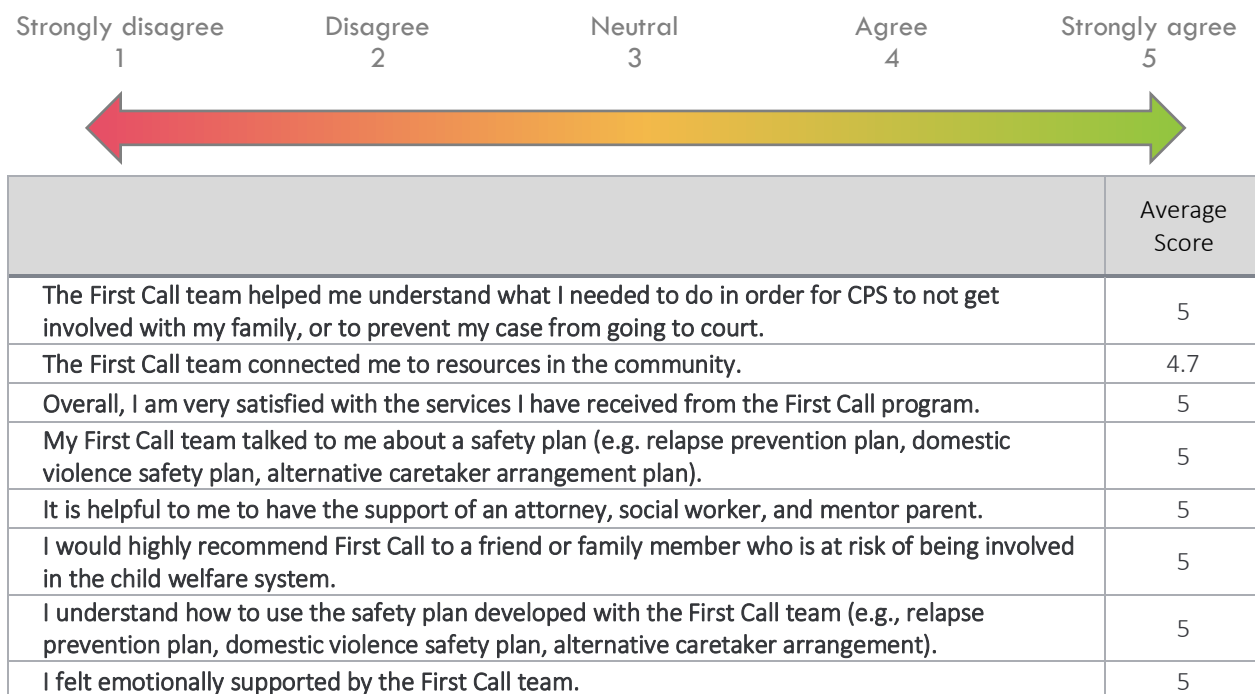
	N	%
Communication	476	95%
Called client	178	36%
Met with client in person	83	17%
Texted client	73	15%
Communicated with DFCS social worker	69	14%
Sent email / letter to client	28	6%
Communicated with family member or other support person	24	5%
Communicated with other community-based organization	20	4%
Case management	21	4%
Prepared legal documents (i.e., motions, UD answer, etc.)	19	4%
Staffing with First Call team	15	3%
Attended court hearing	13	3%
Participated in CFT	13	3%
Developed safety plan with client and/or family	4	1%
Conducted needs assessment	3	1%

Three cases were closed out by the end of FY2022.

Among the 3 cases with a case closed meeting documented, all of them were placed with their parent at the time the case was closed, experienced no change in placement, and no petitions had been filed with DFCS. For all 23 cases supported, looking up to 6 months after initiation of services only 1 petition has been filed, but the child was not removed from the custody of the client served by First Call. ASR submitted a request for additional data on the outcomes of cases who have received at least 45 days of support services and for whom it has been 6 months since intake. With this additional data, the program can be assessed to identify whether there have been any substantiated abuse and neglect referrals submitted for families supported by First Call.

Upon completing services with Individualized Support, families were asked to complete the Client Satisfaction Survey. Results from key survey items are represented in the figure below.

Figure 12. Survey responses (N=3)



SUCCESS STORY

One of our client success stories is with a woman named Victoria, and her one year-old child Patrick (fictive names). She was initially referred to us in November 2021 by a hospital social worker at Valley Medical Center who had made a mandated report to the Department of Family and Children Services (DFCS) for a number of risk factors. Specifically, Victoria was homeless, had used methamphetamine earlier in her pregnancy, had experienced severe violence in her relationship with the child's father, and had previously had a case in dependency court, which resulted in the termination of her parental rights. She also has a child who was adopted privately, and had grown up in the foster care system herself.

DFCS did not remove Patrick from Victoria's care at the initial referral because she had just enrolled in homeless prevention services through Abode, was not actively using at the time of birth, and her abusive partner was in jail. However, given her history and how many different risk factors were at play, First Call for Families wanted to support her in stabilizing her situation and avoiding further involvement with DFCS. Victoria agreed that she could use the interdisciplinary support of our team, and we took her on as a prevention client.

A few months after we began working with Victoria, her ex-boyfriend was released from jail, and this triggered a significant deterioration in Victoria's overall wellbeing. She reconnected with him after his release, which triggered a relapse with methamphetamine and new abuse in the relationship that started as emotional abuse, and slowly escalated to physical abuse. As the violence escalated, another report was made to DFCS, and an investigation opened. The DFCS social worker referred her to inpatient treatment at House on the Hill, and through the advice and support of the whole team (attorney, social worker, and mentor parent), Victoria was persuaded to go and successfully made the transition to inpatient. A child family team meeting (CFT) took place hours after Victoria arrived at House on the Hill, and given the situation at the time we believed DFCS would have had grounds to remove the child from Victoria's care if she had not been in treatment at the time of this CFT. Instead of removing, at that CFT the social worker opened a voluntary DFCS case for Victoria, and she was allowed to keep Patrick in her care.

Victoria began well in treatment, but several months in felt that House on the Hill was not meeting her needs and left the facility. This was another crisis point, but with the support of her mentor parent Victoria was able to connect with the DFCS social worker, and together they came up with a safety plan – again avoiding the need for her child to be removed from her care.

Since then, Victoria has made incredible progress: she has been clean and sober since leaving House on the Hill, and after being introduced to NA meetings by her mentor parent, is regularly attending on her own. She is taking classes to get her high school diploma, and her mentor parent also supported her in getting connected to CalWORKs assistance (which, in turn, opened up the door for childcare). She has transitioned from a hotel to her own apartment, and is working on getting her driver's license. She has met with the First Call team several times in the Educare space, and has received diapers and formula from the Catholic Charities Family Resource Center. The First Call attorney also assisted her in drafting paperwork to get full custody of her baby, which was recently granted in family court.

Victoria's progress is a testament to her own resilience, and her ability to change and become the safe and thriving mother her child needs. With that said, it is also clear that Victoria is doing as well as she is today because of the advocacy and support of the entire First Call interdisciplinary team. The attorney was able to guide Victoria in the steps she needed to take to avoid removal, and later assist her with filing in family court; the social worker attended CFTs, advocated with DFCS, and encouraged Victoria that she is able to make changes; and her mentor parent has been with her every step of the way, ranging from supporting her at CFTs and court hearings, to connecting her with resources in the community, to several phone calls a week for emotional support as she grows in her sobriety and as a mother.

Although Victoria still has many obstacles to overcome, her situation has stabilized greatly and both she and Patrick are thriving. The contrast between her first case in dependency court—which resulted in the termination of her parental rights—and her case with Patrick demonstrates how great of a difference a prevention team can make in the lives of families at risk of separation through the child welfare system.

Focus Group Discussions with DFCS

Applied Survey Research (ASR) held a focus group with social workers and supervisors from the Department of Family and Children's Services in Santa Clara County to gain insights into referral processes, perceived effectiveness, as well as barriers and opportunities to consistently supporting all families referred to the Dependency Advocacy Center's First Call for Families program.

Questions used to guide the discussion with DFCS participants:

1

How did you/your staff decide which cases to refer to First Call? When did you/your staff decide not to refer to First Call?

2

Do you feel that this program is adequately addressing the needs of families that have been referred to First Call?

3

Are there any ways that you would improve the program model to better serve families and reduce rates of substantiated abuse and neglect referrals and sustained petitions?

4

You all were invited to this focus group because we have received referrals from you. What can we do to expand our reach to other social workers?

KEY TAKEAWAYS FROM FOCUS GROUP DISCUSSIONS

There was alignment in responses between the DFCS social workers and their supervisors. Key findings from the focus group discussions are detailed below.

- ▶ DFCS staff are excited about the program and the opportunity to support families who need additional case management and support.
- ▶ DFCS staff stressed the need for family navigators, given that many families they served had no access to legal advocacy, and some lacked basic necessities, such as housing.
- ▶ The staff expressed hope that the First Call pilot initiative can be further enhanced by identifying and addressing barriers to effective support of all referred families.
- ▶ DFCS social workers reiterated commitments to referring clients to First Call and expressed openness to deepening meaningful collaboration with program leadership and staff.
- ▶ The DFCS supervisors appreciated prospects of strengthening the bilateral partnership, expressing interest in soliciting First Call staff feedback and suggestions for improvement.

Specific feedback on each of the discussion questions is outlined in more detail on the following pages.

REFERRALS TO THE FIRST CALL FOR FAMILIES WARM LINE

There are case-related and needs-related factors that would lead to a First Call referral.

Case-related Factors	Needs-related Factors
<ul style="list-style-type: none"> ▶ Complicated custody cases (e.g., those involving domestic violence, substance abuse, requiring court supervision, or where a caregiver lives out of county/country). ▶ Kin-guardianship cases (e.g., those where a grandparent providing informal and/or voluntary kinship care is seeking to establish legal guardianship). ▶ Cases that were “closed” by DFCS social workers; but families reached out again. ▶ Families located in priority zip code. 	<ul style="list-style-type: none"> ▶ Legal requirements and regulations limit caregiver’s ability to care for the child (e.g., lack of legal documentation prevents caregiver from accessing school/health records). ▶ Time-sensitive cases, especially where legal counsel is involved (e.g., to improve efficiency in communication where the roles of the involved agencies are not clear). ▶ Cases where families need assistance that is outside of the scope of DFCS services (e.g., legal counsel, assistance with family court attendance and documentation, etc.)

EFFECTIVENESS OF FIRST CALL FOR FAMILIES

First Call offers a unique service to families in need of support to navigate dependency court systems.

The staff acknowledged the potential value of the program to fill the critical need in helping families navigate the complexities of the family and dependency courts systems. DFCS social workers expressed that when a referral was made to First Call for Families, they would close the case in their system with the confidence that First Call would support the families referred.

“Most of our families do not have knowledge about how to navigate family court. It can be crucial to have contact and supports.”

The effectiveness of the program remains largely unknown to DFCS social workers and supervisors in terms of data and outcomes, but from their point of view they convey a sense of confidence that the families participating in the program are being supported well.

RECOMMENDATIONS TO IMPROVE THE PROGRAM MODEL

DFCS social workers and supervisors provided recommendations to better support families.

While both social workers and supervisors agree that First Call for Families is a great program, they also helped to identify some challenges and barriers to supporting families that should be addressed as the program grows.

- ✓ Increase staffing to ensure that First Call has the capacity to support all families referred, specifically for Individualized Support. At one point in the spring there was only one available lawyer supporting all families in the Individualized Support program resulting in inconsistent access/support based on their

availability (which may have also been impacted by personal time off or illness). This valuable service and support to families requires adequate staffing to ensure all families can be supported.

- ✓ Recruit and retain staff to better support Spanish- and Vietnamese-speaking families. If there are limited staff who can support Spanish- and Vietnamese-speaking families, perhaps an interpreter could be available to support.
- ✓ Develop protocols for responding to referrals and contacting families in a timely manner (making initial contact, responding to voicemail or email messages, etc.). Many families need critical support and should be contacted as soon as possible.
- ✓ Identify ways to support families who are excluded from support services based on eligibility criteria (identify other sources of support, make warm hand-offs, etc.).

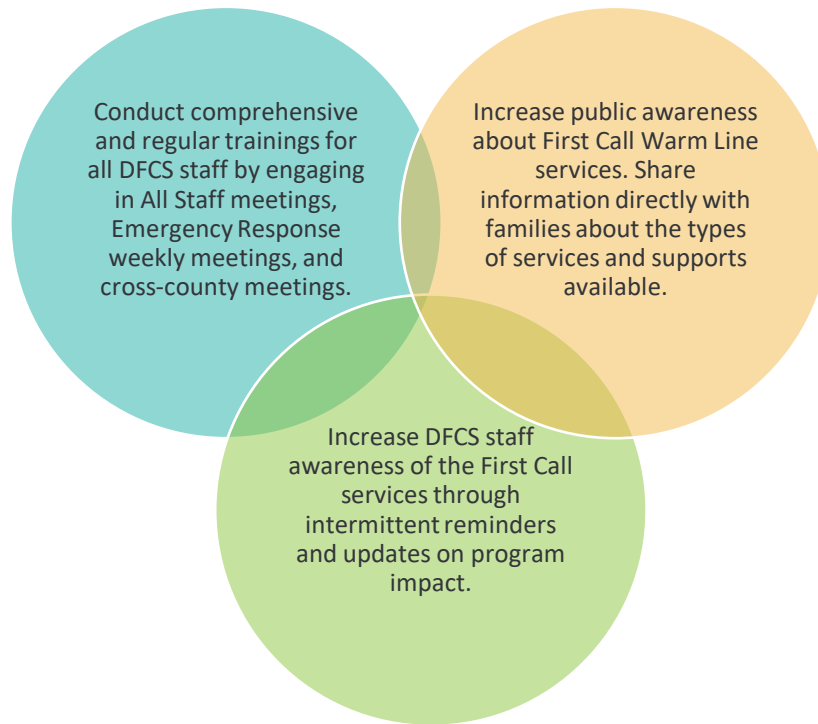
Need to implement strategies to increase inter-agency collaboration and awareness of First Call.

DFCS social workers and supervisors indicated that many of the challenges can be addressed by **increasing an awareness of the program as a resource for families, increasing clarity around the program goals and scope of services**, and ultimately **increasing the level of collaboration with DFCS social workers**. Looking ahead to FY2023, First Call for Families should consider adopting the following strategies to improve collaboration across systems.

- ✓ Conduct regular trainings or presentations with DFCS social workers. Allocate sufficient time to present the program model (goals and scope of services), describe the roles and expectations of First Call and DFCS staff, and address questions about referral processes and ongoing support. This is not a one-time presentation, but perhaps quarterly or semi-annually to raise awareness and increase knowledge of First Call.
- ✓ Provide clear direction about the types of services offered and the limits or eligibility criteria that need to be met in order to support families. If some services are available to some families but not other families, it should be based on clear eligibility criteria. Help DFCS to differentiate between referrals that would be appropriate for First Call, Differential Response, or other related services.
- ✓ Identify caseload capacity for First Call lawyers and increase transparency about availability to accept referrals.
- ✓ Establish protocols for data sharing and case management between DAC and DFCS. This will help improve the capacity to resolve case-specific issues collaboratively.
- ✓ Provide regular updates, including closed-loop feedback about the status of referrals to First Call. Promote transparency about the scope of services, specifically when a family is referred to First Call for support but is unable to receive services (eligibility or other restraints should be disclosed).
- ✓ Share information about the evaluation and assessment of the program model (data and outcomes). This will help to promote the program by sharing successes and promote inter-agency collaboration to identify and resolve issues early on.

EXPANDING PROGRAM REACH

Focus group participants were asked to help identify ways to expand the reach of the program to increase referrals and awareness. Create a communication plan that includes each of the following approaches:



Looking Forward

PARTNERSHIP WITH DFCS

Starting in September 2022, Dependency Advocacy Center's First Call for Families program will be funded in partnership with the Department of Family and Children's Services in Santa Clara County. This partnership will help to address many of the critical pieces of feedback identified by DFCS social workers and supervisors to improve communication and program outreach. First Call for Families will continue to partner with ASR to refine the evaluation plan and the tools to support data collection and reporting.

DATA CONSIDERATIONS

The First Call for Families first year of implementation was documented through a series of Google Forms/Sheets and the program outputs and outcomes were computed and displayed in a Google Data Studio Dashboard for internal review and monitoring. ASR helped to build and refine these tools throughout the first year of implementation. The data analysis produced by ASR to prepare this summary document revealed new recommendations to improve data collection and monitoring. Moving into the next phase of implementation, First Call for Families and ASR will conduct a thorough review of the data collection processes. Specific findings from this summary report highlight **opportunities to improve data collection** (listed below):

- **Dig deeper into “increased knowledge”:** The survey of Know Your Rights participants shows that 100% reported increased knowledge from participation. To get additional feedback from participants, First Call for Families and ASR will collaborate to identify additional or more specific questions to better understand the impact on families and opportunities to better support them.
- **Improve documentation of the needs of families to improve supports:** The needs of families were documented using a list of options (check all that apply) and allowed for open-ended responses. The most common addition as “Other” was an open CPS investigation. In order to reduce manual data entry, this should be added to the list of needs on the Warm Line and Individualized Support Logs. In addition, the staff documenting calls to the Warm Line did not consistently report on the income of families or whether their income was above or below the federal poverty level. This information provides context about the needs of families and identifies other types of support families might be seeking when they call the Warm Line. To improve data collection, this set of questions (income and poverty status) can be reduced to one question (poverty status). There also might be room for revising this definition of poverty status, given that the real cost of living in Santa Clara County is higher than many parts of the nation accounted for by the federal poverty level.
- **Reduce duplicative data entry to improve outcomes reporting:** Needs of families are documented on the Warm Line and again when they are referred to Individualized Support. Referrals for Warm Line callers are documented in multiple fields (Task Check List, Warm Line Closing Questions (x2)). In order to reduce data entry burden, these duplicative fields should be reviewed to ensure that the process and analysis of data accurately depict the program impact and outcomes.

- **Revise data entry to reflect the program model:** There were some Google Form items that were never selected; for example, there were no referrals documented from the Warm Line to Know Your Rights presentations. In addition, there were several calls that the lead staff from First Call for Families identified as “limited consult and advice” but was unable to appropriately document this support service in the Google Form. First Call for Families and ASR will review the Google Forms to ensure that the data collected is reflective of current program model processes.

The feedback documented through focus groups with DFCS social workers and supervisors revealed the need to continuously share program updates particularly around successes and outcomes with DFCS staff and other key stakeholders. In the next phase of implementation, First Call for Families and ASR will work together to **develop a data dashboard used to elevate celebrations around key measures of success to share with key stakeholders** while also highlighting the program model. This will help to expand the program reach and raise awareness of the program.

These data considerations will be reviewed amongst the First Call for Families leadership team, ASR, and DFCS as the program moves into the next phase of implementation. ASR will continue to support First Call for Families in their effort to document program successes and opportunities for improvement.