



About Family to Family

Family to Family includes principles, strategies, and tools to confront the real problems faced by child welfare systems. These include:

Strengthening the network of families available to care for abused and neglected children in their own communities;

Building partnerships with at-risk neighborhoods toward that end; and

Tracking outcomes for children and families, so that child welfare systems can better learn from their experiences.

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In the First Person-A Birth Parent's Journey



By Lisa Carmel, Birth Parent

My name is Lisa and I am a recovering addict. I suffer from a disease that is cunning, baffling and powerful and wants me to forget that I am afflicted, so I identify right off the bat because I must always remember. I must remember the dark places my drug use has taken me; the incomprehensible demoralizing acts to which I have subjected myself in order to get my fix; the many hopeless, desperate days and nights I have spent agonizing over my plight. I must remember what I have lost and what I have thrown away. I must remember what it feels like to go days without food or water. I must remember the complete physical and emotional exhaustion that comes with continuous sleepless nights. I must remember the fear,

paranoia and utter psychosis associated with sleep deprivation and malnourishment. I must remember the debilitating pain and suffering of losing my daughter to the system. I must remember the ensuing guilt, shame and remorse felt in facing the repercussions of my behavior. I must remember all these things as if they happened just yesterday, because if I forget for even a moment, I am headed back to that same miserable existence. The life I have lived has been completely necessary in order to bring me to where I am today, and for that I am grateful, but never do I wish to return to it or subject my beloved children to that lifestyle or a mother under the influence. By the grace of God they will never see me that way.

Tim is my life partner, the father of my two children. We have been together for eight years, through the thick and thin of it, literally. He is also a recovering addict with an even longer history of using our drug of choice, methamphetamine. Tim and I used drugs together for five years before it brought us to our bottom, our ground zero. We are fortunate that we survived that period, as most of our friends are no longer together despite the "love" they once may have shared.

You see, drugs have a way of becoming the one and only priority in an addict's life. Selfishness and self-centeredness are the top two characteristics of an addict's personality.

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Orange County to Begin PRIDE

By Cindy Roe, Senior Social Worker

The Foster and Adoptive Family Development Team is privileged to be working in collaboration with Orange County's Family to Family coordinators and other agency programs in implementing a training program for our resource families that more closely reflects the direction in which our agency is moving. Beginning in January, we will be providing our prospective resource families with training from the

PRIDE curriculum. PRIDE, stands for Parent Resources for Information, Development, and Education and is a model developed by the Child Welfare League of America. PRIDE was created with the support of the Casey Foundation's Family to Family program and in partnership with many respected agencies, professionals, paraprofessionals and resource parents. The competency categories for



resource parents, as spelled out in the PRIDE curriculum, are very much in line with the outcomes, goals and strategies of the Family to Family initiative.

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Family to Family Updates

F2F Quickfact

70% of Team Decision Making Meetings held for children at imminent risk of removal resulted in the child(ren) remaining or returning home.

Upcoming Family to Family Training Dates- Orange County's Training and Career Development continues to offer Family to Family Training for community-based organizations, foster parents and staff. Upcoming dates are:

January 13th from 8:30 a.m. -11:30 a.m.
February 23rd from 8:30 a.m.-11:30 a.m.

These trainings will be held at Orange County's Training and Career Development Center, which is located at 1928 S. Grand Avenue, Santa Ana, Room 110. To register call (714) 435-7200.

Pio Pico Grant Update-

Following months of anticipation regarding the potential funding of a grant that would serve to provide stability for abused children, it was learned that one of the other many applicants received the funding. Despite the lack of funding for this project, Orange County Children and Family Services continues to be committed to further developing this partnership with Pio Pico school and the city of Santa Ana to better serve our children and families.

Community Forum

Update-The second Community Forum was held

on October 20, 2004 at the LA Times Building. The forum was highlighted with a System Improvement Plan (SIP) overview, a discussion from Orange County's Leaders on what child welfare will look like in 2007 and breakout groups to develop implementation partnerships

System Improvement Plan

(SIP) posted on the Family to Family web site. Orange County's SIP can be found at <http://www.family2familyoc.com/Statistics/SIP.pdf>



PRIDE (Continued from Page 1)

The PRIDE model is designed to teach knowledge and skills in the following five essential competency categories for foster and adoptive parents:

- Protecting and nurturing children;
- Meeting children's developmental needs, and addressing developmental delays;
- Supporting relationships between children and their families;
- Connecting children to safe, nurturing relationships intended to last a lifetime; and
- Working as a member of a professional team.

PRIDE is a series of nine classes that are provided for prospective resource families. One

of the major components of PRIDE involves the participation of veteran foster parents as equal partners in the training process. In our current training program, foster parents co-train for six of the seven training sessions. This dedicated group of veteran foster parents attend specific training sessions and tell their stories. They also, address specific training issues, such as placement issues, grief, loss and transition in foster/adopted children, caring for children with special needs, drug exposed infants and adoption specific issues. The PRIDE training program will require us to think in a different way in terms of working with foster parents as

co-trainers. Current licensed foster parents and former foster parents who have adopted Court-dependent children will be joining our Team as co-trainers for all nine sessions of the series. Additionally, the PRIDE curriculum has a significant focus on developing, nurturing and maintaining relationships between the children, their birth families, their communities and the resource parents, seeking to bridge the gaps that have traditionally existed between these parties. One of the ways in which PRIDE works to bridge these gaps

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F2F Quickfact

TDM's preserved placements or resulted in a less restrictive placement for 51% of children at risk of a placement move

PRIDE (Continued from Page 2)

is to involve birth families, foster parents, adoptive parents, emancipated youth and others in panels that will be convened for PRIDE Session Nine. We are engaged in an ongoing process of recruiting and training not only licensed resource parents, but relative caregivers, birth families and emancipated young adults to be active participants in our

training program. We are all very excited about the changes that are happening within our agency and community. Family to Family and PRIDE recognize when children need to be removed from their homes, resource parents are instrumental in building relationships, bridging service gaps, and providing a sense of community for children

and families who have experienced a disconnect from e institutions designed to bring people together. The values of Family to Family and PRIDE have reminded us of the reasons we entered this field in the first place: to strengthen families, protect children, and help make a difference.

F2F Quickfact

TDM's are now available on a limited basis in the early morning and early evening.

In the First Person (Continued from Page 1)

Together the two do not make for a very loving environment to say the least. We are blessed to have made it through the ugly years and continue to support and encourage each other's recovery.

The progression of the disease occurred very quickly for me. I used to be a reliable, responsible employee with a stellar attendance record. I was able to lease brand new cars and flash platinum credit cards at my favorite shops with an A+ credit rating and never a late or missed payment. I had a substantial savings account. I had a crystal clean driving record and not even a speeding ticket. I was in constant contact with my family and traveled back east to visit them yearly. I was the "productive member of society" my parents had raised me to be. It only took six months for me to become

hooked on methamphetamines, needing it daily to function in what I thought was normal fashion. The reality was there was nothing ordinary about the way I was acting. Within two years it was quite evident to everyone but myself that I had a definite drug problem and the only thing I was producing was chaos and mayhem. I began to show up late or miss work altogether, eventually causing me to lose the best job I ever held. I visited ATM machines daily to afford my fix, eventually exhausting not only my bank accounts but my credit cards as well. I was evicted from my home and lost all my possessions in storage not once, but twice. I was arrested and incarcerated for possessing methamphetamine during a raid on the house in which we lived. I lost contact with my family for a whole year at one time, causing them

great concern of my whereabouts and well-being. I lost sight of everything that once mattered so much to me all for the sake of my getting and using methamphetamine.

One might think that this would be enough to wake me up to the fact that I needed help. But it was not. Denial and self-will ran me ragged for another three years. It wasn't until the birth of my first daughter that I realized I had a serious problem, and given my own efforts I was not getting any better. I had used methamphetamines all during my pregnancy and sought no prenatal care. Needless to say, my daughter tested positive for it at birth, and Social Services stepped in and took custody of her. She was placed into foster care while Tim and I were provided a case plan drawn up by a social worker and endorsed by the Juvenile Court.

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F2F Quickfact

Over 560 TDM's have been completed since March 2004

In the First Person (Continued from Page 3)



F2F Quickfact

TDM's are now being held countywide on all agency assisted removals that occur during working hours.

My initial reaction to the county's involvement in my life was bitterness and anger. I denied my drug use. I accused them of ganging up on me. I demanded my baby be returned to me, claiming that I was the only one who could care for her. The truth being that I could not even care for myself at that time, how on earth I expected to care for a completely dependent infant child was beyond reality. The system recognized my dilemma and wisely did not return her to me as I insisted. I remember the investigative social worker telling me that there was no way my daughter would be returned to me until I had proven I could manage my life without the use of drugs. It was at that point that I came to a level of submission and accepted that I had better take some direction or I may never get the chance to raise my child.

We were blessed to be surrounded by good-hearted people who honestly wanted us to succeed. Our social worker was determined to help us reach our goal and made all the difference in maintaining a positive relationship. Lily's foster mother was equally supportive and willing to work with us on a mutually convenient visitation schedule, giving major consideration to the fact that we were bus-bound everywhere we traveled. Each of us was able to stay with good friends who offered us a safe and healthy environment away from all the user friends with whom we had associated for so long. The fact that we did not live together during those months was difficult at first, but it enabled us to focus on our individual needs with little distraction.

Our case plan was quite

demanding in the eyes of two disorganized, uncommitted fly-by-nights. Tim had enrolled in a drug treatment program at the Westminster Health Care Agency and I enrolled in the Perinatal Program at the Santa Ana Health Care Agency. Both involved classes and group and individual therapy sessions. We were required to undergo testing twice a week. We were also required to attend 12-step meetings. At times I felt I simply could not keep up, that it was too overwhelming. The miracle of it all was that I did not begin using again as it (methamphetamine) was my one and only coping tool prior to getting clean. The classes, meetings and therapy sessions were working. I was learning much about myself, my disease and ways to overcome it. The reward was a freedom as I had never known it and increased visitation with my daughter.

Ten months later after acquiring our own apartment, we brought Lily home. It was a jubilant time for us. Overnight visits simply were no comparison to having her in our care on a constant and continuous basis. We were finally living the family life we had both always wanted. And we were doing it without drugs. Our dream had come true.

Nevertheless, Tim and I decided to keep our case open with Social Services for an entire year after that. We were confident that we could maintain a stable living environment for our daughter and ourselves however, we felt living under the watchful eye we were so accustomed to served as a good measure of insurance or relapse prevention if you will. We had seen too many couples return to the reckless addict lifestyle after being cut loose, and we did not want to follow.

I am happy to report that in May of this year Tim and I celebrated

the birth of our second child. She is a happy, healthy baby girl, and we are honored to be able to care for her as she so innocently deserves. Other than that our lives have not changed much. I still attend aftercare through the Perinatal Program on a weekly basis, and Tim continues with his dual diagnosis therapy. We are avid members of the 12-step program to which we attribute much of our recovery. And we are still involved with Social Services, however, in a much different way. One I never dreamed possible some three years ago.

Early this year we were approached by Social Services and asked to assist them in improving the very system we went through with our daughter. My initial reaction to this request was complete shock, then skepticism. The irony in the turn of events in our lives made it seem unbelievable. But after attending a few strategy meetings I could see that these people were honestly interested in hearing our opinions and experience as birth parents. This reality was truly invigorating. How refreshing it is to know that a county-run agency is actually interested in incorporating the ideals of its own clientele to in turn help that same clientele better their lives in ways that certainly benefit everyone. For us it is an opportunity to give back to the system that literally saved our lives. The chance to contribute to helping other families reunify more effectively, efficiently and expediently is one of the greatest gifts we have received in our sobriety. We are very grateful to be able to say that now we truly are the productive members of society our parents raised us to be!

Contact Us

Family to Family
Contacts

General Questions
Family2family@ssa.ocgov.com

Scott Burdick
Senior Social Services
Supervisor
Family to Family
(714) 704-8743
scott.burdick@ssa.ocgov.com

Carol Greenwald
Program Manager II
Family to Family
Coordinator
(714) 704-8090
carol.greenwald@ssa.ocgov.com

Visit Our Website at
www.family2familyoc.com

Orange County Children
and Family Services

800 Eckhoff
Orange, CA 92868

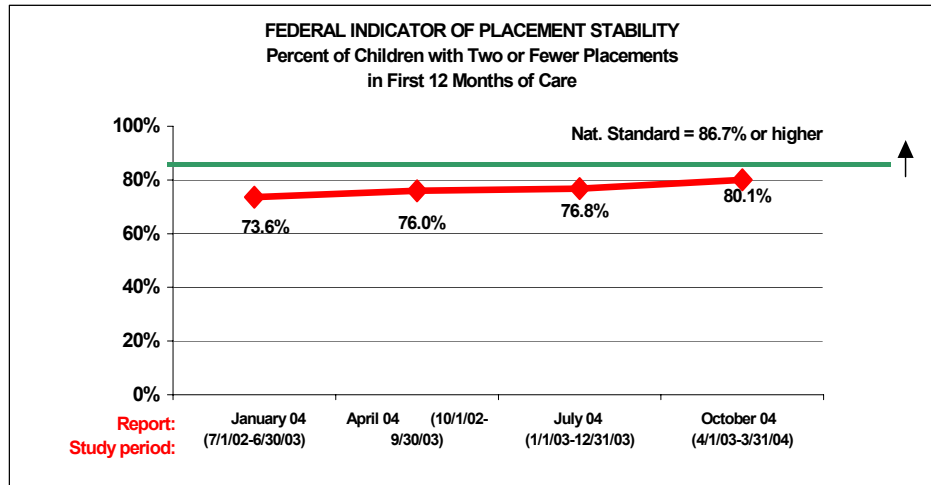
Editor: Scott Burdick
Executive Editor: Carol
Greenwald

Progress on Achieving Placement Stability for Children in Out-of-Home Care

The OC Children and Family Services Self Improvement Plan (SIP) focuses on improving permanency outcomes for children. One goal of the SIP is to **reduce the number of placement moves a child experiences**.

Progress on this goal is tracked using two data indicators in the AB 636 Outcomes and Accountability report. Our agency receives this report on a quarterly basis from California Department of Social Services (CDSS). Each indicator looks at our performance in slightly different ways.* The Federal indicator looks only at the children in care less than 12 months in the most recent study year. The State indicator follows children longitudinally from the year they enter care and looks at the number of placements for children in care at least 12 months. Each approach gives a slightly different view of our progress.

New CFS practices are reducing the number of placement moves for children. Since the first report in January 2004, the Federal indicator shows that the percent of children with two or fewer placements in their first year of care has increased by 6% and is approaching 86.7%, the level that is expected in order to be in compliance with Federal standards.



The State indicator is also beginning to show improvement. Because the State indicator measures outcomes for children based on the year they entered care and follows these children forward overtime, it is reporting on children who entered care earlier than the children assessed by the Federal indicator. Therefore, it will take longer for this measure to show the impact of new CFS practices. Another important difference between the Federal and the State indicators is that only the Federal indicator has a standard or goal that must be met. At this point in time, the State has not set a standard, but is looking for progressive improvement in achieving placement stability for children.

