

NEW **CONNECTIONS**

Providing personalized case management and a supportive community for adults recently released from the California State Prison system.



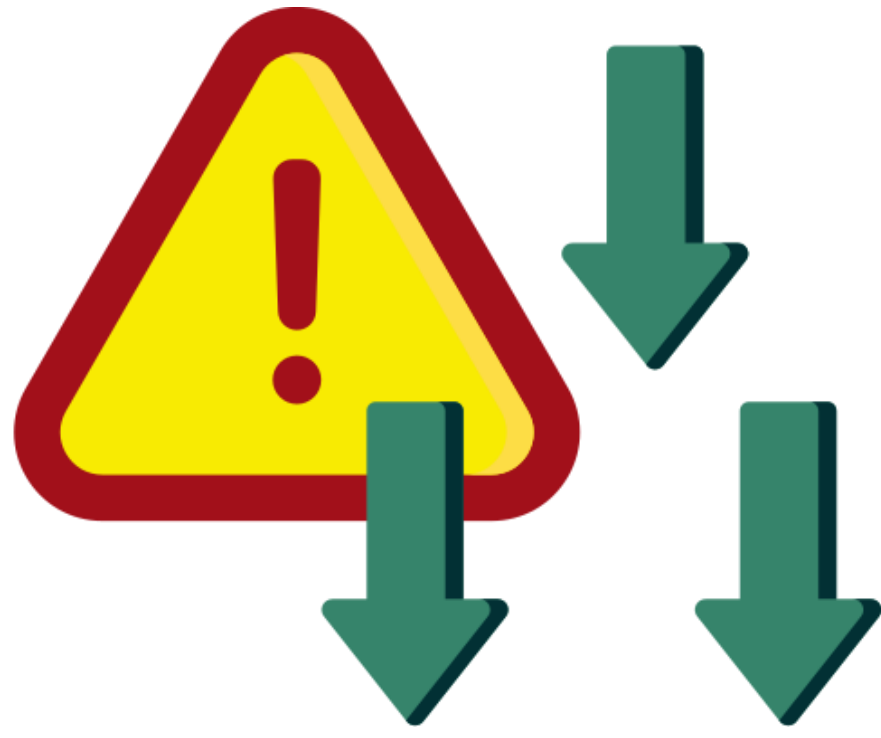
THOSE OF INTEREST



**Board of State and
Community
Corrections**



State of California

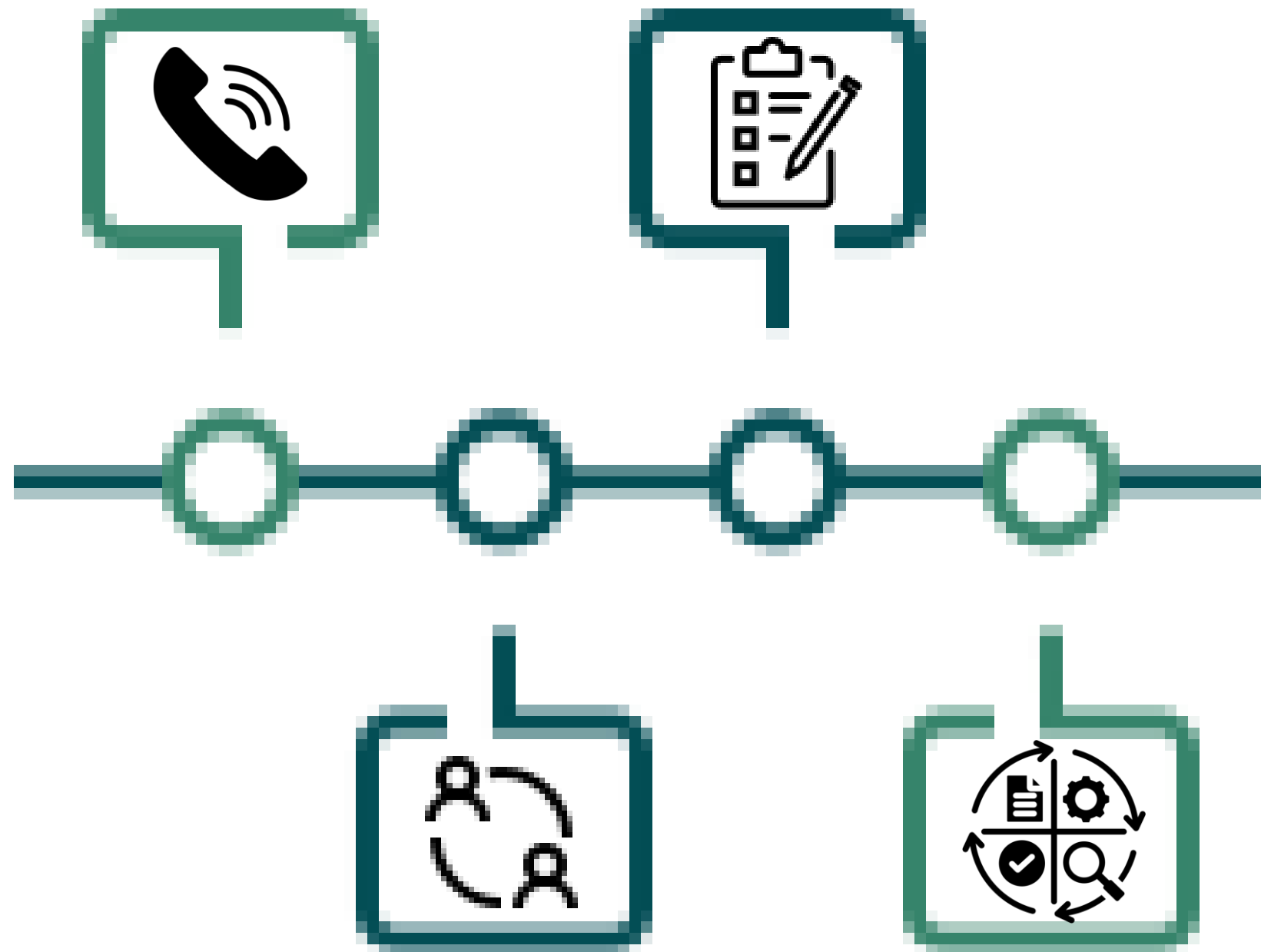


GOAL

Reduce recidivism among the population by serving those:

- Age 18 or older
- Participating in parole services
- Recently released from a correctional institution
- Residing in San Diego County (meetings in North County)
- Committed to regular case management for up to 12 months

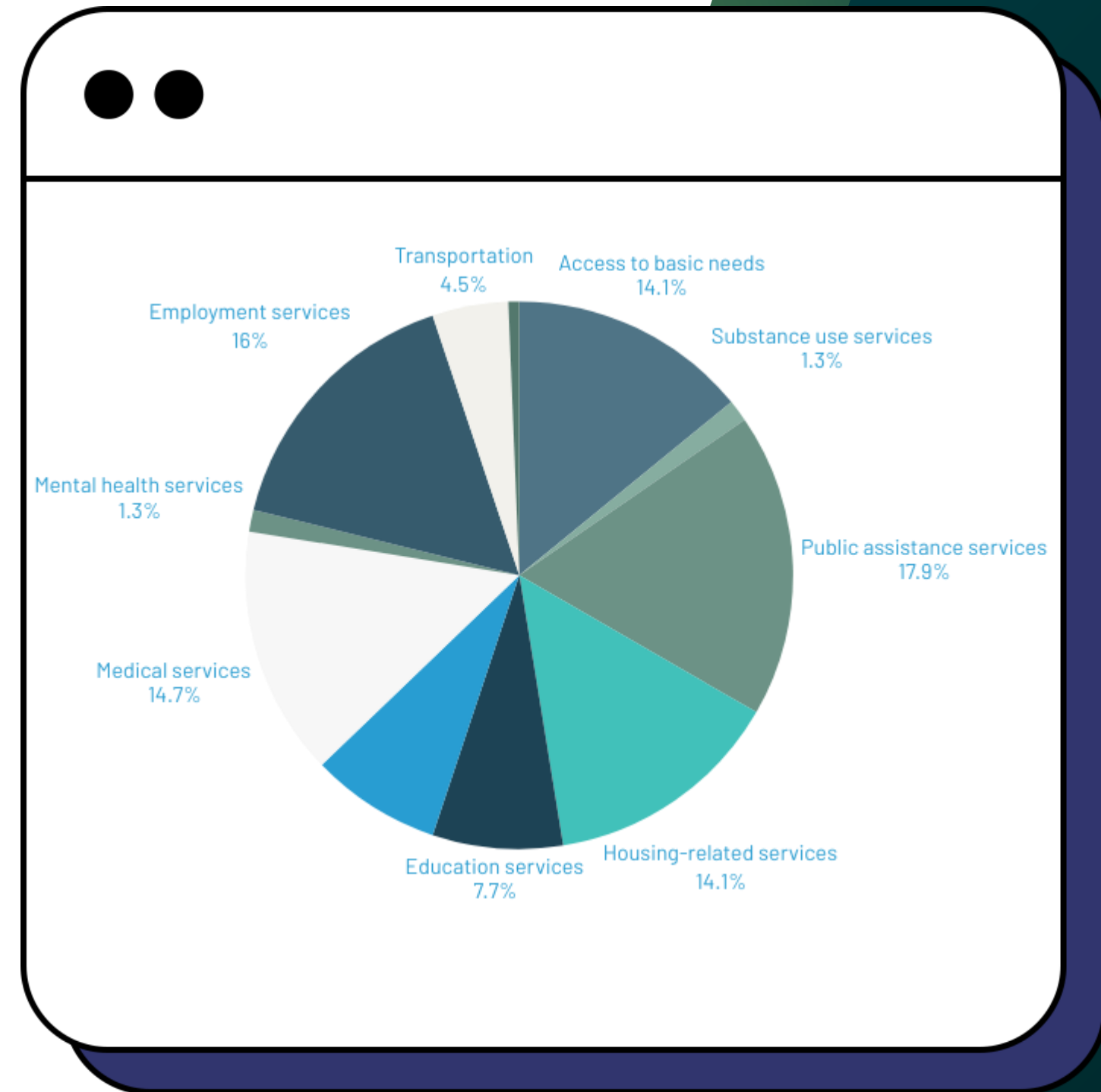
PROCESS



- Referred clients receive a callback within 48 hours.
- Program coordinator links clients to a case manager after screening.
- Case managers perform demographic questionnaires and needs assessments.
- A Client Action Plan is developed with the client through scheduled meetings.
 - Most interactions are via phone and Zoom; in-person meetings available upon request.

CASE MANAGEMENT

- Case management services will be customized using a strength-based approach, incorporating:
 - A trauma-informed perspective
 - Assessments targeting social determinants of health
- Assist clients in overcoming stability challenges and identifying needs for long-term growth.
- Maintain and refer to a wide network of community-based resources to meet participants' needs.
- Supportive Services:
 - transportation for employment-related needs
 - supportive services
 - acquiring key documents
 - other essential requirements



FATHERHOOD DATA

Involvement of fathers in their children's lives positively impacts their well-being across several areas. It enhances the likelihood of academic success and reduces the risk of delinquency and substance abuse.

Studies indicate that children who grow up without a father present are more likely to face these challenges.



DAD'S CLUB



A photograph showing a man, a woman, and a child from behind, standing on a wooden walkway overlooking a body of water and a forested hillside. The man is wearing a brown sweater, the woman is wearing a white and beige striped sweater, and the child is wearing a blue denim shirt. The background features a lush green forest on a hillside under a clear blue sky.

Eligibility

- Have access to children or working to establish custody or visitation
- Be a male role model to children 0-18 year old
- Father, Step-father, Father-to-be
- Male Role Models
 - Uncle
 - Grandfather
 - Older brother assuming the father role in the house hold
 - Anyone who is a male role model to children

Dad's Club OCAP

Service Area: North Countywide

Case Management Focus

- Intense case management
- Increase access to needed resources and referrals
- Enhance family function, child/family quality of life and stability
- Improved child development and parenting knowledge
- Working on Visitation and Custody of Children
- Gift cards/some financial support

Dad's Club+ County

Service Area: Oceanside & Vista

Education and Prevention Focus

- Light touch case management
 - Assessment and referrals
- Reduction of mental health stigma
 - ACEs awareness
- Quarterly intergenerational interactive bonding
- Increase knowledge of nurturing parenting principles and fathering best practices
- Reimbursement program
- Financial literacy/Job readiness workshops

PARTICIPANT INCENTIVES



DAD'S SELF-CARE KITS AND FAMILY BONDING KITS

FATHERHOOD NETWORK

FINANCIAL LITERACY/
CAREER DEVELOPMENT WORKSHOPS

MENTAL HEALTH SERVICES REFERRAL AND
PERSONALIZED SUPPORT

FREE FAMILY BONDING ACTIVITIES

MINIMAL FINANCIAL SUPPORT
(TO PURCHASE JOB ATTIRE/TOOLS,
EDUCATION, CDL FEES)

AGENCY REFERRAL

Parenting Services Agency Referral Form



Services Offered: Parenting Workshops utilizing the evidence based curricula, Nurturing Parenting and assistance with coordination of services and resources to address family needs. Please complete and fax the referral form to (760) 414-3830 or call (760) 631-5000 Ext. 7181. Encrypted emails only to parenting@vcc.org

Eligibility Criteria: Parent Father Teen Parent Custody & Visitation Case
 CWS Case ACEs Other:

Referring Agency Information

Date of Referral: _____ Agency Name: _____
 Referrer's Name: _____
 Phone Number: _____ Fax Number: _____
 Email: _____
 Reason for Referral: _____

Parent Information

Preferred Language: English Spanish Date of Birth: _____ Age: _____
 Parent Name (First and Last): _____
 Complete Address: _____
 Cell Phone: _____ Alternate Phone: _____
 Client Email: _____

Consent to Release Information to VCC

I hereby authorize _____ to submit my information for services to the Nurturing Parenting Workshops. I understand that the above information is required for the purpose of determining eligibility and enrollment to the program and that the referring agency is limited to the following information: referral form data, update on status of referral, client acceptance or decline of services, and client attendance/participation. I understand that my authorization will remain effective for one year from the date of this referral, and that the information will be handled confidentially in compliance with all applicable local, state and federal laws.

Autorizo a _____ a presentar mi información para los servicios, Crianza Con Cariño. La información se requiere para determinar elegibilidad e inscripción en el programa y está limitada a: esta forma de referencia e información sobre la actualización del estatus de la referencia, aceptación/rechazo de los servicios por parte del cliente, y estatus de participación. Entiendo que mi autorización permanecerá efectiva por un año desde la fecha de esta referencia, y que la información se manejará confidencialmente en cumplimiento con las leyes aplicables locales, estatales y federales.

Verbal Consent Obtained or Client Signature _____ Date: _____

VCC OFFICE USE ONLY

Date Referral Received: _____ Client Contact Date: _____
 Unable to contact client Client accepted services Client declined services No show
 Parent Status: On Probation On Parole In Foster Care Involved in CWS
 Treatment/Recovery Homeless, Mailing Address: _____
 How many children? _____ Ages? _____
 Do the children live with parent? Yes No If no, is visitation established? Yes No
 Program: DP IF DC NCPR NCPL
 Name of staff: _____

Thank you

Contacts

Rey Suarez
Parent and Child Health-Program Manager
New Connections
760-631-5000 ext. 7181
Rey.D.Suarez@vcc.org

Nancy Rocha
Dads Club+ Supervisor
760-631-5000 ext. 8222
nrocha@vcc.org

Dad's Club Referrals

- Agency can complete agency referral on behalf of interested participants for Dads Club Programs

Email : parenting@vcc.org

Fax: 760-414-3830

Hunt line: 760-631-5000 ext. 8197

New Connections Referrals

Hunt Line: 760-631-5000 EXT 5853

Email: NewConnections@VCC.org

Fax: 760-414-3830