

County of Santa Clara

Social Services Agency

353 West Julian Street
San Jose, California 95110-2335



DATE: March 20, 2020

TO: Board of Supervisors
Jeffrey V. Smith, M.D., J.D., County Executive

FROM: Robert Menicocci, Social Services Agency Director *RM*

SUBJECT: **Off-agenda report with updated status of actions relating to the closure of the Receiving, Assessment, and Intake Center (RAIC)**

At its November 5, 2019 meeting (Item No. 18), the Board of Supervisors (Board) approved a referral brought forward by Supervisor Cortese for Administration to consider a range of options with respect to closure of the Department of Family and Children's Services (DFCS) Receiving, Assessment, and Intake Center (RAIC). The referral requested that Administration consider, among those options, an immediate moratorium on new placements of children at the RAIC. At the Board's November 19, 2019, December 10, 2019, January 14, 2020, and February 25, 2020 meetings (Item Nos. 19, 8, 12, and 9 respectively), Administration provided information regarding DFCS's plan to close the RAIC and replace it with a continuum of care that can address the unique needs of each child and their family. This report provides updates to the Board regarding further steps taken and progress made since the last report provided on February 25, 2020.

SYSTEM OF CARE

DFCS Receiving Center Daily Dashboard

A dashboard showing youth cared for at the Keiki Center and leased sites was developed, and as of February 27, 2020, is delivered daily to the Board. For public reference, Attachment A is the DFCS Receiving Center Daily Dashboard for March 12, 2020.

Permanency Planning

Permanency planning is at the core of development of the continuum of care. Children and youth fundamentally need to know they belong and are connected to those who they identify as family. It is within the context of the importance of attachment and belonging that all services are being developed. When a child does not have hope that they will experience belonging in a family setting, there is no place to anchor the therapeutic work.

Assessment and Placement units within DFCS have begun to include DFCS Permanency Units early on when working with new families. Photos of the child, when appropriate releases are obtained, and as much information that can be gathered is carefully noted and passed along to case carrying workers and the Permanency Unit when appropriate. Assessment and Placement Social Workers also gather information on family and non-related extended family members to

begin the family finding process to initiate family engagement efforts. This process began on March 2, 2020 with plans to have a coordinated process in place by May 1, 2020.

Placement and Engagement

DFCS and its partners are increasing collaboration efforts to ensure children are safe and welcomed into a loving, nurturing environment with a focus on placing children with family.

Keiki and scattered sites coordination

DFCS and its County and community partners are working to coordinate services and support when a child is at, or has to return to, Keiki or a scattered site location. DFCS participates in daily email check-ins with Behavioral Health Services Department (BHSD) staff and the Supporting Protecting and Respecting Kids (SPARK) clinic staff to coordinate the medical and mental health needs of children at Keiki or the two scattered sites. In addition, DFCS holds daily placement care coordination calls to plan support for youth with high needs and to promote stability and healing in the placement. These calls focus on placement needs as well as planning to meet a child's overall medical and dental needs, and to assist the child care team in identifying and enacting coordinated services within the placement plan. These calls include staff from the Probation Department, BHSD, DFCS's Placement and Family Finding units, contracted providers (Placement Support Services, Wraparound, Short-Term Residential Therapeutic Programs), and any other significant treatment providers. These calls end with specific next steps indicating that responsible parties must either report back later in the day via email, or on the call the next day. These care coordination calls have helped providers to be on the same page as County staff and enables all parties to work together to ensure services for youth remain consistent. More importantly, this kind of coordinated work benefits children by helping staff to support a child while planning for the child's treatment needs.

One example of a successful coordination was for a child who returned to Keiki after a psychiatric hospitalization. During the call, a coordinated plan was developed that began when the child was picked up from the hospital. The social worker who picked the child up was familiar to the child and was someone with whom the child was comfortable. Upon arriving at Keiki, the child was immediately met by a BHSD clinician who provided support during the transition. Information regarding the child's wellbeing and immediate needs were shared with the Placement Team, who then arranged the child's placement and treatment, and scheduled program interviews the next day.

Family Finding

The family finding model seeks to build or maintain a child's family connections after a child is separated from parents or caregivers. The process identifies and encourages relatives and other supportive adults to participate in all aspects of the child's wellbeing, and to be a part of the child's circle of support. Family finding practice endeavors to ensure that family connections are maintained or made while the child resides with a family member, a non-related extended family member (NREFM), or a resource family. Family finding seeks to increase focus on relatives as a child's first placement option, or NREFMs when required.

Family finding is a department-wide responsibility and is incorporated in all aspects of a dependency case. During the investigation phase at the Emergency Response (ER) level, if it is determined that a child removal may occur, then the ER social worker will ask birth parents and the child if there are family or NREFMs who could be considered for placement. This process

continues throughout the life of the case. DFCS is focused on additional resources and a more intentional effort to ensure family finding activities are supported for every child, and that this process begins the moment a child comes to the attention of DFCS. These efforts include initiating a call to the Child Abuse and Neglect Center (CANC) to begin asking about family members and others who may be available to the child for support.

DFCS's Family Finding unit, which was initially established with one social worker in August 2019, is embedded within the Assessment and Stabilization Bureau. DFCS is working diligently to develop this unit and anticipates having a total of six social workers supporting family finding efforts by April 30, 2020. The goal of the unit is to integrate the work of placement finding with family finding and develop a process that offers methods and strategies to locate and engage relatives more expediently. The team will focus on investigating, identifying, and connecting with family members in instances when the parent or child is unable or refuses to provide contact information for family members. The Family Finding unit, supported by a Senior Management Analyst and in partnership with contract partners, will create a work plan that will direct the work and establish intermediate measures and course corrections required to accomplish the goal of increasing the number children placed with relatives, from 31% in 2019 to 40% by December 31, 2020.

Community Engagement

On January 28 and 29, 2020, DFCS and BHSD hosted two community forums regarding the plan to expand the County's Continuum of Care for children. This continuum will enable children to thrive in a family setting while addressing the traumas they experienced within their families. Additionally, the continuum will provide opportunities for families to work toward reunification. Twenty-one community members attended the session in San Jose and sixteen community members attended the Gilroy session. DFCS and BHSD management and staff were present to hear the community's concerns, receive input on ways to better improve the continuum, and to answer questions posed.

The County utilized the services of MIG, an external, neutral agency, to support and facilitate the conversations. DFCS provided a brief presentation on the overview of the proposed continuum of care. The conversation was organized by each element of the continuum of care as defined in the presentation: prevention and early intervention; assessment; permanency; supportive services; and placement services. Attendees were encouraged to reflect on the proposed elements and provide feedback.

Attachment B is information captured by MIG during the community forums and has been provided to the Foster Parent Advisory to receive input that would help inform the County on ways in which to improve the Continuum.

Additionally, DFCS, BHSD, and Probation are exploring the best means to expand the continuum of care and incorporate the suggestions provided during the community forums and by community partners.

Service Provision

The County continues to increase service options for foster youth and resource families. Five programs have been approved under the continuum initiative. Single source exceptions were presented in the procurement and approved under the emergency circumstances provision. DFCS, BHSD, and SSA Office of Contract Management are jointly working on creating a shared

scope and using the staggered timeline below to accommodate the ramp-up process. Projected timelines for the Continuum of Care programs and services are:

Contract	Projected Start Date
Immediate Stabilization Services (ISS)	July 1, 2020
Intensive Treatment Foster Care (ITFC)	July 1, 2020
Enhanced ITFC	July 1, 2020
Transitional Foster Homes (TFH)	July 1, 2020
The Welcoming Center	July 1, 2020 start date with a ramp up of 3 months and fully executed contract by September 1, 2020

Current placement options

As of February 29, 2020, the County had 342 approved recruited homes. Of these, only 178 resources families, with total capacity of 366 beds and 198 unoccupied beds, were available for placement. It is important to note that some of the resource families that have a higher capacity chose to welcome only one child into their home at a time and some resource families chose to place themselves on temporary holds. Therefore, the available capacity may not accurately reflect families who can provide a home for a child, in part due to placement limitations such as age, gender, or needs of a child. By June 30, 2020, DFCS, in partnership with the County's Technology Services and Solutions (TSS), will complete an analysis that will identify capacity limitations of each available caregiver and inform placement options for youth.

The total number of beds, per program, for February 2020:

Program	No. of Beds
ITFC –Intensive Treatment Foster Care Homes, including 2 child specific beds at DFCS	11
Intensive Service Foster Care Homes (Formally known as Professional Parent homes)	6
TFC	8
Transitional Housing Placement (THPP)	31

Emergency placement pilot

DFCS has launched an emergency 24/7 homes pilot program for relative or recruited homes. These homes will be for children with high acute needs who are waiting on an assessment and care. There are currently six homes and six children in the pilot program. Five homes are in Santa Clara County and one is out of the county. These are all resource family agency (RFA) homes that were recruited to participate in the pilot. DFCS has scheduled monthly feedback

meetings for those involved in the pilot as well as an invitation to other RFA homes and foster family agency homes to continue discussions on how to best support children within the child welfare systems. There is not a formal evaluation plan at this time; however, DFCS will be gathering feedback from caregivers and tracking placement impacts.

Program	Description of Program	Current Amount to Caregiver	Anticipated Change, If Any
Resource Family Home-Emergency 24/7 Acute Needs Support Homes Pilot	<p>A 24/7 acute needs support homes pilot program for relative or recruited homes who welcome children into their homes, short term (no more than 60 days), and who can accept a child on an immediate basis, day or night; aimed at supporting children with more acute needs where there are barriers to placement options:</p> <ul style="list-style-type: none"> • Homes would be for children who have been assessed to have higher or more acute needs and require higher level of care. • In partnership with BHSD for determination of level of support. • Agreement to enter a pilot for six months – providing care for a child for up to 60 days. • At the end of 60 days –can chose to have the child/youth stay longer or consider permanency options. 	\$1,000 per month, per child, plus special care increments based on a child's need	Additional stipend to cover immediate needs: \$3,500 per month per child for children ages 1-12 and \$4,500 per month per child for children ages 13-17

Relative and Foster Home Support

Resource Parents have shared several service needs they believe are necessary to ensure their ability to care for children, including more transparency regarding the needs of children at the point of placement, family support services, and transportation needs. DFCS is working with the Resource Parent Advisory Group on the development of a structured information-sharing framework, which would allow for more effective sharing of a child's needs, strengths, and service supports at the point of placement.

Quality Parenting Initiative

A Quality Parenting Initiative (QPI) workgroup made up of resource parents, former foster youth, County staff, biological parents previously in the child welfare system, and community

partners is developing a structured information-sharing framework that would allow DFCS social workers to more effectively collect and share information on a child entering the child welfare system, both internally and with resource parents. Information shared could include, but is not limited to, the child's needs and strengths and types of services and support that would help the child transition into a new home. While the content has been identified and agreed upon, the technology and processes have posed some challenges. DFCS staff have access to the State Child Welfare Services/Case Management System (CWS/CMS), which is the required location for documentation to reside. However, utilizing data from outside sources is difficult within CWS/CMS and limitations with its functionality do not allow DFCS to streamline other data collection and sharing tools to reduce duplication. Conversely, creating a County form that would combine various information sharing documents would provide functionality but could not be uploaded to CWS/CMS; therefore, would not be accessible to all staff who would need it. The QPI workgroup will continue to engage with TSS and impacted staff to identify an effective technological solution for sharing information. Once a solution is agreed upon and a tool identified, a process for the evaluation of information sharing will be developed. Due to the complexities of this program and data tracking, it is anticipated to take between 12 and 18 months to complete.

Resource and Advocacy Support Services program

Beginning in early 2019, Seneca took over the Resource and Advocacy Support Services (RASS) program to support the needs of County resource families. Through individualized case management, respite care, and strength-based services, Seneca RASS actively engages and supports resource families to increase retention and families' capacity to care for youth in their homes. RASS is unique in that it works to achieve placement success by specifically supporting the resource family in their efforts to provide a caring, stable, and consistent home-based environment. Resource family caregivers are an invaluable component of the child welfare system and in the successful implementation of the Continuum of Care Reform (CCR), yet they often need supportive services to aid their ability to provide safe, stable, and nurturing placements.

As more and more foster youth are stepped down from restrictive placements, the urgent need for committed resource families continues to grow, along with the need for critical support services like RASS. Current RASS program funding levels limit the frequency of contact and intensity of services RASS staff can provide. In order to fully and authentically engage with the approximately 350 resource families based in Santa Clara County, Seneca has increased staffing levels to the RASS program. By increasing the number of advocates, caseloads in the RASS program can be kept within a range of 25-30 resource families, allowing advocates to more fully empower, support, and engage each resource family, even as more pressing or immediate needs arise.

The lower caseloads created by expanding staffing of advocates in the RASS program will allow more frequent family engagement, with the overarching goal of increasing the retention of much needed resource families in the county. In addition, lower caseloads allow for a stronger focus on outreach and engagement activities to build relationships with inactive resource families, explore barriers that discourage them from returning to active status, and addressing outstanding needs to support their capacity to care for children in their homes. This directly supports increasing the number of available resource families with the capacity to care for youth in the county.

Relative Support Team (RST) program

The Relative Support Team (RST) program through Catholic Charities provides support for relative and non-relative placements in Santa Clara County. The program consists of a program supervisor, three resource specialists, and one behavior specialist. The staff assist relative/NREFMs to navigate the child welfare system and serve as liaisons between the caregiver and the social worker. RST works with caregivers to ensure placement stability through the connection of resources for the children/youth and/or the caregiver.

The goal of the RST is to empower and strengthen relative/non-relative caregivers of children in care by providing support, resources, and guidance on the child welfare system and court process. The team provides:

- Support during and after the placement of a child,
- Support to families through the Resource Family Approval (RFA) process, which includes assisting with necessary documents,
- Assistance to families through the process of reunification, adoption, or guardianship,
- Guidance on what to expect from the child welfare system and the dependency court process,
- Help with the child's educational development and special needs, and
- Help to empower families to advocate on behalf of themselves and the children in their care.

The program also organizes events for children and adults. Additionally, staff connect resource parents to Parents' Night Out events for short-term respite care and on demand respite care through Kids Park.

Transportation

DFCS is seeking ways to increase transportation opportunities for resource families and children. Currently, DFCS provides children with over 1,000 transportations per month through a combination of the case carrying social worker, social worker Is, extra-help transportation officers and contracted services. HopSkipDrive provides approximately 420 one-way trips per month for children age six years and older. Additionally, social worker Is provide transportation in conjunction with supervised visits, as well as support with transportation for Court hearings, school, medical, dental and counseling appointments. On a monthly average, 440 one-way transports are completed by social worker Is in the visitation bureau, 260 one-way transports completed by extra-help transportation officers, approximately 30 one-way transports by the South County unit, and dozens more transports across case carrying social workers and other social worker Is.

Since July 18, 2019, SSA has contracted with HopSkipDrive to augment transportation in partnership with local school districts to ensure foster children can continue to attend their school of origin as required by federal Every Student Succeed ACT (ESSA). During fiscal year 2019, 1,743 one-way rides were provided through this agreement for a total expenditure of \$127,283. During the period between July 1, 2019 through December 30, 2019, 2,521 one-way rides were completed with a total expenditure of \$141,053. The Board approved additional one-time funding of this agreement on February 25, 2020 with a new maximum financial obligation

of \$374,574 for fiscal year 2020 (Item No. 37). The fund augmentation will ensure DFCS has sufficient capacity to continue providing school of origin transportation, as well as, accommodate other transportation needs.

Many case carrying social workers also provide transportation that is not accounted for and is difficult to tabulate, as child transport is usually rendered and documented within the broader service delivery to a child. Additionally, transportation is included through Seneca's therapeutic visitation program, which accommodates up to 40 visits/transportations per week. As an ongoing challenge, the need for transportation services continues to increase and there is not enough staff to meet the demand. Additional extra-help hours were approved for transportation officers; however, DFCS has been unable to hire for those positions due to the limited number of hours available, and the lack of medical and retirement benefits to those staff.

Further transportation supports to resource families and foster youth include mileage reimbursement for school transportation, up to \$443 per month depending on the miles traveled, and free monthly Santa Clara Valley Transportation Authority (VTA) transit passes for foster youth. DFCS and the SSA Office of Contract Management will communicate with VTA to explore partnerships with its paratransit program to identify options to increase transportation capacity for foster youth.

The mission of DFCS is to keep children safe and families strong. In carrying out this mission, DFCS partners with the community to create safe and stable homes for children under its supervision. The family's circle of support plays a major role in this effort. Made up of parents, siblings, extended family, service providers, and community members, the circle of support shares in the care of children, provision of services to families, and establishment of safe environments.

Children are placed in out-of-home care by order of the juvenile dependency court when determined that they cannot be safely maintained with their families of origin. While in placement, supportive services and resources are provided to children as their parents address safety and risk concerns that brought their family to the attention of the child welfare system. When a child is removed from their parents' care, family finding is utilized at every stage of involvement with DFCS to identify friends and family, in an effort, to increase the circle of support available to the child. A vast majority of children are placed with relatives or a resource family in less than 24 hours, and many children never enter the County's receiving center.

In 2009, DFCS closed the County's Children's Shelter located on Union Street in San Jose and established the Receiving, Assessment, and Intake Center (RAIC) as a short-term (under 24-hours) program to facilitate the placement of children and youth. During the last several years, the RAIC has provided temporary care to children entering the dependency system following removal from their families or when they had a disrupted long-term placement.

In 2015, Assembly Bill 403 was enacted and initiated Continuum of Care Reform (CCR), which was designed to phase out the use of group homes and to limit the use of other forms of congregate care. Changes included the development of Short-Term Residential Therapeutic Programs with a maximum six-month length of stay, a change in the approval process for resource families, a new rate setting process for levels of care based on children needs, and use of the child and family teaming process to include the voice and choice of families and children. While these reform efforts drove important and needed changes, they also decreased the number

of placement options and reduced the number of viable placements available for some children with the highest needs.

DFCS, in an effort to ensure individualized care for children in a home environment, is in the process of identifying resources and gathering feedback to best meet children's needs and support their strengths. In January 2020, DFCS transitioned temporary placement of children to the Keiki Center.

Additionally, DFCS began utilizing scattered sites for temporary placement of children with higher needs for additional supports and interventions in order to ensure their successful placement in out-of-home care. These scattered sites provide a home environment with individualized care and wrap the child in services to help stabilize them and lessen the impact of not residing with their parents. These efforts are being implemented to ensure all children in need receive family-based individualized care.

DFCS has commitment to partner and share responsibilities and resources, at all levels, across County departments. DFCS is committed to securing necessary resources, and to make necessary process changes to shift to an integrated model of service delivery. These commitments promote and enable family-based care for children with the supports and interventions built around the child, and in support of the family or caregiver so they have tools and resources to provide for the child.

Attachments:

- Attachment A – DFCS Receiving Center Daily Dashboard
- Attachment B – MIG Community Forum Summary

c: Chief Board Aides
Miguel Márquez, Chief Operating Officer
James R. Williams, County Counsel
Megan Doyle, Clerk of the Board



DFCS Receiving Center Daily Dashboard



Report Date: 03/13/2020

Number of Admits on 3/12/20

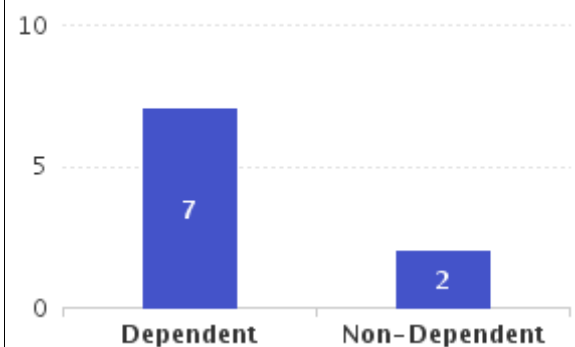
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Number of Children Discharged 3/12/20

2

Children remaining in care as of 3/12/20 11:59PM

Children remaining in care as of 3/12/20 11:59PM



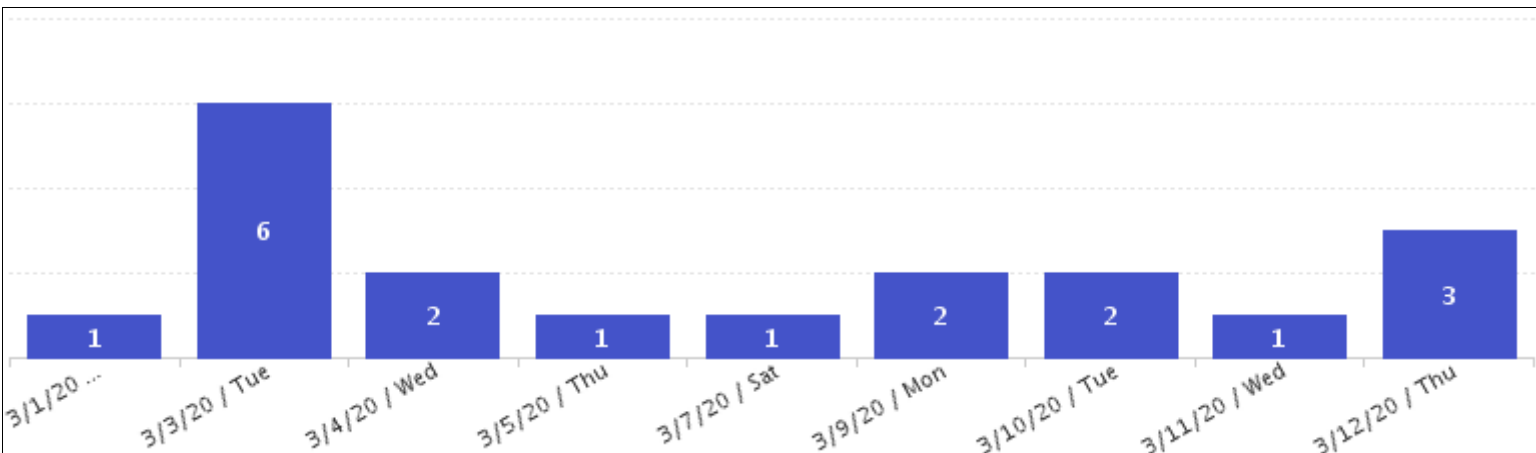
Current Location of Children in Care	#
House 1	0
House 2	2
House 3	1
Keiki	0
Runaway	3
Temporary Custody at FH/GH	0
Temporary Custody at Relative	0
Temporary Custody Hospital	0
Temporary Leave	3

Number of 7 Day Notices

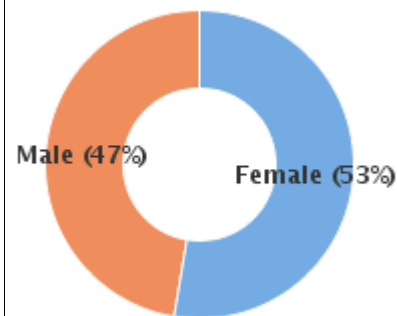
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Total Admits For March 2020

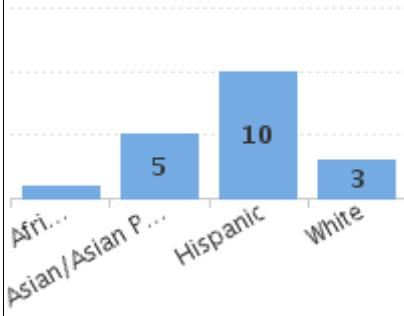
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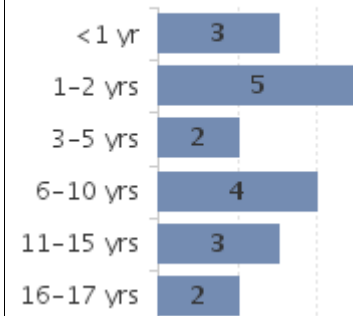
Gender



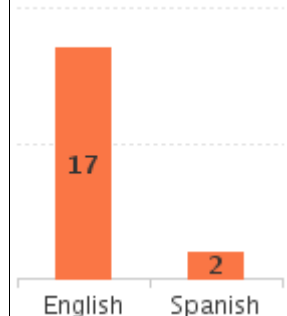
Ethnicity



Age



Language





MEMORANDUM

February 10, 2020

TO: Santa Clara County Department of Family and Children's Services

FR: MIG, Inc.

RE: Summary of Community Input, January 2020 Community Forums

Introduction

On January 28 and 29, 2020, the County of Santa Clara hosted two Community Forums to solicit input and answer questions regarding the current plan for building a Continuum of Care for children to live and heal their trauma in a family setting within Santa Clara County while their families work toward reunification. The Department of Family and Children's Services (DFCS), Behavioral Health Services Department (BHSD), and the Juvenile Probation Department (JPD) are working jointly with community members and partners to ensure that children and families receive the services needed.

The sessions were facilitated by Noé Noyola, MIG, Inc., strategic planning, facilitation, and community engagement consultant for the Santa Clara County Social Services Agency. Noé began each session by asking participants to introduce themselves and state what their intended goals were for the evening. Dan Little, Interim Director, DFCS, provided a brief presentation summarizing: the closure of the Receiving and Intake Center (RAIC) and lessons learned; the Continuum Of Care Approach to create safe and healing environments for youth and families; the elements that go into creating an integrated continuum of care, including the importance of cultural humility, inclusion and equity; proposed services for prevention and early intervention, assessment, permanency, supportive services and placement services; and an estimated timeline for implementing Continuum of Care services. The presentation is included as Appendix A.

The majority of the time at both sessions was dedicated to answering participant's questions and hearing their feedback. They were asked to provide feedback in an organized fashion based on each element of the continuum as defined with the presentation. Their input regarding the best methods for continued engagement was also solicited. During the conversation, Noé recorded the themes of participant comments and questions on a large wall-sized paper to help establish the group's memory of the flow and content of the discussion. These "wallgraphic" notes are reproduced in Appendix B.

Feedback received at each of the two Community Forums is summarized separately below. Note that although the conversation was structured based on the continuum elements described in the presentation, many comments bridge several elements.

I. North County Community Forum

The North County Community Forum was held on January 28, 2020 from 7:00-8:00 p.m. at the San Jose Family Resource Center at 591 North King Road. It was attended by 21 community members, in addition to DFCS staff. Participants included foster, resource and biological parents; members of the DFCS parent advisory group whose meeting immediately preceded the Community Forum; and staff members and volunteers from a variety of County departments and programs. Due to the large attendance and limited time, not all attendees were able to introduce themselves, but those who spoke characterized their goals for the session as follows:

- Ensuring a trauma-informed system, especially for children in care
- Ensuring ability to support children as they enter the system to be happy and transition well
- Listening and providing feedback
- Advocating for parents' rights and discussing the needs of resource parents
- Discussing the need for homes for youth on probation or at risk
- Staff:
 - Bringing information back to the program team
 - Hearing about gaps in service, how departments can support all

Feedback received at the North County Forum regarding each element of the Continuum of Care and preferred engagement methods is summarized below.

Prevention and Early Intervention

- Families—both parents and children—have the perception that accessing resources is negative rather than positive. Need to create messaging and do outreach to help shift this perception.
 - Families are afraid to reach out to DFCS for support or attend prevention groups because they're afraid that their kids will be taken away.
 - Spread the message that DFCS isn't just here to take your kids away – they provide resources to help when you're struggling. Examine the demographics and focus on targeted outreach and engagement in the areas where the largest number of children are entering the system. Get the testimony of parents who have worked through the system and their families successfully reunified.
 - Structure youth-led groups so they can support each other. It's not the cool thing for kids – but if we could help form these groups as parents, on our own, it might work.
 - The stigma about getting help is a huge issue for both children and parents. Educational help is acceptable, but what about the child who needs other support?

It must be addressed everywhere families are—the schools, churches, wherever kids and/or parents are around.

- It's important to ensure that families have the tools and resources they need before they're fully in crisis or at wit's end.
 - Make a connection with families early on—starting with the mother when she's in the hospital—to help them become aware of resources from the beginning.
 - Help parents connect with subject matter experts such as resource parents, parent advocates or mentors who can advise, help them navigate and directly connect with resources. Ensure that families can get the support of parent advocates before they're in the system—it seems this used to be available and it no longer is.
 - As participants have experienced in other counties—form a work group focusing on how to access schools and work in partnership with them to provide education and support groups for parents. There isn't currently a lot of support in the schools for preventing behavioral problems, teaching social development or getting parents involved.
- Question: what is the process and what services are available if a family needs help, but is not yet ready to be in the system? Do they get a caseworker, or references, or just get left without services because they're "not bad enough yet?"
- If you're trying to improve prevention, you must consider root causes—often financial insecurity, lack of housing, or other basic needs. More affordable homes, more stability, etc. is needed—including for families with undocumented individuals.

Assessment

- Question: what does assessment mean, and at what point in the process does it happen?
- Question: what is the reason for the 24-hour timeline for children to be placed?
- When assessing a situation, it's key to identify and build on a family's strengths early on, not just their weaknesses, especially given that it can take a long time (e.g., a month) to get information to the caregiver. Without this, the response is entirely punitive. Also, if a parent feels valued, their outlook and perception of the situation may improve.
- It's crucial to get information from the parent(s) right away. Despite the issues that have led to the child being removed, the parent is still the expert. If this isn't done, important information, such as the child's having special needs, may be missed. Also, getting this information may lead to less instability in the child's placement.
 - A family service worker observed that it would be very helpful to know, during those first 24 hours, what is already going on with the family that could be shored up and supported—for example, what services and supports they already have in place; whether the child's going to school; whether they have an established doctor; or if there's a relative the child can stay with. Every case and every parent is different.
- Getting detailed information on the child's needs is especially crucial with infants and toddlers, where it's necessary to know feeding routines and other basic caretaking details. Information isn't always received from the parents, or it's received weeks later.
- More staffing is needed in assessment to ensure that it's adequately done, despite the pressure inherent in the 24-hour placement timeline.

- If information and initial assessment was shared with the family, that would help build a better relationship.
- It needs to be made easier to retain and share information regarding the family and assessments that have already taken place.
 - Question: Is assessment is part of the intake process? If children are already in the system, why isn't that the first thing that's looked at? It could provide a lot of the needed information. If information on children and families in the system were entered into a database shared by many agencies, it would be easy to pull up and print that information, and it would be a lot of help.
 - Suggestion: create a small contact card that the parents can fill out. Even if a full assessment or transmission of detailed information can't occur right away, that card can serve as a brief introduction that follows the child wherever they go.

Permanency

- Note that permanency is also part of prevention.
- Training is needed for parents and everyone involved—and this need falls under the “prevention” and “assessment” categories as well.
 - Provide crisis training specific to parents / caregivers to provide all—foster parents, bio parents, relatives, or anyone else involved—with the tools that they need.
- Long waiting periods for visitation lead to trauma and impede successful reunification. Some children and biological parents are months-long waitlists for visits. Are there staffing vacancies that add to this, and can more staff be hired?
- Bureaucracy can be a significant barrier to improving placements, especially for foster parents trying to help.
 - An example was given of a foster parent has one child whose siblings have been placed out of county, far enough away that visiting can't take place every weekend. This is the third time the bio parent's children have been removed, which makes the situation more traumatic. The foster parent is trying to get the siblings placed with them, but the number of hoops that need to be jumped through—especially as she's been through the system herself—is making it very difficult.
- It's important to continue to identify and access a family's natural supports throughout the process, not just during the initial crisis.
 - Sometimes information is taken, but not integrated into the family's ongoing care. More aggressive action must be taken to create a better safety net for struggling families.
- From the foster parent perspective, it's clear that support for children is the single thing that's almost entirely missing. There's a lot of training and support for parents, but insufficient services and supports for the children going through this.
 - One example offered is that of an older teen who was aware that his foster parents were trying to get rid of him, and expected to get bumped from the system, but had to fight to be heard. Once he was able to get assessed as being autistic, his voice began to be heard.
 - Another family has had their kids moving back and forth weekly for a year. The children return home seeming traumatized. The local FRC is trying to figure out how

to get them the help they need. It's important to consider what's in the best interest of the kids—in some cases, it may be that extending children's time in the foster system will help get them the help they need to successfully reunify permanently with their families.

- When children graduate from foster care, they are dismissed by the system and abruptly cease to receive support. The system's focus is on the parents—once they graduate, the children are out of the picture. How can children continue to get services, so they don't fall through the cracks, even if they don't need to remain in the system?
 - Foster families are receiving children who have been traumatized simply by being removed from their home, let alone anything else they've experienced. One bio parent noted that her children don't talk about the drug use or domestic violence they've witnessed, they talk about being removed from their natural home. Really addressing that trauma will help. It's also important to support the parents. For instance, if the issue is substance abuse, after reunification they're learning to parent their children while clean.
 - Funding restrictions often limit how long services can be provided. It can take a long time to uncover traumas, and placing a time limitation on "getting well" means that the children will never actually do so. Healing doesn't happen in a set timeline. We need to advocate strongly for finding the funding to support aftercare once families graduate and state funding cuts off. It will help if the different funding systems can communicate with each other.

Supportive Services

- Several supportive services are also affected by inadequate staffing—including:
 - The respite program, which needs revision.
 - More transportation services are needed throughout the county.
 - More social workers are needed to help refer children to services in a timelier manner—and/or self-referral could be made easier for resource parents.
 - Is it possible to recruit more volunteers and provide funding for training them to support staff?
- Provide training and access to resources, and do proactive outreach regarding these, rather than just being reactive.
 - The ability to get information about or referrals to resources needs to be improved. There are so many services that it's hard to learn about all of them, and while some provide information upon contact, you never hear back from others. A single call line or other "one-stop shop" for finding or getting referrals is needed.
 - This is pretty much the definition of "continuum of care."
- Again, the message needs to be communicated to families that supportive services exist to make your life or your children's lives better—not just because something is "wrong with you."
- More and better medical services are needed, including:
 - More full-time staff at the SPARK clinic.
 - More doctors to do medical screenings. Has the department ever considered utilizing Stanford's resources?

- It's easy to complain and seek resolution regarding issues with agency social workers or other staff, but a better process is needed for holding CBO contractors accountable.
- Better peer support is needed for foster kids.
 - Create support groups or events so foster kids can learn they're not alone in going through this process.
 - Sometimes teenagers, in particular, are reluctant to be brought to supportive services such as Uplift, and unwilling to engage one-on-one, particularly when the support personnel are much older than them or otherwise perceived as challenging to relate to (e.g., "just getting coffee with a middle-aged lady" doesn't seem meaningful or helpful). Someone will need to lead a support group, but seek individuals who might be seen as more sympathetic.
 - Participation in peer support may need to be made mandatory to get teenagers involved.
- What about services for children aging out of foster care? Many are not yet fully stable when they turn 18 and continue to need support and basic services. What's next for them, especially in this county where housing is a crisis?

Placement Services

- Question: could you define the acronyms and terms used on the slides, such as "RFA Pilot Transitional Foster Home?" These are all unfamiliar to community members; please improve on the definitions.
- Question: How does the program wherein the county is now placing children in apartments work, and how is it staffed?
- Training for foster and resource families needs to be improved to equip them with more information, including understanding how to recognize and provide observations of behaviors that may be of concern. Provide something akin to a screening process for the family to use-perhaps a checklist of behaviors to be aware of. Give resource parents a protocol for noticing and noting down concerns and bringing the information back to case workers.
- Ensure that when a child moves between foster situations, documents and information are transferred immediately, and stay with the child.
- Beyond finding placements, what resources can be provided that help successfully maintain placements?
- Make it easier for families to act as resource parents or to assist in other ways.
 - Provide assistance for families that want to step up to help care for children but face bureaucratic barriers such as not having a driver's license or being undocumented. An example was given of one family who wanted to foster the children of a father who was arrested and whose children have nowhere else to go, but have been unable to due to similar issues.
 - Bureaucracy also gets in the way of bio parents (or step-parents) being reunited with their children. When a parent needs to jump through numerous hoops due to issues in their past, the process can take so long there's a danger of the child being placed elsewhere in the interim.

- If resource parents have a good experience of fostering, they need to share their stories with others who are considering doing so—this will aid in recruiting more resource families. Also note that not everyone can be a foster parent, but there’s a lot of other things that can be done in support—providing them with a meal or a gift card, for example. In this way, we can all be a resource supporting county and agency workers as well as families.
- It would also be useful to meet with resource parents to learn from them what their support needs are.
- Children in foster situations need more resources than they are provided. One foster parent told the story of a teen now in their care, who previously was in a group home with other 15-17 year-olds. The youth in that home aren’t provided with meals, just given shelter and a \$60 Safeway card each week, which is insufficient. This is a tremendous disservice to these kids, setting them up to fail.

Preferred Engagement Methods

- Follow-through is crucial. Continue to meet with the community and demonstrate that changes are being made.
- Keep this conversation alive. The more we talk, the more likely it is that changes will happen—and making change involves all of us, not just the department.
 - It may require meeting monthly, although it may not require facilitation every time.
 - Provide forums like this at different times to make them more accessible—during the daytime, evening and on weekends.
- Provide online forums for feedback and discussion. Start a social media group or platform.
- A lot of the changes and improvements that can be made are system-level, but identify and advertise what resource parents and other community members can do to help. One example would be cooking meals a few times weekly for foster children, especially those trying to feed themselves on the inadequate \$60 per week that is provided.
- Question: now that you’ve heard all of this, who receives the information and what do they do with it?
 - When this feedback is presented to those who have authority to make changes, it would help for them to hear directly from those who’ve had first-hand experience—for instance, those children who only receive \$60 a week. It’s helped us to hear others’ stories as well.

II. South County Community Forum

The South County Community Forum was held on January 29, 2020 from 7:00-8:00 p.m. at the Social Service Agency offices, 7933 Wren Avenue in Gilroy. It was attended by 16 community members, in addition to DFCS staff. Participants included foster, adoptive, resource and biological parents; court-appointed and volunteer child advocates; and social workers and other staff members and volunteers from a variety of County departments and programs. Participants characterized their goals for the session as follows:

- Advocating for things that are important

- Learning, getting ideas, and helping support the community voice being heard
- Learning more about what I can do to support my family and how I can help empower them to share their voice
- As a brand-new first-time foster parent, hoping to get a better understanding of the process and how to help the kids better deal with issues.
- Staff members:
 - Hearing from other social workers
 - As a placement and family finding program manager, here to absorb the feedback given.
 - As a department director, understanding gaps, what we're doing well, and what can be done better
 - Learning how foster kids can be better supported and mental health services continued for them
 - Advising and learning how we can best serve families

Feedback received at the South County Forum regarding each element of the Continuum of Care and preferred engagement methods is summarized below.

Prevention and Early Intervention

- The system needs to do a better job of keeping up with foster families and getting accurate information on how well the children are doing. Sometimes foster families report that everything is going well, when in fact there are issues remaining. That means children who were improving and on the right path are returned to their bio parents, the system forgets about them, then they're removed again when issues resurface. It's unfair to them. Support children in care with check-ins or returning to confirm that they're on the right path, and support families in communicating that something's still wrong.
- Parents who've had children taken away don't get a lot of compassion, which impacts their ability to start on the right path and remain hopeful. It's difficult but necessary to be nice to people who've hurt children—they probably have been hurt in the same way. Acting compassionately toward birth parents helps both them and their children, because when children see their parents, whom they love, mistreated it affects them too.
 - Parents feel they're being treated like criminals—which is often the case, but they still need to feel supported. On top of being beaten down, while going through a difficult time, they're made to feel worthless. They need to be given encouragement and helped to feel that the social worker is on their side. It's a matter of the tone that's taken. The starting point needs to be the message "we're going to help you."
- It's crucial for foster parents to forge a good relationship with bio parents, especially with long-term placements, but it can be difficult. Often the bio parents feel that the foster parents are against them—they need to understand that the foster parents are helping them.
 - This can be even more difficult when the foster parents are related to the bio parents. One participant had been estranged from her brother and they'd only

- recently reconnected when his children were taken. She received a phone call and was asked to come get the kids. Her first chance to talk with her brother was at court, and he blew up at her. It would have been better if they'd been able to talk prior to going to court and establish some clear communication.
- Making and maintaining some kind of contact with the bio parents is key, although the best method varies. Foster parents in the group described different methods that have worked for them.
 - One insists on meeting the parents and asking them what she needs to know to take care of their kids—it makes a huge difference to them.
 - Another was faced with a bio mom who was strongly hostile. At the beginning, the mother wouldn't even make eye contact, and at one point submitted a false report of abuse. The foster parent began to write a letter in a notebook, explaining that she wasn't here to take the children permanently, but to ensure everyone was safe. She and the bio mother passed the book back and forth for six-eight months, and the last time they met, at a care meeting, they talked for two hours and the bio mother actually asked for a hug. She suggested it be mandated that a letter is written for every placement. However, that might not work for everyone—some bio parents prefer direct contact.

Assessment

- Participants posed several questions about intake and assessment processes:
 - You discussed the closure of the RAIC. Is everything else in the system operating the same as before?
 - How can you truly complete all the necessary assessments for a child in only six hours sufficiently to identify a good placement for them? Given that they're freshly traumatized, will they even show their true colors? And is the short timeframe responsible for an apparent increase in failed placements?
 - If these are only initial assessments, then how are subsequent assessments done at the foster home? And are those in-home assessments happening? What triggers them?
 - Is there a process for a foster parent to request assessments or screening?
 - Are these subsequent screenings, such as the KDA screening, different from the initial screening?
- One participant commented that they attended a placement worker meeting and got the sense that ER workers often do the initial assessments.
- More can be done to ease the transition, including providing more information about the child, better training for the foster parents, and forging a supportive relationship with providers.
 - The amount of information received about the child diminishes as it moves down the chain. The ER worker who receives the child learns a lot about why the child is there, the social worker learns a little of that, but the foster parent only gets a thimbleful. An extreme example of this was expecting to receive a girl and getting a boy instead. It would be ideal for the foster parent to get much more information so they've some sense of what to expect and what services are needed. At minimum, what situation they're coming out of and how many siblings they have. Avoid having

to pry information out of the children themselves. During that initial intake and assessment, collect a small summary of basic information about a child that can be provided to the foster parent.

- In foster parent training, increase the focus on appropriate ways to help the child be comfortable at initial placement, and also on how a foster parent can document observations about the child that aren't immediately apparent but must be considered in subsequent assessments. For example, a foster parent will quickly learn what a child's triggers are.
- Also, help parents understand what they can do when they see that a placement isn't working or different services are needed. The child's true nature can be covered up by the trauma they've experienced, and doesn't necessarily emerge until after the "honeymoon" period, when they've been in the placement for a few months. There's a danger during this time gap, when anyone can put in a complaint call, and it's traumatizing to both the foster child and the family, including the bio children.
- In addition to adequate assessments, services need to be accessed in a timely manner. That's often impossible—it can take up to a year to get mental health services, for instance, and then they may not receive them for long enough. Because the standards in Santa Clara County are low, children are "graduated" after six months of mental health care—it looks good on paper, but those children aren't healing.
 - Speaking as a provider, when it takes many months to be fully engaged and working with a child—how can we help support the children through that time? How can we partner with parents to lessen the trauma of transition between providers for the child, and help keep the door open for children to receive support even after they are required to move on? And what can we do to remove that barrier? These artificial boundaries prevent healing, and we want to keep helping a child, but at the same time must honor our contracts.

Permanency

- There are a lot of challenges with visitation:
 - Sometimes there's a long wait before visitation can even begin due to a lack of enough social workers for supervision. This makes the case drag on for a longer period. Then once visitation starts, you're playing catchup, with as many as three-four visits a week.
 - There's no flexibility in the timing of visits. Both bio and foster parents struggle to arrange time and transportation for visits, especially when there are multiple visits a week. The timing has to work for all parties—check with both sets of parents before scheduling.
 - Numerous visits a week are also hard on the children. If they have school all day, then visits, then therapy, it's impossible for them to have a normal life.
 - It impacts the foster family as well. Frequently, a foster parent must bring all their children along with them because they don't have childcare. And activities with all their children are affected by the visit schedule.
 - Suggestion: set up one day for a much longer visit in lieu of multiple visits.

- When the bio parent doesn't show up for a visit, the children are really upset. There should be someone they can talk to, receive reassurance that we'll try again, so the child doesn't feel rejected.
- If caregivers can't take a child to a visit due to work schedules or conflicting appointments, they feel that they're not meeting the department's expectations—in fact, they're not, because they can't, and are told by the social workers that they're not living up to their agreement. A one-stop shop should be set up so that everything—visitation, applying for services, therapy, classes, etc., as well as childcare—is available in one place, such as the Social Services complex on Julian.

Supportive Services

- The one-stop shop would be particularly supportive to first-time foster parents, who are still lost and confused. They are learning what they can from other parents and their social workers, but it's often incomplete or conflicting. It would be helpful to have one place where they can get the right answers.
- Expand the respite program to help foster parents attend appointments or get a break.
 - Extend childcare available through respite to all children in a foster home. When a parent must attend multiple appointments for their foster child, they need childcare for their bio children too.
 - The respite program lacks capacity to serve everyone, and often you don't get a response when calling—they get back to you several days later, when the need has passed.
 - Often, the requirements for approving a relative or acquaintance for respite childcare are too onerous. It would be helpful if they could use providers such as ChildPark or drop-in childcare, especially for appointments that are suddenly set at the last minute. Providing childcare at a one-stop shop would be great.
 - Foster parents need clearer guidance on what is acceptable in terms of respite childcare for their foster children. Different social workers have different interpretations—one may say the childcare provider needs to be fingerprinted, another that it's okay for the day but not overnight, and a third that whatever the parent feels is safe is fine. One central source of information, with the rules in writing, is needed.
 - Some thought that posting the rules on a website would work well, but others disagreed.
 - Foster parents are referred to Resource and Advocacy Support Services (RASS) for this information, but the current staff doesn't know the rules. RASS was originally intended to be staffed by foster parents or former foster children with experience in the system, but the staff has changed and there are currently only one or two who know much about foster care. They are supposed to provide information, help with respite, and hold the cards for respite payment, but are unable to do so, leaving new foster parents with no one to turn to. The support team itself needs support.
 - Experienced foster parents aren't even consulting RASS any longer, but what they know may not be correct. Parent mentor or navigator programs exist, but

currently things are enough of a shamble that many mentors don't feel they know what to tell people.

- Foster parents are not getting the support they need due to there not being enough staff, and therefore those who exist being overworked.
 - One foster parent of three teenagers has been working with a social worker for almost eight months has Medi-Cal coverage, and presents the paperwork at each clinic appointment. But the documentation keeps getting lost somewhere in the process.
- Caring for bio children along with foster children can be challenging. New studies of bio children in foster families recently underway show that they suffer the same trauma and issues as foster children, as well as getting somewhat ignored in favor of the foster children whose needs appear more urgent, but there are no resources provided for them. It's sometimes impossible to get services such as therapy for a bio child—it's not covered by Medi-Cal and there may be no appropriate providers accessible through the parent's health insurance.

Placement Services

- Improvements must be made to foster parent training:
 - During training, foster parents need to be given the option of asking questions and demystifying things for themselves—this isn't always provided.
 - New foster parents need to be prepared for what happens when reports are made. One parent's foster children were in six different homes prior to coming to them—parents in the prior placements reacted to reports being made by opting out. They're the first family to see it through. It's necessary to check on the truth of a report in order to protect the children, but it's scary and disturbing to have a police officer knock on your door. They need to know that these things happen and how to get through it, and that if unjustified, the report won't create a permanent stain on their record.
- Communication with social workers is crucial in getting a child the services and supports they need. Ensure that calls are returned, or at very least a simple email sent in a timely fashion will help stabilize a placement (or interrupt it, if necessary).
 - If foster parents had more rights to acquire needed credential such as a Medi-Cal card, or make calls to service providers without waiting for the social worker to have time—and support from the social worker in doing so—it would save much time and frustration, and also help support the social workers.
 - Have a system where parents can take the initiative to access services if they want to, but those who don't wish to or aren't able to do it themselves receive support.
 - One parent had her child's school reach out to her and provide papers to sign to get services for the child—but issues arose with having done this independent of the social worker and the services stopped. It would be great to be able to support children in a school setting without stepping over boundaries.
 - Agreed that it would be ideal for schools to be able to help directly initiate support. These children are already being stigmatized and teased for being foster children. There are already people in place at schools who can provide support, and it helps normalize it for the kids.

- Also, Medi-Cal may not be available—parents need support to learn about alternative options.
- Can administrative support be provided to help with things such as Medi-Cal application paperwork, so that social workers are freed up to spend meaningful time with the parents?
- Some parents have been conditioned not to contact their social worker, so that things fall through the cracks. This can lead to foster parents giving up and putting in their notices.
- Out-of-county placements are a major issue because County-contracted providers can't support those. The agency does what it can to work with other counties, but it's not always possible to provide services. Even when the contractors in question work in both counties, they are limited by separate contract requirements.

Preferred Engagement Methods

- Meetings like this are great for hearing stories of other's experiences. As a first-time foster parent, it helps me feel more positive.
- In-person conversations work well, but an online forum would get more people involved by allowing them to participate in the time they have—especially parents who are constantly interrupted by children.
- Suggest that even with an online forum, the department return to the practice of holding mandatory annual in-person meetings to provide updates. They can hold multiple meetings at various times within a period of a few weeks, so everyone receives the same information. Discussion works better in person—it's why training is less effective online, and the same goes for community information-sharing and feedback.
- Participants had questions and suggestions about these sessions and the process moving forward:
 - When can they get a copy of the summary notes from these Community Forums?
 - Was the feedback received at the previous forum similar to this one?
 - Will you combine feedback from the two forums or summarize each separately?
 - Where does the information go?
 - What are the next steps?
 - Can some of this feedback be incorporated into other things being planned by the advisory groups, the QPI work group, etc.?
 - Suggest that volunteers can help continue this process and move these initiatives forward.