

**ALAMEDA COUNTY CHILDREN'S ASSESSMENT CENTER:
A NURTURING ALTERNATIVE TO COUNTY-OPERATED SHELTERS**

Laura Martell*

EXECUTIVE SUMMARY

BACKGROUND

The Alameda County Children's Assessment Center serves dependents of the Juvenile Dependency Court, ages 0-18 years old. The Center provides immediate care, supervision and screening services in a warm, nurturing environment. The Center is operated as a 23 hour care center; it closes each day for one hour.

My internship at the facility enabled me to gain an understanding of the services provided, and insight into how this model might work in San Mateo County. I was able to see the children enter emotionally distraught, and within a few hours become composed and functioning at a much higher level than at their time of arrival.

FINDINGS

Alameda's Assessment Center is built on the same principles as the Family to Family Initiative. The intent of the Center is to maintain positive structures in the child's life like school, social and recreational activities, therapy, siblings and other relatives.

The Center is a collaborative effort in all respects. Child care is provided by a non-profit agency contracted by Children and Family Services (CFS), and other partners have Memorandums of Understanding in place to provide staffing and ancillary services.

**CONCLUSION AND RECOMMENDATIONS
FOR SAN MATEO COUNTY**

In my observation of the Center, I found the team extremely committed to the children and the program. I believe that is one of the many reasons the center is successful. It is changing the way Alameda's CFS and its partners are doing business. I also had the opportunity to meet with and listen to some of the resource parents. They had many complaints regarding the system in general, but their comments on the center were primarily positive. The Center has been well received by the community.

In my exploration of San Mateo's resources, I found that children below the age of 12 are referred directly into community shelter care programs. If we were to consider a 23 hour facility it would have far reaching impact on all of CFS and its partners' service provision.

My recommendations are as follows:

- Compile an impact study considerate of all disciplines that may be affected by a change in our current shelter system.
- Establish current operational costs for the receiving home and determine costs as well as best practices for SMC.
- Review services and utilization rates at the receiving home and ascertain the children's and the community's needs.

*Laura Martell is the Planning Supervisor for the County of San Mateo Human Services Agency.

- Review staffing at all sites and assess staff training needs.
- Develop a higher level of service integration between the Juvenile Assessment Center and Tower House.

ALAMEDA COUNTY CHILDREN'S ASSESSMENT CENTER: A NURTURING ALTERNATIVE TO COUNTY-OPERATED SHELTERS

Laura Martell

INTRODUCTION

When a child has been removed from his/her home for abuse or neglect, it can be devastating for both the child and the family, even if the removal is only for a short time. Alameda County has long-standing expertise in transitioning children from their homes into emergency placements and relative caregiver homes.

The Alameda County Children's Assessment Center exclusively serves dependents of the Alameda Juvenile Dependency Court, and is considering expansion to non-violent juvenile offenders.

The Alameda Assessment Center provides a supportive, child friendly atmosphere where children can be brought and supervised while thoughtful placements, including relative placement options are researched. The Center is a collaborative effort whose partners include: Social Services, Behavioral Health, Public Health, Kairos Unlimited (a contracted agency), Alameda County Sheriff Police Jurisdictions and various other county medical providers.

The Center provides immediate care and screening services in a warm, nurturing environment, allowing the children time to regain composure and understand what is happening. The placement worker has time to evaluate each situation, and arrive at the best available placement for each child.

The Center offers medical and dental screening, mental health screening, comprehensive placement services, developmentally appropriate child care,

access to comfort foods, and a clothes closet.

I met with various staff from both San Mateo and Alameda counties gathering basic information and observing the operation and administration. It is my intention to provide an analytical comparison of San Mateo County and Alameda County's immediate and emergency foster care systems and determine recommendations for San Mateo County.

BACKGROUND AND DEVELOPMENT

In 1991, Alameda County Social Services Agency closed the doors of its receiving homes, and the discussion of an assessment center began at that time. In September 2000, Alameda County began its own initiative, Protecting Alameda County's Children (PACC). This initiative was a result of a state audit, in which the county was found non-compliant. Services were not being provided in a timely manner. Placements were driven by available resources rather than children's needs. Children were failing in their placements and there was an extremely high rate of placement moves.

The county hired a consultant to support and develop a corrective action plan associated with Division 31 compliance and strategies for better service provision and integration. An Assessment Center steering committee and numerous sub-committees of PACC Committee members, department heads and community stakeholders were convened. The groups discussed and researched thoughts and ideas to correct the timeliness of case planning and placement.

In the Child Welfare System, there are two approaches to creating an effective assessment environment. The first, and most common, is the 24-hour county shelter. The second and newest alternative is the assessment center, a new approach in the child welfare system, which provides a safe environment away from the scene of abuse. There were a number of issues taken into consideration when determining what type of service would be the most appropriate to meet Alameda's goals.

The committees met and reviewed best practice models and issues affecting the child welfare system nationwide. They also discussed the county's past experiences with developing and maintaining receiving homes and how they became "dumping grounds" where children had prolonged stays with few services in place for them.

Alameda County made the decision to provide services through an assessment center, where children would have access to multiple service systems in a central location, and the whole placement process would be better controlled. The assessment center model helps to provide timely case plans and service integration as the staff triages each child and provides an initial case plan. The children's needs are then evaluated and the shift from resource to child-driven placement needs takes place over time.

The goals and objectives of the new Center were developed. The idea and plan were accepted, and the California Endowment funded the first year of operating costs.

CREATING THE CENTER

Goals and Objectives

Broad based goals were developed by the steering committee to address the needs of both the children and system. The goals are as follows:

1. "All Alameda County Children who are being removed from their family or from foster home due to abuse and/or neglect will have access to health and mental health assessment, basic health care, and follow-up services as needed."
2. "All of these children will receive support and nurturing care prior to placement, thereby improving their emotional and behavioral functioning and their adjustment to the foster home."
3. "Implementation of a non-residential assessment center will model best practices in the field and will be carefully evaluated and the findings will be disseminated to other counties that are struggling to find appropriate solutions to serving this population of children in a sophisticated and humane manner."

Planning

Alameda convened a task force of stakeholders which was divided into five groups:

- Health Care
- Mental Health and Substance Abuse
- Child Care and Requests for Proposals
- Juvenile Probation
- Social Services

These groups reported back to the oversight committee. The groups were responsible for developing intra-agency and interagency policies, as well as

protocols for intake, assessment, placement, interviewing, and many of the other activities at the Center.

The PACC committee provided the policy-level review for the Center design and assisted in securing resources to make the center a reality. The PACC Committee was also responsible for ensuring that the plan was accepted by the Board of Supervisors and that the various public agencies contributed the resources necessary to implement and sustain the center.

PROGRAM OPERATIONS

Process and Procedures

The Alameda County Children's Assessment Center is open seven days a week, 23 hours a day (closed from 1:00pm-2:00pm daily). Youth from newborn to age 18 years old are accepted into the center. The Center has the capacity to receive and care for up to ten children at any one time. Staffing is maintained through flexible scheduling allowing for a 1:3 ratio.

Upon entering the Center children are offered the opportunity to bathe and otherwise care for personal needs. The Center also provides comfort food and simple meals for hungry children.

Intake and Assessment

Each child must be screened for eligibility and registered over the telephone with child welfare staff, prior to being admitted to the center. Once registered either the police or a child welfare worker (or both) may transport a child to the center. If the police transport a child directly to the center, a child welfare worker will meet with police to con-

duct a joint interview. Children being released from Psychiatric or Juvenile detention holds are not appropriate referrals.

Children are screened and assessed for physical, mental and behavioral health needs. This is completed through a variety of tools and discussion/observation in areas such as placement need, medical, dental and medication needs, dietary needs, and mental health conditions. A behavioral health screening is also completed during the child's stay.

Children who have been physically or sexually abused are taken to the age-appropriate medical facility for a forensic examination prior to admission to the Center. Children needing longer-term assessment for mental health or behavioral health issues can be referred to Seneca Center for 30-90 days in-house assessment prior to being placed in a long-term placement.

With the development of the Assessment Center, child welfare staff now has the opportunity and time to arrange for the most appropriate placement setting available for each child. Alameda County no longer provides shelter/receiving homes of any sort, although they are utilizing emergency beds through community homes. The assessment team provides communication to the placement worker in order to attain the most appropriate level of care for each individual child leaving the Center.

Meeting Children's Needs

Initial placements are primarily to emergency care in community homes. The Center helps to assess what care is the most appropriate for each child, with the intent of maintaining positive structures already developed in the child's life, like school,

social activities, therapy, physical health needs, siblings and other relatives. A package of information from the Center, documenting the child's health needs, behavioral observations, and some of the child's background, accompanies each child into placement.

Who is involved in the process?

The Center is run by a team of both community partners and the Alameda County Social Services Department. The Center is primarily staffed and managed by Kairos Unlimited, Inc, a community-based organization under contract with Alameda County. Social Services is responsible for investigation of allegations, child removal, transporting the children to the Center, making an appropriate placement, interfacing with parents and other agencies/jurisdictions, and providing a full-time nurse or equivalent. Other participants involved in the joint mission and responsibilities include: Behavioral Health Care, Health Care Services Agency, law enforcement, and medical providers, including a pharmacist.

Behavioral Health Care is responsible for ensuring that mental health assessment and intervention services are provided at the Center in accordance with best practices. They also provide case management of children requiring mental health, and funding for one full time mental health practitioner to staff the Center. Generally Behavioral Health Care will provide training to Center staff, appropriate referrals for families and children who need mental health services, as well as case management and follow-up services.

The Health Care Services Agency is responsible for providing supervision to the public health nurse, ensuring that all children have begun their health

and dental screenings, developing referral streams in the community for continuity of care, and assisting with efforts to secure and enhance health-related revenue.

The Police Jurisdictions coordinate the following services: assist in transporting children, assisting any CPS staff for security, immediately registering children by contacting the designated CPS referral number, and working with CPS to provide linkages and/or case management of comprehensive services to at-risk families.

Medical providers (hospitals, physicians, and pharmacy) will accept referrals from the Center when children are found to have acute or chronic conditions requiring medical intervention. They also provide access to prescription and over the counter medication on a 24 hour, seven day a week basis, as well as offering health information to and receiving referrals from the Center.

A steering committee made up of all the stakeholders meets monthly to deal with larger issues such as selection of quality assurance goals and objectives; use of the Center for ineligible children; program evaluation; financing operations; interagency and intra-agency coordination and articulation of services. The system is managed and coordinated by a Social Services manager who is also spearheading the Family to Family Initiative in Alameda County. The operation of this facility and on-going services is truly a working community collaborative.

LESSONS LEARNED

Thinking creatively was one of the first lessons learned from the collaborative, which they needed to do in order to receive donations from community businesses. The Center also obtained donations of

backpacks and clothing for when the children leave the Center. A nearby restaurant provides up to eight meals a day for the children.

Other lessons learned by the collaborative include:

- Involving labor unions immediately as part of the partnership.
- Making sure all staff is receiving information; include all community organizations and other agencies, such as the police.
- Involving law enforcement so that they better understand the process children go through after their departure.
- Securing on-going funding from the beginning, with a sustainability plan in place.

Successes and Challenges

Alameda County contracted with ERT Associates to provide an interim report on the foster parent view of the Assessment Center.

To document the effects of the Assessment Center on children and foster parents during the first five months of operations, phone interviews were conducted with foster parents who received children during the six months prior to and five months after the Center's opening. A total of 22 providers were identified by these criteria. Of the 22 identified, 16 (73%) were contacted for telephone interviews. The average interview time was 30 minutes, but interviews ranged from 10-90 minutes, depending on the provider.

In general, foster parents are appreciative of the Center and the services it provides, including the backpacks for the children containing appropriate clothing, a toy, and toiletries. Prior to the Center's creation children came to the foster homes with little or nothing. The children now go to the homes clean, more relaxed, and better equipped to handle

the transition. However, there were a few reported difficulties. For example, some of the children's medical conditions were missed at the Center. It was also clear that even though foster parents felt they had more information than prior to the Center opening, they wanted more information on the children's behavior and background.

It appears that the Center is operating effectively from both the agency and community perspectives. Eventually the agency hopes to place children directly into long term placement or directly into kinship care.

SAN MATEO COUNTY RESOURCES

San Mateo County (SMC) currently provides a number of different options for children either experiencing first time removal or change of placement. SMC provides two residential facilities and an assessment center.

The most recent addition of services is the Tower House Excell Readiness Center. The purpose of Tower House is to provide youth changing placements, those preparing to live independently, and those in need of a group home placement, an opportunity to transition and prepare to be successful in their next phase. Tower House is capable of housing and providing service to eight youth. It is managed under a contract with Moss Beach Homes, Inc. The primary goal of Tower House is to provide an environment of respect and integrity, courage and hope for the youth it serves. It is a place where youth can identify and develop both short-term and long-term goals and the action steps to needed to attain these goals.

Youth at Tower House are exposed to a wide variety of vocational, academic, independent living and therapeutic opportunities.

Services include, but are not limited to:

- Substance abuse services
- Mental health services
- Independent living services
- Psycho-educational programs (for both youth and families)
- Recreational activities
- Cultural activities
- Career exploration
- Parenting and foster parenting skills training.

The program is in its first year of service provision and analysis of the operation is in process.

Directly across the parking lot from Tower House is the Juvenile Assessment and Referral Center (JARC). JARC is a collaborative comprised of Children and Family Services, Health, Probation and Mental Health Services. It is the mission of JARC “to value diversity, seek truth with fairness and serve youth referred with integrity and dedication.” The JARC develops comprehensive evaluations, develops case plans, and provides case management support and advocacy for at-risk youth and their families. The youth are referred by Children and Family Services, Mental Health, and the Juvenile Justice System.

The JARC has been extremely beneficial in diverting youth from the Juvenile Justice System.

SMC also provides a traditional receiving home for children between the ages of 12 and 18 years of age. The length of stay is 30-60 days. The services provided include basic care and shelter, medical screening, psychological and psychiatric services,

educational transitioning and assessment, case planning and long-term placement search when necessary.

RECOMMENDATIONS

In reviewing the similarities and differences between SMC and Alameda County, keeping in mind the current financial climate, I have developed the following recommendations:

1. Assess the current data on client outcomes and feedback from staff at Tower House and JARC. From a systems perspective look at the successes and challenges of working as a collaborative and how the two programs might better support each other.
2. Re-evaluate the receiving home, including operational costs, services, and utilization rates in order to determine if it is cost effective and meets the needs of children served.
3. Compile an operational systems analysis of all three SMC programs. The analysis should include strengths and limitations of each program’s services, suggestions on how they might work together to provide a seamless system of care, and services that are both cost effective and best practice models.
4. When consideration is given to a 23 hour facility, compile an impact study. This study would be inclusive of all disciplines including but not limited to: HSA, Labor, Courts, District Attorney, Probation, Health, Behavioral Health, and Resource Parents.

CONCLUSION

Alameda County has been very successful in implementing a 23 hour facility. The project appears to be cost-effective and service-effective as well. As Family to Family is becoming operational, SMC will see results in its recruitment efforts and in seeking emergency care homes. This type of facility embodies the beliefs of the Human Services Agency and is a model HSA should consider. This type of Facility would work very well with respect to our agency's values, and other programs and initiatives being implemented within HSA and other county departments.

THANKS

During my internship I had the opportunity to work with the Alameda County Department of Children and Family Services, and Karios Inc. In particular I would like to thank Lori Jones, Manager of the Assessment Center for all of her time and patience.

REFERENCES

- Alameda County Assessment Center Policy and Procedures Manual.
- Memorandum of Understanding dated May 24, 2001 between the Department of Social Services, Children and Family Services and the Police Jurisdictions, Health Care Services.
- ERT Associates Evaluation Summary
- SMC Mental Health Service Agreement
- Tower House and Excell Readiness Centers Informational document