

## **HOPES AND DIRECTIONS FOR OUR YOUTH-AT-RISK: A COMPREHENSIVE ASSESSMENT TOOL TO MEET THE CHILDREN AT THEIR POINT OF NEED**

**Diane Madrigal Van Guilder\***

### **EXECUTIVE SUMMARY**

The San Mateo Juvenile Assessment Center and the Alameda Assessment Center offer services for children coming into the system for the first time. San Mateo implemented the Juvenile Assessment and Referral Center in March of 2002. It delivers a comprehensive assessment tool for first-time offenders with the collaboration of a multi-discipline team. The Alameda Assessment Center opened on August 26, 2002 to assist with the transition of displaced youth into appropriate placements. The Center provides services that include Medical and Dental screenings, Mental Health screenings, comprehensive placement service, relative placement assessments, developmentally appropriate child care, access to comfort food, clothes closet, and rest prior to placement.

Both the San Mateo and Alameda centers deliver a comprehensive assessment to determine the needs of the child. The process begins at intake with various individual assessments made by a multi-discipline team consisting of social workers, a mental health professional, public nurse, probation officer and the supervisor. The complete assessment is reviewed and when possible, incorporates the minor and the family in the development of a case plan.

My interest in the two distinct assessment centers is threefold. I was interested in:

1. The assessment tool used to identify the services to be delivered.

2. The integration, collaboration and involvement of various agencies through a multi-discipline team, with a common mission, that participates at intake to establish a case plan for the minor, which identifies needs, issues and services to best serve the minor.

3. The strength-based approach to improve the self-sufficiency of the minor and of the family.

In addition to visiting the Alameda Assessment Center in Hayward, I also interviewed Child Care Supervisor, Horace Williams, and the Program Manager for the Assessment Center, Lori Jones. She developed the proposal for the Center to address the needs identified.

I visited the San Mateo Juvenile Assessment Center and participated in their team meeting as they continued to revise and develop their assessment tool and discuss the various challenges and cases at hand. I was able to interview members of their team, including Probation Services Manager, Lance Judd and HSA Adolescent Manager Beverly Dekker-Davidson. I also interviewed Nick Honey, Section Manager for Family Youth and Children Services, Sonoma County and Raquel Oandason, Court Intake Social Worker for Court Services, Sonoma County. I reviewed daily operations, Memos of Understanding, policy manuals and other program documentation.

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For Alameda and San Mateo programs:

1. Both programs offer a comprehensive assessment tool to determine the needs of the minors coming into the system for the first time. A multi-discipline team administers this assessment. The team shares the information in order to develop a case plan for the minor. Both agencies involve the minor where applicable to develop a plan. The tool is highly crafted and specifically designed to define the needs of the target population for each program.
2. Clearly outlined in the Juvenile Assessment was to provide services not only to the minor but the parents and the siblings, recognizing the family dynamic and the potential to divert the minor and potentially other siblings from involvement with the system. The services offered are instrumental and make an impact in the families' futures. Recognizing the needs of the families and being able to provide services to these families is an investment in the community's future. The Alameda Center also sought out to place sibling groups together and by exploring relative placement options.

### IMPLICATIONS FOR SONOMA COUNTY

The children of Sonoma are not very different from Alameda or San Mateo's children. Children arrive that are new to the system as well as children who are runaways or failed placements. Various individual assessments are made by a social worker, mental health clinician and the public health nurse as well as the supervisor at intake. The information is discussed at a Multi-Disciplinary Team meeting the following week.

After visiting both centers, I felt excited over the prospects of utilizing some of their techniques at the Children's Home including:

- Development of an assessment center for children coming into the system for the first time. The center would be adjoining the current shelter or in the new facility. A dedicated wing for the center could be utilized. In the first 23 hours, we would accommodate the new children, assess them for needed services, and review placement possibilities including family placements. The children that can be placed or diverted from entering the shelter would then be placed with additional services or wrap around service being made available for them to be successful in the alternate placement. In the first week, the children would be oriented and familiarized with the process, meet the assessment team and work with them to develop a case plan.
- The center could also be used to work with the high risk teens with AWOL behavior, aging out, or failed placements. Utilizing a Family Group Conference to attain additional support and to develop and promote staying skills for these children.
- Development of a shared global assessment tool to be used by a multi-discipline team that includes mental health, intake social workers, VOMCH social worker, Youth Supervisor III and a public health nurse.
- Developing an intake process that incorporates a team approach. Within the first week, the team would meet with the minor to work and develop a case-plan. The team could explain the procedure, listen to and include the child's thoughts and ideas to services and resources available. I think that this would offer a better

chance for the children at the center to know the team and to be part of the team, for their best interest.

- Utilize a Family Group Conference to strengthen the minor and the family members involved. The teens with high risk behavior, aging out and AWOL behavior would benefit most from this approach.
- Translate the case plan to the activities offered at VOMCH for their development and preparation into placement, offering :
  - a. life skills
  - b. Coping skills
  - c. Working on self-esteem
  - d. self-sufficiency
  - e. independent living skills

Most of the recommendations can be made by revising procedures, restructuring and or reorganizing.

## LESSONS LEARNED

Families with children need to receive services at the foremost opportunity. The programs implemented by counties offer education, intervention, prevention, early identification and other referrals to resources. It would benefit the family and the counties to identify the needs at the earliest onset. At whatever point the minors or the families enter the system, it is clear that there are multiple issues that need to be addressed, and services that need to be offered, in order to help the family re-stabilize. The integration of services and the availability of resources allow for the agencies to introduce the families to care. The sooner the problems are identified, the sooner the opportunity exists to decrease these families' problems in the future.

The community and other agencies need to be more involved in the planning stages. An information specialist could keep the community aware of the program mission and the needs that it will be meeting.

With the challenge of various budget cuts and program and staff reductions, many of the opportunities to identify, prevent or intervene for a family in crisis may be greatly diminished. We may see an increase in children being removed from their homes. An assessment center may offer the key to consolidate some of the services in one location, at a lower cost and very specific to the needs of the family, minor and the county.

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Children coming into the Child Welfare System or the Juvenile Justice System undergo an assessment process to determine what type of services they will receive. Although each agency deals with a different population, the different types of services they will receive are determined as a result of an assessment process. This report is an observation of the Juvenile Justice Assessment Center of San Mateo and the Alameda Assessment Center.

My interest in the two distinct assessment centers is threefold. I was interested in:

1. The assessment tool used to identify the services to be delivered.
2. The integration, collaboration and involvement of various agencies through a multi-discipline team, with a common mission, that participates at intake to establish a case plan for the minor, which identifies needs, issues and services to best serve the minor.
3. The strength based approach to improve the self-sufficiency of the minor and of the family.

### **SAN MATEO COUNTY**

#### **Background**

Over three years ago, San Mateo County recognized the need to improve their county-wide management of Adolescent Services, addressing adolescent issues during dependency and after exit from the foster care system. The state mandated inclusion of the Federal Chafee Foster Care Independence Act

of 1999 geared the focus of services to emphasize employment skills and job readiness, health, independent living skills, computer literacy and survival skills for foster care youth. This ever increasing collaboration of youth service agencies set in motion an opportunity to develop programs to meet those needs using a strength-based approach toward self-sufficiency, building on the positive attributes and skills that support the client. Identifying the areas of strength versus a focus on barriers helps successful development. As Beverly Dekker –Davidson wrote, “They are all our kids”.<sup>1</sup>

San Mateo realized early on that with the growing number of children entering the Juvenile Justice System they needed to look at new ways to make a difference for these children. With the development of the Juvenile Assessment Center, they incorporated a strength-based approach that offers intervention and prevention at the least restrictive placement of the minor. This approach is the foundation for the model developed that offers services, addressing the needs and possibly preventing, decreasing or diverting the rate of minors entering the Juvenile Justice system and/or re-offending.

The San Mateo County Probation Department and the San Mateo County Human Services Agency, Children and Family Services Division (HAS) in collaboration with Mental Health and the Health

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<sup>1</sup> “Creating supported integrated services for adolescents in Santa Cruz County: Executive Summary” (BASSC 2002 Participant Case Studies) listed as a recommendation to her own County of San Mateo; creating an assessment center for adolescents entering the Juvenile Justice System for the first time.

Department implemented, manage, maintain and operate the assessment center.

This collaborative was also represented in a committee to develop an assessment tool to meet the mission's goals. Beverly Dekker-Davidson chaired the committee. Ursula Bischoff, Research Manager and Laura Martel, Research Planning, Toni Demarco, Mental Health Manager, Janet Chaikind M.D., Health Department, and Lance Judd, Probation Services Manager, participated in the research and development. Sample assessment models were gathered from Colorado, Kansas, Michigan, and Florida. Local models from California were also reviewed.

The team met with the sole purpose of developing a unique assessment tool for the center. After much thought, deliberation and research, a model for the assessment tool began to emerge. It allowed flexibility to review, refine and revise as the team began this new process.

Probation Services Manager, Lance Judd is very enthusiastic regarding the program concept and its development. He was allowed to hand pick the staff for their ability and commitment to the mission. Every member of the team is ideal for the position and plays an integral role in the success of the program.

### **San Mateo's Juvenile Assessment and Referral Center**

The Juvenile Assessment and Referral Center opened in March of 2002. The Mission of the Center is:

- To make more timely detention decisions balancing community safety with the mandate of arriving at the least restrictive placement of the minor.

- To make better intake decisions by having access to a child's delinquent mental health and social services history.
- To provide earlier community intervention and broad based services to at risk youth and their families.
- To develop better treatment plans through the use of proven assessment tool.
- To support family unification by reducing the number of minors in juvenile hall and long term placement.
- To provide comprehensive recommendations to the Juvenile Court.

The Center staff includes two Clinical Assessors, four Community Workers, three Probation Officers, and two support staff. The community workers and group supervisor assist the youth and families in carrying out all aspects of the case plan, including transportation; follow-up; referrals to access service based programs (recreational, creative arts, etc.); assisting families in obtaining resources; tracking compliance with the contract; and providing outreach and education. Medical expertise and consultation is provided through the Health Department.

The program is jointly supervised and managed by HAS Adolescent Services Manager, Beverly Dekker-Davidson, Mental Health Manager, Toni DiMarco, Probation Manager, Lance Judd, and Dr. Janet Chaikind from the Health Department.

The Assessment Center is located adjacent to the Juvenile hall. It is open from 12:00 noon to 11:00 p.m. six days a week, Sunday through Friday. It is closed on Saturdays.

The Center delivers a comprehensive screening assessment for all newly arrested youths, between the ages of 11-17 coming into or at risk of coming

into the system. Once the minor is arrested, the minor is brought to Juvenile hall to a special holding area. The assessment team reviews the Juvenile Contact Report for reasonable cause and eligibility and discusses the circumstance of the arrest with the officer. The Probation Officer and Clinical Therapist Team assess the minor to determine if the minor is suitable for release. Once that is determined, the minor and the parents are interviewed with the collaboration of a multi discipline team-utilizing cross over teams to assess, deliver and monitor needs and services.

As a result of a complete assessment that identifies direct and indirect needs for this family, various opportunities and services are made available to the minor, parents and siblings. The family and the minor participate in the development of a case plan.

With hopes of diverting this minor from a future in the Juvenile Justice System, the family and the minor enter into an informal diversion contract. The contract clearly outlines behavioral expectations, timelines and treatment opportunities. The minor will still have a court hearing; however, the outcome may be dependent on his/her compliance with the informal probation contract. Community workers monitor compliance, address educational needs and facilitate the family's access to resources. The Assessment Center also handles high-risk minors who are referred out of custody by police agencies. Minors who are 14 years or older, who have committed a 707(b) offense, any minors who have used a firearm in the commission of or attempted commission of a felony, or any minors arrested on a warrant, are not eligible for the program.

The case plan is incorporated into an informal contract that can include:

- School and employment needs: life management skills,
- Family needs: parenting, anger management, gang education,
- Mental health needs: family counseling,
- Substance abuse treatment needs: alcohol and drug evaluations, testing, outpatient treatment programs, participation in AA/NA meetings,
- Community and victim restoration needs: restitution/repayment plans, apology letter, community service hours, participation in the Victim/Offender Mediation Program.

### **Program Outcomes**

At the end of its first year, the Juvenile Assessment Center has worked with over 400 juvenile "First Time" offenders. Their goal was to provide services to 530 youth in the first twelve months including follow-up. This deserves recognition and applause for the hard work put in by the team to make a difference in how the needs and the futures of these minors are being addressed.

The Juvenile Assessment Center is funded under the Crime Prevention Act of 2000 for the amount of \$2.3 million. It is the groundwork for the future Youth Services at Hillcrest, which is planned to serve the needs of all at-risk families in San Mateo involved in the Juvenile Court System. The long-term goal is to assess all youth coming into the system including dependents and wards, in and out of custody, as well as youths referred by other agencies, and to offer this therapeutic and strength-based approach rather than incarceration alone.

Probation Services Manager, Lance Judd identifies the opportunity to divert kids into treatment prior to arraignment as a great success in terms of rehabilitation. It is more favorable than at the time of dis-

position. He further sees an opportunity to advocate for these children's needs, i.e. obtaining a much needed IEP to help stabilize the minor's educational and behavioral problems, as a blessing for the parent who may have been struggling for years. One parent, who participated begrudgingly at first, is now an advocate for other parents. Breaking through these barriers and having parent participants come back to advocate for other parents is a true example of the success of this program.

### **Barriers**

Some of the greatest challenges facing the program include the buy-in from police agencies and communities. Although some police officers do believe in the program, there are still those that feel that the minor is getting away with a crime. Overall, much work is still needed in gaining recognition, community awareness, and agency participation. At the close of its first year, the public is beginning to see the value of the approach of this unique team.

The second biggest barrier is the law itself. While the concept of the center may eventually revise how the Juvenile Justice System does business, the law needs to adapt to these opportunities. By revising more restrictive Welfare Institution Codes and offering flexibility in a case by case basis, the team would be able to divert more minors versus the decision to be made by the District Attorney.

Finding resources for the families is another challenging barrier. As the second year begins, one of the goals is to inform the community of the benefits and advantages of the program. The team is constantly seeking community resources. As more exposure to the community occurs, untapped resources may present themselves.

### **Findings & Recommendations**

Some of the lessons learned include the vital importance of participation and communication by all agencies and players involved in the development of the program. It is essential to have the team's input in the development process; also, the open discussions that allow different disciplines to explore appropriate interventions and continued program development is a strength for the team.

### **Challenges:**

1. Need more reserve/support staff; currently there is only one Child Protective Service worker. If she goes on vacation there is no one to fill in for her.

#### **Recommendations:**

- Cross train several workers to the Assessment Center as reserve for scheduled and unscheduled time off.
  - Develop a plan to accommodate and address lay-off, transfers, and retirement prior to the event. This would prevent a lapse in service or representation of the departments and undue delay or interruption of service.
2. Lack of buy in by several police agencies  
**Recommendations:**
    - Solicit the support of the Police Chiefs Association. They can appoint a representative acting as the liaison for that agency. They will be responsible for the education about the center's services.
    - A report with the service outcomes for the first year could also be made available for review.
  3. Lack of community awareness and need for more community resources. The program is continual-

ly working to identify other resources than can be provided to the families and the minors.

Recommendation:

- Hire a person dedicated to community outreach and awareness to present the program to community, police and other agencies. The community awareness / outreach person could dedicate their time to exploring the community resources.

4. The program addresses the current needs. There is no committee in place to develop and incorporate the coming changes in the team, numbers or transition once the new facility is built.

Recommendation:

- Develop a Steering Committee that could translate the vision to practical, adaptable program function and prepare for future development.

5. Sharing of information- there is still a problem with confidentiality and sharing of information within the multiple agencies.

Recommendation:

- Develop an integrated case management system allowing accessible information from all agencies involved and included through a Memo of Understanding, a special form mandated by the court for accessibility to records, program plans, and a voluntary release for parent histories. The teams are permitted to share information for the purpose of ensuring the provision of appropriate health, educational, substance abuse social and other services. (Alameda County participated with other counties in the Service Team Pilot Project in 1999, through Assembly Bill 1518 to develop an integrated case management system for the delivery of services to Cal Work's recipients.)

6. Budget cuts that will impact preventive support services will likely increase the number of cases supervised by probation officers. There is an expected 20% increase as a whole.

Recommendation:

- Combine and/or absorb services where possible.

## ALAMEDA COUNTY

### Background

The Alameda County operated shelter closed in 1991. There were 5-6 non-county receiving homes accommodating the in-flow and out-flow of children at a flat rate per month. Children stayed 7-10 days, sometimes 30 days, until a more permanent placement could be found. It was not uncommon for children to be moved several times between non-county receiving homes.

For over nine years social workers dealt exclusively with foster care homes and group homes to provide placements for children. The placements were very transitional. It was uncertain when, if and who had openings, let alone finding a suitable match, especially in the middle of the night. It left a need to develop some sort of screening and placement center. Discussions began informally.

Around the year 2000, several situations occurred that prompted Alameda to develop the ideas and discussions for an assessment center on a more formal basis and seek fruition. Protecting Alameda County Children (PACC) was formed. A state audit confirmed the need to address the issues as identified in these discussions. Department heads and agencies participated in open forums to discuss ways to improve service delivery to children. Chet Hewitt, Director, Alameda County Social Services



Agency, spearheaded and formed committees and subcommittees to investigate and address the issues. Lori Jones was hired as a consultant to provide a correction plan and bring the County into compliance with Division 31. She developed the proposal for the Assessment Center.

Social Services Agency, Department of Children and Family, Health Care Services Agency, Department of Behavioral Health Care, Department of Public Health, in collaboration with Kairos Unlimited, Inc., Alameda County Sheriff and Police Jurisdictions and various Alameda County Medical Providers, established the Alameda Assessment Center. The policy and procedure manual was developed containing the interagency agreements and Memos of Understanding for the various agencies.

### **The Alameda Assessment Center**

The Alameda Assessment Center opened on August 26, 2002 to assist the transition of displaced youth into appropriate placements. The Center provides services that include medical and dental screenings, mental health screenings, comprehensive placement service, relative placement assessments, developmentally appropriate child care, access to comfort food, clothes closet, and rest prior to placement.

Their mission is to:

- Provide a supportive, child friendly place where children can be brought and looked after safely while more thoughtful placements are researched, including assessment of relative placement options.
- Allow qualified staff to provide timely crisis intervention services to lessen the trauma of removal.

- Initiate basic physical health and mental health screening with appropriate linkages and referrals.
- Provide an orientation and introduction about what they may expect.

The Center is open 23 hours a day, seven days a week. They are closed from 1:00 p.m. to 2:00 p.m. Children who are at the center between 1-2:00 p.m. are taken for recreational therapy.

Only new referrals for abuse and neglect between the ages of newborn to age 18 are accepted. Regardless of whether the abuse or neglect occurred while the child was in the family home, relative/kin home, FFA or a group home, the child comes to the Assessment Center.

A child welfare worker or a police officer will call to register the child. They will give the Center vital information including conditions of removal, medical needs, observed behavior. The Center will then determine if the child meets the criteria of the center. Once that is established the worker or the officer will transport the child to the Center.

Children not meeting the Center's criteria:

- Children who have failed placement
- AWOL
- Arrested for a crime or status offense
- Children being released from juvenile hall (booked or not)
- Youth released from psychiatric hospitals or from 5150 assessments and not admitted
- Wards of the court under Sections 601/602 of the Welfare and Institutions Code (There are four beds available in a few undisclosed group homes for high-end 601/602's. They can take short-term 72 hour stays.)

There are 53 group homes with 750 kids. There are 4835 kids in foster care homes, 12-1300 FFAS, and 290 county foster care homes.

**Program Outcomes**

From August 2002 to the time of this report, the Center has received 882 new cases.

August	12
September	57
October	119
November	87
December	77
January	136
February	144
March	142
April	108
Totals to date	882

The total number of cases is lower than initially anticipated due to the work of ARS (Another Road to Safety), a community-based model that diverts low risk referrals to community based service organizations. ARS began their program at around the same time as the Assessment Center, and their early intervention has diverted an unknown amount of children from entering the system.

Still, the Center remains under utilized and therefore a plan for expansion has begun. The extended services include the change of placement children. Currently, when a Change of Placement minor comes to the Assessment Center, a social worker is with them until they are placed.

With the proposed expansion plan, the Center would accommodate AWOL minors and “Change of

Placement” minors. Phase one of this implementation plan would allow for the children between the ages of 0-12 to be brought into the Center between the hours of 7 a.m.–10 a.m. and the hours of 5 p.m.–7p.m. Phase two would include children ages 0-12, brought in during the night from 5p.m.–10 a.m. Phase three would allow for children age 13 and older to be brought to the Assessment Center.

One of the successes of the program is that children appear calmer once they have been orientated and familiarized with what to expect. The manageability of the children’s needs prior to placement makes a big difference to the foster homes. Children are receiving medical and physical and mental health screenings prior to going to the placement. The children are being checked for lice and given treatment if needed.

Children often arrive at the assessment center with their belongings in trash bags. Here their clothes are laundered and the children can be given suitcases for their belongings. Foster homes are grateful that the children are not coming in the middle of the night. The 23 hours allows time to explore placements that are available to make a better match, which is better suited for the children.

Lori Jones, now Program Manager for the Alameda Assessment Center stated several successes. One involves the staff contact with kids. Providing an opportunity for staff interaction and interface with the kids allows for a better assessment to be made. Kids leave in better condition than they came in, i.e. well-rested, clean and prepared.

The California Endowment provided a grant in the amount of \$456,790.00 to establish this new program. The Center has also requested funding for the second year. Early, Periodic, Screening, Diagnosis

and Treatment (EPSDT) mechanism and the Alameda County Behavioral Health Services are being explored for funding to sustain the program once it is fully evolved and established.

## Findings and Recommendations

### Lessons learned:

- Involve direct care staff as soon as possible in planning stages.
- More information to community and agencies.
- Secure funding to sustain operations beyond implementation.
- Think creatively, outside the box for resources, such as IHOP contributing 8 meals a day.
- The work that is provided by the various agencies should appear “seamless”.
- Change of Placement - The center should handle all children including change of placement needs.

### Challenges:

1. There is only one nurse and one psychiatric social worker. They are not available on week-ends.  
**Recommendation:** Add one more nurse and a psychiatric social worker to expand hours of service and coverage on the weekends.
2. Some children from out of County enter the system while parents or family members can come to collect them. Once they are in the system, it takes longer to release them to the family members.  
**Recommendation:** Develop an out-of-county hold for children that do not formally go into our system. This would reduce the amount of time the minor is in “placement”.

3. The Assessment Center is not a residential facility. Although children are only there for 23 hours, some of the hours are late night hours that most children are sleeping. Children have gone through a traumatic time and may be exhausted. Some children may take naps. The Center offers comfortable couches and chairs.  
**Recommendation:** Provide a few rollaway beds to allow children to be able to rest during the midnight hours.
4. Continued challenges noted included the buy-in from some police, probation and hospitals.  
**Recommendations:** Hire a person dedicated to community outreach and awareness to present the program to community, police and other agencies.
5. The validity of the screenings are challenged by other departments or undermined.  
**Recommendations:**
  - Review and educate the different departments with the program and the MOU.
  - Any challenges or changes of agency recommendations should be in writing and authorized by the program director.

## CONCLUSIONS

1. Both agencies offer a comprehensive assessment tool to determine the needs of the minors coming into the system for the first time. A multi-disciplined team administers this assessment. The team shares the information in order to develop a case plan for the minor. Both agencies involve the minor where applicable to develop a plan.
2. Clearly outlined in the Juvenile Assessment was to provide services not only to the minor but the parents and the siblings, recognizing the family

dynamic and the potential to divert the minor and potentially other siblings from involvement with the system.

The Alameda Center also sought out plans for the sibling groups when possible. The Alameda Center explored and involved other family members that could intervene in this family crisis.

3. The Juvenile Assessment Center is located adjacent to Juvenile Hall. The Alameda Assessment Center is located close by for accessibility by the social workers. The teams are made up of key members of each department. This allowed for immediate input and information to the team and the exploration of avenues and options available.
4. The strength-based approach is useful in the development of the minor—to prepare them for the future whether placement, reunification or Foster-adopt.

Overall, both agencies identified the need to include staff in all areas of program development prior to implementation. Both agencies also were dealing with the buy in from community, police and key agencies that include support agency workers.

Budget cuts would definitely impact both programs that could or would cause change of practice, staff or potential restructure. It is still unknown to what extent.

### IMPLICATIONS FOR SONOMA COUNTY

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are runaways or failed placements. Various individual assessments are made by social workers, mental health workers and the public nurse, as well as the supervisor at intake. The information is discussed at a multi-discipline team meeting the following week.

After visiting both centers, I felt excited over the prospects of utilizing some of their techniques at the shelter including:

1. Developing an assessment center for children coming into the system for the first time. The center would be adjoining the current shelter or in the new facility. A dedicated wing for the center could be utilized. In the first 23 hours, we would accommodate the new children, assess them for needed services, and review placement possibilities including family placements. The children that can be placed or diverted from entering the shelter would then be placed with additional services or wrap around service available to facilitate successful in the alternate placement.
2. Using the Center to work with the high-risk teens with AWOL behavior, aging out or failed placements. Utilizing a Family Group Conference to attain additional support and to develop and promote staying skills for these children.
3. Developing a shared global assessment tool to be used by a multi-disciplined team that includes mental health, intake social workers, VOMCH

social workers, Youth Supervisor III and a public health nurse.

4. Develop an intake process that incorporates a team approach. Within the first week, the minor would meet with the team to develop a case plan. The team could explain the procedure, listen and include the child's thoughts and ideas to services and resources available. This would help establish a better relationship with the children at the Center, to know the team and to be part of the team for their best interest.
5. Utilize a Family Group Conference to strengthen the minor and the family members involved. The teens with high risk behavior, aging out and AWOL behavior would benefit most from this approach.
6. Translate the case plan to the activities offered at VOMCH for their development and preparation into placement offering including:
  - a. life skills
  - b. coping skills
  - c. working on self-esteem
  - d. self-sufficiency
  - e. independent living skills

Most of the recommendations can be made by revising procedures, restructuring and or reorganizing.

### LESSONS LEARNED

Families with children need to receive services at the foremost opportunity. The programs implemented by counties offer education, intervention, prevention, early identification and other referrals to resources. It would benefit the family and the counties to identify the needs at the earliest onset. At whatever point the minors or the families enter the

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The community and other agencies need to be more involved in the planning stages. An information specialist could keep the community aware of the program mission and the needs that it will be fulfilling.

With the challenge of various budget cuts, and program and staff reductions, many of the opportunities to identify, prevent or intervene for a family in crisis may be greatly diminished. We may see an increase in children being removed from their homes. An assessment center may offer the key to consolidate some of the services in one location, at a lower cost and very specific to the needs of the family, minor and the county.

This experience has broadened my awareness and understanding of the struggle and the mission of agencies all over the state and the nation that have genuine desire to give our kids hope and direction, not just shelter, but a plan to overcome the adversity in their lives. The Juvenile Assessment Center and the Alameda Assessment Center were staffed with motivated, dedicated and committed people, ever searching for ways to improve their system-to make a difference and a positive impact on the children.

I want to thank the Juvenile Justice Center of San Mateo, the Alameda Assessment Center, the County of Sonoma Family Youth and Children Services for

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