

**ALAMEDA COUNTY CHILDREN'S ASSESSMENT CENTER—
A NEW MODEL TO BETTER MEET CHILDREN'S NEEDS:
IMPLICATIONS FOR SANTA CLARA COUNTY**

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EXECUTIVE SUMMARY

INTRODUCTION

Children who are removed from their homes due to abuse or neglect experience a great deal of trauma as a result of the abuse or neglect incident, the removal process, and what happens after they are removed. In some counties, these children are brought to a local shelter or receiving home where they stay for several hours or days. In other counties these children stay with a social worker at the local child welfare office, at a police station, or in a county vehicle until the worker can locate an emergency foster home for the child. A more recent approach to providing temporary care for these children, while also better addressing their needs, has evolved in the form of an assessment center, where children stay for a short period to be evaluated, so that more thoughtful placements can be made on their behalf.

Alameda County is one of the counties in California that has recently adopted the assessment center approach. The Alameda County Children's Assessment Center opened in August 2002. It is a twenty three-hour a day non-residential facility that provides temporary care for children (the Center is closed daily from 1:00 to 2:00 PM). The Assessment Center is a supportive, nurturing, child-friendly environment serving children under eighteen. The Assessment Center provides mental health intervention and assessments, health and dental screenings, and helps to prepare children to

transition back to their home, or to a relative or foster home. Children are provided with snacks and/or meals, some clean clothes, the opportunity to shower, rest or take a nap, and are provided with a duffel bag containing toiletries, toys, books, a change of clothes, underwear, and socks.

FINDINGS

Alameda County's Children's Assessment Center is a collaboration and partnership between the Social Services Agency, county health and mental health agencies, community-based organizations, law enforcement, and several other stakeholders.

Based on an independent evaluation of the functioning of the Assessment Center by various stakeholders, the Center has been successful in providing an environment that has helped children with their trauma, and in gathering information that contributes to making better placements. The Assessment Center staff is committed, caring, and very child oriented. A great deal of creativity and flexibility is evident in many aspects of the Center and its operation. As a result of the way the Assessment Center is set up and operated, it is efficient and cost-effective. One example of this cost-efficiency is in the staffing of the Center, which is through a combination of county staff from different departments, and a contract with a community-based agency that provides the remainder of the staff. Another example of this creativity and part-

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nership is the follow-up that is provided by the county health and mental health services with children after they leave the Assessment Center. This follow-up is also built into the program as part of a continuum of care for the child.

The linkage and adaptation of functions and processes in support of the Assessment Center's operation is one of the most critical factors behind its success. The Emergency Foster Home and Group Home Units are co-located with the Assessment Center in order to facilitate more suitable placements of children. An After Hours Emergency Response Unit was created in order to be more responsive to children and their families. Emergency Response social workers are immediately assigned once a law enforcement officer notifies the department that a child is being brought to the Assessment Center. These types of infrastructure changes are necessary to support the Assessment Center. Even more importantly, these changes address multiple issues such as compliance with Federal and State regulations, and Corrective Action Plan requirements, ultimately improving service delivery in all areas. In addition, the Assessment Center and supporting infrastructure changes are consistent with the Family to Family philosophy and practice of Team Decision-Making which are currently being adopted in Alameda County.

RECOMMENDATIONS FOR SANTA CLARA COUNTY

Santa Clara County has a Children's Shelter which is a temporary care facility where a child can reside for several hours, days, or weeks until a suitable placement can be located. Like the Alameda County Children's Assessment Center, the Santa Clara County Children's Shelter is a nurturing,

child-friendly, supportive environment, where children are provided for by caring, committed staff. However, as a residential care facility, the Children's Shelter faces many challenges including a high overall cost, children needing to stay for extended periods, ongoing care and supervision concerns, and numerous other issues common to residential facilities. Santa Clara County is currently in the process of downsizing its Children's Shelter as the emphasis has shifted to placing children into appropriate relative homes, foster homes, or community care facilities in a more timely manner. Despite these changes, many of the underlying challenges facing the Children's Shelter continue to exist. In examining the Alameda County Children's Assessment Center and looking at the similar issues facing Santa Clara County, the following recommendations can be made:

- That Santa Clara County strongly consider moving towards an Assessment Center model, as it is more effective and cost-efficient than the residential, shelter or receiving home model of care.
- That infrastructure changes similar to those made by Alameda County should be adopted to support the center as these changes also support best practices and improve services to children and their families.
- That the Assessment Center approach be further enhanced to improve service delivery through the addition of an educational liaison who would provide educational consistency and follow-up for children.
- That wraparound type services that are immediately available to assess and follow-up with children and families be included as part of an Assessment Center model to further enhance service delivery.
- That other enhancements, such as building internal linkages between the mental health

assessments and System of Care (SOC) and the Resources and Intensive Services Committee (RISC) processes, and the pre-Disposition case assignment process, particularly as it applies to children with severe mental health issues, also be incorporated.

- That these changes are necessary to change the culture and mindset of using the Children's Shelter as a residential placement and are more consistent with Family to Family, Team Decision Making, and Concurrent Planning philosophies.

Many of the critical elements to make the Assessment Center approach work already exist in Santa Clara County and can be adapted to a new approach. While significant barriers also exist, they can be addressed in a productive manner in order to further improve service delivery, improve placement decisions and reduce placement disruptions, and produce better outcomes for children in Santa Clara County.

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INTRODUCTION

Children who are removed from their homes due to abuse or neglect experience a wide range of responses, such as anxiety, separation, loss, anger, uncertainty, feelings of guilt and responsibility regarding the abuse/neglect incident, and trauma from the removal process itself. In most of these removal situations there is often no advance notice due to the nature of the abuse or neglect and the ongoing danger to the child. At this time, when the child is most vulnerable, child welfare agencies begin or continue the assessment and investigation process to determine if the child can return home or needs to remain in out-of-home care, and also determine the appropriate interventions and services. During this time, the temporary care of the child is a crucial issue that all child welfare agencies struggle with. The decisions that are made in how to temporarily care for these children are a critical factor that impact how children are transitioned back home or into an out-of-home placement, and in identifying the children's health, mental health, behavioral, emotional, and other special needs.

Historically, child welfare agencies have used three different approaches to addressing the child's immediate care issues. Some child welfare agencies, particularly those in larger jurisdictions (where greater financial resources are available), have chosen a shelter or receiving home system where children reside on a temporary, short-term basis. A child might stay at a shelter facility for a few hours, days, or weeks. Other child welfare

agencies, due to limited resources, have children remain with the social worker, in their vehicle, at the child welfare office, or even at the law enforcement office while the worker attempts to locate an appropriate relative home or emergency foster home placement for the child. A third alternative that has recently become favored by some child welfare agencies is the comprehensive Assessment Center approach, where a child in protective custody is brought to a designated facility for a short period of time. The child has an opportunity to address the trauma of his or her removal, is assessed for health and mental health needs, and is then transitioned and placed in an appropriate relative home or emergency foster home. Increasingly, child welfare agencies have begun moving away from the shelter or receiving home model. This is due, in part, to the various care and supervision problems that exist with operating and managing residential type facilities; the tremendous operational costs associated with these facilities; and the negative publicity that has sometimes been generated by these facilities.

In looking at alternatives to the shelter or receiving home type facility, I was interested in examining the Assessment Center model, specifically the Alameda County Children's Assessment Center. This area is of interest due to my prior experience working at the Santa Clara County Children's Shelter, and because Santa Clara County is currently downsizing its Shelter and exploring other ways to utilize the facility. In addition, Alameda County and Santa Clara County are comparable in many aspects, such as population (1.44 million vs. 1.68 million, respectively), with approximately the

same number of children being served by the county child welfare agency (5,000 vs. 3,300) and a similar mixture of urban and rural environments. I interviewed various staff from the Alameda County Children's Assessment Center regarding the Center's development, operations, function, and role within the child welfare service delivery system.

Several other Bay Area counties, including San Francisco, Solano, and Contra Costa, have also recently adopted and implemented an Assessment Center approach.

BACKGROUND

Over the last twenty-five years, Alameda County's Department of Children and Family Services (DCFS) has utilized all three approaches to temporarily caring for children who are placed into protective custody. During the 1980's, Alameda County had a receiving home geared specifically for some of the more difficult adolescent girls in the foster care system. This home served as a temporary placement pending placement in a therapeutic setting. In the early 1990's, this receiving home was closed when the property was designated for a different use. At that time, Alameda County began fully using a system where a child placed into protective custody would stay with the social worker until the social worker could locate an appropriate emergency foster home placement for the child. In some instances, this meant that the child would sit in the worker's vehicle with the worker, while the worker called around looking for an emergency foster home with an available bed. In some instances, the worker would bring the child to the child welfare office and supervise the child until the worker could locate an emergency foster home.

A state audit, in Fiscal Year 1999-2000, found that Alameda County DCFS was not meeting federal and state regulations regarding providing services in a timely manner and that placements of children were being made based on convenience rather than based on children's needs. The placement of children based on convenience rather than need resulted in extremely high numbers of placement disruptions and subsequent placement changes. As a result, Alameda County began to address these issues in September 2000 through an initiative known as Protecting Alameda County's Children (PACC). Various PACC Committees were formed to address a number of issues relating to services and placement and included representatives from various county departments and community stakeholders. Integrated with these efforts was the development of a Corrective Action Plan (CAP) to remedy the deficiencies identified in the state audit.

One of the outcomes from the various committees and the CAP was the development of the Children's Assessment Center. In making the decision to utilize an Assessment Center approach, the committees considered the county's prior history with a shelter/receiving home type facility, the experiences of other counties, and best practice models in child welfare. A key component of this process was the desire by Alameda County to integrate and intertwine the Assessment Center as part of a systems approach towards addressing services and placement issues. Overall cost and cost-effectiveness were also issues that had to be addressed. After thoughtful consideration, the Assessment Center approach was adopted and the Alameda County Children's Assessment Center was opened in August 2002.

PURPOSE

The purpose of the Alameda County Children's Assessment Center 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;
- To allow qualified staff to provide crisis intervention services to lessen the trauma of removal; and
- To initiate basic physical health and psychological screening with appropriate linkages and referrals.

PROGRAM OVERVIEW

The Assessment Center is a partnership between the Alameda County Social Services Agency, Behavioral Health Care (Mental Health), Health Care Services Agency, and Kairos Unlimited Incorporated. Kairos Unlimited Incorporated is a private, nonprofit community based organization that operates several community care facilities in Alameda County.

Kairos is primarily responsible for staffing and managing the Assessment Center through a contract with Alameda County. Kairos is contracted for one director (0.20 Full Time Equivalent [FTE]), one Fiscal Director (0.10 FTE), two FTE Child Care Supervisors, and six and a half FTE Child Care Workers. Kairos staffs the Center flexibly with full time childcare workers, supplemented by a large pool of part-time, on-call childcare workers who are called in when additional childcare staff is needed in order to maintain a ratio of one childcare staff for every three children. DCFS provides a Program Manager and one FTE Child Care Supervisor, who

provide the linkage with the department. DCFS also provides one FTE public health nurse for the facility. Behavioral Health Care provides one FTE mental health practitioner to provide mental health screening, assessment, intervention, and to arrange follow-up services. The Health Care Services Agency provides supervision to the public health nurse and is responsible for ensuring that the children begin health and dental screenings and for follow-up services. The Assessment Center also has a close working relationship with Children's Hospital and has a contract with a local pharmacist that includes door-to-door delivery of medications twice daily. The Assessment Center also has a relationship with Oakland Hospital for medical services. One of these services is a special program, Child Assessment and Transitional Services (CATS), where two children admitted to the Assessment Center during the preceding week are identified to receive intensive, supportive health and mental health services. CATS staff then follow up to provide services to the child and caregiver wherever the child is placed.

BUDGET

The start-up costs for the Assessment Center part of the facility were approximately \$170,000. This included the expenses for renovations, furniture, appliances, supplies, office and medical equipment. A portion of these costs was paid for through a private funding grant. Additional start-up and recurring costs were incurred by the Social Services Agency for the facility which houses the Emergency Foster Home and Community Care Facility Placement Units as well as the Assessment Center.

The Total Operating Budget for the Assessment Center under the Kairos Unlimited Incorporated contract for the 2002-2003 Fiscal Year was approx-

imately \$465,000. For the 2003-2004 Fiscal Year, the Total Operating Budget of the Kairos contract is approximately \$454,000. In addition to these expenses, Alameda County DCFS incurs the annual cost of a Program Manager (who also has numerous other responsibilities), a Child Care Supervisor (who also acts as the facility manager), and a Public Health Nurse. The Behavioral Health Care Agency incurs the cost of a Psychiatric Social Worker and provides supervision to this worker as their annual contribution to the Assessment Center. The Health Care Services Agency incurs the cost of providing supervision to the public health nurse.

In addition to the operating budget, the Assessment Center receives support through a variety of creative private arrangements with the local community and with private foundations. For example, the Assessment Center has an arrangement with a nearby International House of Pancakes (IHOP) where donations of up to eight meals a day are made to feed the children at the Assessment Center. An example of private foundation support is the arrangement that the Assessment Center has with the Dr. Laura Schlessinger Foundation's "My Stuff Bag Program." This is the program that provides the Assessment Center with duffel bags with a stuffed animal, books, and basic toiletries that are given to every child to hold their belongings when they leave the Assessment Center. These arrangements serve to augment the Assessment Center budget, but more importantly, to better address the needs of the children in a creative manner.

The approximate cost per child served by the Assessment Center (DCFS portion only) for the 2003 calendar year was \$427.

PROGRAM OPERATIONS

The Assessment Center is a non-residential, twenty-three hour facility that operates seven days a week, three hundred sixty-five days a year. The Assessment Center is closed during the hours of 1:00 PM to 2:00 PM daily. Because the Assessment Center is open only twenty-three hours a day, the Center is classified as a non-residential facility, and children cannot stay longer than twenty-three hours at the facility. However, staff are assigned to work twenty-four hours a day, and they provide supervision and care for children when the Center is closed. During this time period, any children who are present are moved to the Change of Placement Room, and the Assessment Center is vacated and shut down. The Change of Placement Room is adjacent to, but is not part of, the Assessment Center. Staff will receive and care for any additional children who are brought to the facility, and will take their information, but will not process their paperwork until the Assessment Center reopens. In addition, while the Assessment Center meets community care licensing standards, as a non-residential facility, it does not need to be licensed. Since the Assessment Center is a twenty-three hour facility and is not a placement, the location of the Center is kept confidential from the general public.

The Assessment Center serves children under 18, and is a supportive, nurturing, child-friendly environment with children's toys, books, art work, and child-sized furniture. There is a large central area and a separate playroom, but there are no bedrooms. However, some of the furniture can be converted into beds for children who are brought to the Center late at night or if a child needs to rest or have a nap. There is a kitchen and dining area and snacks and meals are available for a child at any time. The Assessment Center has a shower so that a

child can clean and freshen up. There is also a washer and dryer so that the children's clothes can be cleaned. Clean (new) clothes, underwear, socks, and toiletries are also provided.

Prior to taking a child to the Assessment Center, he/she must first be registered by phone with Emergency Response child welfare staff. Children who are new to the child welfare system as well as children who are already under the supervision of the Juvenile Court (Dependents) can be admitted to the Center. The only children who are not allowed at the Center are those children who have serious mental health issues or who have just been released from Juvenile Hall. These children are sent to one of the contracted beds with local community care facilities instead. Other children who may have emotional or behavioral issues, or have runaway behaviors are held in the Change of Placement Room in order not to disrupt the other children at the Assessment Center.

Upon arriving at the Assessment Center, a child is welcomed and a property inventory of the belongings he/she has is completed. The child is made comfortable, offered food, and may play with the other children. The child has a health and mental health screening, and the childcare staff observes and notes the child's behaviors and interactions. When the child is released to a relative home or foster home, the health and mental health screening information, medications, and a placement packet are sent with the child to the placement. The child is also given a duffel bag to carry his/her belongings. The duffel bag contains toiletries, a change of clothing, books and a stuffed animal.

Children who have been to the Assessment Center previously or who are experiencing a change of placement (from foster home to foster home) also go

to the Center prior to being placed into another foster home. These children are re-assessed and this updated information is provided to their new placement.

The Assessment Center staff members have a commitment to work together as a team in doing whatever needs to be done. They do not get caught up in titles and specified responsibilities, but are flexible in doing various tasks for the benefit of the children. All staff members are cross-trained and will supervise and care for a child, change diapers, or will begin basic health assessments, in order to meet the child's needs and to make the Center run smoothly.

The Assessment Center also had a transportation officer who was responsible for transporting children to their placements from the Center. Unfortunately, this position and function was recently lost due to budget constraints. As a result, social workers are now fully responsible for transporting children from the Center to their placements.

The Assessment Center, as is the case with any temporary or residential care facility, is required to maintain various operational procedures and practices regarding the care of the children. These procedures address practical issues, such as End of Shift Meetings to communicate information and issues from staff going off duty to staff coming on duty; disciplinary procedures for children who are disruptive; notification of the Children and Youth Crisis Team (CYCT) in situations where a child is endangering self or others; preparing incident reports; securing medications; one-to-one supervision issues; and maintaining paperwork and records. An office is also made available for the

social work staff with a child welfare computer so that they can process their work.

The Assessment Center environment is comparable to that of a daycare center. The creation of this atmosphere was deliberate in order for the Center to have a “familiarity” about it since most children are familiar with daycare. This “familiarity” also serves to help children relax and regain their composure after the trauma they have experienced, so that they are able to better function and address future issues.

Oversight of the Assessment Center is provided through a monthly Steering Committee meeting consisting of the various partners and stakeholders to address quality assurance goals and objectives; program evaluation; financing; program parameters; and inter- and intra-agency coordination and problem-solving.

CENTER UTILIZATION

For the period of August 2002 through January 2004, the Assessment Center served 2,157 children (unduplicated). There were 1,278 girls and 879 boys served. Of the 2,157 children, 493 were ages 0-5; 698 were ages 6-12; and 966 were ages 13-18. The 2,157 children included 317 sibling groups; 389 children had been brought to the Center on more than one occasion; and 34 children ran away from the Center. The average length of stay for a child was 7.1 hours and the average number of children served per day was 4.1 children. During the 2003 calendar year, 1,640 children (unduplicated) were served by the Assessment Center.

For the more recent period of January 2004, the Assessment Center served 165 children (unduplicated). There were 106 girls and 59 boys served. Of

the 165 children, 46 were ages 0-5; 44 were ages 6-12; and 75 were ages 13-18. The 165 children included 28 sibling groups; 41 children had been brought to the Center on more than one occasion; and 2 children ran away from the Center. The average length of stay for a child was 9 hours and the average number of children served per day was 5.7 children.

INFRASTRUCTURE CHANGES AND SUPPORTS

One of the key aspects of the Assessment Center is that it is part of an overall system modification to improve services and to make better placement decisions on behalf of children. As such, it is also important to discuss these system changes because they are critical to the Assessment Center approach.

As part of implementing the Assessment Center, one of the key components in support of the Center was co-locating the Emergency Foster Home (EFH) Placement Unit and the Group Home Placement Unit in the same facility. The rationale behind co-locating the Placement Units with the Assessment Center was that the placement workers could interact with the child and make better assessments and determinations as to what type and which home would be a more appropriate placement for the child. Prior to being co-located with the Assessment Center, placement workers were dependent solely on the information being provided by the case carrying social worker. Since the placement units have been co-located with the Assessment Center, placement workers are now required to interview the child and include the child’s wishes, concerns, and needs in the placement decision.

A second component that is critical to the Assessment Center approach is the process of calling in to register a child for the Assessment Center, particularly as it pertains to law enforcement. The registration process immediately triggers the involvement of the Emergency Response Unit and the assignment of a social worker for those children who are not already dependents of the court. This process facilitates the involvement of a social worker with minimal loss of time. The social worker can immediately make arrangements to interview the parents, child and relatives to determine if the child can be safely returned home or placed with a suitable relative. This social worker is also required to see the child at the Assessment Center and work with the placement worker to make the most appropriate out-of-home placement if the child cannot be released. This serves to minimize the trauma to the child and facilitates better decision-making as to the child's placement.

Another critical component to system improvement centered around the Assessment Center was the creation of an After Hours Emergency Response Unit. The After Hours Emergency Response Unit is a unit of social workers whose regular work schedule is from 4:00 PM to 12:00 Midnight. This unit is also housed in the same facility as the Assessment Center. While the After Hours Emergency Response Unit is responsible for all regular emergency response functions, it is also responsible for working on placements for children who come to the Assessment Center after normal work hours. The After Hours Emergency Response Social Worker provides continuity and continues working on situations and placements from the earlier shift, and also handles new cases that come in, including starting to work on possible placements. The work of the After Emergency Response Unit is further supplemented by an After Hours Emergency

Response Social Work Supervisor who is on duty from 12:00 Midnight to 8:00 AM and is also co-located in the same building as the Assessment Center. The coverage of functions on a twenty-four hour basis supports the Assessment Center in not allowing children to remain there for lengthy periods of time, but more importantly, provides immediate and appropriate assessments, interventions, services and placements.

A fourth critical element of the system's support for the Assessment Center is the follow-up that is provided by the public health nurse and by the psychiatric social worker. The public health nurse, as part of the comprehensive health assessment of the child, provides referrals to other health service providers and ensures that any identified health and dental needs are addressed after the child is placed. This assessment and referral process also may occur when the child is released back to the care of the parent or to a relative. By providing referrals and follow-up, the public health nurse works to ensure that the child's health and dental issues are addressed and ensures that the family has additional resources and a stronger "safety net" supporting them. The psychiatric social worker follows the same process in providing referrals to appropriate mental health resources and follow-up for the child regardless of whether the child is released home to the parent or placed in out-of-home care with a relative or non-relative caretaker.

Another important element in supporting the Assessment Center approach is the strict enforcement of the seven-day notice provision, which requires foster homes and community care facilities to give seven-day advance notice when requesting that a child be removed from placement. The enforcement of the seven-day notice requirement prevents the foster caregiver from immediately

relinquishing a child and allows the social worker time to try to locate another placement, as well as allowing a more appropriate placement transition for the child. This policy also helps prevent the use of the Assessment Center for purposes other than those for which it was designed.

A sixth element in the system's support for the Assessment Center is the Change of Placement Room. The Change of Placement Room is not part of the Assessment Center, but is in the same facility and is next to the Center. The Change of Placement Room is an area where children with behavioral or emotional difficulties can be brought for a short period while another placement is being sought. These children are not appropriate for the Assessment Center and must be supervised by the assigned social worker during the period that the child is there. This process, while time-consuming for the social worker, serves to encourage social workers to work on appropriate placements before they run out of time and communicates that the Assessment Center is not a daycare service nor "dumping ground" for the more difficult children.

A final factor that has helped support the Assessment Center in an integrated manner is the contract with two local community care facilities for guaranteed beds for children with severe mental health issues or who have just been released from Juvenile Hall. This allows the children with more severe issues to be addressed in a separate, but more appropriate manner and prevents these children from being disruptive or a negative influence on the children who might be at the Assessment Center.

PROGRAM EVALUATION: SUCCESES AND CHALLENGES

Alameda County contracted with ERT Associates to evaluate the effects of the Assessment Center on children and foster parents, and on the various stakeholders (child welfare workers, supervisors, and law enforcement) in two separate studies.

Five months after the Assessment Center opened, ERT surveyed sixteen (out of twenty-two identified) foster parents through telephone interviews regarding their perceptions of the Center. Overall, the foster parents were appreciative of the Assessment Center and its services. Specifically, foster parents identified the following positive changes:

- Children were much cleaner and calmer when they arrived from the Center.
- Children were now arriving with their own toiletries, clothing and items of personal comfort.
- Children were no longer dropped off in the middle of the night.
- Children arrived at their homes with documented information about their medical and physical condition.

Feedback from the foster parents also identified future challenges for the Center such as promoting greater involvement of foster parents with the Center; continuing to improve the quantity and quality of the information about the child; fixing "glitches" that occasionally arise (such as a 12 year old child being given a bag with a baby bottle and blanket); and encouraging placement unit workers to be more familiar with all the foster homes in order to make more appropriate placements.

ERT Associates also surveyed child welfare staff and law enforcement officers to assess the Assessment Center's value, operations, and impact

on their jobs after the first six months of the Center's operation. One hundred and two surveys were completed, of which 65% were child welfare workers, 25% were law enforcement officers and 10% were supervisors or program managers. In general, the results were very positive, as 98% of the respondents felt that it was very important for Alameda County to have an Assessment Center.

The major benefits identified were:

- Easing the transition for children entering foster care.
- Medical and health assessments that led to more thoughtful placements.
- Meeting children's basic needs for food, clothing, shelter, and hygiene.
- Making worker's jobs easier and allowing them to return to their primary jobs more quickly.

The survey also obtained feedback as to how to improve Assessment Center operations. The suggestions included expanding the Center's service to more categories of children (such as children coming from Juvenile Hall); providing more transportation (for children to placements); and conducting fewer interviews of children (involving mainly a better defining of roles and responsibilities).

Since these ETR reports were completed, some of the challenges identified have been addressed. The types of children accepted at the Assessment Center have been gradually expanded from only taking children who were not court dependents, to including change of placements and children returning from runaway status. Other changes included further training and role clarification for the childcare staff. Some changes have also occurred due to external issues, such as budget considerations in Alameda County that eliminated the Assessment Center's transportation officer, which resulted in social workers now being solely

responsible for transporting their children to the placement.

The Assessment Center has clearly been successful in helping to ease the trauma for children entering the child welfare system and for those children experiencing changes in their placements.

However, due to the volume of children being served by the Assessment Center, there is clearly a need for a second public health nurse as well as a second psychiatric social worker to conduct the health and mental health assessments. Other future issues involve the integration of the Team Decision Making (TDM) processes and Family to Family philosophy into Center operations. An ongoing improvement issue for the Assessment Center and its support systems will be to continue to make quality assessments and thoughtful placements, but preferably to make placements directly to relative, kinship or long-term placements (concurrent homes) rather than to emergency foster homes.

LESSONS LEARNED

In implementing the Assessment Center, several important factors were identified which would have made implementation smoother:

- Clear communication with child welfare workers, law enforcement officers, and foster parents regarding the role, purpose, and operation of the Assessment Center, as well as expectations and impact of the Center on the workers, officers and foster parents.
- Involvement of labor unions at an early stage as part of the process.
- Selection and role clarification of childcare staff.
- Training social workers how to work collaboratively with non-professional staff.

Additionally, based on the number of children being served by the Assessment Center and on the physical facility, some other lessons learned were:

- The need for an additional public health nurse and an additional psychiatric social worker to conduct the mental health, health, and dental screenings.
- Having an outdoor play area where children can go outside for some fresh air and physical activity would be beneficial.

SANTA CLARA COUNTY CHILDREN'S SHELTER

In October 1995, Santa Clara County opened its new, state-of-the-art Children's Shelter, which replaced the previous shelter that had been in operation for over forty years. The Children's Shelter is a 24 hour, 7 day a week, 365 day a year facility designed to be a temporary, emergency facility caring for abused and neglected children, until a placement can be located. The new Children's Shelter is a licensed residential care facility that has six separate housing units that can accommodate a total of 132 children. When fully staffed, the Shelter employed approximately 160 county staff with an annual operating budget of approximately \$14.5 million. The Children's Shelter was built, in large part, due to private and corporate donations, and the Shelter continues to actively seek and obtain private funding to supplement activities and programs. In addition, County Mental Health and the Health and Hospital System maintain clinics and staffing at the Shelter. The Community Office of Education also maintains a school at the Shelter that provides basic education for children in grades one through twelve.

The Children's Shelter also has a component called the Assessment Center. It serves the basic function

of gathering preliminary information regarding children's behavioral, emotional, psychological, and medical needs from social workers and law enforcement personnel. This information is primarily for Shelter related needs relating to the day-to-day supervision and care of the children.

All of the components that were found in the Alameda County Children's Assessment Center are also present in the Santa Clara County Children's Shelter. This includes comprehensive health assessments, mental health interventions and assessments, exit information for caretakers, a child-friendly environment, provision of food, meals, and clothes. The fact that children may stay at the Shelter for an extended period of time creates many of the problems that are common to a residential type facility. These problems include children languishing in an institutional environment for extended periods thereby aggravating behavioral, emotional, and/or psychological problems; exposure of these types of problems to other children; ongoing supervision and care issues; licensing issues; and potential public relations issues. Recent philosophical changes in placement policy has resulted in there being more children in home-type environments within community settings and, along with budget constraints, has led to a significant downsizing of the Children's Shelter. Currently, the annual operating budget of the Children's Shelter is approximately \$10.5 million. The goal is to have no more than thirty children residing temporarily at the Shelter at any given point in time. Additionally, other uses for some of the Shelter facilities, such as respite care services, educational/tutoring support for children, and hands-on parent education training programs are being considered.

During the 2003 calendar year, 1,547 children were admitted to the Santa Clara County Children's

Shelter. This includes 231 sibling groups. Of the 1,547 children, 498 had been admitted to the Shelter on at least one previous occasion. Of these 1,547 children, 342 were ages 0-3; 224 were ages 4-6; 438 were ages 7-12; and 543 were ages 13-18. The average daily population was 42 children. The average length of stay for each child was approximately 10 days.

The average cost per child (Social Services Agency, Department of Family and Children's Services portion only) admitted to the Children's Shelter for the 2003 calendar year was approximately \$6,790.

IMPLICATIONS FOR SANTA CLARA COUNTY

The Alameda County Children's Assessment Center approach, as well as the infrastructure changes that were made to support it, is a model that should be strongly considered for Santa Clara County. Santa Clara County already has a Children's Shelter which, as a physical facility, can easily be converted into a comprehensive Assessment Center while also being utilized for other programs. Santa Clara County also has some of the infrastructure supports in place, such as the Placement Unit, which can be moved to the current Shelter facility and co-located with the Assessment Center. Existing mental health and medical clinic facilities can continue to be utilized and be critical components of an Assessment Center, while staffing of the Mental Health and Medical Clinics can be significantly reduced.

From a service and placement perspective, children clearly benefit from being placed in an appropriate home-like environment as soon as possible and having the opportunity to debrief from the trauma that they have experienced also helps children deal

with their situation more productively. The Assessment Center approach is more service, practice, and philosophically consistent with Family to Family and Team Decision Making (TDM) approaches that are in the process of being implemented in Santa Clara County. In addition, the Assessment Center approach is more in line with Concurrent Planning practices. The integration of health and mental health follow-up for a child, regardless of whether the child returns home or is placed in out-of-home care, are also critical aspects for insuring continuity and providing a continuum of care for the child.

The Assessment Center approach can also be enhanced through the addition of other critical services, such as having an educational liaison who can immediately work with the child, the child's school, teacher, and the caregiver to ensure educational continuity and consistency. Another enhancement that can be made includes building a wraparound component into the center as a means of providing immediate services to stabilize a child and family. Other enhancements that can be made would be to dovetail the assessment information with existing processes and services such as Family Conferences, pre-Disposition case assignment, System of Care (SOC), and Resources and Intensive Services Committee (RISC) processes to streamline and improve service delivery.

Finally, a shift towards an Assessment Center approach (with infrastructure supported changes) would also help Santa Clara County better address service delivery and placement issues which are part of the Federal and State, Program Improvement Plan (PIP) and local System Improvement Plan (SIP) and will help to improve outcomes for children. This shift would also be consistent with the

principles of the child welfare redesign that is currently occurring in Santa Clara County.

BARRIERS IN SANTA CLARA COUNTY

In order for Santa Clara County to adopt an Assessment Center approach like the one in Alameda County, several barriers would need to be addressed. One of the major barriers is the contracting of job tasks and functions that are currently being performed by county employees, specifically, childcare supervision. The labor unions would need to be involved in any redesign process involving the contracting of current job functions.

Another barrier in moving towards an Assessment Center approach involves working with labor unions to expand normal work hours for staff to fully cover an After Hours Emergency Response function. This change is critical to support the Assessment Center and improve service delivery.

A third barrier that needs to be addressed is development of a collaborative and partnership with County Mental Health, the Health and Hospital System, foster parents, community-based organizations, law enforcement, and other stakeholders. This collaborative would be different than the existing relationship in that resources would need to be pooled and shared while at the same time specifying clearly defined roles and responsibilities for each partner.

A fourth barrier involves the need to work more towards less reliance on emergency foster homes so that children can be placed directly into concurrent homes to further reduce the number of placements changes. This means that much work will need to be done with social workers, foster parents and the Foster Parent Association to change their current

culture and mindset. For social workers, this involves changing their mindset in utilizing the Shelter, and by extension, emergency foster homes, as holding facilities for children until “long-term” placements are located. The culture of the foster parents must also be changed to move away from the financial incentives associated with being an emergency home, to being part of a system resource on behalf of children.

Another barrier that needs to be addressed is the need to actively recruit, train, support, and retain foster caregivers so that there is a adequate pool of emergency, regular, specialized, and concurrent foster homes available so that children can be placed thoughtfully, based on their needs and circumstances. Children can only be placed in homes based on their specific needs and circumstances, rather than on convenience, when there are sufficient placement options available.

A final barrier involves creatively working with alternate funding sources, as well as working with the Children’s Shelter Association and prior funding sources to appropriate financial resources in a different manner, which will support an Assessment Center approach instead of a residential approach. By obtaining new funding sources and putting existing funding sources to different uses, service and service delivery systems can be modified and rebuilt and be more efficient and cost-effective.

RECOMMENDATIONS

Based on the success of the Alameda County Children’s Assessment Center, particularly as part of a systematic effort to improve service delivery and placements for children, I am recommending that Santa Clara County strongly consider adopting the Assessment Center approach. However, this

should only be done if supporting infrastructure changes are also made as part of an integrated and comprehensive approach to addressing the issue of improving service delivery and improving placement decisions. Refinements should also be added to further improve services, such as adding an educational specialist to work with the children and with the school system to ensure that the schools are included in the communication loop, and that there are smooth educational transitions for children as well. Another enhancement that can be incorporated includes developing fast-track wrap-around services that are accessible from the Assessment Center and can be used to immediately help children and families stabilize their situation. Other enhancements, such as dovetailing Team Decision Making processes, Family Conferencing practices, pre-Disposition case assignment, System of Care, and RISC processes can also improve service and placement functions. While there are substantial barriers that need to be addressed before Santa Clara County can move to an Assessment Center approach, these barriers are not insurmountable. Many elements are already in place and can be adapted to a different way of doing business.

NEXT STEPS

The barriers to implementing an Assessment Center approach in Santa Clara County are substantial, but not insurmountable. Should Santa Clara County choose to implement an Assessment Center model, the following steps would be required in the next six months:

1. Gain clear support by executive management for moving towards an assessment model and integration of this approach in all elements of the child welfare system.
2. Develop workgroups comprised of social workers, shelter staff, the Children's Shelter Association, representatives from other county departments, the District Attorney's Office, foster parents, labor unions, law enforcement, community leaders, and community partners to create specific plans to address existing barriers and build partnerships.
3. Assess infrastructure issues and supports necessary to facilitate service delivery and improvement, obtain buy in from the stakeholders, and clarify roles, responsibilities and expectations.
4. Analyze existing resources to determine how these resources can be utilized differently based on this change in focus.
5. Develop clear policy and procedures governing the interrelationship and operation of intra- and interdepartmental staff and programs, and provide cross- training to all staff and stakeholders.
6. Develop a timeline to gradually phase out residential care at the Children's Shelter. This could be done by increasingly limiting the criteria for children who can be admitted into the Shelter while concurrently expanding the system supports for getting children into appropriate placements in a timely manner.
7. Solicit interest in, and develop a contract with, a local community-based organization to staff and run a "new" Assessment Center.
8. Place even greater emphasis on recruitment, training and retention of foster caregivers.
9. Develop wraparound services to operate out of an Assessment Center specifically geared towards

supporting children and families on very short notice.

10. Create a method for evaluating whether service delivery has improved and whether placements of children are truly based on their needs and situations.
11. Create an oversight or steering committee that is focused on continuous improvement, is outcome-focused, and is empowered to act on the feedback and evaluation information that it receives to make corrections.

Within twelve months, Santa Clara County should begin transitioning from the current Shelter system by putting the infrastructure changes in place and gradually moving away from residential care towards the assessment and service delivery focus.

Within eighteen months, Santa Clara County should be able to fully integrate the Assessment Center model, with accompanying infrastructure supports.

CONCLUSION

The Alameda County Children's Assessment Center is clearly an efficient and cost-effective approach toward reducing the trauma of removal on children and in making more thoughtful placements for children. The Assessment Center, in conjunction with the infrastructure support changes, is an important component of a systematic effort to improve service delivery and reduce the number of placements and placement disruptions and meet federal and state regulations and outcome measures. Santa Clara County should strongly consider adopting the Assessment Center approach, especially in light of the changes that are already occurring at the Children's Shelter. While there are substantial bar-

riers to transitioning from a shelter/residential care model to an Assessment Center model, there are also substantial elements in place that would make such a change less painful. Santa Clara County can benefit greatly from the creative ideas utilized by Alameda County in contracting, staffing, and supporting their Assessment Center, while also focusing on "child welfare best practices" and focusing on outcomes for children. Santa Clara County has a strong foundation in terms of its current child welfare redesign, collaboration with community-based organizations and programs (such as wraparound) which it can use as a foundation for creating an Assessment Center that is even more comprehensive and able to better meet the needs of our most vulnerable children.

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