

Focusing on the Well-Being of Foster Youth: A Look at the Santa Clara County Shelter Reuse Pilot Programs

JENELL THOMPSON

EXECUTIVE SUMMARY

Background

There was a reduction in the Children's Shelter daily residential population in 2003 as a result of Santa Clara County's Department of Family and Children's Services (DFCS) policy of placing children in a family setting as soon as appropriate. The 132 bed facility that had been averaging 107 children went down to a daily census average of 25 children, leaving two cottages and four school classrooms unused. A task force of the Children, Seniors and Families Committee, commissioned by the County of Santa Clara's Board of Supervisors, proposed another use for the space.

The Shelter Reuse Pilot

Programs were implemented in January 2005 to serve children ages six through eleven, entering the DFCS system for the first time. The new pilot offers academic assistance and enhanced mental health services to school age foster youth.

Key Elements

The Shelter Reuse Pilot Programs are a collaboration between DFCS, the counties Office of Education, and Department of Mental Health. The program includes:

- provision of a complete mental health screening and assessment upon intake;
- referral for ongoing treatment by a community based provider when appropriate;
- educational support through a three day "Success Camp" that builds resiliency skills and teaches literacy and self-management through an interactive curriculum; and
- specialized workshops and training for parents/ caregiver to further support the skills children have learned through the program.

Recommendations

San Mateo County has a rich opportunity to use the momentum of current programmatic changes in independent living skills and in the receiving home usage to implement a comparable program for children and families.

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Introduction

Education is our passport to the future, for tomorrow belongs to the people who prepare for it today.

—Malcolm X

In child welfare, services to address children’s educational needs are primarily facilitated through adolescent services or an Independent Living Skills Program. These programs target adolescents; however, they fall short by not meeting the needs of school age children in foster care. Santa Clara County addressed this service gap by creating the Shelter Reuse Pilot Program. The pilot is designed to provide mental health screening, assessment and referral services, and educational support composed of a three-day long “Success Camp” for children ages 6 through 11. Youth enrolled in the program are part of the Santa Clara County’s Department of Family and Children Service’s (DFCS).

What follows is a detailed case study of the Shelter Reuse Pilot Programs. I will describe how this pilot program operates, examine the collaborative efforts of county agencies supporting the pilot, and assess the portability and viability of such a program in the County of San Mateo.

Background

Since 1962, the Children’s Shelter has been the first point of entry for the abused, neglected and abandoned children of Santa Clara County. Services and support are available 365 days a year, 24 hours a day, for the county’s diverse population of children, including newborns up through eighteen years of age. The shelter operates under the Santa Clara County

Social Services Agency and has a staff comprised of the County Office of Education (COE), the Valley Medical Center, and the Department of Mental Health.

There are many programs facilitated by the shelter, some of the major program components include:

- basic care, custody, and supervision of dependent children;
- screening, diagnostic assessment and admission;
- a medical program through an on-site clinic;
- on-site educational program at an on-site school;
- a mental health program on-site; and
- a recreation and activities program.

In 1995, this 132 bed facility was remodeled to provide a more home-like environment through a unique public-private partnership with the Silicon Valley Children’s Fund. Together, they raised \$14 million to facilitate this transformation. This partnership still exists today as a complement to the resources provided by the county. This joint venture helps to develop and support programming that would otherwise not exist due to a lack of public funding.

In addition, a number of factors drove the county to review the use of its existing Children’s Shelter and make changes to better serve children and families. In 2000, a survey of child welfare workers was conducted in order to understand the barriers to placement. Once challenges were identified and addressed, the utilization of the shelter decreased. In 2003, new policies were put into place that required every shelter intake to be staffed by the manager, social work supervisor and the social worker. Additional authority was given to the shelter director to decline intake of a child based on the age and special

behavior needs of that child. As a result of these policies, utilization dropped again. The 132 bed facility that had been averaging 107 children went down to a daily census average of 25 children, leaving two cottages and four school classrooms unused.

An additional element that moved the shelter towards this new programming was the county's System Improvement Plan (SIP). The SIP included goals to address the key factors in the instability of a child's placement—namely, unresolved mental health issues and poor school attendance and performance. Acting on these goals, the county supported enhanced mental health and educational services as key components of the Shelter Reuse Pilot Programs.

Based on the success of the pilot, and a reduction of shelter usage, county decision-makers and stakeholders expect to expand the Shelter Reuse Pilot Programs for all children entering the DFCS. The enhanced services are expected to bring more support and stability for families who are receiving services and as a result reduce reentry into child protective services.

As a Family-to-Family county, the reduction in shelter usage has come in part from the commitment to that program, and also includes increased support to foster/resource families. Therefore, enhanced services, as related to mental health and education, are valuable interventions for both the children and their families, as well as for resource families supporting children involved in the child welfare systems.

Key Elements

The vision is to provide academic assistance and enhanced mental health services to school-age foster youth. This pilot was the result of a task force of the Children, Seniors and Families Committee commissioned by the Santa Clara's County's Board of Supervisors. In February 2004, the Board of Supervisors accepted the recommended ideas of the committee and authorized the implementation of a pilot with a county general Fund allocation of \$240,000.

Following the allocation, the Department of Family and Children Services (DFCS) was charged with coordinating the new program for children and

their parents/caregivers who are new cases with in the child welfare system. DFCS completed detailed implementation plans in December 2004, officially opened the pilot in January 2005, and held its first "Success Camp" for children and caregivers in February of 2005.

Children in the "Success Camp" are six to eleven years of age and new to the DFCS caseload in Santa Clara County. Within the first 30 days following intake of a child into the child welfare system, mental health and academic support services are offered as outlined below.

Shelter Reuse Pilot Programs Guidelines for Case Timelines

Day 1	DFCS case opens
Day 2-3	Mental Health completes screening, initiates risk assessment, and provides crisis intervention, if needed.
Day 4-8*	Mental Health completes assessment and refers child to community-based provider. DFCS assesses child's readiness for Success Camp and refers child, if appropriate.
Day 8-20*	Mental Health continues to serve child and family while transitioning to community-based provider. Community provider completes first visit.
Day 8-15	Success Camp educators contact child's local school.
Day 21-28	Child completes Success Camp.
Day 29-36	Educators discuss child's progress with parents/caregivers and social worker.
Day 30	Parent/caregiver workshop convenes on relevant topics.

*Actual date of transition to community-based mental health provider, or entry into Success Camp, may vary depending upon multiple factors, including child's placement status.

Mental Health Services

County Mental Health staff stationed at the Children's Shelter receives referrals from social workers in the DFCS Assessment Unit, and provides crisis intervention to children for admission. The staff then completes an initial assessment and a treatment case plan and then makes a referral to a community based services provider. The Shelter Mental Health Staff provides services during the transition and provides follow-up with the new service provider within

two weeks of the referral. Data are collected regarding two issues: 1) increased access to mental health services, and 2) child, caregiver and social worker satisfaction with services.

Success Camp Educational Support

Within 10 days of intake into the Shelter, the Pilot Program Social Work Supervisor consults with the Mental Health Staff and DFCS worker regarding the child's referral to a three-day educational program called Success Camp. Participation in the camp is based on the child's emotional state, language, age, transportation needs, level of current engagement in school, and capacity for a three-day absence. The camp meets at the shelter each week, Tuesday through Thursday, from 9:00 am to 2:00 pm. Breakfast and lunch are provided for the eight to ten children in attendance. The camp focuses on building success through resiliency, organization, literacy, and the prevention of problems through social instruction.

The Pilot Program:

- is based on language arts standards and best practices in literacy;
- provides successful prevention strategies that teach self-management and prevent behavior problems;
- uses research-based curriculum; and
- includes classroom routines and survival skills (listening, asking for help, being prepared for class, asking questions, ignoring distractions, etc.)

Classroom instruction also includes the use of music and movie clips, activities such as role plays, journal writing and reading. Each participant is given a Success Camp T-shirt, several books and a journal to take home.

The camp is staffed by a County Office of Education (COE) teacher and teaching assistant five days a week. The days when there is no camp, the teaching staff prepares lesson plans, materials, and follow-up with caregivers and social workers. In conjunction with the COE principal, the teaching staff works to build linkages with the child's home school and community programs. Children maintain school at-

tendance because the camp is considered a field trip and the appropriate permission slip is completed. Children are transported to and from the camp each day by shelter staff.

Upon completion of the Success Camp, COE staff conducts a 30-day follow up with the child at his/her school. They engage the teacher and school administrator in a discussion on the impact that participation in Success Camp has had for the child. In addition, the Pilot Program Coordinator conducts parent/caregiver workshops on how to support resiliency in children. Strategies are presented to support the new skills that the children have learned through the program (*see appendix*).

To ensure consistent communication, the Pilot Supervisor meets weekly with the COE and mental health Staff to discuss successes and challenges. This group then reports to the Implementation Committee, which meets twice a month.

Program Evaluation

The County of Santa Clara, Department of Mental Health, and County Office of Education partnership took the deliberate step of hiring an external consultant to evaluate the pilot. Often this practice is used to increase the reliability of the findings and to rule out any speculation of bias. The Continuous Improvement Associates (CI Associates) were selected to assess the program using the performance measures agreed upon by the key decision-makers, namely the Department of Mental Health, County Office of Education, and the Santa Clara County Department of Family and Children Services. Outcome measures evaluated included: 1) Increased access to mental health services, 2) improved school attendance, 3) improved literacy, and 4) client satisfaction with services. A survey instrument was developed to consider each of the aforementioned areas. CI Associates have used classroom observation to review the class environment and curriculum as well as teacher and caregiver interviews.

Success to Date

One of the key successes of the Shelter Reuse Pilot has been the strong commitment from the agency partners. Each respective discipline has brought unique knowledge and skill to the effort. A natural by-product of the partnership has been a renewed respect for each other's areas of expertise, as well as a fresh perspective on innovative processes and systems in service delivery. This new awareness is well documented by the type and variety of cross training provided to staff across agencies involved in the pilot.

Another key result of the collaboration between the agencies is information sharing, which leads to concerns and questions about confidentiality and consent. As a result, DFCS, and mental health staff, and County Counsel developed a new consent form, created a consent decision tree flow chart (*see appendix*), and trained staff.

Lastly, but perhaps the most important, success was reported in the survey completed by the children in the pilot. Surveys administered by the outside evaluator, CI Associates, indicated 99% of the children were using the tools provided during the Success Camps and 65% of those children surveyed reported using the materials with their caregivers. These data are based on 130 children who participated in the Success Camp between March 2005 and January 2006, 62 of whom completed the surveys.

Challenges

Although workshops were offered in the evenings or on Saturdays, parent/caregiver participation is poor. The return rate for the surveys was equally low. Of the 62 students that CI Associates reported on, only 27 (44%) of their caregivers completed the surveys. However, the caregivers that responded noticed positive changes in the children.

In this partnership, efforts were made to include a variety of agency staff. Unfortunately, one group needed to have been involved much earlier—Information Systems. Working with three different agencies, with each having its own computer system and forms, became a challenge. They are currently

working on an intake form that will be able to auto-populate information from the CWS/CMS.

Next Steps

As a Pilot Program Implementation Committee looks at expanding services to include all ages of children served by DFCS, there are still many areas in need of development. These include:

- effective involvement of parents/caregivers;
- timely access to ongoing mental health services in the community;
- ongoing and improved communication and information sharing between the various partners;
- involvement of siblings in the program as a developmental issue of young children;
- additional space for mental health services; and
- long-term funding options

Implications for San Mateo County

Certain conditions and interests converged to support the vision and success of the Shelter Reuse Pilot Programs in Santa Clara County. Currently, in San Mateo County, some of these conditions exist, such as a strong working relationship with the county Office of Education and county Mental Health. In addition, San Mateo is also a Family to Family county, and we are currently implementing similar System Improvement Plan objectives, goals and outcomes. Finally, this segment of children in the Children and Families Services caseload could benefit from enhanced mental health and educational services.

Programmatic changes within Shelter Care and the Independent Living Program within San Mateo County are underway. As with any new initiative, dovetailing with impending operational changes can create synergy and an opportunity to leverage resources. However, the practicalities of introducing a similar Shelter Reuse model needs to be evaluated across programmatic areas within the Human Services Agency of San Mateo County and its respective partners. This program adaptation can be accomplished by asking the Board of Supervisors to commission a multi-disciplinary task force to evaluate the operational requirements, advantages, and

potential outcome measures for adopting the Shelter Reuse model.

Recommendations

For San Mateo County, this program presents a great opportunity to enhance the current services offered to children and families. The conditions in place to explore this opportunity include:

- an existing partnership with COE to provide educational support to foster youth in the form of two educational liaisons;
- an existing plan to provide mental health services to foster youth;
- potential program expansion of ILP services to meet the needs of younger adolescents; and
- decreased usage of the receiving home and impending facility relocation

Acknowledgments

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WAYS YOU CAN REINFORCE YOUR CHILD OR STUDENT AFTER SUCCESS CAMP

ENCOURAGE USE OF THE BOOKMARK	ENCOURAGE USE OF THE JOURNAL	RECOGNIZE SUCCESS ROADBLOCKS
<p><i>(Vision + Plan + Effort = Success)</i></p> <p>The Bookmark is the tangible tool for accomplishing a vision or goal.</p> <p>VISION:</p> <p>The child's vision should be drawn or written at the top of his or her bookmark.</p> <p>PLAN</p> <p>The plan should be written below the vision and include all steps necessary to make the vision a reality.</p> <p>EFFORT:</p> <p>The effort is the work required to follow through on each step of the plan. These efforts should be recorded on the flip side of the bookmark as they occur.</p>	<p>The journal should be the place where the child records and remembers his or her accomplishments and successes.</p> <p>EXAMPLES OR POSSIBLE ENTRIES:</p> <ul style="list-style-type: none"> • Acknowledgement and recognition of successes. • Lists of visions already accomplished and those "under construction." • Stories about past successes. • Hopes and dreams for the future. • Acts of kindness towards others. • How it feels to be a success. <p><i>(In addition, the journal can be used as a diary and success log.)</i></p>	<p>Help the child recognize possible roadblocks to his or her success and help the child with those that can be overcome.</p> <p>There are physical, learning and emotional roadblocks.</p> <p>EXAMPLES:</p> <p>A Physical Roadblock</p> <p>A child could not physically compete in professional basketball.</p> <p>A Learning Roadblock</p> <p>A child could not become an interpreter before learning another language.</p> <p>An Emotional Roadblock</p> <p>Emotional roadblocks to success are often caused by fear, anger, sadness, and or lack of confidence.</p>

MENTAL HEALTH CONSENT DECISION TREE

If the dependent child will be receiving Mental Health Services, how do I know who should sign the Mental Health consent forms?
(This includes services through Shelter Mental Health, a private or contract provider).



