

# ***The Evolution of Santa Clara's Department of Family and Children's Services: A Proposal for Progress***

**YVONNE MOORE**

## **EXECUTIVE SUMMARY**

### **Introduction**

West Marin Service Center got it right! Many would say West Marin could afford to operate with totally integrated services inside one facility because they have access to so many local funding sources and support. Beyond this forgone conclusion is the fact that they have taken advantage of the CAPIC (California Psychology Internship Council) Program which allows them to be fiscally responsible, more responsive to the community, and resourceful.

The strength of the CAPIC Internship Program has allowed West Marin to engage with families at the onset of a crisis with a workforce of four interns. Another positive aspect that lends itself to West Marin is the ability of these mental health intern professionals to be on-site to communicate with other staff with needed specialties.

### **Conclusion**

West Marin Service Center provides an excellent starting point for many human service institutions to look at and borrow from. Some may not have the same monetary resources as Marin, but there still are components that can be implemented by other counties to make the interaction with the community being served a more positive one.

I found the mental health component of the service center intriguing, as it is self-sustaining and robust. This CAPIC Program is a staple that would be a perfect match for Santa Clara's South County. With this program in place Santa Clara County could reduce the use of Family Preservation funds to pay for private therapists and re-allocate county social workers' time by not having to additionally act as mental health experts.

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**Yvonne Moore** is a Social Work Supervisor for Santa Clara County Department of Family and Children's Services.



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## **Introduction**

According to an ancient Chinese proverb, "The best time to plant a tree is 20 years ago. The second best time is now." Why wait?

I start my case study with this proverb because I am a 15-year veteran of the Santa Clara County Department of Family and Children's Services (DFCS) who has been inspired by the West Marin Multi-Service Center. Some of the principles being applied at the West Marin Center would make a significant and much needed impact in the South County Office of DFCS located in Gilroy, California.

## **Background**

The Gilroy Family Resource Center is responsible for services to the entire South County region of Santa Clara County. This region includes the City of Morgan Hill, San Martin, and Gilroy. The Center encompasses child protective social workers and resource center staff for the community-at-large. The charter of this facility is to provide child welfare dependency case management, parenting classes, youth services, and drug and alcohol intervention. A major component essential for successful reunification is cohesive mental health resources for families to engage in at the onset of an opened child welfare case. Unfortunately, this critical element has not kept pace with the rest of the services being rendered in South County.

The inadequate resources for mental health services gives way to a windfall of issues that become a "catch 22" scenario for many families who find themselves in the dependency system.

Example: Jane Doe had her two young daughters removed from her home because of substance abuse and domestic violence. The girls appeared insecure with low self-esteem, and one child displayed signs of possible molestation. The social worker made a referral through Systems of Care for mental health therapy due to the complexity of the case. It took up to five months before an intake appointment was scheduled. During this lag time the social worker had to reassure the family that a referral was made because the mother had already begun court proceedings to regain custody of her children.

The children remained in a foster home throughout their case without immediate access to mental health therapy because the current model does not incorporate multiple service providers. This lack of access extended the length of the family's ordeal in the dependency system because their service plan was not completed within the time restraints set by the court. This lack of mental health resources almost guarantees families in similar circumstances a failed attempt at navigating the dependency system.

Seasoned social workers sometimes know to rely on private therapists that they have built a relationship with for their clients. The dilemma with this approach is the negotiation of cost, which runs \$95.00 an hour, for which only \$65.00 is approved through Family Preservation Funding.

The client is then made responsible for the difference in funds. To most families in South County, this money is the difference between food on the table and following a court order to get their kids back. The alternative is to qualify a parent or a child as a victim to get higher on the waiting list

for Victim Witness funding to pay for the mental health services.

Since the charter calls for the assistance and reunification of families, this practice is unacceptable. Now is the time for us to plant that tree and bring progress to South County. We cannot wait another 20 years!

### **A Successful Model**

Imagine a setting that has mental health services, public health nursing services, drug and alcohol services, economic assistance, and child and adult protective social workers all in one community center.

Now imagine all of these entities communicating freely, cross-coordinating, and developing successful service plans for their clients. Lastly, think of the possible outcomes if you were able to have all of these individuals from every sector in this community service center to participate in a mandatory weekly case staffing, where they use a holistic approach to help families.

Not only has the West Marin Service Center taken this approach, but they also have made it successful. Their model may not work for every county, but there are key elements that can be borrowed and applied to help advance the service offerings of other human service Institutions.

South County DFCS specifically can benefit from the mental health component of West Marin's model. The model offers psychotherapy, medication, and consultation services. A licensed psychotherapist, advanced clinical interns, and a psychiatrist provide the services on site. They are co-located with child protective service workers who are able to make referrals for outpatient psychotherapy to individuals, couples and families who are immersed in the dependency system. Payment is through private insurance, Medi-Cal, and CMSP. In some cases, a sliding scale can be used to pay for services.

West Marin Health and Human Services are able to accommodate the community in this fashion by incorporating a CAPIC (California Psychology

Internship Council) Certified Internship Training Program. Through the CAPIC program, West Marin is able to keep a sufficient number of staff resources at all times by maintaining a minimum of four interns. These interns keep a typical caseload of 10 hours a week of clinical work. Their caseloads may include individuals with multiple problems and families with drug and alcohol abuse issues. They also may see children and adolescents with a variety of issues.

In order to take advantage of the dynamic environment and be as resourceful as possible to clients, the interns are empowered with training hours held to the requirements of CAPIC.

A staff psychologist hired through the Community Mental Health Department provides two hours of individual supervision per week to the interns. Clinical training with the nursing and social work staff occurs during the mandatory Tuesday morning meetings, where the teams provide cross-functional collaboration on a case-by-case basis. This weekly meeting provides staff with historical background on a family and assists in staff developing successful service plans.

West Marin has also shown fiscal responsibility by maintaining their CAPIC collaboration. The interns provide the bulk of the manpower on caseloads, which then does not eat into the Center's budget. This is a win-win situation for both the department and the intern because the interns are motivated, smart and energetic, and they get clinical supervision from a professional.

### **Recommendation**

One of the paths to better services in South County is clear. I am recommending that South County adopt the mental health component of West Marin's model. This includes becoming a CAPIC site, providing on-site mental health services, and implementing collaborative staffing to foster successful reunification of families. Lastly, I recommend that stronger relationships are built with private therapists that will open doors to collaboration.

## Conclusion

West Marin provides a great opportunity to see how a successful mental health component is implemented. I applaud West Marin for their creative approach to providing all of their community services in one location. Because of this experience I am eager to help improve the success rate of family reunification in South County by adopting some of the principles by which the West Marin model is governed. As mentioned previously one of the most important steps is to become a CAPIC site. Steps and requirements to becoming a CAPIC site can be found in Appendix A. Finally, the county needs to open the lines of communication between our DFCS and the county mental health department in order to collaborate in a fashion that will be fiscally responsible and in the best interests of the clients.

## Acknowledgement

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Most importantly I would like to graciously thank my child welfare unit staff who supported my BASSC experience and work so hard to reunify their families. It is because of them that my job is so rewarding! This case study is dedicated to the South County social workers that go above and beyond to preserve our families.

