

**County of Santa Clara**  
**Social Services Agency**  
Department of Family and Children's Services



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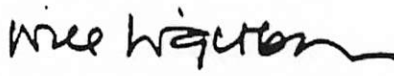
CSFC SSA03 040605

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Director, Department of  
Family and Children's  
Services

DATE: April 6, 2005

TO: Supervisor James T. Beall, Jr., Chairperson  
Supervisor Don Gage, Vice-Chairperson  
Children, Seniors & Families Committee

FROM:   
Will Lightbourne  
Agency Director, Social Services Agency

SUBJECT: DFCS Pilot Programs Update

**RECOMMENDED ACTION**

Accept status report from Department of Family and Children's Services on Pilot Programs operating at the Children's Shelter.

### **FISCAL IMPLICATIONS**

Not applicable.

### **CONTRACT HISTORY**

Not applicable.

### **REASONS FOR RECOMMENDATION**

At its December 8, 2004 meeting, the Children, Seniors and Families Committee accepted a status report on implementation of Pilot Programs at the Children's Shelter facility, and requested that another status report be given in three months. The attached report provides that information.

### **BACKGROUND**

The Board of Supervisors, during its FY 2005 budget hearings, approved the pilot implementation of two program ideas recommended by a task force formed to identify potential alternative uses of the Children's Shelter facility. The two pilot programs aim to support educational achievement and assure mental health services for children involved in the child welfare system.

Between July and December 2004, an Operational Planning Team convened to develop an implementation plan. The Children, Seniors and Families Committee accepted regular status reports on the planning process during that time.

The Pilot Programs opened for service on January 12, 2004. The Operational Planning Team has continued to meet weekly, as it has since October 1, 2004, to oversee the programs, identify and resolve problems, monitor results, and plan for the future. The attached report describes the accomplishments and lessons learned during the first two months of operation.

### **CONSEQUENCES OF NEGATIVE ACTION**

Negative action would result in the Childrens, Seniors, and Families Commitee not accepting the report.

**STEPS FOLLOWING APPROVAL**

The Clerk of the Board will follow the usual steps for a report of this type.

**ATTACHMENTS**

- DFCS Pilot Programs Update 040605

**DFCS Pilot Programs Update**  
for the  
Board of Supervisors' Children, Seniors & Families Committee  
April 6, 2005

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- 1) Improve children's mental health by offering enhanced screening and assessment for, linkage to, and coordination of mental health services; and
- 2) Improve children's educational achievement by offering strategies to stabilize attendance and improve literacy.

The target population of children to enroll in the pilot programs are those aged six to eleven who have had a new service case opened in DFCS and who live in Santa Clara County.

**Accomplishments During First Two Months of Operation**

1. **Planning for implementation of the Pilot Programs was completed on time.** Planning was completed in time for a January launch, as requested by the Children, Seniors and Families Committee. The programs began operation on January 12, 2005. See Appendix 1, Planning and Implementation Timeline.
2. **Forty-six children have enrolled in the Pilot Programs.** Between January 12<sup>th</sup> and March 18<sup>th</sup>, 2005, 46 children met the target population criteria and enrolled in the Pilot Programs. See Appendix 2 for more demographic information. [Note: The number of children participating in the pilot programs averages 20 children per month. Previous estimates of 100 children per month were based on admissions to the Children's Shelter, and did not take into account the following characteristics that place the child outside of the pilot program target population: 1) children who are quickly returned home and for whom no DFCS case is opened, and 2) children with an existing DFCS service case.]
3. **Seventy-six percent of children have begun their mental health assessment.** As of March 18<sup>th</sup>, 35 children (76%) had begun their mental health assessment, and of those, 100% were determined to be in need of ongoing mental health services. Those children have been referred to community-based mental health services, or are being served by County Mental Health staff at the Shelter, until their placement is secure and the appropriate community-based provider can be identified for referral.
4. **Seventy-six percent of children have completed or will soon complete Success Camp.** As of March 18<sup>th</sup>, 35 children (76%) had completed, or have been scheduled to soon complete, the educational program, Success Camp.

5. **Access to mental health services is happening more quickly.** Weekly planning meetings and close tracking of Pilot Program cases has enabled faster problem identification and resolution. For example, the Planning Team identified delays in getting children in for mental health assessment and then into ongoing treatment by a community-based provider. A close look at the delays revealed a) difficulty transporting Gilroy children to the Shelter for assessment, and b) figuring out when a placement is “stable” enough to make the referral to a community-based agency. These issues are quickly being resolved by securing office space for mental health assessment at the Gilroy Family Resource Center, and increasing communication about placements between Mental Health staff and Social Workers.
6. **Streamlined procedures for consent will benefit the entire system.** The Pilot Programs offer children mental health services and educational support immediately upon entry into the child welfare system. The Planning Team has spent many hours refining the process for obtaining consents to attend Success Camp, to receive mental health treatment, and to release information. This expedited process can be used department-wide to save time and effort.
7. **Success Camp is having a positive impact.** Informal conversations with the social workers, parents and caregivers, teachers of the children in the Pilot Programs, as well as conversations with the children, and preliminary observations of an independent evaluator reveal that Success Camp is having a positive impact. See Appendix 3: Examples of Childrens’ Journal Entries.

#### Support to Parents and Caregivers

The DFCS Supervisor coordinating the Pilot Programs, mental health counselors and the Success Camp teachers are talking with parents and caregivers before the children’s entry in the Pilot Programs, and afterward, to follow-up. In these conversations, information is being gathered on what parents and caregivers would like to know, learn, or talk about, regarding their children’s educational and mental health needs.

Beginning in April, a monthly workshop will be held for parents and caregivers to receive information that will be helpful to them on these topics. A committee of the Operational Planning Team is convening to plan the workshops’ objectives, content and logistics. The first workshop is scheduled for April 27<sup>th</sup> at the Children’s Shelter facility.

#### Early Lessons from Pilot Program Planning and Implementation

1. To expedite quick entry into services and promote a multidisciplinary approach to meeting children’s mental health and educational needs requires constant attention and the contributions of multiple individuals sitting at the same table. The Operational Planning Team, representing Mental Health, Social Work, Education, Legal, Information Systems and Eligibility, continues to meet every week, as it has since October, in order to assure that children can move quickly into

service, that their confidentiality is protected, and that important information can be shared among service providers that helps to keep a focus on the whole child.

2. Early mental health assessment is a positive outcome of the pilot program. However, children's placements are also being arranged at this time and referral to a community-based mental health provider should wait until the child's placement appears to be stable. This allows for a provider to be identified that is a good match geographically and otherwise with the child's new home. The waiting period requires County Mental Health staff to continue to provide treatment to the child for a longer period of time than originally anticipated, thereby increasing their caseload.

3. There are multiple readiness factors that preclude a child's participation in Success Camp, and all need to be considered before enrolling the child. Scheduling children into the camp takes at least three weeks. Factors include child's emotional state and physical health, stability of child's placement, fit with Social Worker's plan, permission of parent or caregiver, possible concurrent events at child's home school (i.e. tests, field trips, etc.) and fit with child's teacher's plan.

4. Strategies to promote school attendance and improve literacy for this target population should start with the child's understanding that he has control over certain aspects of his life, that he can set goals, and that he can manage himself in such a way to achieve his goals, even in very challenging environments. For a child undergoing difficult and perhaps frequent changes that are out of his control – new home, new caregiver, new school – educational success depends on his ability to manage these changes, identify resources that will help him, and stay focused on his goals. The Success Camp curriculum uses reading, singing, acting, counting, cooking, playing and a host of other activities to teach these lessons and build the resiliency skills needed to succeed. New performance measures needed to be developed that would better capture the objectives of Success Camp.

### Performance Measures

As mentioned above under "Early Lessons," new performance measures have been developed for Success Camp. An underlying goal of Success Camp is to help these students be more successful in the traditional school setting. The research (Bernard, B.1993) is clear that resiliency skills will be more helpful in moving students toward academic successes. Garmenzy (1991) notes that these skills (resiliency skills) must precede academic skills in order for students to succeed in school. At this time data on students obtaining and demonstrating these skills will be the most insightful in measuring the effectiveness of Success Camp. Once the pilot has been completed, consideration should be given to a more rigorous evaluation where improved literacy and increased school attendance are measured.

The following performance measures have been developed for the pilot programs:

- 1) Increased number of children receiving mental health services
- 2) Increased resiliency skills
- 3) Improved understanding of what skills are needed to succeed

#### 4) Client (child and parent/caregiver) satisfaction with Pilot Program services.

Planning is also underway on how best to track the Pilot Programs' impact on the County's System Improvement Plan (SIP) goals of reducing multiple foster care placements and foster care re-entry.

Only limited measures are available at this early stage of implementation. The client satisfaction tools will be issued at a 30-day interval for Success Camp, beginning in April, and a six-month interval for Mental Health, beginning in June.

Performance Measure	Performance Measure Status	Comments
1. Increased mental health services	76%	This performance measure has been met.
2. Increased resiliency skills		Data collection in progress
3. Improved understanding of skills needed		Data collection in progress
4. Client satisfaction		Data collection to begin in April

#### Budget

The Social Services Agency is committed to continuing the Pilot Programs in FY 2006 at their current level. The SSA is including funding in its FY 2006 budget request to achieve this. The Mental Health Department has also included funding in its FY 2006 budget request to maintain the pilot program services. It should be noted that the years-long county budget deficit, and cumulative effects of ongoing staff reductions are having a negative impact on the ability of Operational Planning Team members and others to commit to proper planning, administration and evaluation of these programs.

#### Potential Expansion

The Operational Planning Team will begin formulating recommendations for expansion of the Pilot Programs at the conclusion of the first six months of operation.

## Appendix 1: Planning and Implementation Timeline

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7/04	8/4/04	Develop implementation plan overview	8/4/04
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8/04	10/22/04	Develop planning process	10/22/04
9/04	10/20/04	Provide follow-up information to CSFC	10/20/04
10/4/04	10/4/04	Convene Operational Planning Team	10/4/04
10/12/04	10/15/04	Draft outline of service delivery components	10/15/04
10/27/04	11/10/04	Convene Workgroups	11/10/04
10/27/04	11/15/04	Develop detailed program plan and case flow to implement programs	11/19/04
11/12/04	12/15/04	Meet/confer with unions	01/11/05
11/12/04	12/15/04	Licensing documentation sent to CCL	12/15/04
11/12/04	12/15/04	Finalize program budget	2/4/05
11/15/04	11/20/04	Finalize Pilot Program Plan	11/24/04
11/20/04	12/15/04	Execute MOU DFCS/Mental Health Department and Service Agreement DFCS/COE	12/7/04
11/20/04	12/15/04	Complete DFCS referral process and forms	1/7/05
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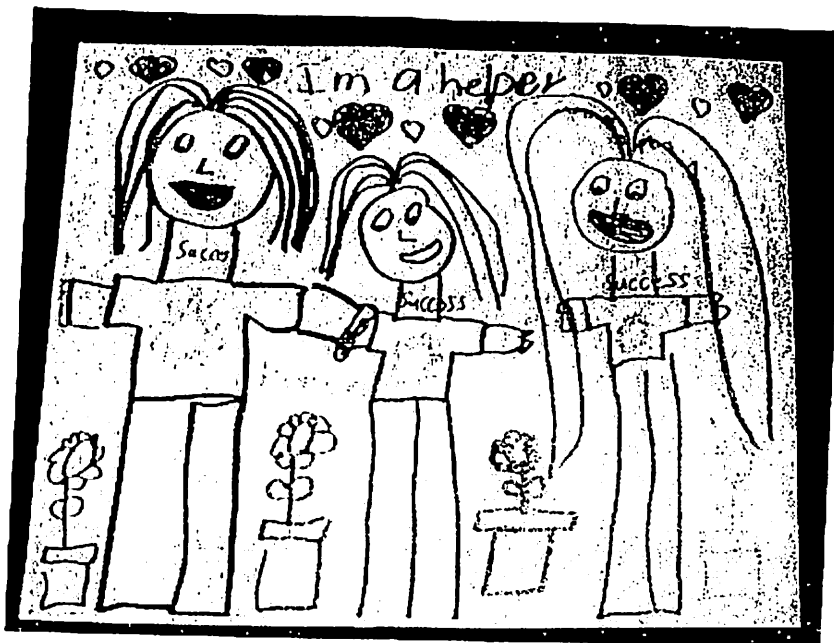


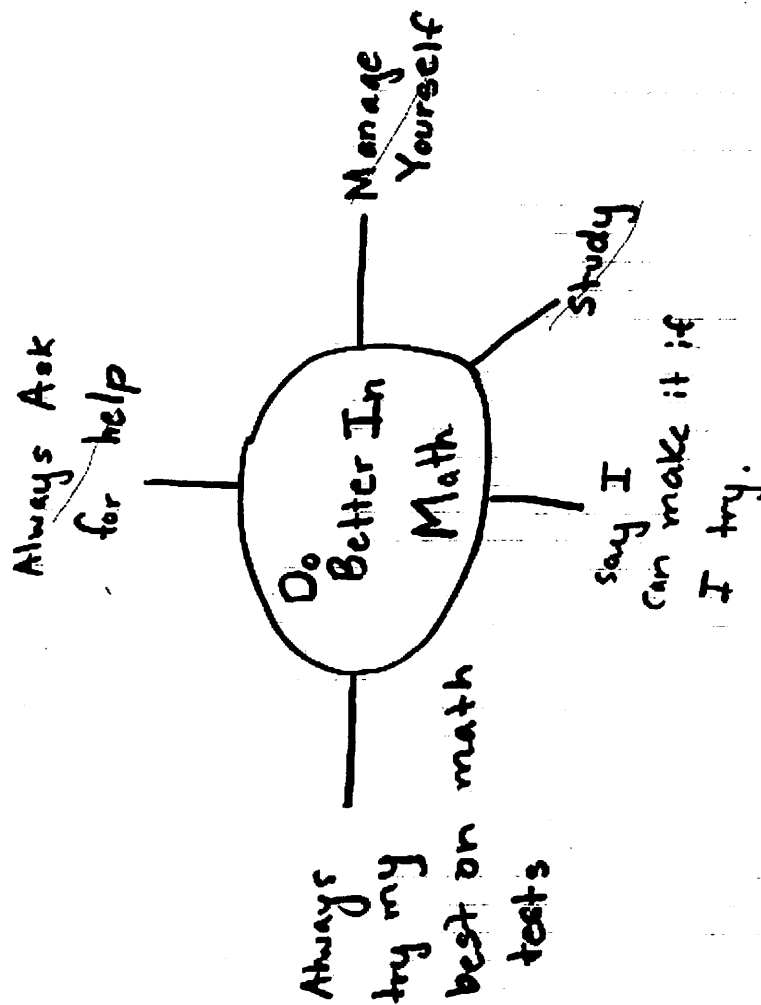
## Appendix 2: Participant Demographic Information, January 12 – March 18, 2005

<b>Ethnicity</b>	<b>No. of Children</b>	<b>Percent</b>
African-American	1	2%
Central American	1	2%
Filipino	1	2%
Hispanic	32	70%
Vietnamese	2	4%
White	8	17%
White/Russian	1	2%
<b>Total</b>	<b>46</b>	<b>100%</b>

<b>Age</b>	<b>No. of Children</b>	<b>Percent</b>
5	1	2%
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### Appendix 3: Examples of Children's Journal Entries





**DFCS Pilot Programs Update**  
for the  
Board of Supervisors' Children, Seniors & Families Committee  
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