

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



CSFC SSA03 111004

Prepared by: Norma Doctor Sparks
Director, Department of
Family and Children's
Services

DATE: November 10, 2004

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: Children's Shelter Pilot Programs Implementation Plan Status Report

RECOMMENDED ACTION

Accept the attached status report from the Department of Family and Children's Services, Social Services Agency, on the implementation plan of Pilot Programs at the Children's Shelter facility.

FISCAL IMPLICATIONS

Not applicable.

CONTRACT HISTORY

Not applicable.

REASONS FOR RECOMMENDATION

At its October 20, 2004 meeting, the Children, Seniors, and Families Committee accepted a report from the Social Services Agency, Department of Family and Children's Services, on the implementation plan for two pilot programs to improve the well-being of children and families involved in the child welfare system. This attached report provides an update on the planning.

BACKGROUND

As directed by the Children, Seniors, and Families Committee in June 2003, a task force of community stakeholders and staff from County agencies was formed to recommend potential alternative uses of the County Children's Shelter and Assessment Center facility. Recommendations from this group were presented to the Committee in February 2004.

The Board of Supervisors, during its Fiscal Year 2005 budget hearings conducted in June 2004, approved the implementation of two program ideas recommended by the Shelter Use Committee. The Board allocated \$240,000 in County General Fund dollars in FY2005 to support this effort. The two programs that will be piloted at the facility aim to support educational achievement and assure mental health services for all children involved in the child welfare system.

At meetings held on August 18, September 15, and October 20, 2004, the Children, Seniors, and Families Committee accepted status reports on the implementation plan for the pilot programs at the Children's Shelter.

CONSEQUENCES OF NEGATIVE ACTION

Failure to accept this report could result in delayed action on implementation of alternative uses of the Children's Shelter facility.

STEPS FOLLOWING APPROVAL

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

ATTACHMENTS

- Children's Shelter Pilot Programs Implementation Plan Status Report (Miscellaneous)

Santa Clara County
Department of Family and Children Services
Social Services Agency

CHILDREN'S SHELTER PILOT PROGRAMS

IMPLEMENTATION PLAN STATUS REPORT

November 10, 2004

BACKGROUND

As directed by the Children, Seniors, and Families Committee in June 2003, a task force of community stakeholders and staff from County agencies was formed to recommend potential alternative uses of the Children's Shelter and Assessment Center facility. Recommendations from this group were presented to the Committee in February 2004.

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DRIVERS FOR ENHANCED SERVICES

There are four drivers for the implementation of pilot programs at the Children's Shelter: 1) current underutilization of the facility, 2) the need for services for children in the County's child welfare system, 3) the County's System-Improvement Plan (SIP), and 4) the principles and strategies of Family-to-Family that are part of the reorganization of the Department of Family and Children's Services (DFCS).

1) Current Underutilization of the Facility

Over the past two years, DFCS has successfully lowered and maintained the daily population at the Children's Shelter to an average daily of 25 children by placing children in appropriate placements faster. The facility is licensed for 132 children and was averaging 107 children on a daily basis just two years ago. The need to use the facility has been reduced commensurate with the population, leaving two cottages and four school classrooms unused. The Board of Supervisors recognizes that a need exists to maintain a Children's Shelter that includes an emergency, short-term residence for a smaller population of children who have special needs or behaviors that family settings

cannot adequately address. Even with the reduction in staff costs realized over the last year-and-a-half, the expense of keeping the facility operational continues. As a measure of fiscal responsibility, the Board of Supervisors supports the use of the other parts of the Children's Shelter for purposes that will meet the needs of all children served by DFCS.

2) Need for Enhanced Services

By virtue of their coming to the attention of the child welfare system, children served by DFCS have experienced some degree of disruption in their lives. The emotional well-being of these children is related to successful out-of-home placements or their parents' ability to maintain them at home, once they are returned to their parents care. Children in Santa Clara County's foster care system require comprehensive mental health services. The Children's Shelter already has a unit of mental health therapists that has been co-located for the past several years. Additional and enhanced mental health services would build upon the history of cooperation between the Department of Mental Health and DFCS.

Foster children have special educational needs, exacerbated by multiple moves from one school district to another and a lack of academic supports to assist them through these transitions. Although a school run by the County Office of Education has been a part of the Children's Shelter, programs to meet specific academic needs of all DFCS-supervised children have not been available.

3) System Improvement Plan (SIP)

The plan for the unused sections of the Children's Shelter addresses two of the SIP measures: multiple foster care placements and foster care reentry.

The provision of enhanced mental health and educational services supports caregivers. Unresolved mental health issues and/or poor school attendance and performance are key factors in the instability of a child's placement. The provision of enhanced mental health and educational services to children will result in increased stability and permanency for children and reduce multiple foster care placements.

To address foster care reentry, children receiving in-home voluntary services or court-ordered family maintenance services will also have access to the Children's Shelter's pilot programs. Eventually, the goal is that all children who are referred to DFCS will be able to receive services in these pilot programs. In offering these services, the Children's Shelter's pilot programs will act as a preventative measure in helping to stabilize families, keeping them out of the foster care system.

4) Family to Family

DFCS continues its commitment to incorporate the Family-to-Family (F2F) strategies into its practice. The 2003 DFCS reorganization incorporated F2F principles and strategies. The reduction of the Shelter population is the result of that commitment, with more children placed in family settings and less reliance on congregate care. One of the F2F principles is the support of resource families. Resource families presently do not receive adequate help in coping with the effects of abuse and neglect. The children's

emotions and behaviors often contribute to foster care and relative home disruptions. Providing for foster children's mental health and educational needs are key to supporting resource families in maintaining successful placements.

GUIDING PRINCIPLES OF THE PILOT PROGRAMS

The principles guiding the pilot programs at the Children's Shelter are:

- All children require stable, permanent placements.
- Services that support children and their caregivers increase the likelihood of stable and permanent placements.
- Children in the child welfare system, by virtue of their circumstances, have experienced some degree of disruption in their lives, which may affect their emotional well being.
- Children must be assessed for and provided mental health services that support their emotional well-being as early as possible.
- Children require specialized educational supports to meet their educational needs, which are often disrupted by multiple placements.
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- Children and their caregivers will receive services during hours that are responsive to their needs.

GOALS OF THE PILOT PROGRAMS

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

PERFORMANCE OUTCOMES OF THE PILOT PROGRAMS

- 1) Increased number of children receiving mental health services.
- 2) Improved literacy of children.
- 3) Improved child and parent/caregiver satisfaction with support in school and mental health assistance.
- 4) Increased number of school days attended.

DESCRIPTION OF THE PILOT PROGRAMS

Beginning January 2005, enhanced mental health and educational support programs will be provided at the Children's Shelter facility.

The pilot programs will be phased in over three years. The first phase will focus on children ages six to eleven years old. Subsequent phases will include an evaluation of the pilot program and expansion of the pilot program to the entire child welfare population, ages zero to eighteen.

Mental Health Services

- 1) A six-person team of mental health professionals will be stationed at the Shelter to screen every child.
- 2) For each child who experiences changes in placement or removal from home, services to meet the child's emotional needs or crises will be provided within 24 hours onsite.
- 3) A full mental health assessment will be completed for each child, as determined by the screening process. The mental health staff will meet with the child and significant others to determine the child's mental health status and service needs to formulate an initial care plan. The mental health assessment will be shared with DFCS.
- 4) In consultation with social worker, family members, caregivers and/or others, a care plan will be developed. A community-based provider will be identified for referral, if needed. The mental health staff will convene the treatment planning conference and begin transition work with the child.
- 5) As needed, the child and caregiver or family will be provided an array of mental health services through community-based providers.
- 6) Mental health staff will monitor the status of each child's treatment and coordinate monthly meetings of providers and DFCS stakeholders to assure quality treatment and safety of the child.
- 7) Classes for caregivers will be developed based on emerging issues for this child population.
- 8) Specialized training for providers on issues relevant for the pilot clients will be offered.
- 9) Evaluation information will be gathered from the community-based mental health providers, educational support providers, child clients (if age-appropriate), their caregivers, and social workers to determine program success.

Educational Services

- 1) A two-person team of specially-trained teachers will be stationed at the Children's Shelter to work with children, their caregivers, their school personnel and community resources.
- 2) A three-day program of interactive instruction and play specifically designed for children in the child welfare system will be offered. The research-based curriculum uses the State's language arts standards and best practices in literacy education. The curriculum is based on best practices in helping children develop or increase coping skills, cooperation, and self-management.
- 3) Each child's reading level and needs will be obtained from the child's district of residence. Education staff will make personal contact with the child's local school to

explore existing and ongoing resources for the child and her family that can promote school achievement and to link the family to those resources.

- 4) Education staff will be available to collaborate with social workers, mental health staff, caregivers, community resources, the child's local school, and other key individuals who are in a position to bolster the child's academic performance by identifying ways to strengthen and reinforce the child's academic success skills.
- 5) Caregivers will receive help in building effective relationships with teachers, making connections that keep children going to school, and supporting children's positive behaviors. The educators will be available to talk with and meet with the child, parents, caregivers, and social workers to resolve issues and provide guidance in how to support the child's success in school. The hours of availability for educators to meet with parents and caregivers will be flexible to accommodate the schedules of working parents.

PARTNERS IN PILOT PROGRAMS

The County Mental Health Department, the County Office of Education, and the Department of Family and Children's Services will work together to offer services that will meet the goals of the pilot programs, provide support to both children and their caregivers, and support the work of social workers. These partner agencies will provide services to children and families, participate in team training opportunities, and will obtain and share data that effectively measures the pilot programs' success.

The following lists the roles and responsibilities of each partner:

Department of Family and Children's Services

- Referral of clients and parents/caregivers.
- Participate in and provide training opportunities for the mental health and education services team.
- Coordinate partners, team meetings and trainings, and data collection.

Mental Health Department

- Provide on-site services, including assessment services, care plan for caregivers, linkages to community providers, follow-up, data collection, and delivery of parent/caregiver group classes.
- Coordinate mental health provider network services.
- Participate in and provide team training opportunities.

County Office of Education

- Provide individualized "self-management" skill-building to encourage regular school attendance and positive behaviors among children with a minimum absence from mainstream classes.
- Provide literacy interventions to children.
- Include parents and caregivers in children's skill-building interventions.
- Participate in and provide team training opportunities.

An operational planning team was formed to develop the service delivery and implementation plans for the pilot programs. This team consists of two or more representatives from DFCS, the Mental Health Department and the County Office of Education. The Operational Planning Team is scheduled to meet at least once every two weeks from October 2004 through January 2005.

DFCS is presently holding workgroups that includes DFCS staff, union members, mental health staff, and County Office of Education staff. These workgroups are to address and resolve the following issues by mid-November 2004:

- Legal issues including but not limited to: reducing confidentiality barriers to sharing information between departments/offices; clarifying the impact of AB 490 on the educational program; obtaining changes to the Children's Shelter's state license to allow pilot programs; establishing memorandum of agreements between DFCS and Mental Health and County Office of Education, and information sharing, including electronic information.
- Referral issues including but not limited to: identification and number of children between 6-11 years and 12-18; number of children in the various types of placements; identification of children who require mental health and/or educational services; referral process preferably using CWS/CMS or existing documents or processes; coordination with psychological evaluation process; and monitoring of services.
- Funding issues including but not limited to: establishing Medi-cal eligibility; if and how much will be needed to secure services such as transportation services, parent advocates, translation services, childcare, facility needs, and evaluation services.

The following stakeholders, including but not limited to the Board of Supervisors; the Children, Seniors, and Families Committee; the Children's Shelter Use Committee; Santa Clara County Dependency Court; Continuum of Care Workgroup; Birth Parents; Foster and Adoptive Parents' Association; Current and/or Former Foster Youth; Silicon Valley Children's Fund; and Child Advocates of Santa Clara and San Mateo Counties will be updated and asked to provide input on the service delivery design and implementation of the pilot programs.

PHASE I PLANNING AND IMPLEMENTATION TIMELINE

Start date	End date	Task	Completed
7/04	8/4/04	Develop implementation plan overview	8/4/04
8/04	8/18/04	Obtain CSFC approval of implementation plan	8/18/04
8/04	8/31/04	Identify partner agencies	8/31/04
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	
10/27/04	11/15/04	Develop detailed program plan and case flow to implement programs	
11/12/04	12/10/04	Amend Shelter's license	
11/12/04	12/15/04	Finalize program budget	
11/12/04	12/15/04	Meet/confer with unions	
11/15/04	11/20/04	Finalize Pilot Program Plan	
11/20/04	12/15/04	Execute MOU DFCS/Mental Health Department and Service Agreement DFCS/COE	
11/20/04	12/15/04	Complete DFCS referral process and forms	
12/15/04	1/09/04	Provide staff training and orientation	
1/10/05	ongoing	First cases referred for pilot programs services	
1/10/05	1/31/05	Help staff available for referral concerns	
1/10/05	ongoing	Evaluation of programs	

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Figure 1 consists of two parts. The top part shows a sequence of 10 boxes, with the 4th box containing a dot, representing a single trial. The bottom part shows a sequence of 10 boxes, with the 4th box containing a dot, representing a block of 10 trials.

A diagram showing a sequence of boxes representing a process flow. The first box contains '0'. The second box contains '1'. The third box contains '2'. The fourth box contains '3'. The fifth box contains '4'. The sixth box contains '5'. The seventh box contains '6'. The eighth box contains '7'. The ninth box contains '8'. The tenth box contains '9'. The eleventh box contains '10'. The twelfth box contains '11'. The thirteenth box contains '12'. The fourteenth box contains '13'. The fifteenth box contains '14'. The sixteenth box contains '15'. The seventeenth box contains '16'. The eighteenth box contains '17'. The nineteenth box contains '18'. The twentieth box contains '19'. The twenty-first box contains '20'. The twenty-second box contains '21'. The twenty-third box contains '22'. The twenty-fourth box contains '23'. The twenty-fifth box contains '24'. The twenty-sixth box contains '25'. The twenty-seventh box contains '26'. The twenty-eighth box contains '27'. The twenty-ninth box contains '28'. The thirtieth box contains '29'. The thirty-first box contains '30'. The thirty-second box contains '31'. The thirty-third box contains '32'. The thirty-fourth box contains '33'. The thirty-fifth box contains '34'. The thirty-sixth box contains '35'. The thirty-seventh box contains '36'. The thirty-eighth box contains '37'. The thirty-ninth box contains '38'. The fortieth box contains '39'. The forty-first box contains '40'. The forty-second box contains '41'. The forty-third box contains '42'. The forty-fourth box contains '43'. The forty-fifth box contains '44'. The forty-sixth box contains '45'. The forty-seventh box contains '46'. The forty-eighth box contains '47'. The forty-ninth box contains '48'. The fiftieth box contains '49'. The fifty-first box contains '50'. The fifty-second box contains '51'. The fifty-third box contains '52'. The fifty-fourth box contains '53'. The fifty-fifth box contains '54'. The fifty-sixth box contains '55'. The fifty-seventh box contains '56'. The fifty-eighth box contains '57'. The fifty-ninth box contains '58'. The sixtieth box contains '59'. The sixty-first box contains '60'. The sixty-second box contains '61'. The sixty-third box contains '62'. The sixty-fourth box contains '63'. The sixty-fifth box contains '64'. The sixty-sixth box contains '65'. The sixty-seventh box contains '66'. The sixty-eighth box contains '67'. The sixty-ninth box contains '68'. The seventieth box contains '69'. The seventy-first box contains '70'. The seventy-second box contains '71'. The seventy-third box contains '72'. The seventy-fourth box contains '73'. The seventy-fifth box contains '74'. The seventy-sixth box contains '75'. The seventy-seventh box contains '76'. The seventy-eighth box contains '77'. The seventy-ninth box contains '78'. The eightieth box contains '79'. The eighty-first box contains '80'. The eighty-second box contains '81'. The eighty-third box contains '82'. The eighty-fourth box contains '83'. The eighty-fifth box contains '84'. The eighty-sixth box contains '85'. The eighty-seventh box contains '86'. The eighty-eighth box contains '87'. The eighty-ninth box contains '88'. The ninetieth box contains '89'. The hundredth box contains '90'.

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Department of Family and Children's Services (DFCS)
Children's Shelter Pilot Programs
Service Delivery Design and Implementation Plan

Pilot Programs Target Population

The initial target population for the pilot programs will be children aged six to eleven who have had a service case¹ opened in DFCS and who live in Santa Clara County. Based on statistics gathered on this population in 2003, it is estimated that there will be 100 children a month in the target population. The demographics of the target population are based on data gathered in October 2004, and are as follows:

- Children reside in all sectors of the County.
- The majority of these children are in out-of-home placement within the County.
- The age of the children is evenly spread between six, seven, eight, nine, ten and eleven years.
- The primary language spoken by children in the target population is 85% English, 14% Spanish and 1% other.

Program Entry

DFCS will be the entry point for all children using the pilot programs. Social Workers in the Assessment Unit at the Children's Shelter will identify children who are entering the child welfare system. A Pilot Programs Social Work Supervisor, reporting directly to the Children's Shelter Director, will be responsible for coordinating children's entry into the pilot programs, program services and accurate and timely information to case carrying Social Workers.

Referral Process:

Social Workers in the Assessment Unit will fill out a new Intake form that has been developed, for every child entering the child welfare system, whether they are physically admitted at the Children's Shelter or enter elsewhere. This form will combine and replace the current Children's Shelter Admit Form and the current Mental Health referral form. The new Intake form will eventually be automatically populated with identifying information from the CWS/CMS system, the statewide child welfare services electronic information system. Assessment Unit Social Workers will put a copy of the Intake form in a basket marked "Mental Health", give a copy to Children's Shelter clerical staff (only for children physically admitted to the Children's Shelter residential services), and put the original form in the PONY basket for DI or South County. For the Children's Shelter Pilot Program, Mental Health staff will pick up the forms from the Assessment Center two times each day.

¹ An open service case is one in which the child has been taken into protective custody, a petition on behalf of the child will be submitted to the Court, or the family voluntarily elected to receive services from DFCS.

Service Delivery – Mental Health

Mental Health will be the central contact for DFCS staff for any mental health service related issues regarding the children on their caseloads.

Service Process:

Once the referral is received by Mental Health staff, they will make contact with the caregiver to set up an appointment for the child to be screened within two to 48 hours at the Children's Shelter. Services will be available Monday through Friday from 8:00 a.m. to 9:00 p.m. For weekend availability, an on-call system is in place. Regular weekend staffing will be developed, once the Pilot Program is underway and the need is determined. Caregivers will be encouraged to transport the child to this appointment.

During the initial mental health screening, the immediate emotional needs of the child will be addressed and crisis intervention will be initiated as needed. Following the initial screening, Mental Health staff will gather more information, from caregivers, family members, the case carrying social worker and others, and will complete a full assessment of the child's mental health status. At this time, an initial care plan will be developed and shared with the caregiver.

Following the assessment, Mental Health staff will refer the child to a Mental Health service provider in the community for ongoing treatment to address the issues they have identified. Mental Health staff will work with the caregiver, the case carrying Social Worker and the service provider to assure a smooth transition. The community-based provider will see the child within five to seven days of referral.

The community-based provider will meet with the child and caregiver and other significant family members to develop a care plan with mutually agreeable goals and objectives. Care plans will include elements that involve both the child and caregiver in ways to address behavioral issues. Shelter Mental Health staff will follow-up with the service provider by phone within two weeks of referral to assure that the child and family were seen and a care plan was developed. Shelter Mental Health staff will continue to monitor the status of the child's treatment through monthly meetings with service providers and appropriate DFCS staff.

If the DFCS Social Worker or caregivers have concerns or special issues regarding the child's treatment, they will discuss those with the service provider. If conflicts or serious issues cannot be resolved with the service provider, the Mental Health staff at the Children's Shelter should be notified so they can address the concerns through their monitoring function.

Services will be provided as long as the child's mental health status and behaviors show necessity. Average length of service is nine to twelve months.

Mental Health will gather and analyze performance measures of 1) increased access to mental health services, and 2) child, caregiver and social worker satisfaction with services.

Service Delivery – Education

Educators from the County Office of Education (COE) will offer a five-day/week program, with availability on weeknights and Saturday mornings for individualized assistance to children and caregivers. The program will consist of three days of interactive instruction and play at the Children's Shelter, referred to as Success Camp. The other two days will be spent following up with the DFCS Social Worker, caregivers, school districts, teachers and children. Tutoring will also be offered for children.

COE's program is flexible and focuses on building success through resiliency, organization, literacy and preventing problems through social skill instruction. The program will provide successful prevention strategies that teach self-management and strategies that prevent behavior problems. This is a research-based curriculum with effective instructional procedures and reinforcements that maintain positive behaviors both inside and outside of the classroom. The curricula includes classroom routines and survival skills (listening, asking for help, saying thank you, bringing materials to class, asking a question, ignoring distractions, etc). Instruction will be provided through interactive play to teach friendship-making skills, skills for dealing with feelings, alternatives to aggression, conflict resolution and skills for dealing with stress.

The program will be staffed with two teachers. The teachers will be responsible for preparing the weekly lessons, building linkages with the child's school and community programs, and assisting with parent/caregiver support programs, including the development of effective parent/caregiver/teacher partnerships. Tutorial support in reading and math will be available for the families. Tutors will be trained to support literacy, reading and language acquisition. The first day of the week will be for staff to research, plan, and collaborate regarding the students scheduled for that week's Success Camp. Tuesdays, Wednesdays and Thursdays will be spent with the children in the Success Camp (see Appendix I for detailed description of the Success Camp). On Fridays, educators will follow-up with caregivers, Social Workers, school districts, and community resources.

COE expects the children they work with in this program to show improvement in the following areas: school attendance, behavior, attitude toward school, reading skills, word recognition, number of pages read daily, goal setting, social skills, coping skills, self management, anger management and conflict resolution skills. Performance measures related to school attendance and literacy will be gathered and analyzed by COE regularly.

Referral Process:

After the mental health screening and assessment, and within 10 days of entry into the system, the Pilot Programs Social Work Supervisor will consult with Mental Health staff

and the DFCS Social Worker to schedule the child to attend Success Camp. Scheduling will be flexible to consider the child's emotional state, level of current engagement in school and capacity for a three-day absence, language, age and transportation needs. Once a list is generated for each week's attendance at Success Camp, the COE educators will prepare by contacting the child's school and engaging the teacher and administrators there. Links with the Children's Shelter Student Review Team (for Shelter residents) and the Educational Rights Project will also be established. The Pilot Programs Social Work Supervisor will coordinate transportation for the children who need it.

After attendance at Success Camp, COE staff will follow-up with the DFCS Social Worker, the child's local school, and caregivers to ensure the gains made can be sustained. Children will be welcome to attend Success Camp more than once if indicated.

Multidisciplinary Approach for Children and Families

Each week, the Pilot Program Social Work Supervisor will convene a meeting of the mental health and education staff and representatives from DFCS to review trends in service needs, troubleshoot service delivery and coordination, and make recommendations for program improvement. Group activities for parents and caregivers to learn how to support mental health needs and educational achievement will be planned. Groups for children may also be held.

From the weekly meeting, service needs and recommendations will be presented to the Pilot Programs' Operational Planning Team. The Planning Team has been meeting to plan the Pilot and will continue to meet monthly once the programs are launched. This Team includes line staff, managers and the Department directors from DFCS, Mental Health and COE and is chaired by the Children's Shelter Director.

Service Delivery Challenge: Serving all Sectors of the County

To serve South County, mental health services and COE's Success Camp will be made available in Gilroy on a regular basis.

Transportation will be the greatest challenge for the Children's Shelter Pilot Programs. The Children's Shelter has two 8-passenger vans and one sedan to use for transportation. The two assigned drivers will devote the beginning and the last part of their shift to transporting children to and from the Success Camp, which will be held at the Children's Shelter and in Gilroy. The two drivers will be available for single appointment transportation in the middle of their shifts and all day Monday and Friday. The Pilot Programs will rely on caregivers, assigned Social Workers, Social Worker I's and volunteers for the rest of the one-time appointments. All transportation will be coordinated by the Pilot Programs Social Work Supervisor in conjunction with the staff in the On-Duty Office at the Children's Shelter.

Service Delivery Challenge: Information Sharing

Information Systems staff, County Counsel and staff from Mental Health, COE and DFCS are developing a web-based application that allows information about Pilot Program services to children served in the Pilot Program to be entered into one place. Ability to view the information will be restricted based on confidentiality. The state-wide child welfare information system, CWS/CMS, will continue to be the Department's official record.

Co-location of Pilot Program with Residential Program in Children's Shelter

The Children's Shelter is licensed by the State Department of Social Services, Community Care Licensing (CCL), to provide 24/7 care and supervision for children. To stay in compliance with CCL regulations, the following procedures have been put into effect.

All COE and Mental Health staff assigned to the Pilot Program must have a criminal background check cleared by CCL before they start working at the Children's Shelter. The staff must also have a current TB screening clearing them to work.

All Pilot Program participants will be monitored closely when they are at the Children's Shelter. At no time will a child or caregiver participating in the Pilot Program be left to walk unescorted in the Shelter. Also, Pilot Program participants will not be allowed to socialize with the children residing at the Shelter, unless the Shelter residents are participants in a Pilot Program.

All participants will wait in the Shelter lobby until they are escorted to the pilot programs' sites by a qualified staff person from that program. For the Success Camp, the person transporting the children will bring them to the Shelter lobby and wait with them until the COE staff comes to get them. Children and their drivers arriving for Mental Health appointments will follow the same procedure.

Pilot Programs Oversight, Monitoring and Evaluation

The Pilot Programs Social Work Supervisor will convene staff from the Mental Health Department, COE and DFCS weekly to monitor service and program needs, continue planning, troubleshoot and recommend program enhancements. This information will be reported back to the Operational Planning Team, which consists of line staff, managers and the Directors of DFCS, Mental Health and COE.

Besides reviewing the information listed above, the Operational Planning Team will monitor performance measures, make recommendations for Phase II planning, oversee budget planning for Fiscal Years 2005 and 2006, and provide updates to the Children, Seniors and Families Committee of the Board of Supervisors.

The Pilot Program will be evaluated based on the performance measures agreed upon by Mental Health, County Office of Education, and DFCS: 1) Increased access to mental health services, 2) improved school attendance, 3) improved literacy, and 4) client satisfaction with services. To measure client satisfaction, a survey instrument is being developed by Mental Health, County Office of Education and DFCS to be given to the children and caregivers. A data collection instrument as part of the Intake form is under development to capture and report the performance measures on each child. This and other information will be used to evaluate the effectiveness of the Pilot Programs.

Plan Finalization: December 2004

During the month of December, DFCS will be finalizing the following elements in preparation for Pilot Program launch in January 2005:

- Intake form for DFCS and referral to Pilot Programs
- Confidentiality and information sharing, based on input from County Counsel and other legal experts
- Data collection process
- Licensing approval from Community Care Licensing Division
- Orientation and training plan for county, school and community groups

Phase I Planning and Implementation Timeline

Start date	End date	Task	Completed
7/04	8/4/04	Develop implementation plan overview	8/4/04
8/04	8/18/04	Obtain CSFC approval of implementation plan	8/18/04
8/04	8/31/04	Identify partner agencies	8/31/04
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	
11/12/04	12/10/04	Amend Shelter's license	
11/12/04	12/15/04	Finalize program budget	
11/15/04	11/20/04	Finalize Pilot Program Plan	
11/20/04	12/15/04	Execute MOU DFCS/Mental Health Department and Service Agreement DFCS/COE	
11/20/04	12/15/04	Complete DFCS referral process and forms	
12/15/04	1/09/05	Provide staff training and orientation	
1/10/05	ongoing	First cases referred for pilot programs services	
1/10/05	1/31/05	Help staff available for referral concerns	
1/10/05	ongoing	Evaluation of programs	

Pilot Program Expansion

After June 2005, planning will begin to expand the Pilot Programs to include children of all ages served by the Department of Family and Children's Services. The evaluation results of the first six months of the Pilot Program will be considered in planning any expansion. The Operational Planning Team will meet monthly to develop recommendations for expansion and oversee planning. Membership on the Operational Planning Team may change depending on direction of expansion efforts and expertise needed. Input will be obtained from partners and the community.