Children and Youth in Stressed Families:
Creating the Risk and Reality of
Juvenile Dependency System Involvement,
Juvenile Justice System Involvement,
and School Failure

The Perfect Storm: Economic Insufficiency, Substance Abuse,
Family Violence, Mental Illness, Immigration and Language
Barriers, Cultural Misconceptions and Biases

Commissioned by the Santa Clara County Mental Health Department
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Introduction and Acknowledgements

The family is the major social unit for emotional development in children and adolescents. While stress is a factor of life for virtually all families, severe stress is at the core not only of preventable mental illness but of many other poor health outcomes, substance abuse, and domestic violence. It is in severely stressed families that we most frequently find child abuse and neglect as well as elder abuse and financial exploitation. Severely stressed families are at the center of gang involvement and other criminal activity. Youth from severely stressed families experience higher incidence of teen pregnancies, lower utilization of prenatal care, and lower usage of other preventive health services. Youth from severely stressed families manifest learning difficulties; exhibit antisocial behaviors ranging from bullying to withdrawal; and are truant and drop out of school at much higher rates than their counterparts.

This report is based on a combination of collected data and information, as well as experiences and recommendations shared in a series of interviews with local system professionals. The category of children and youth in stressed families, one of six recommended by the State Department of Mental Health for Mental Health Service Act Prevention and Early Intervention funding, involves virtually all of our County service systems and crosses over into virtually all of the other five priority populations suggested by the State. These include children and youth at risk of school failure, children and youth at-risk of or experiencing juvenile justice involvement, underserved cultural populations, trauma-exposed individuals, and individuals experiencing the onset of serious psychiatric illness.
In order to prepare this summary report—not an in-depth needs assessment but rather an overview of problems and needs associated with stressed families and a highlight of suggested strategies to lessen the effects of stress on children and families in Santa Clara County—interviews were conducted with local judges, County government department directors, managers and staff within the Social Service Agency’s Department of Family and Children Services, Department of Employment Benefit Services, and Administration, the Santa Clara County Probation Department, in particular the Juvenile Division, the Department of Alcohol and Drug Services, and First 5 Santa Clara County. To each of the interview participants and to others who responded to requests for data and information, I am extremely grateful. I wish to particularly thank the following individuals for participating in what typically were discussions lasting an hour and a half, or, in some cases, considerably more.

- The Honorable Katherine Lucero, Supervising Judge, Juvenile Dependency Court, Superior Court of Santa Clara County
- The Honorable Patrick Tondreau, Supervising Judge, Juvenile Delinquency Court, and Presiding Judge of the Dual Status Juvenile Court, Superior Court of Santa Clara County
- The Honorable Margaret Johnson, Juvenile Delinquency Court and Presiding Judge of the Juvenile Substance Abuse Treatment Court, Superior Court of Santa Clara County
- The Honorable Raymond Davilla, Juvenile Delinquency Court and Presiding Judge of the Juvenile Mental Health Court, Superior Court of Santa Clara County
- Commissioner Jesús Valencia, Juvenile Domestic Violence Court, Superior Court of Santa Clara County
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§ Phil Fouts, MSW, Social Worker, Adult Protective Services, Department of Aging and Adult Services, Santa Clara County Social Services Agency, and GLBT Employee Concerns Committee
§ Kathleen Stahr, Social Work Supervisor, Department of Family and Children's Services, Santa Clara County Social Services Agency, and GLBT Employee Concerns Committee
§ Kathy Duque, Deputy Chief Probation Officer, Santa Clara County Probation Department
§ Michael Clarke, Supervising Probation Officer, Juvenile Division, Santa Clara County Probation Department
§ Joseph Mensah, Probation Manager, Investigation and Field Services, Santa Clara County Probation Department
§ Karen Berlin, Supervising Probation Officer, Juvenile Division, Santa Clara County Probation Department
§ Errol Yamat, Supervising Probation Officer, Southeast Unit, Juvenile Division, Santa Clara County Probation Department
I rush to acknowledge that there are many additional individuals and organizational representatives who would have been able to provide valuable insights for this report. Law enforcement officers, public health nurses, a wide range of community service providers, community activists, child advocates, educators, foster and relative caregivers, and, of course, youth and parents all have very important perspectives that must be incorporated into the Santa Clara County Mental Health Services Act Prevention and Early Intervention planning process—and they will be! Nor were Mental Health Department staff and contract service providers included in interviews for this preliminary report. However, their voices will be sought and included. This is one of several reports that are intended to further enrich the knowledge foundation on which Prevention and Early Intervention planning will be built.

Similar to the process utilized for the initial round of Mental Health Services Act (MHSA) funding for Community Services and Supports, the Prevention and Early Intervention (PEI) process will include engagement and commitment, learning and assessment, prioritization and planning, and implementation and evaluation. Stakeholder involvement will be modeled after Community Services and Supports planning, which included well publicized meetings, focus groups, standardized interviews, surveys, suggestion boxes and comment posters, input from ethnic and cultural community advisory committees, and drawing on a variety of media to publicize MHSA planning.
As a part of the interview process for this report, some interviewees suggested possible constituencies for future focus groups. This recommended list will form the basis for a further round of information gathering. Through focus groups and other stakeholder involvement techniques, many additional voices will be heard.

I regret not only that there was not available time to “mine” all the tremendous personal and organizational expertise that exists within this community but also that space and time limitations did not make it feasible to include all the relevant data on the critically important topics upon which this report touches. We are fortunate to live in a county in which concerned public and private agencies have devoted significant resources to data collection in an effort to better understand and, therefore, better address community problems. I urge that those familiar with these topics and having access to this information join in the upcoming PEI planning process and share their knowledge and recommendations.

“Leadership should be born out of the understanding of the needs of those who would be affected by it.” -- Marian Anderson

Nancy Dane Peña, Ph.D., Director
Santa Clara County Mental Health Department
A Note from the Report’s Author

I would like to express my sincere gratitude to those of you who generously gave your time and shared your wisdom with me in order that I could prepare this report. It was a great honor and privilege to be entrusted with the task of understanding and conveying your concerns and recommendations. I am enormously impressed with the passion and sincere commitment of each and every participant to the mission of improving the lives of your clients.

All of us are heartened by the opportunities presented through the Mental Health Services Act. For many of you, the potential of funding for prevention and early intervention services is particularly exciting because budget constraints have left little for this aspect of service provision. You devote your lives largely in efforts to patch up the wounds left by child abuse, substance abuse, domestic violence, mental illness, discrimination, isolation, trauma, poverty, and despair, so you have expressed that the potential of initiating and maintaining programs and services to help avoid these negative outcomes is nothing short of a miracle.

However, many of you also made recommendations for new or expanded treatment services. The often mentioned analogy is that it is difficult to focus exclusively on trying to avoid problems by working upstream when you are consumed with the daily task of plugging cracks in the dam. Because these suggestions are valid and have value for future reference, I have included many that are likely to be deemed to be outside the scope of prevention and early intervention.

Finally, you will recall that our discussions were rapid fire. Therefore, I’m concerned about whether I captured all of your ideas adequately. Please know that I tried, and please forgive me for omissions. We hope you will participate in the MHSA PEI planning process to reiterate and reemphasize what I got right and add anything that I inadvertently omitted.

With great appreciation and high regard for the vital work you do,

Jean McCorquodale
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Executive Summary

In order to prepare this report, approximately 50 local systems leaders were interviewed. This included judges, County government department directors, managers and staff within the Social Service Agency’s Department of Family and Children Services, Department of Employment Benefit Services, and Administration, the Santa Clara County Probation Department, the Department of Alcohol and Drug Services, and First 5 Santa Clara County. Their insights and information were added to knowledge gathered from the literature and a review of local studies, reports and needs data.

The recommendations are solely the product of the suggestions and requests made by the interviewees in connection with the upcoming decision-making process for Prevention and Early Intervention funding through the Mental Health Services Act.

Stressed Parents and Families

Poverty. The experts tell us that severe economic tension is a primary factor in preventable mental illness, other poor health outcomes, substance abuse, domestic violence, child abuse and neglect, elder abuse and exploitation, gang involvement and other criminal activities. Youth from highly stressed families experience learning difficulties and demonstrate antisocial behavior. They have high rates of school failure and poorer prospects for success as adults. This is extremely significant in the context of knowing that nearly 25% of all Santa Clara County households, representing more than 400,000 people, are living below the standards of self-sufficiency.

Judges confirm that it is overwhelming youth from poor families that appear in delinquency court and it also is primarily poor (“non-resourced”) families that become involved in the child welfare system and the dependency court. Further, demographic information concerning the participants in the dependency court underscores the significant correlation of economic insecurity with substance abuse, domestic violence, and mental illness.

Substance Abuse. Data from the Santa Clara County Social Services Agency’s Department of Family and Children’s Services (DFCS) reveal that 80% or more of all Santa Clara County parents who become involved in the dependency system have a substance abuse problem. Santa Clara County DFCS receives approximately 2000 reports of child abuse and
neglect annually. That means that approximately 1,600 substance-abusing parents are referred to DFCS each year and face the possibility of losing their children temporarily or permanently due to actions or inactions that resulted, at least in part, from substance abuse.

Further, there is a significant relationship between dependency system involvement and criminal justice system involvement. A query of the Santa Clara County justice data system found that 40% of all parents with new filings in the Dependency Court were either on probation or had pending criminal cases and also were substance abusers, predominantly meth users.

Family Violence. Substance abuse frequently plays a role in child abuse and domestic violence. Perpetrators may use their chemical dependency as an excuse for violent and exploitive behavior, or the use of alcohol and drugs may lower inhibitions and increase the likelihood of a violent attack. During 2007, the Santa Clara County District Attorney's Office issued 3,162 criminal domestic violence complaints, 2680 misdemeanors and 482 felonies. DFCS estimates that the occurrence of domestic violence is approximately equivalent to the rate of substance abuse among families in the dependency system, at up to 80%.

Parental Stress and Mental Illness. Fortunately, not all stressed families end up in the child welfare or justice systems. Nevertheless, the negative effects on the children may be severe. For example, last year, 14,254 families received CalWORKs' financial aid and employment services. Santa Clara County, under Welfare Reform, has reduced the rolls of families receiving public assistance by more than half, and a pattern has emerged of those who remain on CalWORKs: As nearly four out of every five adults on aid are women, most are single-parent households headed by single mothers (93%). Thirty-five percent are non-English speaking and approximately 8% are refugees who have lived in the U.S. less than five years, most of whom have been victims of war/political persecution, loss of worldly possessions, and hunger and deprivation that caused them to flee or be uprooted from their homelands and support systems. A significant portion of these refugees also are attempting to cope with trauma that includes rape, torture, imprisonment, and death of loved ones. Through a recent pilot project, clients were interviewed upon entry into the CalWORKs program and 63% admitted mental health problems.

An all-too-common cause and effect of severe stress is homelessness. Of the 7,202 individuals found to be homeless in Santa Clara County, including those with children, nearly
23% were experiencing mental illness, while approximately 37% were experiencing depression, and 13% were experiencing post-traumatic stress disorder (PTSD).  

Immigration and Language Barriers. A number of interviewees from all participating systems described the particularly difficult situation in which families find themselves when, frequently in conjunction with poverty, there are language barriers, problems of acculturation, and fears concerning immigration status. Immigrants tend to get left out of services. Moreover, their traditional cultures frequently clash with the American pop culture, and often these parents do not understand how to cope with an Americanized teen.

Cultural Misconceptions and Biases. Several DFCS and other interviewees cited occasional racial and ethnic biases that affect decision-making, particularly concerning child removal. Similarly, foster care and adoptions by gays and lesbians are increasing but fear of bias remains strong and actual discrimination is still reported. It also was noted that gay, lesbian, bisexual and transgender young people experience intolerance and difficulties, ranging from self-isolation based on keeping a big secret to bullying, name calling and physical abuse. The result is frequently depression, poor grades and sometimes self-medication and/or running away.

Stressed Children and Youth

Chronic Stress. One-quarter to one-third of seventh, ninth and eleventh graders in Santa Clara County reported symptoms of depression (feeling so sad or hopeless for at least two weeks during the previous year that they stopped doing some regular activities). Further, 16.3% of the seventh, ninth and eleventh graders reported they seriously considered, and 8.2% reported they actually attempted, suicide during the previous year.

The National Search Institute's research shows that youth need 31 or more of 41 identified assets to thrive. Project Cornerstone's data show that Santa Clara County youth have an average of 18.8 assets.

Growing Up in Poverty. Among Santa Clara County's 452,592 children ages 0 to 17, 11% or 49,785 are living below the Federal Poverty Level (FPL), a number greater than the entire population of the City of Campbell and approximately equivalent to either Cupertino or Gilroy. Hispanic children represent one-third of the area's total youth population and they represent a staggering 55% of the children living in poverty in Santa Clara County.
that significantly underestimates the true number of children living in poverty due to the fact that the FPL does not take into consideration this area’s extremely high cost of living.

Statistically, children who grow up in poverty are more likely to go hungry, to live in overcrowded or unstable housing and unsafe neighborhoods, and to receive a poorer education. They tend to have less access to health care, dental care, child care and other community resources, such as after-school programs, sports and extracurricular opportunities. Hunger is a very real for many children and families in Santa Clara County.

An increasing amount of literature contends that growing up in severe pockets of poverty where the whole range of societal ills are manifested—and yet in painfully close proximity to children and youth who have significant resources and support—is even more damaging to adolescent development than being raised in a homogeneous, poverty area. This seems to be particularly true in a highly economically stratified area such as San Jose, where poor and minority children grow up with the ever present view of adolescents who seem to be enjoying all of life’s advantages.

And, to a growing extent, children are growing up homeless. Almost 10% of the more than 7,000 people without a home said they were homeless along with their children and, in some cases, also with their spouse. Among Santa Clara County homeless school-age children, almost one quarter are not in school. Of those in school, many arrive dirty and hungry. They are often inattentive and anxious. They may be disciplined for their lack of focus and labeled as trouble makers, or homeless children may become withdrawn and quiet.

For all too many children, school lunch may be their only meal of the day. Then, when schools close their doors for summer vacation, nearly 90,000 children in Santa Clara County who qualify to receive a free or reduced-price breakfast and lunch during the academic year, face even greater food insecurity and hunger.

Beyond hunger and poor living conditions that are not conducive to health or studying, what are the consequences when, due to financial inability to participate, a child is excluded from activities in which most of their classmates are involved?

Substance Abuse as an Environment and a Pursuit. Children developing within the chaos, neglect, and violence of a substance-abusing environment experience stress and trauma that significantly affect their behavioral, emotional, and cognitive functioning. They often exhibit low self-esteem, a sense of shame, and poor social skills. Many children who live in
drug homes exhibit attachment disorders, which occur when parents or caretakers fail to respond to children’s basic needs or do so unpredictably. Symptoms of attachment disorders include the inability to trust, form relationships, and adapt.\textsuperscript{11}

Moreover, substance use by children, not just in front of children, is reported at increasingly young ages. It is estimated that 85% of adults in need of substance abuse treatment started their use in adolescence.\textsuperscript{12} Among Santa Clara County fifth graders, 5.4% had consumed alcohol within the previous month. Among seventh graders, alcohol use within the previous month increased to 9%.\textsuperscript{13} Marijuana use four or more times by seventh, ninth and eleventh graders increased from 8.8% in 2003 to 13.2% in 2006. Use of other drugs at least once without a doctor’s orders—other drugs including stimulants, cocaine, methamphetamine, psychedelic drugs, sedatives and PCP—by children and youth in the seventh, ninth and eleventh grade levels increased from 6.6% in 2003 to 17.5% in 2006.\textsuperscript{14}

There are in more than 130,000 high-school-aged youth in Santa Clara County. State data suggest that as many as 10% of youth in high school meet diagnostic criteria for a substance abuse problem. However, the figure rises to approximately 39% of youth who do not attend school or who are enrolled in alternative school settings. It is even higher for youth involved in the criminal justice system. The incidence of adolescent substance use in Santa Clara County is a little lower than the state average; but even taking that into account, it can be concluded that there are well over 10,000 youth within the county with significant substance abuse problems, while only approximately 1,000 receive treatment services from DADS or one of its contractors.\textsuperscript{15}

More than half (53.3%) of boys interviewed in the 2008 study of youth on probation supervision had been in alcohol/drug abuse treatment, clearly demonstrating the correlation between substance abuse and juvenile delinquency. Among boys in custody, the percentage rose to 55.2%.\textsuperscript{16} Approximately 42% of girls in custody had been in alcohol/drug abuse treatment.\textsuperscript{17} Almost 40% of the boys and nearly two-thirds of the girls on probation supervision were identified as exhibiting alcohol or drug problems combined with emotional problems affecting their behavior.\textsuperscript{18} One-half of the girls in custody had a substance abuse and an emotional problem, as did 41.4% of the boys in juvenile detention.\textsuperscript{19}

Growing Up with Violence. Children who are exposed to violence are more likely to exhibit behavioral and physical health problems including depression, anxiety, and violence
towards peers. They are also more likely to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution, and commit sexual assault crimes.\textsuperscript{20} Witnessing or experiencing multiple acts of violence in the home is said to result in children becoming twice as likely to commit violent acts themselves.\textsuperscript{21} Evidence of this is a high level of criminogenic thinking. For example, among boys on probation supervision in Santa Clara County, 28.9% consider criminal behavior an acceptable and common part of life. Among girls, the percentage rose to 45.5%.\textsuperscript{22} Among boys in juvenile detention, 36.2% reported thinking that criminal behavior is an acceptable and common part of life, as did 41.7% of girls in custody.\textsuperscript{23}

One in 25 Santa Clara County school students admitted that they had carried a gun to school during the previous year. About one in ten reported that they had carried another weapon, such as a knife or club to school and nearly one in three said that they had seen someone with a weapon in school.\textsuperscript{24} The research is significant for linking family dysfunction to gang membership; and gang-related incidents involving school-age kids are on the rise—up more than 35% in 2007 for ages 10-19.\textsuperscript{25}

Youth violence also includes self-inflicted injury. Santa Clara County ranks 54\textsuperscript{th} out of California’s 58 counties (with 58 being the worst) in the rate of adolescent self-inflicted injury.\textsuperscript{26} Suicide is the third leading cause of death among teenagers ages 15-19.\textsuperscript{27} Of seventh, ninth and eleventh graders, 16.3% reported they had seriously considered, and 8.2% reported they had actually attempted, suicide during the previous year.\textsuperscript{28}

Traumatized Children and Youth in the Dependency System. National studies have shown that more than 80% of children in foster care have developmental, emotional, or behavioral problems,\textsuperscript{29} and from 40% to 85% of children in foster care have diagnosed mental health disorders.\textsuperscript{30} A pilot program at the Children’s Shelter, through which all children ages six to 11 who enter the foster care system are screened for mental health problems, has been operational since January 2005. From January 2005 through March 2008, 823 children were assessed. Of those 823 children, only 56 did not meet medical necessity for mental health services.

On an ongoing basis, approximately 25% of the children in Santa Clara County’s dependency system have problems that are sufficiently severe that they are classified as having special needs and resource families are provided a higher payment to offset the costs associated with their care (additional trips to health professionals, etc.). However, this number is conceded to seriously underestimate the proportion of children and youth who have trauma-
related problems.

Again, professionals concur that exposure to trauma is the rule, not the exception, among children in the child welfare system and that these traumatized children utilize various, inappropriate ways of coping. As a result, they may demonstrate impulsive behaviors or, conversely, become very resistant to changes. They may exhibit detachment and emotional distance or an excessive need for physical attention. They may show evidence of anxiety, PTSD, depression, high activity levels, irritability, acting out, and problems with sleeping, eating and elimination.

Traumatized Children and Youth in the Juvenile Justice System. The assessment instrument used by the Probation Department Juvenile Division for the past eight years reveals a significant number of youth being incarcerated who are mentally ill, addicted to substances, gang involved, criminogenic in their thinking patterns, and learning disabled. Evidence also shows that families do not have the coping skills, supports and resources to deal with the challenges, multiple-needs, and risk behaviors of these youth.31

Emotional problems were cited as the most significant factor contributing to their delinquency by both boys and girls in custody with the Probation Department. Of all boys interviewed, 81% had one or more trauma factors noted, compared to 91.7% of the girls.32 Among out-of-custody boys on probation supervision, 95.6% had at least one trauma factor noted, while more than one-quarter (26.7%) of boys had three or more trauma factors noted. All girls reported at least one trauma factor, and 72.7% noted four or more trauma factors in their histories.33

Nearly one-quarter of all girls surveyed as they entered juvenile hall said they wished they were dead. Forty percent of boys and 58% of girls said “something very bad or terrifying” had happened to them.34

A tremendous obstacle to effective help for troubled teens is the inability or unwillingness of parents to help. Judges describe the common scenario of youth being parented by a single mother who is both “helpless and hopeless.” She is so mired in her own problems that she is unable to take on additional responsibilities on behalf of her child.

They describe parents who are unskilled, barely subsisting economically, often with no food on the table, often with a fear of police, and often communicating solely by yelling and screaming. All too frequently, judges report that a parent or parents simply give up on the
troubled child and state that they are turning their attention to their other children. In some cases there is considerable anger because the youth caused them to be evicted or lose their job.

A local delinquency court judge notes no parent or guardian comes to court in approximately half of the cases he sees. Parents are either too economically stressed and cannot afford to miss work, or they have given up. He reports that parents occasionally come in and say, “I’m done.” Thus, other techniques must be utilized to engage these families before the problems become so severe.

No matter the circumstances, they stress the bleak prognosis for this young person—a throwaway child—unless another caring adult successfully intervenes. However, this is often extremely rare because of the difficult acting-out behaviors exhibited by these youth.

Poor School Performance. Many children enter school unprepared. For example, it is estimated that 30% of children entering child care as part of CalWORKs have special physical, behavioral and/or developmental needs that require early intervention services, the majority of which are unidentified prior to entering child care. Based on the 2004-05 teacher survey component of the Kindergarten Readiness Assessment, only half of all Santa Clara County students enter kindergarten with proficiency in relating appropriately to adults, expressing their needs, playing cooperatively, and controlling their impulses.

Children and youth in both the juvenile dependency and juvenile justice systems exhibit special educational problems and needs. The Santa Clara County Education Rights Project (ERP) was developed to “ensure that dependents and wards of Juvenile Court are enrolled in and attending school and receiving a free and appropriate educational program.” In 2007 there were 177 newly opened ERP cases of children involved in the Social Services Agency’s juvenile dependency system and 263 children who were involved with the Juvenile Probation Department and Juvenile Court. These youth were found to be emotionally disturbed, have learning disabilities, speech/language impairments, other health impairments including ADHD, and developmental disabilities.

Of the most recent group of 170 foster youth that emancipated, only 41 had graduated from high school and 14 had obtained a GED—less than one-third of the youth who needed to be independent and self-sufficient.

Among all students in Santa Clara County, more than one in five (20.2 %) drop out of school before graduation.
Recommendations

1. More frequent and thorough mental health and substance abuse assessments in the dependency system, the juvenile justice system, and the schools
   1.1. Expansion of the Children’s Shelter Pilot Project to include all children entering the dependency system
   1.2. Assessments of children already in the dependency system
   1.3. Assessments of children following a placement or other major change
   1.4. Assessments of all youth who come in contact with the juvenile justice system, not just those who will be confined at juvenile hall
   1.5. More in-depth assessments of youth who are detained in the juvenile justice system to provide a better level of insights that would be helpful to probation officers in making recommendations for the youth
   1.6. More clinical expertise available to the juvenile courts
   1.7. Improved diagnostic tools and assessments of children through the schools at earlier signs of troubling behavior or poor school performance

2. More rapid linkages to mental health interventions and treatment services
   2.1. Quicker linkages to individual and family counseling
   2.2. Prompter evaluations for medication for children detained in juvenile hall in order that they can become more focused and receptive to treatment

3. Better integration and improved dual diagnosis mental health and substance abuse prevention and treatment services
   3.1. More seamless and well coordinated services
   3.2. More emphasis on looking behind the behaviors to the causes
   3.3. Better alternatives for intervention and treatment than removing children and youth from the classroom, which can result in their becoming further behind in their school work
   3.4. Better alternatives for intervention and treatment than relying on a school-based setting which is not available on a year-round basis
   3.5. Better alternatives for intervention and treatment than relying on a school-based setting which excludes the participation of families in treatment, cited as a best practice

4. Broadened access and eligibility for services
   4.1. Expanded resources for children over five years of age and their families who do not qualify for First 5 services
4.2. Expanded resources for the undocumented, uninsured and underinsured
4.3. Expanded services for children who have emotional problems but do not meet the
criteria for medical necessity
4.4. Expanded services for families who experience family conflict or interpersonal
relationship stresses, such as domestic violence, immigration issues and divorce but do
not qualify for therapeutic services
4.5. More comprehensive assessments of CalWORKs families include mental health
evaluations of children and monitoring of child outcomes
4.6. More services for older teens and transitional age youth
4.7. More services in South and North County areas
   4.7.1. More mental health services
   4.7.2. More substance abuse services
   4.7.3. More dual diagnosis services
   4.7.4. More services for LGBTQ youth
5. Improved quality of client-clinician relationships
   5.1. More emphasis on ensuring the quality of the “therapeutic alliance”
   5.2. More continuity
   5.3. More available sessions
   5.4. Less reliance on non-professionals and interns
   5.5. More “high touch” programs for youth, particularly girls
6. Expansion of programs that promote positive self-image
   6.1. Support for community recreational, sports, arts, music, drama, and other enrichment
   activities
   6.2. Support to allow facilitate participation in schools’ extracurricular activities that have
costs
   6.3. Support for tutoring and homework assistance
7. Expansion of culturally and linguistically competent and appropriate outreach and services
   7.1. More clinical services by providers who have a special understanding of gay culture
   7.2. Support for a requirement that non-profit service providers have staff that understands
gay culture and issues
   7.3. Increased availability of Spanish-language counseling and treatment services
   7.4. Availability of counseling in a broader number of languages, particularly Asian
languages
7.5. Increased availability of substance abuse services for clients speaking Spanish and various Asian languages
7.6. Increased availability of anger management, premarital counseling and parent preparing classes targeting the Asian community
7.7. Parenting classes for recent immigrants and refugees taught in their language by someone of their culture
7.8. Changes in approach of mental health presentations to better resonate with Asian community members
7.9. Greater utilization of Promotores or other “knock and talk” approaches, particularly in the Latino community; at the same time, recognition of cultural obstacles to home visits within the Asian community
7.10. More utilization of fairs and festivals with an approach promoting wellness and how to help your children succeed
7.11. Posters for non-literate parents
7.13. More focus on finding approaches for involving young African American men in services and positive activities

8. Increased and improved professional training opportunities and requirements
8.1. Increased training about trauma and its aftereffects
8.2. Training about what depression looks like among fathers and fathers’ mental health needs
8.3. Training about how to talk to children and youth about sexual abuse
8.4. Training about children and youth who sexually act out
8.5. Improved understanding by teachers and school administrators of gay culture and improved protection of gay students
8.6. Additional training among child serving systems on the particular needs of LGBTQ youth
8.7. Additional training on cultural sensitivity and competency
8.8. Additional training on interactions and services for people with disabilities
8.9. Training for social workers in language and culturally specific resources
8.10. Training on the effects of substance abuse on brain development
9. Increased and improved parent and youth training opportunities
   9.1. Production and utilization of a video that educates parents about signs of gang involvement, the symptoms of substance abuse, and how to recognize and monitor other problem behaviors
   9.2. Educational efforts aimed at discouraging continued participation in prostitution by youth
   9.3. Increased availability of interactive parenting programs
   9.4. Increased availability of age-specific parenting classes
   9.5. Training on how to raise Americanized youth and what constitutes child abuse
   9.6. Parenting classes focused on young fathers in the juvenile justice system
   9.7. Utilization of food and fellowship to support training and mentoring
   9.8. Utilization of incentives to promote participation
   9.9. Reduced costs for participation in parenting and other programs
   9.10. Support for vocational education for youth and parents
   9.11. An expansion of workforce development programs focusing on training people to work with young children
   9.12. Entry into the Independent Living Program at earlier ages
   9.13. Head Start slots for the children of CalWORKs clients near where have their CalWORKs appointments
   9.14. More community education about mental illness and expanded efforts to reduce stigma

10. Improved collaborations with schools
    10.1. Prompter reentry of youth into schools after leaving a juvenile detention facility
    10.2. Increased alternatives for youth who are denied readmission to schools
    10.3. Better utilization of schools in creating alliances with the community and its residents
    10.4. More utilization of alternative schools as a venue to reach stressed youth

11. Increased mentoring and supportive services
    11.1. More emphasis on connecting troubled teens to caring adults
    11.2. An expansion of the Mentor Moms and Mentor Dads Programs in the dependency courts
    11.3. Mentoring of families that have completed the requirements of family reunification
    11.4. More fatherhood support groups

12. Miscellaneous
    12.1. Assistance with transportation to access existing and new services
12.2. Comprehensive family needs assessments including nutrition
12.3. More therapeutic services for the family group
12.4. Expanded resources for foster parents in acknowledgement of the trauma that foster children have experienced and the resulting problems they face
12.5. Improved connections for older children to their biological families prior to emancipation
12.6. Better alternatives to group homes for children with emotional and behavioral problems
12.7. More frequent supervision of youth on probation
12.8. More cross-systems collaboration to facilitate prevention
12.9. Support for local initiatives that have worked
13. Expansion of specifically mentioned programs and models
13.1. Student Assistance Programs and Community Assistance Programs for troubled youth
13.2. Youth Leadership Program for teen-age foster children
13.3. Family Development Academy for parents and young children
13.4. Brazelton Touchpoints Approach for enhanced early childhood development
13.5. The Homework Club, in operation at the Asian Pacific Islander Family Resource Center
13.6. The AVID (Advancement Via Individual Determination) Program for foster children
13.7. The COFY Program (Challenge Outreach for Youth) for foster children
13.8. The Celebrating Families or Family Night model for substance abusing parents and children
13.9. The Fresh Lifelines for Youth (FLY) Program for youth in the juvenile justice system
13.10. Incredible Years for prevention of substance abuse, mental health problems, teen pregnancy, etc
13.11. Triple P Positive Parenting Program for parents of children ages birth to 12 years of age
13.12. Raise and Shine for disadvantaged children and families
13.13. The Harlem Children’s Zone Project for disadvantaged children and families
Family Stress and Parental Behaviors Put Children and Youth at Risk

Some level of stress is prevalent in the lives of almost all children and families; however, when stress becomes overwhelming, psychological trauma results and can cause serious and sometimes lasting effects. Serious accidents, loss of a loved one, wars, natural disasters and a variety of experiences can create acute trauma; however, chronic trauma often accompanies emotional and/or physical neglect, physical and/or sexual abuse, emotional abuse, and domestic violence.

This report will focus more on stressed families and children dealing with chronic trauma, including parenting that ranges from abusive to neglectful, from absent to overbearing, from too few expectations to too many. Studies on the developmental assets required by children confirm the importance of adequate parental attention. While most parents understand this, at least at some level, there are many reasons they fail to provide the consistent support that is needed.

Affluent parents may send the message that their lives are too demanding to make time for their children. Their preoccupation with other things may be so significant that when problems with their children come to their attention, their reaction is shock and dismay. On the other hand, parents who are struggling to make a living may find it difficult to spend time with and actively champion their children’s positive development. Many are working long hours or juggling time demands of more than one job. A lack of English fluency, insufficient education and job skills, the extremely high cost of housing, and unavailability of affordable dependent care for children and elders are just a few of the daunting barriers that often complicate the task of parenting for many Santa Clara County residents.

Participants in this interview process, particularly from the child welfare, juvenile justice and court systems, emphasized the common denominators of poverty, substance abuse, family violence, parental mental illness, immigration and language barriers, and cultural misconceptions and biases. They tell us that, in most cases, severe economic stress underlies the other problems.
Similarly, a majority of youth in the Santa Clara County Department of Alcohol and Drug Services (DADS) treatment system come from economically stressed families; however, the DADS Director of Children, Family and Community Services notes that substance abuse is prevalent among teens from both ends of the economic spectrum. Youth from prosperous families tend to have access to money to purchase alcohol and drugs. As mentioned, the parents may be exceptionally career driven and largely absent while, at the same time, they may have unrealistically high expectations for their children’s academic and other achievements.

Another issue that affects entry into the dependency and delinquency systems is parental incarceration.

Of course, poverty, substance abuse, family violence and mental illness are usually significant factors behind incarceration.

Again, poverty surfaces as the overriding cause of stress among families and, all too often, the effects of stress are poor outcomes for children.

Judge Lucero points out that it is almost exclusively poor families that become involved in the child welfare system, yet the system expects these families to perform at the level of resourced

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**Poverty among Affluence in Santa Clara County**

The magnitude of the problem can be better understood in the context of knowing that nearly 25% of all Santa Clara County households, representing more than 400,000 people, are living below the standards of self-sufficiency, which means they lack enough income to cover the daily basics of life, such as food, shelter, health care, dependent care and transportation. Santa Clara County has the largest number of families (120,815 households) below the self-sufficiency standard (a comparison of income and prices) among all of the nine Bay Area counties.¹

An adult with a preschool-age child living in Santa Clara County would need to earn $27 an hour to afford the basics—the highest amount among any county in the State of California.² Of the single mothers who make up 6% of all county households, about 45% have incomes falling below economic self-sufficiency.³ While most jobs in Santa Clara County which pay more than
minimum wage require a minimum of a high school education and some computer skills, there are at least 200,000 adults in the county with no high school diploma.\(^4\)

The non-partisan Public Policy Institute of California calculated that Santa Clara County’s 9% poverty rate would climb well above the nation’s poverty rate to 17% if housing costs were taken into account.\(^5\) A new study on the cost of living in California says that a family of four in Santa Clara County needs an annual income that is quadruple the federal poverty threshold for a family that size in order to afford housing and other very basic needs.\(^6\)

Recommendations:

While PEI funding cannot be used to provide direct financial support, the need for flexible, expanded resources to help families better cope with economic pressures was cited by most interviewees. Assistance with transportation to existing services was cited as a need more frequently than additional services themselves.

Representatives of SSA’s Resource and Advisory Committee for People with Disabilities cautioned about over-reliance on computers as a means of accessing or receiving services, due to the relatively low utilization of computers by many SSA clients. They noted that motivation to utilize services is not a given and that more work and more culturally sensitive approaches need to be employed to stimulate service utilization.

Nicole Huff, with SSA Administration and formerly a DFCS social worker, recommended that assessment and intervention services are particularly needed for families for which there have been multiple but unsubstantiated referrals of child abuse and neglect. Data show that a high proportion of these families will have a substantiated referral at some point. She suggested that funding would be helpful to do a case review of these multiply referred families to better understand the common problems and risk factors in order to design the
most effective approach for prevention of subsequent system penetration. There is no evidence that a study of this kind has been done, yet, again, these families are statistically likely to end up with a substantiated referral in the future.

Gina Sessions, an SSA Administration Director, called for treatment services for children who have emotional problems but do not meet the criteria for medical necessity. She suggested that there be further investigation into the Brazelton Touchpoints Approach and other early childhood development programs, along with an examination of the need for therapeutic child care. The Brazelton Touchpoints Approach is designed to enhance the competence of parents and build strong family-child relationships from birth through two years of age, laying the foundation for children’s healthy development.

Many interviewees pointed out that expanded resources are particularly needed for families and children who do not have children five years of age or younger and, therefore, do not qualify for First 5 Santa Clara County services.

Jolene Smith, Executive Director of First 5 Santa Clara County, strongly recommended a joint investment of First 5 funding, along with PEI funds, to implement the Triple P-Positive Parenting Program throughout the county. Triple P incorporates five levels of intervention of increasing strength for parents of children from birth to age 12. Its aim is to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. It is an evidence-based practice in wide use in other parts of the world, and it is now available in Spanish.

Jolene Smith also likes the Brazelton Touchpoints Approach, the Raise and Shine model utilized throughout Mendocino County, and has particularly high praise for the Harlem Children’s Zone Project as a model for helping other poor, urban neighborhoods.

She called for an expansion of workforce development efforts, particularly to train people to work with young children. She also reports on the success of First 5’s “Knock and Talk” method of engaging people in their homes.

Substance Abuse

Data from the Santa Clara County Social Services Agency’s Department of Family and Children’s Services (DFCS) reveal that 80% or more of all Santa Clara County parents who become involved in the dependency system have a substance abuse problem. Santa Clara
County DFCS receives approximately 2000 reports of child abuse and neglect annually. That means that approximately 1,600 substance-abusing parents are referred to DFCS each year and face the possibility of losing their children temporarily or permanently due to actions or inactions that resulted, at least in part, from substance abuse.

Santa Clara County received 18,770 child abuse and neglect reports in fiscal year 2006-07. In the period 1/06 through 9/07, 1,603 children entered foster care. As of May 1, 2008, 1,724 children were in out-of-home care. Through the years, this number typically ranges from 2,000 to 2,500 children in out-of-home placements.

During calendar year 2006, parental rights were terminated for 93 children without Family Reunification services. Of the 93 children whose parental rights were terminated through bypass without an attempt to reunify, for 37, or almost 40%, the grounds were substance abuse. Of the 40%, almost half—or approximately 20% of the total bypass cases—the grounds were specifically meth use. Among parents in the Santa Clara County child welfare system, 41% identify methamphetamine as their primary drug of choice.

As shown in the following table, demographic information concerning the participants in the Santa Clara County Dependency Drug Treatment Court reinforces the conclusion that substance abuse has a significant correlation with economic insecurity, domestic violence, and mental illness.

Demographics of Santa Clara County Dependency Drug Court Participants, 2007

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mothers</td>
<td>96%</td>
</tr>
<tr>
<td>Fathers</td>
<td>4%</td>
</tr>
<tr>
<td>Ages 19-25</td>
<td>36%</td>
</tr>
<tr>
<td>Ages 26-35</td>
<td>43%</td>
</tr>
<tr>
<td>Ages 35 and over</td>
<td>20%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>31%</td>
</tr>
<tr>
<td>African American</td>
<td>12%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>51%</td>
</tr>
<tr>
<td>Asian and Pacific Islander</td>
<td>4%</td>
</tr>
<tr>
<td>Other Race</td>
<td>2%</td>
</tr>
<tr>
<td>Did not complete high school</td>
<td>55.1%</td>
</tr>
<tr>
<td>High school graduate or G.E.D.</td>
<td>26.5%</td>
</tr>
<tr>
<td>Some college or technical training</td>
<td>6.1%</td>
</tr>
<tr>
<td>Associate Degree</td>
<td>6.1%</td>
</tr>
<tr>
<td>Bachelors Degree</td>
<td>0%</td>
</tr>
<tr>
<td>Unknown educational background</td>
<td>6.1%</td>
</tr>
<tr>
<td>Single/never married</td>
<td>48%</td>
</tr>
<tr>
<td>Married/common law</td>
<td>26%</td>
</tr>
<tr>
<td>Separated</td>
<td>4%</td>
</tr>
<tr>
<td>Divorced</td>
<td>22%</td>
</tr>
<tr>
<td>Widowed</td>
<td>0%</td>
</tr>
<tr>
<td>Cohabitation with a non-spouse</td>
<td>57.1%</td>
</tr>
<tr>
<td>Employed</td>
<td>29.7%</td>
</tr>
<tr>
<td>Receiving unemployment</td>
<td>5.4%</td>
</tr>
<tr>
<td>Receiving welfare</td>
<td>45.9%</td>
</tr>
<tr>
<td>Receiving support from family/friends</td>
<td>16.2%</td>
</tr>
<tr>
<td>Receiving SSA/SSDI</td>
<td>8.1%</td>
</tr>
<tr>
<td>Receiving illegal funds</td>
<td>8.1%</td>
</tr>
<tr>
<td>Source of income not determined</td>
<td>8.1%</td>
</tr>
<tr>
<td>Report problems of adequate housing</td>
<td>69%</td>
</tr>
<tr>
<td>Prior investigations for child abuse/neglect</td>
<td>92%</td>
</tr>
<tr>
<td>Prior substance abuse treatment</td>
<td>100%</td>
</tr>
<tr>
<td>Have problems with alcohol abuse</td>
<td>24.5%</td>
</tr>
<tr>
<td>Have problems with drug abuse</td>
<td>96%</td>
</tr>
</tbody>
</table>

Stressed Families:
Data, Perspectives and Recommendations
Stressed Families: Data, Perspectives and Recommendations

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
<th>Risk Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have mental health problems/diagnosis</td>
<td>38.8%</td>
<td>Assessed by CWS as a moderate risk</td>
<td>8%</td>
</tr>
<tr>
<td>Have a learning or developmental disorder</td>
<td>6.1%</td>
<td>Assessed by CWS as a severe risk</td>
<td>18%</td>
</tr>
<tr>
<td>Have a medical disability or condition</td>
<td>28.6%</td>
<td>Risk level not clearly documented</td>
<td>74%</td>
</tr>
<tr>
<td>Have a criminal history</td>
<td>68%</td>
<td>Physically abused/harmed child/children</td>
<td>2.9%</td>
</tr>
<tr>
<td>Have a domestic violence history</td>
<td>64%</td>
<td>Failed to protect/insufficient supervision</td>
<td>54.7%</td>
</tr>
<tr>
<td>Experienced victimization as a child</td>
<td>40.8%</td>
<td>Made no provision for children’s support</td>
<td>25.3%</td>
</tr>
<tr>
<td>Average number of children per client</td>
<td>1.94</td>
<td>Children were living with an unrelated person at time of CWS referral</td>
<td>29%</td>
</tr>
<tr>
<td>Assessed by CWS as a mild risk</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There also is a significant relationship between dependency system involvement and criminal justice system involvement. A query of the Santa Clara County justice data system found that 40% of all parents with new filings in the Dependency Court were either on probation or had pending criminal cases and also were substance abusers, predominantly meth users.

Parental substance abuse is an enormous factor in the lives of not only children in the dependency system (80%, as mentioned earlier) but also youth in the juvenile justice system. Almost half (48.9%) of boys interviewed in the 2008 study of youth on probation supervision and almost 40% of in-custody boys indicated that one or both parents had drinking or drug problems. Among in-custody girls, the percentage rose to 54.2% and among girls on probation supervision it climbed to 72.7%.

Recommendations:

A general recommendation that efforts be redoubled to more closely integrate substance abuse and mental health prevention and treatment was among the most frequent from all system representatives that were interviewed.

It was recommended by DFCS, as well as Probation and DADS, that the Mentor Moms Program, operated in conjunction with the Juvenile Dependency Court, be further expanded as the mentors have proven to be effective in modeling success and supporting compliance with substance abuse treatment and other requirements for family reunification. It was further recommended that a Mentor Dads Program, for which the court requested grant funding, be assisted. DFCS also would like funding to expand the availability of its Family Night program.

Judge Lucero lamented the necessity to divide families when both parents require substance abuse treatment and emphasizes the desirability of family Transitional Housing.
Units that would allow moms and dads and children to remain together and receive family counseling and other family-oriented services.

Members of the SSA’s Asian Pacific Islander Employee Advisory Committee cited the need for more Asian-oriented substance abuse treatment programs and more API staff at existing programs. They note that even programs specifically oriented to serving the Asian community frequently have insufficient language capacity to adequately serve the many languages spoken by Santa Clara County’s Asian community members.

Family Violence

Despite increasing “street” crime and decreasing neighborhood safety in many communities, the tragic truth is that the home often remains the most dangerous place for a child. Not only have the number of families in which child abuse and neglect been increasing (the incidence rate of substantiated child abuse referrals in Santa Clara County rose 9% from a baseline rate measured in 2002\(^1\)) but domestic violence is terrorizing children on a daily basis, with serious and lasting effects.

Substance abuse frequently plays a role in child abuse and domestic violence. Perpetrators may use their chemical dependency as an excuse for violent and exploitive behavior, or the use of alcohol and drugs may lower inhibitions and increase the likelihood of a violent attack.

Likewise, there is a strong correlation between family violence and sexual abuse. DFCS estimates that the occurrence of domestic violence is approximately equivalent to the rate of substance abuse among families in the dependency system, at up to 80%.

Social isolation is another extremely common characteristic of families that experience violence. It is not always clear whether the isolation causes the abuse or whether the abusive family dynamic causes the isolation. Regardless of which comes first, isolated parents often lack social supports and informal help with child care responsibilities that other families depend upon and take for granted. Particularly when young or inexperienced parents are
isolated, they may not receive the information and feedback on their parenting that might help prevent neglect, inappropriate discipline, and their own victimization.51

Nationally, approximately 1.5 million women and 834,700 men are raped and/or physically assaulted by an intimate partner each year. As many as 324,000 women each year experience intimate partner violence during their pregnancy. Four rigorous studies of the co-occurrence of domestic violence and child abuse have described co-occurrence rates of approximately 50%.52 Studies have shown as high as 80% of women offenders have been physically and/or sexually abused prior to incarceration.53

During 2007, the Santa Clara County District Attorney's Office issued 3,162 criminal domestic violence complaints, 2,680 misdemeanors and 482 felonies.54

Parental Stress and Mental Illness

Stress is significant among families receiving CalWORKs financial aid and employment services. Last year, 14,254 families received CalWORKs assistance. Today's CalWORKs clients are younger and less...
educated than in years past; 42% are in their mid-20s and 80% do not possess a high school diploma. (Note: Approximately 20% of all infants in Santa Clara County—not just CalWORKs families—are born to mothers with less than a high school education.55) A typical CalWORKs family in Santa Clara County consists of a single parent with two children. As nearly four out of every five adults on aid are women, most single-parent households are headed by single mothers (93%).

Santa Clara County, under Welfare Reform, has reduced the rolls of families receiving public assistance by more than half, and a pattern has emerged of those who remain on CalWORKs: 35% are non-English speaking and approximately 8% are refugees who have lived in the U.S. less than five years, most of whom have been victims of war/political persecution, loss of worldly possessions, and hunger and deprivation that caused them to flee or be uprooted from their homelands and support systems. A significant portion of these refugees also are attempting to cope with trauma that includes rape, torture, imprisonment, and death of loved ones.¹

Since the Refugee Program’s inception in 1984, approximately 62,000 refugees, asylees, and victims of human trafficking and/or severe torture have made Santa Clara County their new home.⁵⁶

CalWORKs staff shared the results of a recent pilot project that confirmed the high levels of stress and significant mental health problems that are experienced by the majority of its clients. Clients were interviewed upon entry into the CalWORKs program and:

- 63% admitted behavioral health issues:
  - 6.5% were already receiving treatment,
  - 19.4% had issues but did not want assessment referrals, and
  - 37.5% accepted assessment referrals.

- Of those entering treatment, the diagnoses were:
  - depression,
  - adjustment disorder, mixed anxiety, depressed mood,
  - major depressive disorder, depressive symptoms with domestic violence issues,
  - major depression, PTSD, anxiety disorder, domestic violence issues,
  - depressive disorder,
  - depression, PTSD,
The “child-only” cases include those with: 1) parents timed-out, having reached the five-year, lifetime limit on receipt of aid (safety net cases), 2) parents sanctioned for non-compliance with CalWORKs program requirements (sanction cases), 3) parents of citizen children who are themselves considered not-qualified immigrants (immigrant parent cases), 4) parents receiving Supplemental Security Income (SSI) benefits for themselves (SSI parent cases), and 5) nonparental caregivers.

It is important to note that more than one-half of California CalWORKs cases are now “child-only:” the grant is calculated to support only the dependent child(ren) in the family, not adults. In Santa Clara County, 51% of cases are child only. Since they themselves are unaided, the parents and other caregiver adults associated with child-only cases, because of sanctions, time limits, and other reasons, are not entitled to participate in CalWORKs employment services activities nor to receive child care and transportation subsidies or behavioral health care services. Based on what is known about these families, it appears that barriers are more severe and outcomes are generally worse.
In Santa Clara County, there are 17,837 children living in families receiving child-only assistance. The ethnicity of these children is 66.1% Latino, 13.8% Asian, 7.7% White, 6.1% Black, .7% Pacific Islander, and .4% Native American.

It should be explained that parents may have complied with every CalWORKs requirement for the entire 60-month maximum eligibility period and, at the end, still be unable to earn enough income to be self-sufficient. Despite their compliance, they are terminated from assistance.

In general, CalWORKs child-only cases have significantly longer welfare histories than non-child-only cases. Child-only cases are larger and include more adults than cases that have aided adults. Therefore, welfare grants received by child-only families are both smaller in size compared to those received by other families but also shared by more individuals. Because of this, it is likely that child-only families experience greater material hardship than non-child-only families.

A very recent study that included interviews with mothers in child-only cases in Santa Clara County found the following commonly reported as barriers to employment:

1. Education: less than high school diploma or General Educational Development (GED).
2. Lack of full-time work experience: last worked 30 or more hours per week three or more years ago, if ever.
3. Transportation: has no driver’s license or no access to a car, or quit a job or was unable to start a job in the last 12 months due to transportation problems.
4. Residential or living instability: now living in another person’s place, in a shelter, homeless on the street, or moved out of home two or more times in the last 12 months.
5. Relies on emergency food programs (food banks, food pantries, or soup kitchens) for bags of food, bag lunches, or cooked meals.
6. Has as a child less than six years of age.
7. Experiences child care problems—getting child care has been a problem in finding or keeping a job in the past 12 months.
8. Physical health is self-rated fair or poor or reports a limiting physical health condition.
9. Has a learning disability and needs extra help with school/learning.
10. Has a limiting mental health condition, or depression, generalized anxiety disorder or stressful events in last 12 months.
11. Has a dependence on alcohol or other drugs.

What is it like to be living in a child-only assistance home?

(The following information was taken from Child-only CalWORKs Study Report #2, Barriers to Work: CalWORKs Parents Time-out or Sanctioned in Five Counties, March 2008, Richard Speiglman and Yongmei Li. Please note that Santa Clara County was one of the five California study sites.)

Household income in these homes ranges from about one-third to two-thirds of the California Budget Project’s 2006 basic family budget. The most important and stable cash income item is the CalWORKs grant for children, at a mean of $665 in Santa Clara County. In each studied county, 95% or more of non-cash income derives from Food Stamps.

One-third experience residential instability. That is, they have been living in another person’s home, in a shelter, were homeless on the streets, or had moved at least twice in the last 12 months. Homelessness is four to 14 times that of the national rate. Despite relatively large investments in housing costs, neighborhood problems are common. A clear association is evident between mothers who report no safe place for children to play and those who say they skipped work, school, or training in the last year because they were worried about their child’s safety.

Residential overcrowding is prevalent. Percent of mothers reporting an average of more than one person per room in her residence ranged from 14.3% to 36%, depending on the study site. In the general population nationally, according to the U.S. Department of Housing and Urban Development (HUD), 2.4% of persons are estimated to be residing in such crowded situations.
Reliance on emergency food programs (43.4% of the combined sample) varies by site, with from 3.9% to 20.0% of mothers using soup kitchens in the previous 12 months. In comparison, the national rate is less than 1%. In the last year a majority of households did not have enough money for utility payments (52.4%), basic essentials (47.6%), food (38.1%), and rent (33.3%). Despite a large number (47.6%) of households using emergency food programs, 38.1% report food insecurity among adults, and 9.5% has food insecurity among children.

Depending on the site, from 15.4% to 36% report that child care is a barrier to getting or keeping a job. As a result of the child care burden, nearly 20% of the mothers were either late or absent from work, and the same number, because of worry about their children’s safety, skipped work or school last year.

About 38% reports having fair or poor health status, and 19% reports that physical health problems limit their ability to work. Nineteen percent stayed overnight in the hospital sometime last year.

The prevalence of mental health barriers (overall, 26.6%) is two to seven times the general population rate for psychological distress.

Drug use ranged from 14.3 to 48%, depending on site, compared to 10.7% among the general population.

One in five needed extra help with school or learning or has been diagnosed with a learning disability. The prevalence of learning disability ranges from 9.5% to 28% across sites. Reports of domestic violence experience in the last year range from 7.7% to 10.1%.

Child-limiting health conditions range in prevalence from 11.5% to 33.3%.

The most prevalent barrier for the combined sample is lack of transportation, which affects 61.5% of all respondents. More than 40% of mothers have no driver’s license and 42.9% have no access to a car; 14.3% quit a job last year due to transportation problems; and 28.6% did not start a job last year because of transportation problems.

In Santa Clara County lack of recent work experience is reported as the most prevalent (57.7%) barrier to employment.

More than 10% of mothers reported that help was needed with utility costs, extra child care, help finding housing, and free or inexpensive work clothing. Five to 10% said they needed assistance with physical health problems, mental health problems, support groups, and attorney services.
Denise Boland, Employment Services Bureau Administrator, noted that a portion of CalWORKs clients are determined to have psychological problems that are so severe that they are considered eligible for Supplemental Security Income, and SSA is beginning a concerted effort to assist clients in securing this benefit. However, help is needed in obtaining the required psychiatric evaluations.

An all-too-common cause and effect of severe stress is homelessness. Of the 7,202 individuals found to be homeless in Santa Clara County, including those with children, nearly 23% were experiencing mental illness, while approximately 37% were experiencing depression, and 13% were experiencing post-traumatic stress disorder (PTSD). Among homeless survey respondents, 5% reported having children living with them. An additional 4% reported living with their spouse and children. Another 16% reported having children in foster care.

Stress and mental illness are pervasive among families in the dependency and delinquency systems. While data does not capture mental illness as a factor in loss of child custody due to abuse or neglect, it is recognized as a significant factor. Among girls in-custody in a Santa Clara County juvenile detention facility, 8.3% reported a parent with a psychiatric problem of sufficient severity to require hospitalization and 12.5% reported a parent who had attempted suicide. Among girls on probation supervision, 9.1% had a parent who had attempted suicide.

Judge Lucero cited the research reported in the PBS series, “Unnatural Causes: Is inequality making us sick?” The investigation supporting the documentaries found that “Chronic stress, like other conditions that threaten or promote health, is distributed unevenly through society along class and racial lines. Our ability to manage the pressures that might upset our lives is not simply a matter of personality or character; it’s tied to our access to power,
resources, support networks and opportunities. Both exposures to stressors and access to the resources we need to manage them are tied to our class and social status.”

Recommendations:

It was recommended by DEBS that counseling be provided for individuals going off of CalWORKs in order to better prepare them for the difficult adjustment and sudden loss of supports.

It was recommended by DFCS that training is needed on what depression looks like among fathers and that there should be greater emphasis and more understanding of father’s mental health needs. The need for more fatherhood support groups also was cited.

A group of DFCS social workers and managers advocated strongly for mental health counseling for parents and children who do not qualify for services through MediCal or the Victim Witness Program. They describe workers being reticent to include mental health services on the case plan—even when it is obvious that their clients are in need of these services—when they know of no source of payment.

They recommended funding for specific sexual abuse and domestic violence-related therapy in South County. They also advocated for the expanded availability of comprehensive psychiatric evaluations and medication assessments in South County. Expanded services in South County for dually diagnosed clients (those with concurrent substance abuse and mental health disorders) also were urged.

As they did for substance abuse services, members of the SSA’s Asian Pacific Islander Employee Advisory Committee cited the need for more Asian-oriented mental health prevention and treatment programs and more API staff at existing programs. They noted that even programs that are oriented to serving the Asian community have too limited language capacity to adequately serve the many languages spoken by Santa Clara County’s Asian community members. They note that mental health presentations are too standardized and do not resonate with Asian families.

They cited a need for anger management classes for the Asian community as well as more availability of premarital counseling and preparenting classes. They requested more connections for services through schools, and they noted that home visits often are problematic
due to multi-generational families living together and the negative reaction of older generations to accepting outside assistance with the perception of failure they feel it implies.

Immigration and Language Barriers

A number of interviewees from all participating systems described the particularly difficult situation in which families find themselves when, frequently in conjunction with poverty, there are language barriers, problems of acculturation, and fears concerning immigration status. Juvenile Delinquency Judge Margaret Johnson noted that immigrant families have difficulty understanding the system at the same time that many fear the system due to their undocumented status. Thus, they tend to get left out of services. She observed that their traditional cultures frequently clash with the American pop culture, and they do not understand nor know how to cope with an Americanized teen.

Judge Johnson continued that immigrant parents often begin “empowering” their children at too early an age by utilizing their children as interpreters for language and for the world. The children soon learn to utilize their power and frequently cease to respond to parental attempts to make rules and set boundaries. Frequently, not having had adequate alternatives, these parents have placed themselves in a disadvantaged position to take appropriate parental action.

Ernesto Bejarano, social worker and representative of El Comité, the Social Service Agency’s Latino employee advisory committee, emphasized the extent to which language remains a major barrier. He also describes a pervasive sense of fear and intimidation that constrains many Latino immigrants in their interactions with governmental systems, making it difficult to reach them with needed services or involve them meaningfully with their children’s education. The result, he explained, is significant isolation.

Recommendations:

Linda Chang of DFCS shared an illustrated handbook called “Raising Children in a New Country” and she recommended that this or something similar be distributed in venues through which immigrant parents can be reached. It provides clear and basic information in
short chapters such as Going to School, Street Safety, Car Safety, Child Supervision, Discipline, After School, and many others.

The importance of disseminating information about the laws and customs related to parenting was emphasized by Ernesto Bejarano of El Comité. He explained a project of El Comité through which members volunteer their after-hours time to talk to Latino parent groups about raising children in California, what constitutes child abuse by law, and what happens if a family does become involved in the child welfare system. He described the parents as “hungry” for the information and called for an expansion of similar efforts.

Phaivanh Khowong, SSA Director of Refugee Programs, also recommended parenting classes geared for immigrants and refugees that recognize and are based on their culture and are delivered by someone from their culture and in their language. The curriculum would include a range of topics—from what parent/teacher conferences mean (not necessarily that your child is in trouble) and how to attend them, to California law concerning what constitutes child abuse and neglect.

Other DFCS managers strongly advocated for increased availability, particularly in South County, of Spanish-speaking therapists for children, adults and families. They cited a particular need for therapists willing to work with family groups. They pointed out the need for all members of families to be able to access counseling from the same agency.

Members of SSA’s Asian Pacific Islander Employee Advisory Committee talked about the extent to which the need for traditional mental health services is considered taboo in Asian communities and the importance of innovative approaches for reaching and involving those with unmet needs. They suggested reaching parents at community festivals and events with non-stigmatizing information and invitations to informal support networks. They recommended marketing services with an emphasis on promotion of wellness, utilizing posters for non-literate parents.

As confidence and comfort levels within the Asian community have increased, committee members report that the Asian Pacific Islander (API) Family Resource Center has been able to conduct two annual workshops with attendance of approximately 100 each year on topics such as raising children, domestic violence, substance abuse, mental health, and educational rights. They called for an expansion of these efforts.

They advocated for an increase in API staff and also requested staff training for non-
API staff on API-focused resources.

They advocated for funding to restart and operate the Family Development Academies at each Family Resource Center.

They cited a need for guidance to immigrant parents on how to raise Americanized youth and what are effective and appropriate methods of discipline. They reported that advertising for events focusing on a message of “learn how to help your children succeed” and “how to better communicate with your child” are particularly effective in garnering participation. The radio was noted as a particularly effective tool in reaching Chinese-born parents.

Likewise, Ernesto Bejarano of El Comité recommended more utilization of the radio as a means to deliver information to the monolingual Spanish-speaking Latino community. He also is an advocate of the Promotores model as an effective means to reach the Latino community.

Cultural Misconceptions and Biases

Several DFCS and other interviewees cited occasional racial and ethnic biases that affect decision-making, particularly concerning child removal. For example, it was observed that social workers infrequently, yet nevertheless occasionally, mislabel poor and overcrowded living conditions as neglect. Likewise, at times social workers may act on fears resulting from hearing custom-based verbal responses by parents to misbehavior that do not necessarily constitute emotional abuse and may never result in physical abuse. Cultural standards are sometimes misunderstood.

Similarly, members of SSA’s GLBT Concerns Committee noted that foster care and adoptions by gays and lesbians are increasing but that fear of bias remains strong and actual discrimination does still exist. GLBT Committee members also talked about the additional stress that GLBT young people experience, ranging from self-isolation based on keeping a big secret to bullying, name calling and physical abuse. The result is frequently depression, poor grades and sometimes self-medication and/or running away. These youth do not want traditional mental health therapy but they do need knowledgeable, relevant counseling. GLBT
Committee members point out, however, that there are extremely few counselors that have the specialized expertise needed to help GLBT youth. Relevant family counseling also is needed.

Recommendations:

A clear message from the SSA Employee Advisory Committees was the need for improved and continuing staff training on issues of cultural sensitivity and competency. Linda Morgan, Co-Chair of the Resource and Advisory Committee for People with Disabilities, also provided a copy of an “Etiquette Handbook: Services for People with Disabilities” that was prepared by the committee in conjunction with SSA’s Office of Equal Opportunity/Civil Rights and called for broader dissemination and increased understanding.

GLBT Concerns Committee members recommended that there be substantial training efforts to better prepare professionals from all child-serving systems to assist GLBT youth. In particular, they call for more clinicians with special understanding of GLBT issues and needs. They also note that the Billy De Frank Center is too far removed from North and South County youth to meet GLBT youth needs and recommended more geographically accessible services. Along that line, they support a requirement that non-profit service providers have staff that understands gay culture and issues. They report that many schools have created barriers to GLBT information and services and call for concerted efforts to improve the educational systems’ understanding and protection of GLBT students.
Stressed Children and Youth

Chronic Stress is a Precursor to Poor Physical and Mental Health and Developmental Outcomes

The gravity, intensity, frequency, and urgency of the unmet needs of stressed children and families underscore the importance of the MHSA PEI initiative. Data and interviews confirmed that there are a growing number of children who suffer needlessly because of stress and unmet emotional, behavioral and developmental needs. Interviewees agreed that, with the exception of somewhat narrowly focused efforts, there are generally poorly defined support systems for stressed families.

Among Santa Clara County parents who participated in a survey commissioned by the Lucile Packard Foundation for Children’s Health, 7.2% said their children’s level of concern about family problems was “very much” in 2006, up from 5.7% in 2005. The “somewhat” level of child concern about family problems grew from 16.3% in 2005 to 19.5% in 2006. The overall rating of “very high” levels of child stress in 2006 was 3.8% of Santa Clara County children. Another 9.8% had “high” levels of stress, and 38.9% experienced “moderate levels of stress.”
Among surveyed parents, their perception of the source of their children’s stress was as follows:

<table>
<thead>
<tr>
<th>Sources of Stress</th>
<th>Very Much</th>
<th>Somewhat</th>
<th>Not Very Much</th>
<th>Not at All</th>
<th>Too Young to Say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of School Work</td>
<td>21.3%</td>
<td>42.6%</td>
<td>15.4%</td>
<td>16.2%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Pressure to Excel in School</td>
<td>12.5%</td>
<td>39.6%</td>
<td>10.3%</td>
<td>31.3%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Peer Relationships</td>
<td>10.4%</td>
<td>37.4%</td>
<td>22.3%</td>
<td>26.9%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Extracurricular Activities</td>
<td>4.8%</td>
<td>27.3%</td>
<td>10.4%</td>
<td>55.5%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Difficulties with Family Members</td>
<td>4.3%</td>
<td>19.2%</td>
<td>10.5%</td>
<td>63.4%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Divorce or Separation Issues</td>
<td>9.6%</td>
<td>11.2%</td>
<td>6.8%</td>
<td>68.8%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Family Financial Pressures</td>
<td>5.0%</td>
<td>14.1%</td>
<td>8.0%</td>
<td>69.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Illness or Death of Loved One</td>
<td>5.2%</td>
<td>12.8%</td>
<td>10.2%</td>
<td>68.7%</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

However, parental perceptions often contrast significantly with youth’s self-identified feelings, with parents failing to recognize or accurately report their children’s stress and depression. For example, among Santa Clara County parents in 2006, 5.8% were “very concerned” about their child’s level of depression and an additional 14.1% were “somewhat concerned.” In contrast, one-quarter to one-third of seventh, ninth and eleventh graders reported symptoms of depression (feeling so sad or hopeless for at least two weeks during the previous year that they stopped doing some regular activities). Further, 16.3% of the seventh, ninth and eleventh graders reported they seriously considered, and 8.2% reported they actually attempted, suicide during the previous year.

Santa Clara County’s Project Cornerstone identified 41 developmental “assets” that promote youth success and resiliency. These include the children’s own values and competencies as well as positive developmental experiences that provide children with support, empowerment, boundaries, proper expectations, and opportunities for constructive use of their time. Among all age groups, youth with the highest numbers of developmental assets engaged in the lowest percentages of risk behaviors. Conversely, those with the lowest numbers of developmental assets engaged in the highest percentage of risk behaviors. The National
Search Institute’s research shows that youth need 31 or more of the 41 assets to thrive. Project Cornerstone’s data show that Santa Clara County youth have an average of 18.8 assets.

Of Santa Clara County youth surveyed in 2004 concerning their “developmental assets, deficits, and risk-taking behaviors,” youth reported the following behavioral problems during the previous 12 months:

<table>
<thead>
<tr>
<th>Behavior</th>
<th>6th grade</th>
<th>7th grade</th>
<th>8th grade</th>
<th>9th grade</th>
<th>10th grade</th>
<th>11th grade</th>
<th>12th grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trouble with police</td>
<td>6%</td>
<td>13%</td>
<td>15%</td>
<td>24%</td>
<td>35%</td>
<td>22%</td>
<td>55%</td>
</tr>
<tr>
<td>Perpetrator of violence 3 or more times</td>
<td>19%</td>
<td>24%</td>
<td>16%</td>
<td>30%</td>
<td>38%</td>
<td>27%</td>
<td>62%</td>
</tr>
<tr>
<td>Used a weapon</td>
<td>3%</td>
<td>3%</td>
<td>6%</td>
<td>5%</td>
<td>11%</td>
<td>4%</td>
<td>27%</td>
</tr>
<tr>
<td>Skipped school 2 or more days in the last 4 weeks and/or has below a C average</td>
<td>13%</td>
<td>12%</td>
<td>13%</td>
<td>17%</td>
<td>29%</td>
<td>19%</td>
<td>33%</td>
</tr>
<tr>
<td>Gambled 3 or more times</td>
<td>16%</td>
<td>9%</td>
<td>15%</td>
<td>16%</td>
<td>18%</td>
<td>20%</td>
<td>34%</td>
</tr>
<tr>
<td>Has driven after drinking or ridden with a drinking driver 3+ times</td>
<td>23%</td>
<td>7%</td>
<td>9%</td>
<td>12%</td>
<td>27%</td>
<td>14%</td>
<td>46%</td>
</tr>
<tr>
<td>Used illicit drugs 3+ times</td>
<td>0</td>
<td>3%</td>
<td>4%</td>
<td>13%</td>
<td>30%</td>
<td>22%</td>
<td>66%</td>
</tr>
<tr>
<td>Felt sad or depressed most or all of the time in the last month</td>
<td>25%</td>
<td>15%</td>
<td>18%</td>
<td>19%</td>
<td>16%</td>
<td>19%</td>
<td>16%</td>
</tr>
<tr>
<td>Has attempted suicide one or more times</td>
<td>9%</td>
<td>12%</td>
<td>9%</td>
<td>19%</td>
<td>23%</td>
<td>17%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Growing Up in Poverty

Among Santa Clara County’s 452,592 children ages 0 to 17, 11% or 49,785 are living below the Federal Poverty Level (FPL), a number greater than the entire population of the City of Campbell and approximately equivalent to either Cupertino or Gilroy. Hispanic children represent one-third of the area’s total youth population and they represent a staggering 55% of the children living in poverty in Santa Clara County.

Again, however, that significantly underestimates the true number of children living in poverty due to the fact that the FPL does not take into consideration this area’s extremely high cost of living. The largest number of children living below the FPL resides in Supervisorial District 2, as do the largest proportion of families living in poverty. While District 2 has a substantially higher number of minor children living below the FPL (41.9%), the numbers are
more evenly distributed among the remaining districts: District 1 – 6,237 or 17.1%, District 3 – 5,474 or 15%, District 4 – 5,848 or 16.0%, and the lowest number in District 5 – 3,669 or 10.0%.  

Economic disparities create vastly different standards of living for the “haves” and “have-nots.” Statistically, children who grow up in poverty are more likely to go hungry, to live in overcrowded or unstable housing and unsafe neighborhoods, and to receive a poorer education. They tend to have less access to health care, dental care, child care and other community resources, such as after-school programs, sports and extracurricular opportunities. Hunger is a very real for many children and families in Santa Clara County.

The Santa Clara County Food Bank now serves an average of 125,000 people per month. The number constitutes a 7% increase compared to last year. According to the U.S. Bureau of Labor Statistics: Since March 2007, the price of eggs has jumped 35%; a gallon of milk, up 23%; a loaf of white bread, up 16%; and the cost of gasoline in the Bay Area is 40% higher than the national average.

From the Santa Clara County Social Services Agency Employment Services Bureau Annual Report 2008

Researchers and food assistance providers held a forum on September 12th of this year to discuss a just-completed hunger index – a measure of food insecure families in San Mateo and Santa Clara counties. The index revealed that one in 12 families experienced food insecurity.

The CalWORKs administrator and six program managers reported that parents have fainted from hunger during an appointment or class. Parents report going without food so there is enough to feed their children. In order to make ends meet, many families budget their extremely limited resources for food around the school nutrition programs, which do not operate when school is out of session. There are long lines of families waiting for free lunches during the July summer school session; but during August, all too many of these children are hungry. When schools close their doors for summer vacation, nearly 90,000 children in Santa Clara County who qualify to receive a free or reduced-price breakfast and lunch during the academic year, face food insecurity and hunger.
CalWORKs managers also point out that, with the exception of child care and extremely limited transportation assistance, their resources are directed toward the parents. There has been little focus on addressing the impacts on the children of growing up in poverty. For example, beyond hunger and poor living conditions that are not conducive to health or studying, what are the consequences when, due to financial inability to participate, a child is excluded from activities in which most of their classmates are involved? What psychological impact does it have when a child cannot take part with its peers in Brownies, Girl Scouts, Cub Scouts, Boy Scouts, Little League, summer camp, or the 8th grade class trip to Washington, D.C.?

An increasing amount of literature contends that growing up in severe pockets of poverty where the whole range of societal ills are manifested—and yet in painfully close proximity to children and youth who have significant resources and support—is even more damaging to adolescent development than being raised in a homogeneous, poverty area. This seems to be particularly true in a highly economically stratified area such as San Jose, where poor and minority children grow up with the ever present view of adolescents who seem to be enjoying all of life’s advantages. Unlike housing patterns in many other locales, expensive homes in San Jose and other parts of Santa Clara County are clustered together in neighborhoods that are adjacent to pockets of profound poverty. While million plus dollar homes grace the hillsides and some of the “gentrified” central city areas, nearby housing runs the gamut of small single family homes, overcrowded apartments, to trailer parks and motels. Families live in crowded

“In the United States, street address and zip code are surprisingly good predictors of health. Why? Because the social, economic, and physical environments in which we live powerfully shape our life chances and wellbeing - for better and worse.

Where we live is not simply a matter of personal preference. It has a profound impact on financial security, school quality, job opportunities, safety, as well as access to goods and services. Unfortunately, racial segregation and past housing and loan discrimination have helped create inequities in neighborhood quality and the distribution of wealth and health.

Among other things, communities with lower income and educational levels tend to have higher rates of asthma, obesity, diabetes, heart disease, and child poverty. They are also more likely to have substandard housing, underfunded schools, poor access to grocery stores and supermarkets, and to be located near toxic industries and other sources of pollution. We spend more than twice what the average rich country spends per person on medical care. Yet we have among the worst disease outcomes of any industrialized nation - and the greatest health inequities. It’s not just the poor who are sick. Even the middle classes die, on average, almost three years sooner than the rich.”

Excerpted from “Unnatural Causes: Is inequality making us sick?”
conditions, often with two or more families sharing the same dwelling. Again, school children find it difficult, if not impossible, to study at home under these crowded conditions. Poor sanitation and disease are commonplace.

And, to a growing extent, children are growing up homeless. Almost 10% of the more than 7,000 people without a home said they were homeless along with their children and, in some cases, with their spouse. Among Santa Clara County homeless school-age children, almost one quarter are not in school. Of those in school, many arrive dirty and hungry. School lunch may be their only meal of the day. They are often inattentive and anxious. They may be disciplined for their lack of focus and labeled as trouble makers, or homeless children may become withdrawn and quiet.

Recommendations:

Juvenile Domestic Violence Court Commissioner Jesus Valencia cited the importance of extracurricular activities—sports, drama, music, and others—as a positive outlet for children and teens and, more importantly, as an opportunity for young people to find an avenue for positive self-identify. He expressed sorrow about the costs for participation that made these activities out of reach for many children who need them the most and advocated for the creation of resources to be used for this purpose when needed. He recommended PEI support for community youth programs that focus on enrichment and activities that give disadvantaged young persons a chance to succeed and excel.

Juvenile Court (Juvenile Substance Abuse Court) Judge Margaret Johnson concurred; and she noted that these venues should be promoted in the context of prevention, where they are very effective, rather than in treatment, where there are many more logistical and other barriers.

Robert Garner, Director of the Santa Clara County Department of Alcohol and Drug Services, recommended the creation or expansion of the Student Assistance Program (SAP) in schools throughout the county. The SAP evolved from the Employee Assistance Program (EAP) model. Evaluations of SAPs have demonstrated reductions in school violence and behavioral incidents, reductions in substance abuse, improvements in school attendance, improvements in academic performance, and increased access to services.

He envisions an expansion of this best practices model to include Community
Assistance Program (CAP) locations, positioned strategically throughout the county. He reported that the model is extremely effective in accessing youth in earlier stages of whatever problem they are facing, whether it is substance abuse, emotional problems, domestic violence or something else. He noted that the model depends on skilled adults who are able to build a rapport with the youth but do not allow themselves to get pulled into the problem.

Bob Garner indicated that the program is used by youth who seek support for themselves, by youth who are encouraged by peers, by youth who are referred by a caring adult, and by youth who are brought by law enforcement as an alternative to deeper penetration into the system. He emphasized the importance for young people of having a safe place to go where there is a non-punitive and non-judgmental approach to helping them solve problems. He hopes for an eventual system of centers that also are able to serve youth on an on-call, 24/7 basis.

He pictures that this could be a key element in a community prevention model that also includes a cadre of licensed clinicians who are available for shorter-term interventions, along with positive community messages and positive activity alternatives, such as Friday Night Live. He called for expanded cross-training of professionals on mental health and substance abuse symptoms and treatment alternatives. He recommended approaches to substance abuse treatment that look behind the behaviors to the causes.

Among CalWORKs staff interviewed, the overall consensus was that, for the most part, attention and support is not being focused on the children in the typically very stressed CalWORKs families. CalWORKs services are focused on the parents, with extremely limited resources devoted to the children. Keith Pedersen, a CalWORKs Employment Program Supervisor, notes that the full name of the CalWORKs program is “California Work Opportunities and Responsibility to Kids” (emphasis added). However, he acknowledges that increasingly limited resources have focused most all of the attention on efforts to promote economic self-sufficiency among the parents, without enough attention to the impact on the children of the family’s already existing as well as program-requirement-added stresses.
Recommendations:

CalWORKs staff called for more attention to child nutrition, comprehensive family needs assessments (not just financial), psychiatric evaluations of children when indicated, and monitoring of child outcomes.

They recommended age-related parenting classes to educate and assist parents in handling the various developmental stages of children and youth, with particular sensitivity to the families’ financial and other constraints. Because circumstances are difficult for CalWORKs clients, particularly transportation, it was suggested that participation incentives be offered such as a gas card or bus pass. As an alternative, it was proposed that the information be produced to download onto an IPod that parents can listen to on the bus, in waiting rooms, etc. Parenting classes for special needs children also was suggested.

It was noted that 60% of CalWORKs clients utilize exempt providers for their preschool children’s care. Often they are unfamiliar with and distrustful of child care centers.

Per the most recent CalWORKs/DFCS Partnership Committee statistical report, there are 91 common cases (open cases in both systems). However, there may be more that have not been captured during the process of the partnership Committee’s efforts to improve methods for detection of common cases. CalWORKs staff report observing an increase in rough treatment of children by their clients as the parents’ stress increases. As mandated reporters, at times they are required to make referrals to DFCS.
Substance Abuse as an Environment and a Pursuit among Children and Youth

Children developing within the chaos, neglect, and violence of a substance-abusing environment experience stress and trauma that significantly affect their behavioral, emotional, and cognitive functioning. They often exhibit low self-esteem, a sense of shame, and poor social skills. Many children who live in drug homes exhibit attachment disorders, which occur when parents or caretakers fail to respond to children’s basic needs or do so unpredictably. Symptoms of attachment disorder include the inability to trust, form relationships, and adapt. As reported earlier, almost half (48.9%) of boys interviewed in the 2008 study of youth on probation supervision indicated that one or both parents had drinking or drug problems. Among boys in custody, almost 40% reported a parent or parents with substance abuse problems. Among girls in custody, the percentage rose to 54.2%, and among girls on probation supervision who indicated that one or both parents had drinking or drug problems, the percentage rose to 72.7%

Moreover, substance use by children, not just in front of children, is reported at increasingly young ages. It is estimated that 85% of adults in need of substance abuse treatment started their use in adolescence. Among Santa Clara County fifth graders, 5.4% had consumed alcohol within the previous month. Among seventh graders, alcohol use within the previous month increased to 9%. Marijuana use four or more times by seventh, ninth and eleventh graders increased from 8.8% in 2003 to 13.2% in 2006. Use of other drugs at least once without a doctor’s orders—other drugs including stimulants, cocaine, methamphetamine, psychedelic drugs, sedatives and PCP—by children and youth in the seventh, ninth and eleventh grade levels increased from 6.6% in 2003 to 17.5% in 2006.

There are in more than 130,000 high-school-aged youth in Santa Clara County. State data suggest that as many as 10% of youth in high school meet diagnostic criteria for a substance abuse problem. However, the figure rises to approximately 39% of youth who do not attend school or who are enrolled in alternative school settings. It is even higher for youth involved in the criminal justice system. The incidence of adolescent substance use in Santa Clara County is a little lower than the state average; but even taking that into account, it can be
concluded that there are well over 10,000 youth within the county with significant substance abuse problems, while only approximately 1,000 receive treatment services from DADS or one of its contractors. 86

More than half (53.3%) of boys interviewed in the 2008 study of youth on probation supervision had been in alcohol/drug abuse treatment, clearing demonstrating the correlation between substance abuse and juvenile delinquency. Among boys in custody, the percentage rose to 55.2%. 87 Approximately 42% of girls in custody had been in alcohol/drug abuse treatment. 88 Almost 40% of the boys and nearly two-thirds of the girls on probation supervision were identified as exhibiting alcohol or drug problems combined with emotional problems affecting their behavior. 89 One-half of the girls in custody had a substance abuse and an emotional problem, as did 41.4% of the boys in juvenile detention. 90

Recommendations:

Kathy Duque and Michael Clarke of the Probation Department pointed out that not only are substance abuse treatment programs for youth insufficient to meet the needs but that interventions are needed to boost their motivation to participate as well as assistance with transportation to access services.

Stephen Betts of DADS reported that mentoring programs have proven to be beneficial for prevention, early intervention and treatment. He called for more training of system professionals on the effects of substance abuse on brain development. For younger children and their parents, he recommended the program “Incredible Years,” recognized as a model program by SAMHSA, that has had beneficial outcomes in prevention of substance abuse, mental health problems, teen pregnancy, etc. For older at-risk youth, he suggested that alternative schools are one of the best venues through which they can be reached and helped.

He cited the need for alternatives to substance abuse intervention and treatment at school because (1) most schools do not operate year-round and the big gap in services during the summer compromises success, (2) it generally requires pulling youth out of the classroom to participate in the treatment program and these youth are often already struggling to keep up with their school work, and (3) best practices in the field of in substance abuse treatment call for involvement of the family, which is very difficult to do during school hours. Thus, new and creative treatment venues need to be identified and utilized. He stressed the need for more
and expanded community prevention efforts, including more support for effective community programs.

He advocated for greater involvement of substance abuse prevention and treatment providers in mental health prevention and intervention projects in recognition of the prevalence of co-occurring substance abuse and mental health disorders.

Juvenile Substance Abuse Treatment Judge Margaret Johnson offered that youth at both ends of the severity spectrum are the least well served. For children getting started on drugs, the system response is often an ineffective class. At the same time, at the other end of the spectrum, there are few alternatives for the seriously drug abusing, often violent teen.

Judge Johnson also called for more specialized services for girls and young women. Girls typically come into the juvenile justice system at older ages than boys and with more entrenched bad behaviors. She noted that the severity and complexity of girls’ problems is often more than the boys. She also observed that, anecdotally, mothers appear to be much harder on—much less tolerant of—their daughters than their sons; and that girls respond particularly well to “high touch” services that put them in frequent, regular contact with a caring adult. She also recommended that there be special programs implemented to deal with the fact that many young women in the Juvenile Substance Abuse Treatment Court have a history of prostitution and often do not appear to understand the risks and dangers of continued involvement in the sex industry.

Judge Johnson noted the particularly serious lack of sufficient substance abuse treatment services in North and South Counties as well as the difficulty for youth to access services. She emphasized the important role that transportation assistance could play in insuring that youth participate in their needed treatment.

Children in the dependency system also exhibit higher than average incidence of substance abuse. In 2002, three clinicians were assigned to the Children’s Shelter and saw approximately 300 youth per year. However, DADS services were reduced to one clinician when the population of the Children’s Shelter decreased significantly as a part of child welfare reform and the emphasis on prompt diversion of children to foster or relative care. Unfortunately, budget reductions made it impossible for DADS to redeploy the clinicians to
meet with youth in foster and group homes and, to a great extent, this concerted focus on early identification and treatment of this high needs population has been lost.  

Growing Up with Violence

Children who are exposed to violence are more likely to exhibit behavioral and physical health problems including depression, anxiety, and violence towards peers. They are also more likely to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution, and commit sexual assault crimes. Witnessing or experiencing multiple acts of violence in the home is said to result in children becoming twice as likely to commit violent acts themselves. Evidence of this is a high level of criminogenic thinking (relating to characteristics or factors identified by research as predictors of crime and/or related recidivism). For example, among boys on probation supervision in Santa Clara County, 28.9% consider criminal behavior an acceptable and common part of life. Among girls, the percentage rose to 45.5%. Among boys in juvenile detention, 36.2% reported thinking that criminal behavior is an acceptable and common part of life, as did 41.7% of girls in custody.

One in 25 Santa Clara County school students admitted that they had carried a gun to school during the previous year. About one in ten reported that they had carried another weapon, such as a knife or club to school and nearly one in three said that they had seen someone with a weapon in school.

Of the 165 gang-related occurrences investigated by police in the first three months of 2008, one-third happened on a school campus or originated on campus. Of San Jose’s 36 homicide victims in 2007, 16 were gang slayings. However, the problem is not just homicides. All kinds of gang violence, such as shootings, stabbings and beatings, are on the rise. Violent gang incidents far surpassed the previous year’s totals. Gang-related incidents involving school-age kids are on the rise—up more than 35% in 2007 for ages 10-19.
Hispanic/Latinos are self-declared gang members at a considerably higher ratio than the county total or any other racial/ethnic group. For every 100,000 Hispanic/Latino youth, 481.4 are self-declared gang members, compared to the county total of 106.5 per 100,000 youth. While gang involvement is not reported as a big factor among children in the Santa Clara County dependency system, Probation and Juvenile Delinquency Court personnel report that it is a significant dynamic in juvenile justice-involved youth. DFCS does report, however, that some children in the foster and relative care system have parents who are gang members.

The research is significant for linking family dysfunction to gang membership. There appears to be a particularly strong correlation between violent homes and fatherless homes with gang membership. Judge Tondreau strongly supports this conclusion and advocates for a range of prevention, early intervention, and treatment alternatives. He notes that “A community cannot arrest its way out of delinquency.”

**Recommendations:**

Judge Tondreau recommended that a video be produced and shown to parents in the waiting room before delinquency court sessions. The purpose would be to educate parents about the signs of gang involvement, the symptoms of substance abuse, and how to recognize and monitor other problem behaviors. This would be coupled with parenting advice and suggested resources.

He notes, however, that no parent or guardian comes to court in approximately half of the cases he sees. Parents are either too economically stressed and cannot afford to miss work, or they have given up. He reports that parents occasionally come in and say, “I’m done.” Thus, other techniques must be utilized to engage these families before the problems become so severe.
Judge Tondreau suggested the County align resources with the City of San Jose and its Mayors Gang Prevention Task Force. He also recommended funding for a pilot project targeting first-time parents in zip codes that have the highest incidence of juvenile crime. These parents would receive a public health nurse visit that provides education and linkages to needed services. He concurs with other experts who feel that the early years are key to optimal development.

Judge Tondreau, presiding over the Dual Status Court (for children who are both dependents and delinquents), advocates strongly for increased therapeutic visitations, supervised by a licensed clinician, as a part of the reunification process within the dependency system. He has observed the frequency with which biological parents have a very strained relationship with the children who have been removed from their care and called for structured visits that are aimed at relationship rebuilding. Along with this, he recommended more readily available family therapy. He, and many others, cautioned about the over reliance on interns and vehemently called for the continuity and experience of trained, licensed clinicians for stressed, troubled families.

Commissioner Jesus Valencia, who hears the Juvenile Domestic Violence Court cases, observed that pregnant and parenting teen girls commonly use access to the child as a means of control over their boyfriends. The response, all too often, is violence. He noted that teen boys frequently hit their pregnant girlfriends, and teenage girls are seemingly quite tolerant of violence. He cited low self-esteem and a lack of role models as factors. He also notes that boys typically are proud and bragging about having gotten their girlfriend pregnant.

Commissioner Valencia called for a program at the Juvenile Hall and Ranches for young fathers. The young men who come before him usually were raised with either no male role model or a negative father figure. He cited the pattern of inter-generational violence in which the young people he sees have been raised, and he stressed the need for youth, in particular young fathers, to learn to assume a wide range of supportive roles in the lives of their children—from diaper changing and feeding to supervision and appropriate play time.
Youth violence also includes self-inflicted injury. Santa Clara County ranks 54th out of California’s 58 counties (with 58 being the worst) in the rate of adolescent self-inflicted injury.\textsuperscript{101} Suicide is the third leading cause of death among teenagers ages 15-19.\textsuperscript{102} Of seventh, ninth and eleventh graders, 16.3\% reported they had seriously considered, and 8.2\% reported they had actually attempted, suicide during the previous year.\textsuperscript{103}

Traumatized Children and Youth in the Dependency System

Lack of parental care, nurturing and supervision is known to have serious and maybe even lifelong consequences.\textsuperscript{104} Children who have been abused or neglected experience higher rates of suicide, depression, substance abuse, difficulties in school and other behavioral problems later in life, and they also are at greater risk of later mistreating their own children.\textsuperscript{105} A history of abuse can be associated with nearly all common syndromes but particularly with self-harm, suicide, dissociation, and revictimization.\textsuperscript{106} National studies have shown that more than 80\% of children in foster care have developmental, emotional, or behavioral problems,\textsuperscript{107} and from 40\% to 85\% of children in foster care have diagnosed mental health disorders.\textsuperscript{108} A pilot program at the Children’s Shelter, through which all children ages six to 11 who enter the foster care system are screened for mental health problems, has been operational since January 2005. From January 2005 through March 2008, 823 children were assessed. Of those 823 children, only 56 did not meet medical necessity for mental health services.

Moreover, consequences for children in out-of-home care may be further, negatively impacted based on the type of placement setting. Various reports document that when foster children are placed in institutional settings such as group homes, they are at higher risk for developmental problems, long-term personality disorders and medical ailments. Reports also document that children who stay in group homes longer than they do with licensed foster families have less chance of being connected to a family, are more likely to transition out of foster care alone, and are more likely to experience poorer outcomes as adults. Some research
suggests that children who are removed from their homes or frequently transferred between foster homes will exhibit higher rates of delinquency.¹⁰⁹ However, it has been demonstrated that “Even when facing adversity, children can thrive if adults and communities support and guide them.”¹¹⁰ Experts in the field emphasize that the grief and trauma experienced by children when they are placed into the foster care system must be taken into account in a timely manner. They call for an initial mental health and substance abuse screening within 24 hours of removal to identify children with urgent needs and to triage interventions to address the child’s feelings regarding the separation. They recommended that help in coping with the separation be provided as quickly as possible, prioritized by the severity and intensity.

It is further recommended that, subsequently, all children in foster care and their families be provided a comprehensive mental health and substance use assessment. It is urged that the collective service systems not simply respond to the needs of children already having a mental disorder and/or substance use problems but also recognize and address the children requiring mental health and substance use intervention to prevent future problems.¹¹¹ DFCS social workers and managers point out that this encompasses virtually all foster children by virtue of the trauma they have experienced through abuse, neglect, and separation/displacement.

On an ongoing basis, approximately 25% of the children in Santa Clara County’s dependency system have problems that are sufficiently severe that they are classified as having special needs and resource families are provided a higher payment to offset the costs associated with their care (additional trips to health professionals, etc.). However, this number is conceded to seriously underestimate the proportion of children and youth who have trauma-related problems.

Again, professionals concur that exposure to trauma is the rule, not the exception, among children in the child welfare system and that these traumatized children utilize various, inappropriate ways of coping. As a result, they may demonstrate impulsive behaviors or,
conversely, become very resistant to changes. They may exhibit detachment and emotional distance or an excessive need for physical attention. They may show evidence of anxiety, PTSD, depression, high activity levels, irritability, acting out, and problems with sleeping, eating and elimination.

Recommendations:

Santa Clara County professionals from every service system interviewed for this project emphasized that early identification and intervention can make a difference. There was strong consensus that the pilot mental health screening project, underway at the Children’s Shelter for children ages six to 11, should be both intensified and expanded to all age groups. Further, it was recommended that assessments be conducted on children already in the dependency system, not just the new arrivals. Likewise, DFCS representatives emphasize that linkages to mental health treatment need to occur more rapidly.

Judge Lucero called for assessments following placement disruptions, in recognition that each change can cause additional trauma, saying that “The trauma children endure when moved from home to home is not conducive to healthy, normal development.”

DFCS requested mental health training for social workers on children’s developmental stages and abnormal development, such as sexually acting out. DFCS interviewees also asked for training on behavioral management in order that social workers are better able to help parents or caregivers maintain the children in their home or placement.

DFCS also recommended an expansion of resources for foster parents, in acknowledgement that research has shown foster children have seven times the developmental delays of similar children who are not in foster care. The result is that foster parents are often required to give extra attention to foster children’s needs without extra resources, support, access to respite care, or specifically needed training.

While mental health consultation might be valuable in Team Decision-Making Meetings (TDMs), DFCS Director Norma Doctor Sparks noted that it may not be feasible due to their frequency. However, she explained that TDMs may be utilized as a part of Emergency
Response and that mental health consultation would be particularly valuable at that time.

Wendy Kinnear-Rausch, DFCS Program Manager, noted that getting connections with services is not the same thing as getting connections with a family. She describes the longing that children express—often through their teen years—for a forever family, and she called for greater attention to promoting connections with caring adults.

Judge Lucero stressed the need for carefully planned and committed partnerships among the key elements and institutions within the community to work together to mitigate the problems. She cited the need for:

1. Earlier preparation for adulthood among foster youth, feeling that the current Independent Living Program is often “too little, too late,”
2. More educational coaching for foster children and youth, and more mentoring for youth and parents,
3. More transportation assistance for both children and parents to access services,
4. More emphasis on finding homes for siblings to remain together,
5. Better alternatives to group homes for children with emotional and behavioral problems—particularly a significant expansion of Intensive Therapeutic Foster Care (ITFC) homes,
6. More resources for families after their initial referral in order to greatly reduce the numbers of children who must experience the trauma of removal from their families, and
7. Improved ways to reconnect older children to their biological families prior to emancipation, particularly those who have had multiple foster placements or resided in group homes and did not form strong personal attachments with their caregivers.

The observation was made by some that the Mental Health Department does not have the “penetration” or level of utilization of its services within communities of color that it recognizes is needed for parity. However, at the same time, DFCS and Juvenile Probation struggle with significant overrepresentation of families and children of color in their systems. It was suggested that PEI be utilized in some manner as a way to help promote coordination and reduce the disparities on both sides.

It was strongly asked and advised by interviewees that an emphasis on evidence-based practices for PEI funding not eliminate the opportunity to provide funding for innovative approaches or, more importantly, for support of approaches used locally that have demonstrated their value. It was noted that Santa Clara County has devoted countless
personnel and other resources to collaborative planning efforts to identify gaps in service availability and priorities for service expansion. The hope was expressed that these recommendations not be lost on account of a policy requiring that only recognized best practices receive PEI funding.

Because of the orientation of this component of Mental Health Services Act funding to prevention and early intervention, it was recommended that a particular emphasis for MHSA PEI funding be placed on families in what are referred to as Differential Response Paths One and Four, as well as, perhaps, Path Two.

Angela Carbone, a Social Work Coordinator with the Differential Response Program, recommended more therapeutic services for families. She cited long waiting lists for services, high staff turnover (therapists and interns leaving), insufficient language capacity, and needs for services beyond the allowable number of sessions. She noted, as did others, the particular need for counseling and services for individuals and families who are uninsured, undocumented, or have inadequate private insurance.

She noted that First 5 currently serves Path 4 families, so the limiting criterion is the age restriction. Families with children ages 6 or older have great difficulty “getting in the door to access services.” She recommended an emphasis on services to families with older children who lack access through First 5.

Further, she related that there are a number of clients who experience family conflict or interpersonal relationship stresses such as domestic violence, immigration issues and divorce, who do not qualify for therapy services. There also are clients who are chronically depressed but have never had a major episode of depression and do not have an Axis I diagnosis for health insurance purposes and cannot afford to pay for therapeutic services on their own. (Gardner Family Health Network, under contract to provide Differential Response services, estimated that this group is about 60% of their families.) She recommended utilizing PEI funding to broaden the criteria and lower the threshold for access to services.
A Brief Explanation Concerning the Complementary Nature of PEI and Differential Response

A few years ago, California counties began implementing Differential Response, a fundamental change in direction in terms of the child welfare system’s reaction to reports of abuse and neglect. Differential response is defined in California as developing a broader set of responses to reports of possible child abuse or neglect, including prevention and early intervention, engaging families to address issues of safety and risk, and improving access to services, including allowing voluntary access by families. This broader set of actions is a departure from the traditional child welfare response. This includes an emphasis on “seeing families as part of the solution,” and “community partnerships.”

Differential Response offers multiple paths for ensuring child safety—all of which include engaging families whenever possible to help identify solutions to the challenges that they may be facing and that are posing risks to a child’s safety and wellbeing. Four Differential Response paths were established:

 Bosnia Path #1: Community Response. This path is chosen when allegations do not meet statutory definitions of abuse or neglect, yet there are indications that a family is experiencing problems that could be addressed by community services. Under California’s traditional child welfare system, more than one-third of all cases are re-referrals from the previous year, indicating that there are continued challenges facing these families and their children. With Differential Response, these families are linked to services in the community through expanded partnerships with local organizations.

 Bosnia Path #2: Child Welfare Services and Community Response. This path is chosen when reports meet statutory definitions of abuse and neglect, and assessments indicate that with targeted services a family is likely to make needed improvements to child safety. Assessments determine a child’s risk is low to moderate. In this situation, families work with representatives of child welfare, other county agencies and community-based organizations to identify their risks and strengths and to participate in services for improving child and family well-being. The focus of this path is on a family’s willingness to make needed improvements. If a family situation deteriorates and a child’s safety is in danger, child welfare officials intervene as needed.
Path #3: Child Welfare Services Response. This is the path chosen when children are not safe and includes situations where the risk is moderate to high for continued abuse or neglect. Actions may be taken with or without the family’s consent, court orders may be involved and criminal charges may be filed.

Path #4: Post Formal Child Welfare System Involvement. This path, unique to Santa Clara County, was established for families exiting the child welfare system after completion of Path 3 services (i.e., Family Reunification and/or Family Maintenance Services). These families have completed their court-ordered case plans and the children are reunified with their caregiver(s). Path 4 services are intended to further strengthen the family and prevent reoccurrence of child maltreatment and foster care re-entry.

The need for more assistance and aftercare services to Path 4 families is evident by the fact that almost 100 reunified children were maltreated within six months after reunification in 2006, and almost 12% of children reentered the child welfare system in less than 12 months following reunification. Concrete services such as housing as well as “soft services” such as counseling can ease the reunification process.

Recommendations:

DFCS interviewees said that families going from Family Unification to Family Maintenance need “a lot of shoring up.” Mary Grimm, a DFCS Program Manager III, praised a mentor mom program in Contra Costa County, identified as a best practice, which actually provides for a reunified family to live with a mentor family for a period of time following reunification. The mentors do not parent the children but rather mentor the parents.

DFCS social workers and managers said that mental health services really help to stabilize troubled families, either as an alternative to child removal or following reunification. However, they noted that mental health services are among the most difficult for which to establish linkages. They stated that Path One families that could greatly benefit by counseling do not qualify unless they have a mental health diagnosis. They recommended utilization of PEI funding to change this.

They called for more education about mental illness and more efforts to reduce the stigma associated with receipt of mental health services. They advocated for more widely
available mental health support groups that are given another name to diminish reluctance to participate. They recommended support group settings with a kitchen available to facilitate the provision of food, which they consider a significant enticement to participation. For this and other reasons, they like the Celebrating Families Program model.

They would like more services for fathers and an examination of the Casey Family Foundation recommended models of services for fathers.

They called for more music and art enrichment programs for foster and other stressed children and youth. They requested funding to reinstate the Youth Leadership Program for foster teens at DFCS’ Family Resource Centers.

They echoed the concerns raised by virtually every interviewed service system that families with private insurance do not have access to mental health services that is sufficient or equal to families on MediCal. Of course, uninsured families are at an even greater disadvantage. They called for more services for the undocumented.

They repeated the concern raised by virtually every interviewed service system that mental health counseling services are plagued by high staff turnover and over reliance on interns and non-clinically qualified personnel. They also reiterated the need for services for children and families in which there is no child in the First 5-qualifying zero to five age range.

They echoed the concerns raised by virtually every interviewed service system that mental health counseling services are plagued by high staff turnover and over reliance on interns and non-clinically qualified personnel. They also reiterated the need for services for children and families in which there is no child in the First 5-qualifying zero to five age range.

They would like in-home coaching based on a “super nanny” model. They expressed concern that parents obtain knowledge from attendance at parenting classes but have difficulty putting the information into practice without some amount of one-on-one focused assistance.

They also advocated for funding to reinstate the successful Family Development Academy within the DFCS Family Resource Centers. This previously grant-funded program was based on the hypothesis that parents’ unrealistic expectations of young children, exacerbated by stress and poor communications skills, are a primary threat to their children’s safety. The program focused on interactive sessions that modeled appropriate expectations and appropriate parental responses as an effective means to significantly reduce child abuse. The request for funding to reestablish the Family Development Academy was strongly seconded by the Asian Pacific Islander Employee Advisory Committee.

They requested broader availability of services that can be utilized by parents and children together.

They recommended greater collaboration with the countywide 211 service information
They noted that a Homework Club was successfully operated this year at the Asian Pacific Islander Family Resource Center and called for an expansion to the other SSA/DFCS Family Resource Centers.

They recommended more education of children and parents about child abuse, with particular emphasis on people working with immigrant families.

They asked for more services for dually diagnosed youth (having co-occurring mental health and substance abuse disorders).

As evidence of the need for improved assessments and interventions for children available for adoption, only approximately 7% of children adopted were identified as having special needs and developmental problems among the 202 adoptions of children in the child welfare system in 2007, in contrast with the 25% of the children in Santa Clara County’s dependency system who have problems of sufficient severity that, as mentioned earlier, they are classified as having special needs and resource families are provided a higher payment to offset the costs associated with their care. From the standpoint of “adoptability,” a national study revealed that the mental and physical health of a child is far more of a factor in an adult’s desire to adopt that child than race, age, time in foster care or even the income needed to raise the child (National Adoption Attitudes Survey 2002).  

Even after an adoption occurs, the relationship may be jeopardized by significant physical and mental health problems that the child begins to demonstrate during the post-adoption period. A few years ago, sampling of just three months of records of calls to the Santa Clara County Social Service Agency’s Post-Adoptive Services Unit revealed the following concerns about their adoptive child:

- severe tongue thrusting,
- need for speech therapy (several),
- need for substance abuse treatment (several),
- defiance (several),
- running away (several),
- paranoia,
- suicidal,
- obsessive compulsive disorder,
- child cutting his hair and cutting up his clothes,
- bipolar diagnosis,
diagnosis of attention deficit hyperactivity disorder (several), and law breaking—child in Juvenile Hall.

The same three-month record review revealed several requests for psychiatric evaluations. Five requests concerned out-of-home placement needs. One request was for day-treatment. Two parents called inquiring about relinquishments. One parent indicated that “she is no longer able to parent her child.”

Judge Katherine Lucero spoke about the tragedy of children that the system refers to as “legal orphans.” Parental rights are not usually terminated until an adoptive home is found for the child, at which time termination occurs to free the children for adoption. However, when adoption fails, the child is left in the situation of “belonging to no one.” These children have lost their probate rights and their social security rights and are living in foster care or group home settings with no one making a permanent commitment for their legal, physical or emotional well-being.

Recommendations:

Judge Lucero said that one of her dreams is for a post-termination project that would locate parents and family members and relook at connections that could be made for the youth. Improved mental health services also were strongly recommended for children whose parental rights have been terminated and are available for adoption.

Interviewees from all of the participating service systems recommended that social workers, probation officers and related professionals receive more training on trauma, the impact of trauma on children’s development, and how child welfare system-related stressors may add to the child’s trauma (i.e., separation from parent(s) and/or siblings, visitations, new and changing environments/instability, loss of friends, forensic interviews, etc.). Again, DFCS professionals also mentioned that more childhood developmental and behavioral management training would facilitate improved assistance by social workers in helping birth parents, foster parents and kin caregivers know how to deal more effectively with children’s behavioral problems that hamper school success and threaten placement stability.

Judge Lucero recommended not only an expansion of initial assessments of children entering the foster care system but that assessments be done periodically, particularly when
Nicole Huff, SSA, suggested that an educational effort is needed concerning how to talk to children at various ages and stages about what is appropriate touching and physical contact and what is not—and effort even broader than the good touch/bad touch-type approach (a research-based, effective body safety and violence prevention education for children in pre-K through 6th grades) and extending to older ages. She related that parents, teachers and others do not always recognize when sexual abuse has occurred because they do not have open lines of communication on this topic and they do not know how to ask.

Gina Sessions and Nicole Huff pointed out that the prevention approach by child welfare has been focused primarily on families, while the prevention approach by juvenile justice has been focused primarily on children and youth. They call attention to the potential this offers for a collaborative, cross-systems spectrum of prevention services.

Traumatized Children and Youth in the Juvenile Justice System

Setting the stage: During fiscal year 2007/08, 14,663 youth were arrested and referred to the Santa Clara County Probation Department. Of those, 3,526 were felony arrests. As a result of 1,770 detention hearings during FY 08, 1,565 youth were detained and 205 were released. The top ten felony offenses by subcategory included (1) felony weapons, (2) burglary, 1st degree, (3) robbery, (4) theft, auto, (5) possession/sale of drugs, (6) felony assault, (7) vandalism, malicious mischief, (8) arson, (9) other felony sex offense, and (10) possession/receiving stolen property and grand theft.

As mentioned previously, the experience of abuse or neglect among children and youth in the juvenile justice system is significant. It is only very partially reflected by the fact that 20% of boys on probation supervision in Santa Clara County reported that they were abused by their parents, while 13.3% of boys on probation supervision had parents that were reported to
the child welfare system for physically or sexually abusing or neglecting them. Among girls on probation supervision, 36.4% had parents who were reported to the child welfare system for physically or sexually abusing or neglecting them and 27.6% of girls in juvenile detention reported the same.

When visiting the home of a child in Juvenile Probation custody, Probation officers report it is not uncommon to find problems that warrant filing reports with child welfare. Their concern may be about the jeopardy of siblings remaining in the home or apprehension about the youth’s safety when released from detention.

The assessment instrument used by the Probation Department Juvenile Division for the past eight years reveals a significant number of youth being incarcerated who are mentally ill, addicted to substances, gang involved, criminogenic in their thinking patterns, and learning disabled. Evidence also shows that families do not have the coping skills, supports and resources to deal with the challenges, multiple-needs, and risk behaviors of these youth.

Recommendations:

Judge Tondreau consulted with attorneys who work in his court from the District Attorney’s Office and the Public Defender. Recommendations he received include:

- Increase therapeutic visitations for dual-status (dependency and delinquency systems-involved) youth, supervised by licensed clinicians—not interns. They cited the difficulties with interns stemming from inexperience and constant turnover.
- Evaluate the need for medications earlier in order that they can help youth become more focused and receptive to interventions and treatment.
- Similarly, provide more information about sources of medical insurance in order that parents are able to obtain this type of medication in advance of youth’s school failure and escalating antisocial and criminal behaviors.
- Provide transportation assistance for youth to attend counseling and treatment.
- Create more opportunities and encouragement for youth and parents to participate in
Judge Davilla, one of the founders of the Santa Clara County Juvenile Mental Health Court, called for a mental health and substance abuse screening for every child that comes into contact with the juvenile justice system, not just those who enter Juvenile Hall. He had high praise, as have others, for the mental health clinician who serves the Juvenile Courts (“It’s unbelievable what she can get done.”), but said that more mental health clinical expertise is needed for the juvenile courts.

He noted that many qualifying youth from North and South County areas do not participate in the Juvenile Mental Health Court because the geographic separation and transportation difficulties make it difficult to attend the frequent, required court reviews.

Judge Davilla called for more short-term residential options for youth with mental health and/or substance abuse problems. He recommended increased services for older teens, particularly those 17 ½ years or older. He also suggested that to more effectively help youth, there must be more services available to the parents.

Emotional problems were cited as the most significant factor contributing to their delinquency by both boys and girls in custody with the Probation Department. Of all boys interviewed, 81% had one or more trauma factors noted, compared to 91.7% of the girls. Among out-of-custody boys on probation supervision, 95.6% had at least one trauma factor noted, while more than one-quarter (26.7%) of boys had three or more trauma factors noted. All girls reported at least one trauma factor, and 72.7% noted four or more trauma factors in their histories.

Nearly one-quarter of all girls surveyed as they entered juvenile hall said they wished they were dead. Forty percent of boys and 58% of girls said “something very bad or terrifying” had happened to them.

The findings of recent reports concerning the significant trauma experienced by juvenile justice-involved youth reinforce other, previous studies which have concluded that youth in the justice system present with a range of serious, comorbid emotional and behavioral problems. A “Juvenile Probation Needs Assessment Report” was prepared by the Santa...
Clara County Department of Alcohol and Drug Services in 2000, utilizing the MAYSI to assess 419 youth in Santa Clara County custody facilities. The MAYSI, which measures nine domains, found incarcerated youth to be more significantly impaired compared to the general juvenile population on which the MAYSI was normed. Among youth in county custody, for example:

- 78% had experienced severe traumatic experiences that still had an impact on their lives;
- 69% had severe substance abuse;
- 32% had suicidal thoughts; and
- 32% had major thought disturbances that seriously affected their ability to accurately perceive the external environment.\(^{126}\)

In FY05-06, an average of five youth per month were transported from Juvenile Hall to the county psychiatric emergency facility for Welfare and Institutions Code 5150 evaluations; and two youth per month were admitted to psychiatric hospitals. A snapshot of 360 youth detained in Juvenile Hall and the ranches in June 2006 reveals that 43 youth (12%) were taking psychotropic medications; 14 youth (4%) were classified as high-risk status requiring five or 15-minute watches; and 44 youth (12%) were waiting placement to an appropriate community treatment facility. In addition, there were 24 documented incidents involving suicidal gestures or attempts and 29 incidents involving self-directed injuries.

The 2008 study of out-of-custody youth on probation supervision in Santa Clara County showed that nearly three quarters (72.7%) of interviewed girls identified a traumatic event that significantly affected their lives. The same number had required psychological/psychiatric treatment. Among boys, 26.7% required psychological/psychiatric treatment. Almost one in five interviewed boys had suffered a serious head injury.\(^{127}\)

Judge Tondreau referred to a study of youth in Juvenile Hall that found that 37% of youth had significant trauma, 19% had significant depression, 10% had “given up hope,” and 8% had seriously contemplated or attempted suicide. The study revealed that 78% had been abused and 33% had witnessed domestic violence. Judge Tondreau, who presides over the “dual status” calendar, had 103 minors in 2007 who were both dependents and in the juvenile delinquency system.
While boys make up a larger total number of youth in the juvenile justice system, in all of these above-mentioned categories, percentages were significantly higher among females than males. These data and findings were consistent with a 2006 study which concluded that “girls in contact with the juvenile justice system exhibit a wider range of symptoms in addition to greater severity of emotional and behavioral symptoms relative to their male counterparts.” Judge Lucero cited an old maxim, “girls act in; boys act out.” She theorized that it may require greater exposure and severity of trauma to produce the severity of violence in girls that is usually present among those who are detained in custody.

Various experts recommended youth female-specific prevention, early intervention and treatment services to address the disproportionately high levels of trauma and emotional disturbance among girls in the juvenile justice system.

Santa Clara County Mental Health Department (MHD) data indicate that 50% of detained youth have had previous service contacts with the public mental health system, with an additional 30% receiving services for the first time while in detention.

**Recommendations:**

Kathy Duque and Michael Clarke of the Probation Department noted that about one-quarter of participants in the Restorative Justice Program exhibit behaviors that make successful completion of their diversion contract appear unlikely. They suggested that mental health assessments for these youth, while they could not be mandatory, would be encouraged and valuable in understanding problems that, left unaddressed, are likely to contribute to program failure and further incursion into the juvenile justice system.

Juvenile Court Judge Margaret Johnson called for more coordination between systems in recognition of the significant degree of co-occurring mental health problems along with substance abuse.

A group of Juvenile Probation Officers cited the need for more in-depth evaluations of every child, noting that they felt the current assessments were too superficial and did not
They suggested that the $100 fee charged by the District Attorney's Office for participation in the Parent Project be waived due to the inability of the parents to pay and the reduced involvement that results.

They discussed gaps in services, particularly in substance abuse treatment and especially in the North and South County areas. They advocated for more seamless, better coordination of mental health and substance abuse services.

They were critical of community-based mental health programs that they felt utilized people in counseling roles that were not therapists. They also criticized community programs that terminated services for youth when parents were not sufficiently cooperative, leaving the troubled youth with no support from home or community. They discussed, as did many other interviewees, the disparity in mental health services available to those with MediCal versus those who are uninsured or have private insurance that is typically inadequate for mental health needs.

The Probation Officers asked for improved communication between community service providers and the Probation Department. They also asked for a speedier connection to mental health services for youth who they refer.

They reiterated what others have said about the need for expanded vocational education for youth as well as for their parents. They praised the Central County Occupational Center but indicated that an equivalent resource was needed for North and South County.

They called for improved responses by school districts to youth who need to be reinstated after a stay at Juvenile Hall or the Ranches. They were complimentary about the Alternative Placement Academy that serves San Jose-area high school students with special needs, and they advocated for a significant expansion of special education services and programs.

Finally, they had high praise for the Fresh Lifelines for Youth (FLY) Program, as have judges and DADS representatives. FLY has a Law Program to teach at-risk youth about the law and consequences of crime. They help teens build life skills such as empathy, problem solving, and anger management. Their Mentoring Program provides positive role models for
youth and helps them make healthy decisions and overcome addictions. Leadership Training is a year-long program in which FLY law and mentor program graduates design and complete community service projects while working with a case manager.

A tremendous obstacle to effective help for troubled teens is the inability or unwillingness of parents to help. Judges describe the common scenario of youth being parented by a single mother who is both “helpless and hopeless.” She is so mired in her own problems that she is unable to take on additional responsibilities on behalf of her child.

They describe parents who are unskilled, barely subsisting economically, often with no food on the table, often with a fear of police, and often communicating solely by yelling and screaming. All too frequently, judges report that a parent or parents simply give up on the troubled child and state that they are turning their attention to their other children. In some cases there is considerable anger because the youth caused them to be evicted or lose their job.

No matter the circumstances, they stress the bleak prognosis for this young person—a throwaway child—unless another caring adult successfully intervenes. However, this is often extremely rare because of the difficult acting-out behaviors exhibited by these youth.

Judges also describe youth being raised not only by grandparents but by great grandparents. They related a recent case in which a great grandmother was in court on behalf of her pregnant, 14-year-old great granddaughter.

Recommendations:

Judge Johnson reported on the positive outcomes of a program in Washington, D.C. through which youth in the justice system are seen two or three times per week, in contrast to being seen by a probation officer once a month in Santa Clara County and other locales.
Poor School Performance

Many children enter school unprepared. For example, it is estimated that 30% of children entering child care as part of CalWORKs have special physical, behavioral and/or developmental needs that require early intervention services, the majority of which are unidentified prior to entering child care. Based on the 2004-05 teacher survey component of the Kindergarten Readiness Assessment, only half of all Santa Clara County students enter kindergarten with proficiency in relating appropriately to adults, expressing their needs, playing cooperatively, and controlling their impulses.

Children and youth in both the juvenile dependency and juvenile justice systems exhibit special educational problems and needs. The Santa Clara County Education Rights Project (ERP) was developed to “ensure that dependents and wards of Juvenile Court are enrolled in and attending school and receiving a free and appropriate educational program.” ERP focuses on special education identification and advocacy. In 2007 there were 177 newly opened ERP cases of children involved in the Social Services Agency’s juvenile dependency system, of which 91% were referred by social workers and 9% by the court, the child’s attorney, the foster or adoptive parent, or the children’s shelter. Of these 177 children and youth:

- 39% had a specific learning disability,
- 30% were diagnosed as emotionally disturbed,
- 7% had a speech/language impairment,
- 6% were autistic, 5% had other health impairments,
- 2% had mental retardation/developmental disability,
- 1% were deaf or hearing impaired,
- less than 1% were orthopedically handicapped,
- less than 1% were visually impaired, and
- the remaining 5% were a combination of other disability categories.

Of the most recent group of 170 foster youth that emancipated, only 41 had graduated from high school and 14 had obtained a GED—less than one-third of the youth who needed to be independent and self-sufficient. It is reported that some children and youth simply give up on efforts to succeed in school because of a prevalent notion that their undocumented status...
will preclude them from ever going to college. Others give up on college feeling that they will not have the financial support that is required.

Often, however, school failure is tied to missed school, frequent school changes, emotional trauma, and lack of recognition of their special circumstances and needs. A n article contained the story of a fifth grade child who kept getting in trouble. “He had big eyes and dimples, but he had a rough, defiant edge. He was angry at the adults around him, refused to work, and kept getting sent to detention. Nothing worked. In fact, he got worse. Finally, as a last resort, he was evaluated and given mental health services.” After a therapist visited with him and his family several times, it was discovered this child was repeatedly being molested by an adult, who lived in a neighboring low-income housing unit. This child needed extensive counseling for trauma, and his family needed help in learning how to protect him.\(^{132}\)

Recommendations:

The Chairperson of SSA’s African Ancestry Employees Committee, Lettie Ordone, recommended improved, culturally appropriate approaches for involving young African American men in services and positive activities. To do so, she encouraged strengthened partnerships with schools and efforts that begin in the early grades.

Keith Pedersen, Co-Chair of the Resource and Advisory Committee for People with Disabilities, recommended that special focus be placed on young girls, particularly those growing up in poverty. He cited the frequency that learning disabilities are not discovered sufficiently early with girls due to the fact that they are less frequently severe behavioral problems. He emphasized that testing and services needs to begin before the girl reaches puberty and begins engaging in sexual acts, alcohol and other drugs.

He and committee co-chair Linda Morgan called for improved diagnostic tools to evaluate children with special educational needs. They also recommended that schools play a more active role in helping to identify children who need help in coping with parental substance abuse.

Juvenile Court Judge Margaret Johnson called for better alternatives to suspension and expulsion when a child has broken school rules. She noted that virtually all youth who come before her in court have failed and been expelled or dropped out of school, with the exception
of a small number who are in alternative schools. She recommended an expansion of alternative school placements and a much greater emphasis on vocational education, particularly in fields that do not require advanced English or mathematics skills that would present insurmountable obstacles for many youth without long-term, remedial education. Along this line, Judge Johnson also recommended expanded services for 18 to 25-year-olds who are no longer eligible for services through the juvenile justice system.

Wendy Kinnear-Rausch, DFCS Connected by 25 Manager, and Keith Rivera, DFCS Educational Rights Project Coordinator, called for an expansion in efforts to create educational plans for every child in the foster care system. (They report that the Silicon Valley Children’s Fund has assumed the project of ensuring that educational plans are created for each middle school foster youth.) They observed that the educational planning process includes the identification of emotional and mental health problems that should be addressed as early as possible.

They noted that some older teens do not want adoption, often due to concern about abandoning mom. However, other older teens still desperately want a forever family. More emphasis on finding adoptive homes for older children, as appropriate for the child/youth, would be highly desirable. They noted that “no one size fits all.” For some youth, what is needed is the cultivation of life-long connections—not necessarily family. They reported that other counties have embraced the importance of promoting these connections, and they urge that Santa Clara County do the same.

They recommended Head Start attendance for foster children three and a half years of age and older.

They recommended expansion of the AVID Program (Advancement Via Individual Determination), which is designed to help underachieving middle and high school students prepare for and succeed in colleges and universities. They feel every foster child should have an opportunity to participate in AVID. They also recommended expansion of the COFY Program (Challenge Outreach for Youth).

They suggested moving the entry age for the Independent Living Program from 16 to 14 years.

They recommended efforts to generate community support to make jobs available for foster youth. Particularly because of the current economy, there is significant competition even
for minimum-wage positions such as at fast food restaurants. Wendy Kinnear-Rausch reported
that Connected by 25 initiatives, such as the one in which money deposited into savings
accounts by foster and former foster youth is matched up to a certain amount, have become
impossible for many youth to maintain because of their inability to find employment.

They lauded the grant-funded program at San Jose City College that helps former
foster and other at risk youth get on established career pathways, with commitments from area
employers to make jobs available following completion of training. They urged funding for
continuation and expansion of this program.

They noted that many foster children require supportive services that are unavailable to
them due to the fact that they do not meet the diagnostic criteria to utilize System of Care
services. They called for resources to help a broader group of foster children cope with the
trauma they have experienced.

Judge Lucero expressed hope that schools would open their facilities to the
neighborhoods and create more alliances with the community and its residents. She reported
that the East Side Union High School District Superintendent has expressed strong interest in
playing that role in its attendance area, and Judge Lucero is hopeful the effort can be supported
in that district and others as well.

As with the juvenile dependency system, in 2007 there were 263 children served
through the ERP who were involved with the Juvenile Probation Department and Juvenile
Court, of which 240 were new cases and 23 were re-opened cases. Of these, 68% were
referred by probation officers, 29% by the court, and 3% by the public defender. Among the
263 children and youth, 127 were identified as special education students. Of the 127:

- 88 (69%) had a specific learning disability,
- 26 (20%) were diagnosed as emotionally disturbed,
- 3 (2%) had a speech/language impairment,
- 8 (6%) had other health impairments including ADHD,
- 1 (1%) had mental retardation/developmental disability, and
- 1(1%) had a traumatic brain injury.133
Between January 16 and February 13, 2006, a total of 1,170 youth at 15 mainstream and "high risk" sites across Santa Clara County were screened using the Massachusetts Youth Screening Instrument – Version 2. The high risk and mainstream samples were similar in ethnic make-up. More males than females were screened in both settings. No youth were screened in juvenile justice facilities. Youth in high risk settings endorsed significantly more items on almost every scale of the MAYSI~2 than did youth in mainstream settings. Only on the modified Thought Disturbance subscale ("Thought Disturbance 2") were the means for the two groups equivalent. The subscale on which high risk youth differed the most from mainstream youth was the Alcohol/Drug Use subscale, where the mean for high risk youth was more than three times higher than the mean for mainstream youth.

Percent of Youth Scoring in the Caution Range on MAYSI-2 Subscales by Setting

<table>
<thead>
<tr>
<th>Subscale</th>
<th>High Risk (N =209)</th>
<th>Mainstream (N =961)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol/Drug Use</td>
<td>52%</td>
<td>14%</td>
</tr>
<tr>
<td>Angry-Irritable</td>
<td>56%</td>
<td>37%</td>
</tr>
<tr>
<td>Depressed-Anxious</td>
<td>56%</td>
<td>40%</td>
</tr>
<tr>
<td>Somatic Complaints</td>
<td>60%</td>
<td>50%</td>
</tr>
<tr>
<td>Suicidal Ideation</td>
<td>35%</td>
<td>23%</td>
</tr>
<tr>
<td>Thought Disturbance</td>
<td>53%</td>
<td>42%</td>
</tr>
<tr>
<td>Thought Disturbance 2</td>
<td>35%</td>
<td>30%</td>
</tr>
<tr>
<td>Traumatic Experiences (Males)</td>
<td>31%</td>
<td>12%</td>
</tr>
<tr>
<td>Traumatic Experiences (Females)</td>
<td>48%</td>
<td>22%</td>
</tr>
</tbody>
</table>

Recommendations:

Stephen Betts of DADS reiterated that alternative schools are an important venue through which at risk youth can be reached with prevention and early intervention services. He noted that substance abuse is four times more prevalent among students in alternative schools that those in mainstream schools.
Judge Tondreau notes that almost never does a juvenile come before his court who is attending and succeeding in school. Researchers confirm that “Children with stable relationships with consistent caregivers perform better academically and on achievement tasks and are less likely to repeat a grade or drop out of school.” They are more likely to have positive relations with peers and more prosocial skills. They are less likely to have behavioral problems and be diagnosed with mental illness.

Among all students in Santa Clara County, more than one in five (20.2%) drop out of school before graduation. However, the dropout rate for Latinos is 37.1%. Overall, the rates ranged from a high of 28% in the East Side Union High School District to a low of 1.7% in the Los Gatos-Saratoga High School District.

Recommendations:

The Probation Department called for more responsiveness on the part of some schools and school districts to reenroll youth promptly after they leave juvenile detention. Probation representatives also criticized instances in which youth are permanently refused readmission. Along with changes in school district policy, they recommended more tutors and mentors, more youth programs that utilize cognitive/behavioral approaches, and in-home supportive services.
Repeat of Recommendations: Organized by Systems

The Social Services Agency's Administration Recommends:

Nicole Huff, with SSA Administration and formerly a DFCS social worker, recommended that assessment and intervention services are particularly needed for families for which there have been multiple but unsubstantiated referrals of child abuse and neglect. Data show that a high proportion of these families will have a substantiated referral at some point. She suggested that funding would be helpful to do a case review of these multiply referred families to better understand the common problems and risk factors in order to design the most effective approach for prevention of subsequent system penetration. There is no evidence that a study of this kind has been done, yet, again, these families are statistically likely to end up with a substantiated referral in the future.

She suggested that an educational effort is needed concerning how to talk to children at various ages and stages about what is appropriate touching and physical contact and what is not—an effort even broader than the good touch/bad touch-type approach (a research-based, effective, body safety and violence prevention education for children in pre-K through 6th grades) and extending to older ages. She related that parents, teachers and others do not always recognize when sexual abuse has occurred because they do not have open lines of communication on this topic and they do not know how to ask.

Gina Sessions, an SSA Administration Director, called for treatment services for children who have emotional problems but do not meet the criteria for medical necessity. She suggested that there be further investigation into the Brazelton Touchpoints Approach and other early childhood development programs, along with an examination of the need for therapeutic child care. The Brazelton Touchpoints Approach is designed to enhance the competence of parents and build strong family-child relationships from birth through two years of age, laying the foundation for children's healthy development.

Gina Sessions and Nicole Huff pointed out that the prevention approach by child welfare has been focused primarily on families, while the prevention approach by juvenile justice has been focused primarily on children and youth. They called attention to the potential this offers for a collaborative, cross-systems spectrum of prevention services.
SSA’s Department of Family and Children’s Services Recommends:

It was recommended by DFCS that training is needed on what depression looks like among fathers and that there should be greater emphasis and more understanding of father’s mental health needs. The need for more fatherhood support groups also was cited.

A group of DFCS social workers and managers advocated strongly for mental health counseling for parents and children who do not qualify for services through MediCal or the Victim Witness Program. They described workers being reticent to include mental health services on the case plan—even when it is obvious that their clients are in need of these services—when they know of no source of payment.

DFCS managers strongly advocated for increased availability, particularly in South County, of Spanish-speaking therapists for children, adults and families. They cited a particular need for therapists willing to work with family groups. They pointed out the need for all members of families to be able to access counseling from the same agency.

They recommended funding for sexual abuse and domestic violence-related therapy in South County. They also advocate for the expanded availability of comprehensive psychiatric evaluations and medication assessments in South County. Expanded services in South County for dually diagnosed clients (those with concurrent substance abuse and mental health disorders) also were urged.

Linda Chang of DFCS shared an illustrated handbook called “Raising Children in a New Country” and she recommended that this or something similar be distributed in venues through which immigrant parents can be reached. It provides clear and basic information in short chapters such as Going to School, Street Safety, Car Safety, Child Supervision, Discipline, After School, and many others.

DFCS representatives emphasized that linkages to mental health treatment need to occur more rapidly.

DFCS requested mental health training for social workers on children’s developmental stages and abnormal development, such as sexually acting out. DFCS interviewees also asked
for training on behavioral management in order that social workers are better able to help parents or caregivers maintain the children in their home or placement.

DFCS recommended an expansion of resources for foster parents, in acknowledgement that research has shown foster children have seven times the developmental delays of similar children who are not in foster care. The result is that foster parents are often required to give extra attention to foster children’s needs without extra resources, support, access to respite care, or specifically needed training.

While mental health consultation might be valuable in Team Decision-Making Meetings (TDMs), DFCS Director Norma Doctor Sparks noted that it may not be feasible due to their frequency. However, she explained that TDMs may be utilized as a part of Emergency Response and that mental health consultation would be particularly valuable at that time.

Wendy Kinnear-Rausch, DFCS Program Manager, noted that getting connections with services is not the same thing as getting connections with a family. She describes the longing that children express—often through their teen years—for a forever family, and she called for greater attention to promoting connections with caring adults.

Because of the orientation of this component of Mental Health Services Act funding to prevention and early intervention, it was recommended that a particular emphasis for MHSA PEI funding be placed on families in what are referred to as Differential Response Paths One and Four, as well as, perhaps, Path Two.

Angela Carbone, a Social Work Coordinator with the Differential Response Program, recommended more therapeutic services for families. She cited long waiting lists for services, high staff turnover (therapists and interns leaving), insufficient language capacity, and needs for services beyond the allowable number of sessions. She noted, as did others, the particular need for counseling and services for individuals and families who are uninsured, undocumented, or have inadequate private insurance.

She noted that First 5 currently serves Path Four families, so the limiting criterion is the age restriction. Families with children ages six or older have great difficulty “getting in the door to access services.” She recommended an emphasis on services to families with older children who lack access through First 5.

Further, she related that there are a number of clients who experience family conflict or interpersonal relationship stresses, such as domestic violence, immigration issues and divorce,
who do not qualify for therapy services. There also are clients who are chronically depressed but have never had a major episode of depression and do not have an Axis I diagnosis for health insurance purposes and cannot afford to pay for therapeutic services on their own. (Gardner Family Health Network, under contract to provide Differential Response services, estimated that this group is about 60% of their families.) She recommended utilizing PEI funding to broaden the criteria and lower the threshold for access to services.

DFCS interviewees said that families going from Family Unification to Family Maintenance need “a lot of shoring up.” Mary Grimm, a DFCS Program Manager III, praised a mentor mom program in Contra Costa County, identified as a best practice, which actually provides for a reunified family to live with a mentor family for a period of time following reunification. The mentors do not parent the children but rather mentor the parents.

DFCS social workers and managers said that mental health services really help to stabilize troubled families, either as an alternative to child removal or following reunification. However, they noted that mental health services are among the most difficult for which to establish linkages. They noted that Path One families, that could greatly benefit by counseling, do not qualify unless they have a mental health diagnosis. They recommended utilization of PEI funding to change this.

They called for more education about mental illness and more efforts to reduce the stigma associated with receipt of mental health services. They advocated for more widely available mental health support groups and that they be given another name to diminish reluctance to participate. They recommended support group settings with a kitchen available to facilitate the provision of food, which they consider a significant enticement to participation. For this and other reasons, they like the Celebrating Families Program model.

They would like more services for fathers and an examination of the Casey Family Foundation recommended models of services for fathers.

They called for more music and art enrichment programs for foster and other stressed children and youth. They requested funding to reinstate the Youth Leadership Program for foster teens at DFCS’ Family Resource Centers.

They echoed the concerns raised by virtually every interviewed service system that families with private insurance do not have access to mental health services that are sufficient or
equal to families on MediCal. Of course, uninsured families are at an even greater disadvantage. They called for more services for the undocumented.

They repeated the concern raised by virtually every interviewed service system that mental health counseling services are plagued by high staff turnover and over reliance on interns and non-clinically qualified personnel. They also reiterated the need for services for children and families in which there is no child in the First 5-qualifying zero to five age range.

They would like in-home coaching based on a “super nanny” model. They expressed concern that parents obtain knowledge from attendance at parenting classes but have difficulty putting the information into practice without some amount of one-on-one focused assistance.

They also advocated for funding to reinstate the successful Family Development Academy within the DFCS Family Resource Centers. This previously grant-funded program was based on the hypothesis that parents’ unrealistic expectations of young children, exacerbated by stress and poor communications skills, are a primary threat to their children’s safety. The program focused on interactive sessions that modeled appropriate expectations and appropriate parental responses as an effective means to significantly reduce child abuse. The request for funding to reestablish the Family Development Academy was strongly seconded by the Asian Pacific Islander Employee Advisory Committee.

They requested broader availability of services that can be utilized by parents and children together.

They recommended greater collaboration with the countywide 211 service information number.

They noted that a Homework Club was successfully operated this year at the Asian Pacific Islander Family Resource Center and called for an expansion to the other SSA/DFCS Family Resource Centers.

They recommended more education of children and parents about child abuse, with particular emphasis on people working with immigrant families.
They asked for more services for dually diagnosed youth (having co-occurring mental health and substance abuse disorders).

Wendy Kinnear-Rausch, DFCS Connected by 25 Manager, and Keith Rivera, DFCS Educational Rights Project Coordinator, called for an expansion in efforts to create educational plans for every child in the foster care system. (They reported that the Silicon Valley Children’s Fund has assumed the project of ensuring that educational plans are created for each middle school foster youth.) They observed that the educational planning process includes the identification of emotional and mental health problems that should be addressed as early as possible.

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They recommended efforts to generate community support to make jobs available for foster youth. Particularly because of the current economy, there is significant competition even for minimum-wage positions such as at fast food restaurants. Wendy Kinnear-Rausch reported that Connected by 25 initiatives, such as the one in which money deposited into savings accounts by foster and former foster youth is matched up to a certain amount, have become impossible for many youth to maintain because of their inability to find employment.
They lauded the grant-funded program at San Jose City College that helps former foster and other at risk youth get on established career pathways, with commitments from area employers to make jobs available following completion of training. They urged funding for continuation and expansion of this program.

They noted that many foster children require supportive services that are unavailable to them due to the fact that they do not meet the diagnostic criteria to utilize System of Care services. They called for resources to help a broader group of foster children cope with the trauma they have experienced.

Again, DFCS professionals also mentioned that more childhood developmental and behavioral management training would facilitate improved assistance by social workers in helping birth parents, foster parents and kin caregivers know how to deal more effectively with children’s behavioral problems that hamper school success and threaten placement stability.

SSA’s Department of Employment and Benefit Services Recommends:

It was recommended by DEBS that counseling be provided for individuals going off of CalWORKs in order to better prepare them for the difficult adjustment and the sudden loss of supports.

Phaivanh Khowong, SSA Director of Refugee Programs, recommended parenting classes geared for immigrants and refugees that recognize and are based on their culture and are delivered by someone from their culture and in their language. The curriculum would include a range of topics—from what parent/teacher conferences mean (not necessarily that your child is in trouble) and how to attend them, to California law concerning what constitutes child abuse and neglect.

CalWORKs staff called for more attention to child nutrition, comprehensive family needs assessments (not just financial), psychiatric evaluations of children when indicated, and monitoring of child outcomes.

They recommend age-related parenting classes to educate and assist parents in handling the various developmental stages of children and youth, with particular sensitivity to the families’ financial and other constraints. Because circumstances are difficult for CalWORKs clients, particularly limited transportation, it was suggested that participation incentives be offered such as a gas card or bus pass. As an alternative, it was proposed that the
information be produced to download onto an IPod that parents can listen to on the bus, in waiting rooms, etc. Parenting classes for special needs children also was suggested. It was proposed that a number of slots be allocated at a nearby Head Start Center for use by children when their parents must be present at CalWORKs appointments. In this way, it is hoped that parents could gain familiarity and comfort with licensed child care programs that offer more enrichment and educational benefits to the children.

SSA’s Employee Advisory Committees Recommend:

Representatives of SSA’s Resource and Advisory Committee for People with Disabilities cautioned about over-reliance on computers as a means of accessing or receiving services, due to the relatively low utilization of computers by many SSA clients. They noted that motivation to utilize services is not a given and that more work and more culturally sensitive approaches need to be employed to stimulate service utilization.

Members of the SSA’s Asian Pacific Islander Employee Advisory Committee cited the need for more Asian-oriented treatment programs and more API staff at existing programs. They noted that even programs specifically oriented to serving the Asian community frequently have insufficient language capacity to adequately serve the many languages spoken by Santa Clara County’s Asian community members.

As they did for substance abuse services, members of the SSA’s Asian Pacific Islander Employee Advisory Committee cited the need for more Asian-oriented mental health prevention and treatment programs and more API staff at existing programs. They noted that even programs that are oriented to serving the Asian community have too limited language capacity to adequately serve the various languages spoken by Santa Clara County’s Asian community members. They noted that mental health presentations often are too standardized and do not resonate with Asian families.

They cited a need for anger management classes for the Asian community. They also recommended more availability of premarital counseling and preparenting classes.
They requested more connections for services through schools, and noted that home visits often are problematic due to multi-generational families living together and the negative reaction of older generations to outside assistance and the perception of failure that they feel it implies.

Members of SSA’s Asian Pacific Islander Employee Advisory Committee talked about the extent to which the need for traditional mental health services is considered taboo in Asian communities and the need for innovative approaches for reaching and involving those with unmet needs. They suggested reaching parents at community festivals and events with non-stigmatizing information and invitations to informal support networks. They recommended marketing services with an emphasis on the promotion of wellness, utilizing posters for non-literate parents.

As confidence and comfort levels within the Asian community have increased, committee members reported that the Asian Pacific Islander (API) Family Resource Center has been able to conduct two annual workshops with attendance of approximately 100 each year on topics such as raising children, domestic violence, substance abuse, mental health, and educational rights. They called for an expansion of these efforts.

They cited a need for guidance to immigrant parents on how to raise Americanized youth and what are effective and appropriate methods of discipline. They reported that advertising for events focusing on a message of “learn how to help your children succeed” and “how to better communicate with your child” are particularly effective in garnering participation. The radio was noted as a good tool in reaching Chinese-born parents.

They advocated for an increase in API staff and also request staff training for non-API staff on API-focused resources.

They advocated for funding to restart and operate the Family Development Academy at each Family Resource Center.

A clear message from the SSA Employee Advisory Committees was the need for improved and continuing staff training on issues of cultural sensitivity and competency.

Linda Morgan, Co-Chair of the Resource and Advisory Committee for People with
Disabilities, also provided a copy of an “Etiquette Handbook: Services for People with Disabilities” that was prepared by the committee in conjunction with SSA’s Office of Equal Opportunity/Civil Rights and called for broader dissemination and increased understanding.

GLBT Concerns Committee members recommended that there be substantial training efforts to better prepare professionals from all child-serving systems to assist GLBT youth. In particular, they called for more clinicians with special understanding of GLBT issues and needs. They also noted that the Billy De Frank Center is too far removed from North and South County youth to meet their needs and recommended more geographically accessible services. Along that line, they support a requirement that non-profit service providers have staff that understands gay culture and issues. They reported that many schools have created barriers to GLBT information and services and call for concerted efforts to improve the educational systems’ understanding and protection of GLBT students.

The Chairperson of SSA’s African Ancestry Employees Committee, Lettie Ordone, recommended improved, culturally appropriate approaches for involving young Black men in services and positive activities. To do so, she encouraged strengthened partnerships with schools and efforts that begin in the early grades.

Keith Pedersen, Co-Chair of the Resource and Advisory Committee for People with Disabilities, recommended that special focus be placed on young girls, particularly those growing up in poverty. He cited the frequency that learning disabilities are not discovered sufficiently early with girls due to the fact that they are less often severe behavioral problems. He emphasized that testing and services needs to begin before the girl reaches puberty and begins engaging in sexual acts, alcohol and other drugs.

He and committee co-chair Linda Morgan called for improved diagnostic tools to evaluate children with special educational needs. They also recommended that schools play a more active role in helping to identify children who need help in coping with parental substance abuse.

The importance of disseminating information about the laws and customs related to parenting was emphasized by Ernesto Bejarano of El Comité. He explained a project of El Comité through which members volunteer their after-hours time to talk to Latino parent groups about raising children in California, what constitutes child abuse by law, and what
happens if a family does become involved in the child welfare system. He described the parents as “hungry” for the information and called for an expansion of similar efforts.

He recommended more utilization of the radio as a means to deliver information to the monolingual Spanish-speaking Latino community. He also is an advocate of the Promotores model as an effective means to reach the Latino community.

The Probation Department Recommends:

Kathy Duque and Michael Clarke of the Probation Department pointed out that not only are substance abuse treatment programs for youth insufficient to meet the needs but that interventions are needed to boost their motivation to participate as well as assistance with transportation to access services.

The Probation Department called for more responsiveness on the part of some schools and school districts to reenroll youth promptly after they leave juvenile detention. Probation representatives also criticized instances in which youth are permanently refused readmission. Along with a change in school district policy, they recommended more tutors and mentors, more youth programs that utilize cognitive/behavioral approaches, and in-home supportive services.

A group of Juvenile Probation Officers cited the need for more in-depth evaluations of every child, noting that they felt the current assessments were too superficial and did not provide the level of insights that would be helpful to them in making recommendations for the youth.

They suggested that the $100 fee charged by the District Attorney’s Office for participation in the Parent Project be waived due to the inability of many parents to pay and the reduced involvement that results.

They discussed gaps in services, particularly in substance abuse treatment and especially in the North and South County areas. They advocated for more seamless, better coordination of mental health and substance abuse services.

They were critical of community-based mental health programs that they felt utilized people who are not therapists in counseling roles. They also criticized community programs
that terminated services for youth when parents are not sufficiently cooperative, leaving the
troubled youth with no support from home or community. They discussed, as did many other
interviewees, the disparity in mental health services available to those with MediCal versus
those who are uninsured or have private insurance that is frequently inadequate for mental
health needs.

The Probation Officers asked for improved communication between community
service providers and the Probation Department. They also asked for a speedier connection
to mental health services for youth who they refer.

They reiterated what others have said about the need for expanded vocational
education for youth as well as for their parents. They praised the Central County
Occupational Center but indicated that an equivalent resource was needed for North and
South County.

They called for improved responses by school districts to youth who need to be
reinstated after a stay at Juvenile Hall or the Ranches. They were complimentary about the
Alternative Placement Academy that serves San Jose-area high school students with special
needs, and they advocated for a significant expansion of special education services and
programs.

Finally, they had high praise for the Fresh Lifelines for Youth (FLY) Program, as have
judges and DADS representatives. FLY has a Law Program to teach at-risk youth about the
law and consequences of crime. They help teens build life skills such as empathy, problem
solving, and anger management. Their Mentoring Program provides positive role models for
youth and helps them make healthy decisions and overcome addictions. Leadership Training
is a year-long program in which FLY law and mentor program graduates design and complete
community service projects while working with a case manager.

The Department of Alcohol and Drug Services Recommends:

DADS Director Robert Garner recommended the creation or expansion of the
Student Assistance Program (SAP) in schools throughout the county. The SAP evolved from
the Employee Assistance Program (EAP) model. Evaluations of SAPs have demonstrated
reductions in school violence and behavioral incidents, reductions in substance abuse,
improvements in school attendance, improvements in academic performance, and increased access to services.

He envisions an expansion of this best practices model to include Community Assistance Program (CAP) locations, positioned strategically throughout the county. He reported that the model is extremely effective in accessing youth in earlier stages of whatever problem they are facing, whether it is substance abuse, emotional problems, domestic violence or something else. He noted that the model depends on skilled adults who are able to build a rapport with the youth but that do not allow themselves to get pulled into the problem.

Bob Garner indicated that the program is used by youth who seek support for themselves, by youth who are encouraged by peers, by youth who are referred by a caring adult, and by youth who are brought by law enforcement as an alternative to deeper penetration into the system. He emphasized the importance for young people of having a safe place to go where there is a non-punitive and non-judgmental approach to helping them solve problems. He hopes for an eventual system of centers that are able to serve youth on an on-call, 24/7 basis.

He pictures that this could be a key element in a community prevention model that also includes a cadre of licensed clinicians who are available for shorter-term interventions, along with positive community messages and positive activity alternatives, such as Friday Night Live. He called for expanded cross-training of professionals on mental health and substance abuse symptoms and treatment alternatives. He recommended approaches to substance abuse prevention and treatment that look behind the behaviors to the causes.

Stephen Betts of DADS reported that mentoring programs have proven to be beneficial for prevention, early intervention and treatment. He called for more training of system professionals on the effects of substance abuse on brain development. For younger children and their parents, he recommended the program “Incredible Years,” recognized as a model program by SAMHSA, that has had beneficial outcomes in prevention of substance abuse, mental health problems, teen pregnancy, etc. For older at-risk youth, he suggested that alternative schools are one of the best venues through which they can be reached and helped.
He cited the need for alternatives to substance abuse intervention and treatment at school because (1) most schools do not operate year-round and the big gap in services during the summer compromise success, (2) it generally requires pulling youth out of the classroom to participate in the treatment program and these youth often are already struggling to keep up with their school work, and (3) best practices in the field of in substance abuse treatment call for involvement of the family, which is very difficult to do during school hours. Thus, new and creative treatment venues need to be identified and utilized. He stressed the need for more and expanded community prevention efforts, including more support for effective community programs.

He advocated for greater involvement of substance abuse prevention and treatment providers in mental health prevention and intervention projects in recognition of the prevalence of co-occurring substance abuse and mental health disorders.

The Juvenile Delinquency Court Recommends:

Juvenile Domestic Violence Court Commissioner Jesus Valencia cited the importance of extracurricular activities—sports, drama, music, and others—as a positive outlet for children and teens and, more importantly, as an opportunity for young people to find an avenue for positive self-identify. He expressed sorrow about the costs for participation that made these activities out of reach for many of the children who need them the most and advocated for the creation of resources to be used for this purpose when needed. He recommended PEI support for community activities that focus on enrichment and activities that give disadvantaged young persons a chance to succeed and excel.

Juvenile Court (and Juvenile Substance Abuse Court) Judge Margaret Johnson concurred; and she noted that these venues should be promoted in the context of prevention, where they are very effective, rather than in treatment, where there are many more logistical and other barriers.

Judge Tondreau recommended that a video be produced and shown to parents in the waiting room before delinquency court sessions. The purpose would be to educate parents about the signs of gang involvement, the symptoms of substance abuse, and how to recognize and monitor other problem behaviors. This would be coupled with parenting advice and suggested resources.
Commissioner Valencia called for a program at the Juvenile Hall and Ranches for young fathers. The young men who come before him usually were raised with either no male role model or a negative father figure. He cited the pattern of inter-generational violence in which the young people he sees have been raised, and he stressed the need for youth, in particular young fathers, to learn to assume a wide range of supportive roles in the lives of their children—from diaper changing and feeding to supervision and appropriate play time.

Juvenile Substance Abuse Treatment Judge Margaret Johnson offered that youth at both ends of the severity spectrum are the least well served. For children getting started on drugs, the system response is often an ineffective class. At the same time, at the other end of the spectrum, there are few alternatives for the seriously drug abusing, often violent teen.

Judge Johnson also called for more specialized services for girls and young women. Girls typically come into the juvenile justice system at older ages than boys and with more entrenched bad behaviors. She noted that the severity and complexity of girls’ problems is often more than the boys. She also observed that, anecdotally, mothers appear to be much harder on—much less tolerant of—their daughters than their sons; and that girls respond particularly well to “high touch” services that put them in frequent, regular contact with a caring adult. She recommended that there be special programs implemented to deal with the fact that many young women in the Juvenile Substance Abuse Treatment Court have a history of prostitution and often do not appear to understand the risks and dangers of continued involvement in the sex industry.

Judge Johnson noted the particularly serious lack of sufficient substance abuse treatment services in North and South County as well as the difficulty for youth to access the services when available. She emphasized the important role that transportation assistance could play in insuring that youth participate in their needed treatment.

Judge Tondreau consulted with attorneys who work in his court from the District Attorney’s Office and the Public Defender. Recommendations he received include:
Increase therapeutic visitations for dual-status (dependency and delinquency systems-involved) youth, supervised by licensed clinicians—not interns. They cited the difficulties with interns stemming from inexperience and constant turnover.

Evaluate the need for medications earlier in order that they can help youth become more focused and receptive to interventions and treatment.

Similarly, provide more information about sources of medical insurance in order that parents are able to obtain this type of medication in advance of youth’s school failure and escalating antisocial and criminal behaviors.

Provide transportation assistance for youth to attend counseling and treatment.

Create more opportunities and encouragement for youth and parents to participate in family therapy.

Judge Davilla, one of the founders of the Santa Clara County Juvenile Mental Health Court, called for a mental health and substance abuse screening for every child that comes into contact with the juvenile justice system, not just those who enter Juvenile Hall. He had high praise, as have others, for the mental health clinician who serves the Juvenile Courts (“It’s unbelievable what she can get done.”), but said that more mental health clinical expertise is needed for the juvenile courts.

He noted that many qualifying youth from the North and South County areas do not participate in the Juvenile Mental Health Court because the geographic separation and transportation difficulties make it difficult to attend the frequent, required court reviews.

Judge Davilla called for more short-term residential options for youth with mental health and/or substance abuse problems. He recommended increased services for older teens, particularly those 17 ½ years or older. He also suggested that to more effectively help youth, there must be more services available to the parents.

Judge Johnson reported on the positive outcomes of a program in Washington, D.C. through which youth in the justice system are seen two or three times per week, in contrast to being seen by a probation officer once a month in Santa Clara County and other locales.

She called for better alternatives to suspension and expulsion when a child has broken school rules. She noted that virtually all youth who come before her in court have failed and been expelled or dropped out of school, with the exception of a small number who are in alternative schools. She recommended an expansion of alternative school placements and a
much greater emphasis on vocational education, particularly in fields that do not require advanced English or mathematics skills that would present insurmountable obstacles for many youth without long-term, remedial education. Along this line, Judge Johnson also recommended expanded services for 18 to 25-year-olds who are no longer eligible for services through the juvenile justice system.

The Juvenile Dependency Court Recommends:

Judge Lucero lamented the necessity to divide families when both parents require substance abuse treatment and emphasized the desirability of family Transitional Housing Units that would allow moms and dads and children to remain together and receive family counseling and other family-oriented services.

She stressed the need for carefully planned and committed partnerships among the key elements and institutions within the community to work together to mitigate this problem. She cited the need for:

- earlier preparation for adulthood among foster youth, feeling that the current Independent Living Program is often “too little, too late,”
- more educational coaching for foster children and youth, and more mentoring for youth and parents,
- more transportation assistance for both children and parents to access services,
- more emphasis on finding homes for siblings to remain together,
- better alternatives to group homes for children with emotional and behavioral problems—particularly a significant expansion of Intensive Therapeutic Foster Care (ITFC) homes,
- more resources for families after their initial referral in order to greatly reduce the numbers of children who must experience the trauma of removal from their families, and
- improved ways to reconnect older children to their biological families prior to emancipation, particularly those who have had multiple foster placements or resided in groups homes and did not form strong personal attachments with their caregivers.
Judge Lucero called for assessments following placement disruptions, in recognition that each change can cause additional trauma, saying that “The trauma children endure when moved from home to home is not conducive to healthy, normal development.”

She said that one of her dreams is for a post-termination project that would locate parents and family members and relook at connections that could be made for the youth. Improved mental health services also were strongly recommended for children whose parental rights have been terminated and are available for adoption.

She recommended not only an expansion of initial assessments of children entering the foster care system but that assessments be done periodically, particularly when placement changes produce additional trauma for the child.

Judge Lucero expressed hope that schools would open their facilities to the neighborhoods and create more alliances with the community and its residents. She reported that the East Side Union High School District Superintendent has expressed strong interest in playing that role in its attendance area, and she is hopeful the effort can be supported in that district and others as well.

First 5 Santa Clara County Recommends:

Jolene Smith, Executive Director of First 5 Santa Clara County, strongly recommended a joint investment of First 5 funding, along with PEI funds, to implement the Triple P-Positive Parenting Program throughout the county. Triple P incorporates five levels of intervention of increasing strength for parents of children from birth to age 12. Its aim is to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. It is an evidence-based practice in wide use in other parts of the world, and it is now available in Spanish.

Jolene Smith also likes the Brazelton Touchpoints Approach, the Raise and Shine model utilized throughout Mendocino County, and has particularly high praise for the Harlem Children’s Zone Project as a model for helping other poor, urban neighborhoods.
She called for an expansion of workforce development efforts, particularly to train people to work with young children. She also reports on the success of First 5’s “Knock and Talk” method of engaging people in their homes.

Recommended Most Often by Two or More of These Systems:

Santa Clara County professionals from every service system interviewed for this project emphasized that early identification and intervention can make a difference. There was strong consensus that the pilot mental health screening project, underway at the Children’s Shelter for children ages six to 11, should be both intensified and expanded to all age groups. Further, it was recommended that assessments be conducted on children already in the dependency system, not just the new arrivals.

It was recommended that evaluations of youth coming in contact with the juvenile justice system not be limited to those who are confined at Juvenile Hall.

It was recommended that children be provided evaluations through the schools at earlier signs of troubling behavior or school performance.

A significant number of interviewees pointed out that expanded resources are particularly needed for children over five years of age and their families who do not qualify for First 5 Santa Clara County services.

While PEI funding cannot be used to provide direct financial support, the need for flexible, expanded resources to help families better cope with economic pressures was cited by most interviewees. Assistance with transportation to existing services was cited as a need more frequently than additional services themselves.

It was recommended by DFCS, as well as Probation and DADS, that the Mentor Moms Program, operated in conjunction with the Juvenile Dependency Court, be further expanded as the mentors have proven to be effective in modeling success and supporting compliance with substance abuse treatment and other requirements for family reunification.

It was strongly asked and advised by interviewees that an emphasis on evidence-based practices for PEI funding not eliminate the opportunity to provide funding for innovative approaches or, more importantly, for support of approaches used locally that have demonstrated their value. It was noted that Santa Clara County has devoted countless personnel and other resources to collaborative planning efforts to identify gaps in service...
availability and priorities for service expansion. The hope was expressed that these recommendations not be lost on account of a policy that requires only recognized best practices receive PEI funding.

Interviewees from all of the participating service systems recommended that social workers, probation officers and related professionals receive more training on trauma, the impact of trauma on children's development, and how child welfare system-related stressors may add to the child's trauma (i.e., separation from parent(s) and/or siblings, visitations, new and changing environments/instability, loss of friends, forensic interviews, etc.).

Interviewees also emphasized the need for counseling and therapeutic services that are provided by licensed clinicians, not interns or other lesser qualified personnel. Further, they underscored the importance of continuity in the clinical relationship.

The value of activities that allow children and youth an opportunity to find their niche and excel in something was repeated numerous times.

A general recommendation that efforts be redoubled to more closely integrate substance abuse and mental health prevention and treatment was among the most frequent from all system representatives that were interviewed.
Repeat of Recommendations: Organized by General Topic

(Please note that some recommendations transcend the categories shown below. They are shown in the section that appeared to be the best fit.)

Improvements and Expansions in Services and Service Linkages

Santa Clara County professionals from every service system interviewed for this project emphasized that early identification and intervention can make a difference. There was strong consensus that the pilot mental health screening project, underway at the Children’s Shelter for children ages six to 11, should be both intensified and expanded to all age groups. Further, it was recommended that assessments be conducted on children already in the dependency system, not just the new arrivals. It was recommended that evaluations of youth coming in contact with the juvenile justice system not be limited to those who are confined at Juvenile Hall. It was recommended that children be provided evaluations through the schools at earlier signs of troubling behavior or school performance.

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DFCS and Probation Department representatives emphasized that linkages to mental health treatment need to occur more rapidly.

A general recommendation that efforts be redoubled to more closely integrate substance abuse and mental health prevention and treatment was among the most frequent from all system representatives that were interviewed.

While mental health consultation might be valuable in Team Decision-Making Meetings (TDMs), DFCS Director Norma Doctor Sparks noted that it may not be feasible due to their frequency. However, she explained that TDMs may be utilized as a part of Emergency Response and that mental health consultation would be particularly valuable at that time.
Angela Carbone, a Social Work Coordinator with the Differential Response Program, recommended more therapeutic services for families. She cited long waiting lists for services, high staff turnover (therapists and interns leaving), insufficient language capacity, and needs for services beyond the allowable number of sessions.

DFCS social workers and managers said that mental health services really help to stabilize troubled families, either as an alternative to child removal or following reunification. However, they noted that mental health services are among the most difficult for which to establish linkages.

They called for more education about mental illness and more efforts to reduce the stigma associated with receipt of mental health services.

They called for more music and art enrichment programs for foster and other stressed children and youth.

They repeated the concern raised by virtually every interviewed service system that mental health counseling services are plagued by high staff turnover and over reliance on interns and non-clinically qualified personnel.

They requested broader availability of services that can be utilized by parents and children together.

They recommended greater collaboration with the countywide 211 service information number.

Wendy Kinnear-Rausch, DFCS Connected by 25 Manager, and Keith Rivera, DFCS Educational Rights Project Coordinator, suggested moving the entry age for the Independent Living Program from 16 to 14 years.

They recommended efforts to generate community support to make jobs available for foster youth. Particularly because of the current economy, there is significant competition even for minimum-wage positions such as at fast food restaurants. Wendy Kinnear-Rausch reported that Connected by 25 initiatives, such as the one in which money deposited into savings accounts by foster and former foster youth is matched up to a certain amount, have become impossible for many youth to maintain because of their inability to find employment.
They lauded the grant-funded program at San Jose City College that helps former foster and other at risk youth get on established career pathways, with commitments from area employers to make jobs available following completion of training. They urged funding for continuation and expansion of this program.

Representatives of SSA’s Resource and Advisory Committee for People with Disabilities cautioned about over-reliance on computers as a means of accessing or receiving services, due to the relatively low utilization of computers by many of their clients. They noted that motivation to utilize services is not a given and that more work and more culturally sensitive approaches need to be employed to stimulate service utilization.

GLBT Concerns Committee members supported a requirement that non-profit service providers have staff that understands gay culture and issues. They reported that many schools have created barriers to GLBT information and services and called for concerted efforts to improve the educational systems’ understanding and protection of GLBT students.

Kathy Duque and Michael Clarke of the Probation Department pointed out that not only are substance abuse treatment programs for youth insufficient to meet the needs but that interventions are needed to boost their motivation to participate as well as assistance with transportation to access services.

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Keith Pedersen, Co-Chair of the Resource and Advisory Committee for People with Disabilities, and committee co-chair Linda Morgan called for improved diagnostic tools to evaluate children with special educational needs. They also recommended that schools play a more active role in helping to identify children who need help in coping with parental substance abuse.

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Judge Tondreau consulted with attorneys who work in his court from the District Attorney’s Office and the Public Defender. Recommendations he received include:

- Increase therapeutic visitations for dual-status (dependency and delinquency systems-involved) youth, supervised by licensed clinicians—not interns. They cited the difficulties with interns stemming from inexperience and constant turnover.
- Evaluate the need for medications earlier in order that they can help youth become more focused and receptive to interventions and treatment.
- Similarly, provide more information about sources of medical insurance in order that parents are able to obtain this type of medication in advance of youth’s school failure and escalating antisocial and criminal behaviors.
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- more emphasis on finding homes for siblings to remain together,
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- more resources for families after their initial referral in order to greatly reduce the numbers of children who must experience the trauma of removal from their families, and
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Jolene Smith, Executive Director of First 5 Santa Clara County, called for an expansion of workforce development efforts, particularly to train people to work with young children. She also reported on the success of First 5’s “Knock and Talk” method of engaging people in their homes.

Broadened Eligibility for Receipt of Services

Gina Sessions, an SSA Administration Director, called for treatment services for children who have emotional problems but do not meet the criteria for medical necessity.

A group of DFCS social workers and managers advocated strongly for mental health counseling for parents and children who do not qualify for services through MediCal or the Victim Witness Program. They described workers being reticent to include mental health services on the case plan—even when it is obvious that their clients are in need of these services—when they know of no source of payment.

Angela Carbone noted, as did others, the particular need for counseling and services for individuals and families who are uninsured, undocumented, or have inadequate private insurance.

Further, she related that there are a number of clients who experience family conflict or interpersonal relationship stresses, such as domestic violence, immigration issues and divorce, who do not qualify for therapy services. There also are clients who are chronically depressed but have never had a major episode of depression and do not have an Axis I diagnosis for
health insurance purposes and cannot afford to pay for therapeutic services on their own. (Gardner Family Health Network, under contract to provide Differential Response services, estimated that this group is about 60% of their families.) She recommended utilizing PEI funding to broaden the criteria and lower the threshold for access to services.

A group of DFCS social workers and managers echoed the concerns raised by virtually every interviewed service system that families with private insurance do not have access to mental health services that is sufficient or equal to families on MediCal. Of course, uninsured families are at an even greater disadvantage. They call for more services for the undocumented.

Wendy Kinnear-Rausch, DFCS Connected by 25 Manager, and Keith Rivera, DFCS Educational Rights Project Coordinator, noted that many foster children require supportive services that are unavailable to them due to the fact that they do not meet the diagnostic criteria to utilize System of Care services. They called for resources to help a broader group of foster children cope with the trauma they have experienced.

Expansion of Services to Particular Groups and Communities

DFCS recommended an expansion of resources for foster parents, in acknowledgement that research has shown foster children have seven times the developmental delays of similar children who are not in foster care. The result is that foster parents are often required to give extra attention to foster children’s needs without extra resources, support, access to respite care, or specifically needed training.

Wendy Kinnear-Rausch noted that getting connections with services is not the same thing as getting connections with a family. She describes the longing that children express—often through their teen years—for a forever family, and she called for greater attention to promoting connections with caring adults.

Angela Carbone noted that First 5 currently serves Path Four families, so the limiting criterion is the age restriction. Families with children ages six or older have great difficulty “getting in the door to access services.” She recommended an emphasis on services to families with older children who lack access through First 5.
DFCS social workers note that Path One families that could greatly benefit by counseling do not qualify unless they have a mental health diagnosis. They recommended utilization of PEI funding to change this.

They also reiterated the need for services for children and families in which there is no child in the First 5-qualifying zero to five age range.

They asked for more services for dually diagnosed youth (having co-occurring mental health and substance abuse disorders).

Wendy Kinnear-Rausch and Keith Rivera called for an expansion in efforts to create educational plans for every child in the foster care system. (They report that the Silicon Valley Children’s Fund has assumed the project of ensuring that educational plans are created for each middle school foster youth.) They observed that the educational planning process includes the identification of emotional and mental health problems that should be addressed as early as possible.

They noted that some older teens do not want adoption, often due to concern about abandoning mom. However, other older teens still desperately want a forever family. More emphasis on finding adoptive homes for older children, as appropriate for the child/youth, would be highly desirable. They noted that “no one size fits all.” For some youth, what is needed is the cultivation of life-long connections—not necessarily family. They reported that other counties have embraced the importance of promoting these connections, and they urge that Santa Clara County do the same.

It was recommended by DEBS that counseling be provided for individuals going off of CalWORKs in order to better prepare them for the difficult adjustment and the sudden loss of supports.

They called for more attention to child nutrition for CalWORKs families, comprehensive family needs assessments (not just financial), psychiatric evaluations of children when indicated, and monitoring of child outcomes.

They recommend age-related parenting classes to educate and assist parents in handling the various developmental stages of children and youth, with particular sensitivity to the families’ financial and other constraints. Because circumstances are difficult for CalWORKs clients, particularly transportation, it was suggested that participation incentives be offered such as a gas card or bus pass. As an alternative, it was proposed that the information
be produced to download onto an IPod that parents can listen to on the bus, in waiting rooms, etc. Parenting classes for special needs children also was suggested.

It was suggested that a number of slots be allocated at a nearby Head Start Center for use by children when their parents must be present at CalWORKs appointments. In this way, it is hoped that parents could gain familiarity and comfort with licensed child care programs that offer more enrichment and educational benefits to the children.

Members of the SSA’s Asian Pacific Islander Employee Advisory Committee cited the need for more Asian-oriented treatment programs and more API staff at existing programs. They note that even programs specifically oriented to serving the Asian community frequently have insufficient language capacity to adequately serve the many languages spoken by Santa Clara County’s Asian community members.

As they did for substance abuse services, members of the SSA’s Asian Pacific Islander Employee Advisory Committee cited the need for more Asian-oriented mental health prevention and treatment programs and more API staff at existing programs. They noted that even programs that are oriented to serving the Asian community have too limited language capacity to adequately serve the diverse languages spoken by Santa Clara County’s Asian community members. They noted that mental health presentations are too standardized and do not resonate with Asian families.

They cited a need for anger management classes for the Asian community. They also recommended more availability of premarital counseling and preparenting classes.

They requested more connections for services through schools, and noted that home visits often are problematic due to multi-generational families living together and the negative reaction of older generations to outside assistance and the perception of failure that they feel it implies.

Members of SSA’s Asian Pacific Islander Employee Advisory Committee talked about the extent to which the need for traditional mental health services is considered taboo in Asian communities and the need for innovative approaches for reaching and involving those with unmet needs. They suggested reaching parents at community festivals and events with non-stigmatizing information and invitations to informal support networks. They recommended marketing services with an emphasis on promotion of wellness, utilizing posters for non-literate parents.
As confidence and comfort levels with the Asian community have increased, committee members report that the Asian Pacific Islander (API) Family Resource Center has been able to conduct two annual workshops with attendance of approximately 100 each year on topics such as raising children, domestic violence, substance abuse, mental health, and educational rights. They called for an expansion of these efforts.

They cited a need for guidance to immigrant parents on how to raise Americanized youth and what are effective and appropriate methods of discipline. They reported that advertising for events focusing on a message of “learn how to help your children succeed” and “how to better communicate with your child” are particularly effective in garnering participation. The radio was noted as a good tool in reaching Chinese-born parents.

They advocate for an increase in API staff and also request staff training for non-API staff on API-focused resources.

The Chairperson of SSA’s African Ancestry Employees Committee, Lettie Ordone, recommended improved, culturally appropriate approaches for involving young Black men in services and positive activities. To do so, she encouraged strengthened partnerships with schools and efforts that begin in the early grades.

Keith Pedersen, Co-Chair of the Resource and Advisory Committee for People with Disabilities, recommended that special focus be placed on young girls, particularly those growing up in poverty. He cited the frequency that learning disabilities are not discovered sufficiently early with girls due to the fact that they are less frequently severe behavioral problems. He emphasized that testing and services need to begin before the girl reaches puberty and begins engaging in sexual acts, alcohol and other drugs.

Ernesto Bejarano of El Comité recommended more utilization of the radio as a means to deliver information to the monolingual Spanish-speaking Latino community.

For older at-risk youth, Stephen Betts of DADS suggested that alternative schools are one of the best venues through which they can be reached and helped.

Commissioner Valencia called for a program at the Juvenile Hall and Ranches for young fathers. The young men who come before him usually were raised with either no male role model or a negative father figure. He cited the pattern of inter-generational violence in which the young people he sees have been raised, and he stressed the need for youth, in
particular young fathers, to learn to assume a wide range of supportive roles in the lives of their children—from diaper changing and feeding to supervision and appropriate play time.

Judge Johnson also called for more specialized services for girls and young women. Girls typically come into the juvenile justice system at older ages than boys and with more entrenched bad behaviors. She noted that the severity and complexity of girls’ problems is often more that the boys. She also observed that, anecdotally, mothers appear to be much harder on—much less tolerant of—their daughters than their sons; and that girls respond particularly well to “high touch” services that put them in frequent, regular contact with a caring adult. She also recommended that there be special programs implemented to deal with the fact that many young women in the Juvenile Substance Abuse Treatment Court have a history of prostitution and often do not appear to understand the risks and dangers of continued involvement in the sex industry.

Judge Davilla recommended increased services for older teens, particularly those 17½ years or older. Along this line, Judge Johnson also recommended expanded services for 18 to 25-year-olds who are no longer eligible for services through the juvenile justice system.

Geographic-Specific Program and Service Requests

DFCS social workers and managers recommended funding for sexual abuse and domestic violence-related therapy in South County. They also advocated for the expanded availability of comprehensive psychiatric evaluations and medication assessments in South County. Expanded services in South County for dually diagnosed clients (those with concurrent substance abuse and mental health disorders) also were urged.

Other DFCS managers strongly advocated for increased availability, particularly in South County, of Spanish-speaking therapists for children, adults and families.

They cited a particular need for therapists willing to work with family groups. They pointed out the need for all members of families to be able to access counseling from the same agency.
GLBT Concerns Committee members noted that the Billy De Frank Center is too far removed from North and South County youth to meet their needs and recommended more geographically accessible services.

A group of Probation Officers discussed gaps in services, particularly in substance abuse treatment and especially in the North and South County areas. They praised the Central County Occupational Center but indicated that an equivalent resource was needed for North and South County.

Judge Johnson noted the particularly serious lack of sufficient substance abuse treatment services in North and South County as well as the difficulty for youth to access the services when available. She emphasized the important role that transportation assistance could play in insuring that youth participate in their needed treatment.

Judge Davilla noted that many qualifying youth from the North and South County areas do not participate in the Juvenile Mental Health Court because the geographic separation and transportation difficulties make it difficult to attend the frequent, required court reviews.

Expanded Educational Efforts Concerning Parenting and Child Abuse

Nicole Huff, SSA, suggested that an educational effort is needed concerning how to talk to children at various ages and stages about what is appropriate touching and physical contact and what is not—an effort even broader than the good touch/bad touch-type approach (a research-based, effective, body safety and violence prevention education for children in pre-K through 6th grades) and extending to older ages. She related that parents, teachers and others do not always recognize when sexual abuse has occurred because they do not have open lines of communication on this topic and they do not know how to ask.

Linda Chang of DFCS shared an illustrated handbook called “Raising Children in a New Country” and she recommended that this or something similar be distributed in venues through which immigrant parents can be reached. It provides clear and basic information in short chapters such as Going to School, Street Safety, Car Safety, Child Supervision, Discipline, After School, and many others.

A group of DFCS social workers and managers recommended more education of children and parents about child abuse, with particular emphasis on people working with immigrant families.
Phaivanh Khowong, SSA Director of Refugee Programs, recommended parenting classes geared for immigrants and refugees that recognize and are based on their culture and are delivered by someone from their culture and in their language. The curriculum would include a range of topics—from what parent/teacher conferences mean (not necessarily that your child is in trouble) and how to attend them, to California law concerning what constitutes child abuse and neglect.

Specific Programs or Models

Gina Sessions, an SSA Administration Director, suggested that there be further investigation into the Brazelton Touchpoints Approach and other early childhood development programs, along with an examination of the need for therapeutic child care. The Brazelton Touchpoints Approach is designed to enhance the competence of parents and build strong family-child relationships from birth through two years of age, laying the foundation for children’s healthy development.

Because of its provision of food and shared meals and for other reasons, DFCS social workers expressed that they liked the Celebrating Families Program model.

They would like more services for fathers and an examination of the Casey Family Foundation recommended models of services for fathers.

They requested funding to reinstate the Youth Leadership Program for foster teens at DFCS’ Family Resource Centers.

They also advocated for funding to reinstate the successful Family Development Academy within the DFCS Family Resource Centers. This previously grant-funded program was based on the hypothesis that parents’ unrealistic expectations of young children, exacerbated by stress and poor communications skills, are a primary threat to their children’s safety. The program focused on interactive sessions that modeled appropriate expectations and appropriate parental responses as an effective means to significantly reduce child abuse. The request for funding to reestablish the Family Development Academy was strongly seconded by the Asian Pacific Islander Employee Advisory Committee.

They noted that a Homework Club was successfully operated this year at the Asian Pacific Islander Family Resource Center and called for an expansion to the other SSA/DFCS Family Resource Centers.
Wendy Kinnear-Rausch and Keith Rivera of DFCS recommended Head Start attendance for foster children three and a half years of age and older.

They recommended expansion of the AVID (Advancement Via Individual Determination) Program, which is designed to help underachieving middle and high school students prepare for and succeed in colleges and universities. They feel every foster child should have an opportunity to participate in AVID. They also recommended expansion of the COFY Program (Challenge Outreach for Youth).

Members of SSA’s Asian Pacific Islander Employee Advisory Committee advocated for funding to restart and operate the Family Development Academies at each Family Resource Center.

Ernesto Bejarano of El Comité recommended the Promotores model as an effective means to reach the Latino community.

A group of Probation Officers had high praise for the Fresh Lifelines for Youth (FLY) Program, as have judges and DADS representatives. FLY has a Law Program to teach at-risk youth about the law and consequences of crime. They help teens build life skills such as empathy, problem solving, and anger management. Their Mentoring Program provides positive role models for youth and helps them make healthy decisions and overcome addictions. Leadership Training is a year-long program in which FLY law and mentor program graduates design and complete community service projects while working with a case manager.

Bob Garner, DADS Director, recommended the creation or expansion of the Student Assistance Program (SAP) in schools throughout the county. The SAP evolved from the Employee Assistance Program (EAP) model. Evaluations of SAPs have demonstrated reductions in school violence and behavioral incidents, reductions in substance abuse, improvements in school attendance, improvements in academic performance, and increased access to services.

He envisions an expansion of this best practices model to include Community Assistance Program (CAP) locations, positioned strategically throughout the county. He reported that the model is extremely effective in accessing youth in earlier stages of whatever problem they are facing, whether it is substance abuse, emotional problems, domestic violence
or something else. He noted that the model depends on skilled adults who are able to build a rapport with the youth but that do not allow themselves to get pulled into the problem.

Bob Garner indicated that the program is used by youth who seek support for themselves, by youth who are encouraged by peers, by youth who are referred by a caring adult, and by youth who are brought by law enforcement as an alternative to deeper penetration into the system. He emphasized the importance for young people of having a safe place to go where there is a non-punitive and non-judgmental approach to helping them solve problems. He hopes for an eventual system of centers that also are able to serve youth on an on-call, 24/7 basis.

He pictures that this could be a key element in a community prevention model that also includes a cadre of licensed clinicians who are available for shorter-term interventions, along with positive community messages and positive activity alternatives, such as Friday Night Live.

For younger children and their parents, Stephen Betts of DADS recommended the program “Incredible Years,” recognized as a model program by SAMHSA, that has had beneficial outcomes in prevention of substance abuse, mental health problems, teen pregnancy, etc.

Jolene Smith, Executive Director of First 5 Santa Clara County, strongly recommended a joint investment of First 5 funding, along with PEI funds, to implement the Triple P-Positive Parenting Program throughout the county. Triple P incorporates five levels of intervention of increasing strength for parents of children from birth to age 12. Its aim is to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. It is an evidence-based practice in wide use in other parts of the world, and it is now available in Spanish.

Jolene Smith also likes the Brazelton Touchpoints Approach, the Raise and Shine model utilized throughout Mendocino County, and has particularly high praise for the Harlem Children’s Zone Project as a model for helping other poor, urban neighborhoods.

Training

Interviewees from all of the participating service systems recommended that social workers, probation officers and related professionals receive more training on trauma, the
impact of trauma on children’s development, and how child welfare system-related stressors may add to the child’s trauma (i.e., separation from parent(s) and/or siblings, visitations, new and changing environments/instability, loss of friends, forensic interviews, etc.).

It was recommended by DFCS that training is needed on what depression looks like among fathers and that there should be greater emphasis and more understanding of father’s mental health needs.

DFCS requested mental health training for social workers on children’s developmental stages and abnormal development, such as sexually acting out. DFCS interviewees also asked for training on behavioral management in order that social workers are better able to help parents or caregivers maintain the children in their home or placement.

Again, DFCS professionals mentioned that more childhood developmental and behavioral management training would facilitate improved assistance by social workers in helping birth parents, foster parents and kin caregivers know how to deal more effectively with children’s behavioral problems that hamper school success and threaten placement stability.

A clear message from the SSA Employee Advisory Committees was the need for improved and continuing staff training on issues of cultural sensitivity and competency.

Linda Morgan, Co-Chair of the Resource and Advisory Committee for People with Disabilities, provided a copy of an “Etiquette Handbook: Services for People with Disabilities” that was prepared by the committee in conjunction with SSA’s Office of Equal Opportunity/Civil Rights and called for broader dissemination and increased understanding.

GLBT Concerns Committee members recommended that there be substantial training efforts to better prepare professionals from all child-serving systems to assist GLBT youth. In particular, they called for more clinicians with special understanding of GLBT issues and needs.

DADS Director Bob Garner recommended expanded cross-training of professionals on mental health and substance abuse symptoms and treatment alternatives.

Stephen Betts of DADS called for more training of system professionals on the effects of substance abuse on brain development.
Mentoring or Support Groups

It was recommended by DFCS, as well as Probation and DADS, that the Mentor Moms Program, operated in conjunction with the Juvenile Dependency Court, be expanded as the mentors have proven to be effective in modeling success and supporting compliance with substance abuse treatment and other requirements for family reunification. It was further recommended that Mentor Dads, for which the court requested grant funding, be assisted. DFCS also would like funding to expand the availability of its Family Night program.

The need for more fatherhood support groups was cited by DFCS.

DFCS interviewees said that families going from Family Unification to Family Maintenance need “a lot of shoring up.” Mary Grimm, a DFCS Program Manager III, praised a mentor mom program in Contra Costa County, identified as a best practice, which actually provides for a reunified family to live with a mentor family for a period of time following reunification. The mentors do not parent the children but rather mentor the parents.

They advocated for more widely available mental health support groups that are given another name to diminish reluctance to participate. They recommended support group settings with a kitchen available to facilitate the provision of food, which they consider a significant enticement to participation.

They would like in-home coaching based on a “super nanny” model. They expressed concern that parents obtain knowledge from attendance at parenting classes but have difficulty putting the information into practice without some amount of one-on-one focused assistance.

Stephen Betts of DADS reported that mentoring programs have proven to be beneficial for prevention, early intervention and treatment.

Miscellaneous

It was strongly asked and advised by interviewees that an emphasis on evidence-based practices for PEI funding not eliminate the opportunity to provide funding for innovative approaches or, more importantly, for support of approaches used locally that have demonstrated their value. It was noted that Santa Clara County has devoted countless personnel and other resources to collaborative planning efforts to identify gaps in service availability and priorities for service expansion. The hope was expressed that these
recommendations not be lost on account of a policy that requires only recognized best practices receive PEI funding.

Nicole Huff, with SSA Administration and formerly a DFCS social worker, recommended that assessment and intervention services are particularly needed for families for which there have been multiple but unsubstantiated referrals of child abuse and neglect. Data show that a high proportion of these families will have a substantiated referral at some point. She suggested that funding would be helpful to do a case review of these multiply referred families to better understand the common problems and risk factors in order to design the most effective approach for prevention of subsequent system penetration. There is no evidence that a study of this kind has been done, yet, again, these families are statistically likely to end up with a substantiated referral in the future.

Gina Sessions and Nicole Huff point out that the prevention approach by child welfare has been focused primarily on families, while the prevention approach by juvenile justice has been focused primarily on children and youth. They call attention to the potential this offers for a collaborative, cross-systems spectrum of prevention services.

The observation was made by some that the Mental Health Department does not have the “penetration” or level of utilization of its services within communities of color that it recognizes is needed for parity. However, at the same time, DFCS and Juvenile Probation struggle with significant overrepresentation of families and children of color in their systems. It was suggested that PEI be utilized in some manner as a way to help promote coordination and reduce the disparities on both sides.
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