Needs Assessment

Introduction

In an effort to improve the services and to transform the existing Receiving, Assessment, and Intake Center (RAIC) service model and operational plan, DFCS has engaged in a highly inclusive, collaborative and transparent process of discovery and development to assess the current needs of the service population. The process of discovery and development for a future Plan of Service began with a comprehensive understanding of who is being served through the current RAIC facility and how to best meet their needs moving forward. This outreach process included those that receive and engage in these services and have the greatest knowledge of how this program is thriving and where it is falling short. It also included representation from organizations that support, serve and protect the children and youth within the system, as well as their families and caregivers. The process identified key stakeholders, advocacy groups, and regulatory agencies that impact services now and in the future and allowed for a thorough review of needs and potential service improvements.

Who Does the System Serve?

A thorough understanding of who this system serves and their specific needs will lay the groundwork for creating a successful service model. The following is a summary of demographic information regarding these children and youth:

- For the period of August 2012 to December 2013, 1,479 child(ren)/youth were brought into RAIC; of these, 50% were ages 11-20, 13% were ages 6-10 and 37% were under age 5.
- For the period from 2010-2013, 3,718 child(ren)/youth were brought into RAIC; of these:
  - 39% were part of a sibling group.
  - 95% of the sibling groups were groups of 2-5.
  - 60% of these children were Latino, 19% were Caucasian, 12% were of African Ancestry, 8% were Asian/Pacific Islander and 1% were of another ethnicity.
  - The primary languages spoken by the children brought into RAIC were English, Spanish and Vietnamese, with English being spoken by approximately 89% of the population.
  - Close to 75% of these children resided in San José before being brought into the RAIC.
  - The majority of children brought in were placed in an Emergency Satellite Home (ESH), which consisted of County Foster Homes, Foster Family Agency (FFA), or a group home.
  - For non-ESH placements, children primarily went to a relative/NREFM, hospital, or parent.

For more information on these statistics, please reference the charts in Appendix ___.
Greater System Needs/Concepts

The current RAIC functions within a greater eco-system of federal, state, and county regulations, laws and requirements, and this process of outreach has highlighted the issues that affect its success. An analysis is necessary to identify issues that are part of the greater system and those that are specific to the receiving and assessment services. One common viewpoint that emerged from the outreach process is that the greater eco-system is often at odds and there is a lack of alignment between government agencies, creating barriers to the success of any service model. For example, the staff at the current RAIC are expected to achieve a placement best suited for a child/youth in less than twenty-four hours; however, the infrastructure in which they are working does not operate on a twenty-four hour, seven day a week basis. The current system is set up with a one size fits all solution when in reality each child and youth has unique needs. Therefore, a paradigm shift to a child/youth/family centric model is fundamental for the success of a future service model.

The larger eco-system in which RAIC functions has profound impacts on its success. The issues/needs identified through this process fall into different levels of the eco-system as illustrated in Diagram 1, below:

Diagram 1

It is essential to understand the system-wide issues that are potential barriers to the success of a future receiving and/or assessment service model. All of the concepts below were established through the outreach process and include findings from each of the process participant groups. It is important to prioritize these needs and determine process improvements that can be implemented to create sustainable and positive change to the entire system in parallel with the development of the new service model.
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Federal / State
- Provide More Flexible Guidelines for Siblings Placement
- Keep Children in their School of Origin
  - Question if it Is always the Right Decision for Child/Youth/Family & Caregiver
  - Implement a Feasible Transportation Program to Support Success
  - Provide a Means of Funding

Santa Clara County
- Identify Parallel Resources to Increase Efficiency of Assessment & Placement (Social Services, Sheriff Department, etc.)
- Cultivate a Collaborative Ecosystem of Connected Agencies & Service Partners

DFCS
- Create Paradigm Shift to a Child-Centric System Rather than System-Centric
  - Reduce Number of Placements
  - Return to Some Form of Early Intervention & Weekend Diversion Programs
  - Increase Number of Placements Straight to Relatives/NREFM's
  - Plan for Situations that Are Not the Ideal State
  - Reduce the Number of Children Entering the System
  - Identify Root Cause of Disproportionality of Children in Protective Custody & Implement "Upstream" Improvements
  - Establish a Standard of Care & Service Model for Non-Minor Dependents
  - Reduce Use of Group Homes in appropriate situations
- Need the System to Work 24/7 to Be Successful
  - Align Staffing Model with Roles & Responsibilities to Support a New Service Model
- Design a System/Service Model which Is Flexible & Scalable
- Updated Technology, Database & Mobile Tools
  - Develop an Accurate & Up-to-Date Database of Caregivers
  - Develop Appropriate & Accurate Informational Database to Be Shared & Secured at a Systems Level
- Initiate a Robust Marketing & Recruitment Campaign for Caregivers
- Identify & Train all Caregivers for the Specialized Needs of Child(ren)/Youth
- Manage Expectations of those Who Care for the Child(ren)/Youth to Align to the Service Population
- Develop & Maintain a System Based on a Continuum of Care
- Design a Process Initiation & First Response Definition & Protocol between Partner Agencies
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- Resolve Funding Disparities between Relative Caregivers & Foster Parents
- Develop Third Party Emergency Facilities as Coordinated Care Partners when Placement in 24 Hours Is not Appropriate or Possible
  - Criteria Should be Established for Facilities for Short-term Emergency Placement
  - A Spectrum of Facilities Should be Develop that Align to the Specific Needs of the Child(ren)/Youth

Throughout the outreach process, key ideas were considered as a means to improve the DFCS eco-system and to support the concept of a Child-Centric system. A majority of stakeholders agree that if best placement the first time is to be achieved, critical factors must exist. Paramount to success is the need for a system that can respond 24 hours a day, 7 days a week. If regulations for placement in a 24 hour timeframe is maintained, all inter-related services must work in parallel, effectively and efficiently completing all tasks to support these services. The instant Child Protective Custody is engaged a continuum of coordinated services must be activated from all agencies involved. Without this level of coordinated effort, participants felt the expectation could not be met.

**Caregivers**

A coordinated reactive system can only be effective if there is an on-going proactive system for having qualified, well-trained and prepared caregivers to receive children and youth. These caregivers must be prepared and trained to deal with the critical needs of children and youth in a traumatic state and with potential long-term conditions brought on by abuse, neglect or pre-existing health conditions. Whether a caregiver is a parent, relative, non-relative family relation, professional parent or foster parent, they will need special training and a continuum of support to ensure best placement for the child(ren)/youth.

**Concept of Typologies**

A question emerged – how do we better provide for the unique needs of those we serve? If we consider the children and youth to be the customers of the system then we must develop a ‘business’ model that is designed to meet the demographic of the service population.

The outreach process explored the benefit of researching and defining key characteristics of the service population, or child/youth typologies, in order to identify the unique needs of these child(ren)/youth and then align services to meet those specific needs. The idea was compelling and the staff began a beta project to identify these factors in the service population over the last year. The staff felt that key groups of service populations, or child/youth typologies, would emerge from a more comprehensive, on-going study further defining the needs and designing specific services around them. Ultimately, a comprehensive study to explore and determine these key factors will need to be reviewed and approved, but this initial
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effort is an illustration of process improvements that can take place in parallel with the on-going work of this study.

Outreach input identified that child(ren)/youth and their families create the nucleus of Child-Centric system model. From this, a diagram emerged that placed the Child/Youth & Family at the center of the system.

The Systems Model Diagram [Diagram 2] above is structured based upon the concept of child typologies and the need for a system that aligns the recruitment and training of potential caregivers to the specific needs of the various typologies of children. This will improve placement opportunities and provide a greater chance of successful placement for the child(ren)/youth.

In looking at the diagram, the child and their family are at the center or focal point of all necessary services. The next two rings illustrate the general services the child receives before placement. Process initiation at protective custody should start a series of parallel processes to provide options for quick placement or post-custody diversion. Prior to any placement, all children should have medical and mental
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health screenings and assessment. This assessment includes looking at the child typology to help determine potential placement options that match up with their needs, if relatives are not available or emergency placement is required until relatives can be cleared.

The caregiver rings start with marketing and recruitment. DFCS would need to identify the types of caregivers that are needed based on the child typologies, and actively pursue a more targeted or focused marketing and recruitment strategy. The rings continue inward with initial informational meetings for these potential caregivers and, if they decide to become foster or professional parents, then proceed with required evaluation and training. The training includes linking the parents to various service partners that provide support for the parents and children. The point of placement is where the inner and outer rings come together.

Encompassing the diagram are the Child-Centric System and 24/7 Systems Model rings. The focus in delivering services should be on what is best for the child. To speed up placement, the system needs to function 24/7. In addition, a technology strategy needs to be developed and implemented to facilitate timely placement, to be able to continue assessment of the caregivers and the children, and to help with the continuum of care. Medical and mental health care also need to continue throughout placement as appropriate to the child’s needs. Finally, all interactions with the child need to be carried out with the perspective of Trauma Informed Care.