Plan of Service

**Introduction/Context**

The key concepts and objectives discovered during the needs assessment phase become the foundation to creating a successful Plan of Service. The Plan of Service does not define *how, where, or by whom* these services will be delivered, but instead defines **what services need to be delivered** in order to best meet the needs of the service population, as defined during the needs assessment. It is a strategic planning document, intended to provide vision and direction as well as become a useful tool to help manage the service model and measure its success. It establishes a Vision Statement, Goals and Objectives, Core Principals, and outlines the Core Services to be provided.

**Diversion Strategies**

The best solution for the child(ren)/youth is to avoid entering into protective custody at all, and many improvements have been made upstream to keep them out of the Dependency Court system. On a voluntary basis, there are in-Home services available to families for parenting, counseling and family management. In addition, there are numerous Out-of-Home services that provide temporary placement/housing solutions, counseling, substance abuse treatment, education, training and more for child(ren)/youth and their families. Differential Response services are provided to families who are at risk due to their circumstances where child abuse or neglect has not yet occurred. There is the Joint Response program, which aims to resolve family issues and divert children from being placed into temporary custody. Emergency Response workers provide up-front services and referrals to families wherever possible to stabilize family situations and prevent children from being placed into protective custody as long as it is safe to do so. These efforts result in just 3-4% of the children reported to the CAN Center having Dependency Petitions filed on their behalf.
Plan of Service

**Service Model**

The Service Model diagram, below, is designed to illustrate the major constructs of the Plan of Service. It is followed by an explanation of each of the components.

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**Vision Statement**

A successful diversion or placement of children and youth with the objective of best placement the first time, focusing on minimum impact to the family and supporting the child(ren)/youth’s emotional and physical wellbeing while providing appropriate, supportive, and continued care.

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**Goals/Objectives**

- Reduce Number of Placements Per Child
- Prompt and Proficient Placement
- Follow Placement Best Practices
  - Divert
  - Place Directly with a Relative or NREFM
  - Best Placement with Appropriate Caregiver
  - Temporary Emergency Housing
- Limit Further Trauma

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**Core Principles**

To **Operate** a Child Centric System (Child/Youth and Family Centric)

To **Efficiently and Sustainably Provide** Core Services With a Flexible and Adaptable Service Model

To **function** as a Collaborative, 24/7 System With Clear Alignment, Coordination, and Communication between All Service Providers

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**Core Services**

- **Medical & Mental Health**
- **Assessment / Placement**
- **Emergency Housing**
- **Caregiver Support**
### Plan of Service

<table>
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<tr>
<th><strong>Vision Statement</strong></th>
<th>A successful diversion or placement of children and youth with the objective of best placement the first time, focusing on minimum impact to the family and supporting the child(ren)/youth’s emotional and physical wellbeing while providing appropriate, supportive, and continued care.</th>
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<th><strong>Goals &amp; Objectives</strong></th>
<th>For those children who do filter into the system and where diversion is not an option, the following goals and objectives have been developed to create the best possible outcome for the child(ren)/youth and help focus efforts toward the vision established above. In order to support this vision, a paradigm shift to a child-centric systems model is crucial. The needs of the child(ren)/youth are central with an emphasis on best placement.</th>
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- **Reduce Number of Placements per Child**
  Placements should be limited to 2 per child/youth during the lifetime of a case (the Federal requirement/benchmark is no more than two placements during the first twelve months of out of home care)

- **Prompt and Proficient Placement**
  Assessment and placement services will be provided in a prompt and proficient manner, aiming to minimize time spent placing the child(ren)/youth with the most appropriate caregiver for their specific needs, resulting in the least possible impact to their well-being.
Follow Placement Best Practices

The following diagram identifies the placement options available to the child(ren)/youth once they enter into protective custody and illustrates the ideal progression through the system, with the highest objective being placement with a relative or Non-Related Extended Family Member (NREFM), and the lowest, emergency housing.
Plan of Service

Option 1: Post Custody Diversion
In some cases, the child(ren)/youth can be diverted and reintegrated with their families, without the need for placement.

Option 2: Place with a Relative or NREFM First
When placement is required, the primary goal, when feasible and appropriate, is to place the child(ren)/youth with a relative or NREFM.

Option 3: Best Placement with Appropriate Caregiver
In the event that neither of the above objectives can be met, the child(ren)/youth would be placed with a foster parent, a professional parent or, only when appropriate, a group home.

Option 4: Temporary Emergency Housing
If additional time is needed to find the best placement, temporary emergency housing would be available. (Emergency housing is yet to be defined, and will be covered in the operational phase)

Limit Further Trauma
Finally, all of these services should be provided in such a way that limits further trauma to the child/youth, and begins to address the trauma that they have experienced.

Core Principals
Three key core principals emerged during the outreach process and have been identified as paramount to the success of a new service model.

1. **To Operate a Child-Centric System (Child/Youth and Family-Centric).**
   A fundamental shift from a system-centric model to a child-centric model is crucial to providing the best possible service to child(ren), youth and their families.

2. **To Provide Services in an Effective way while Maintaining Sustainable, Flexible and Adaptable Services.**
   To remain sustainable, the service model needs to be flexible and adaptable. It must have the capacity to accommodate on-demand services such as first response, that are not needed on a regular basis, it needs to be able to adapt on high and low volume days, and should allow for the diversity of this unique population to obtain the services they need, when they need them.

3. **To Function as a Collaborative, 24/7 System with Clear Alignment,**
Plan of Service

Coordination, and Communication between all Service Providers.
Certain organizational changes such as a system that can respond 24/7, technology enhancements, and policy improvements need to take place in order to facilitate a continuum of coordinated services amongst all agencies involved. Following is a list of enhancements that can be implemented to achieve this level of functional organization.

- Align contractual language between 3rd party service providers and county
- Fund new technology and informational databases
- Real time information on each child in protective custody at any given time
- Adjust and adapt staffing roles and responsibilities to support successful shift in service model
- Change transportation policies and/or provide funding to achieve success
- Change school of origin policies to be adaptable and flexible to best meet the needs of the children/youth & caregivers
- Improve communication between caregivers & social workers by aligning language, cultural awareness, and expectations
- Change policies around sibling placement to be more flexible and adaptable

Core Services

The services required to provide an effective continuum of care for every child/youth for the duration of protective custody can be broken up into four main categories, or core services, which are defined below.

Medical & Mental Health

- First Response
  - Minimally invasive examination for initial identification of critical physical and mental health needs
  - Identification of contagious conditions and bruises/wounds
- Follow-Up Care
  - Thorough mental and physical health assessment
- Continued Coordinated Care
  - Appropriate medical and mental health care on an ongoing basis
- Medical Access
  - Access to Medicare/Medi-Cal cards
  - Access to providers

Assessment/Placement

- Find & Facilitate Best Placement
  - Re-initiate some form of a post protective custody diversion
Plan of Service

- Develop streamlined process initiation protocol to facilitate rapid assessment and placement
- Develop child typology database to facilitate more appropriate matches

- Care & Provision for Child(ren)/Youth
  - Develop a program to supply all children/youth with basic personal belongings prior to placement (clothes, toiletries, etc.)
  - Conduct interviews with children/youth
  - Provide appropriate home-like opportunities/locations for family visitation

- Support Services
  - Interviews
  - Team decision making meetings
  - Assessment and placement team coordination
  - Food for children and social workers
  - 24/7 fingerprinting and background checks
  - Family location using Lexis Nexis and other search engines

Caregiver Support

- Expedient & Equitable Access to Funding, Equipment & Resources
  - Equalize funding for all caregivers
  - Provide initial caregiver support and someone to shepherd caregivers through early stages
  - 24/7 access to equipment and supplies
    - Develop a program to supply all caregivers with basic needs (crib, car seat, bedding, etc.)
  - Transportation

- On-Going Training, Evaluations & Support
  - Training courses (small to large groups)
  - Informational Meetings
  - Non-crisis interaction for training and support
  - Expanded training programs for new and experienced caregivers

- Marketing and Recruitment
  - Qualified caregiver recruitment and management
    - Create and maintain a robust number of qualified caregivers, trained and aligned to children/youth needs
    - Institute and fund a professional marketing and recruitment plan for caregivers that align with children/youth needs
  - Administer marketing and recruitment events

- Service Partner Collaboration
  - Opportunity for co-location of partner services
Plan of Service

- KAFPA
- Relative Support Team
- Unity Care
  - Central resource for reliable and accurate information

Emergency Housing
It has been identified that an appropriate and adequate spectrum of emergency housing options needs to be offered for child(ren)/youth who are unable to be placed within a 24 hour period. Exploring the following opportunities will help provide options that can meet this need.

- Potential Third Party Contract
- Identify Emergency Housing Homes/Facilities
- Ability to Take All Ages, Health Needs, and Behaviors
- Temporary Placement Only

The Plan of Service defines Emergency Housing as an appropriate facility to serve the specific needs of the child(ren)/youth that will accept placement 24/7 with no exceptions and will provide housing while appropriate placements are being made. The detailed criteria of emergency housing will be developed in the Operational Phase and will determine how, where and by whom these services will be provided. It has already been clearly identified that the county will not be operating a licensed residential shelter facility.