Operational Plan

Introduction

The Plan of Service identified the fundamental services necessary to meet the needs of the service population of the children and youth in protective custody. A Service Model was created that established goals and objectives, core principles and core services to support the new vision. Now that these services have been clearly defined, an Operational Plan will delineate how, where, and by whom these services will be delivered.

Operational Considerations

During the initial outreach process with stakeholders DFCS established the goals outlined in the RAIC Emergency Placement Model Strategic Plan. Objective 1 stated that “Child(ren)/Youth in need of an emergency placement are to be placed directly into the home of a relative/NREFM or a foster home, bypassing the Receiving Center or other congregate care facilities”. As the outreach effort moved forward, it was emphasized again that children and youth benefit from immediate placement in a home with an appropriate caregiver. Therefore, support of this objective continued to be the focus of a long-range plan. Scenario 1 was developed as a long-range plan goal; to have no assessment or receiving center.

However, it also became clear through the outreach process that in order to achieve this long-range goal, many aspects of the current operations had to be improved and processes needed a paradigm shift to fully realize the objectives established in Scenario 1. A long-range implementation plan for these improvements would be required in addition to the funding needed to achieve the recommendations. Since these improvements will take time, an interim plan is necessary. As systems are being updated to accommodate Scenario 1, two Interim Plan scenarios, Scenarios 2 and 3, were considered to allow for appropriate care and treatment of children and youth in protective custody in the short term.

Operational Scenarios

The following is a summary of the three scenarios:

- **Scenario 1: Long Range Plan** No assessment or receiving center
  - In this scenario, children/youth would be immediately placed with the appropriate caregiver and receive a first response exam within the first 24 hours of placement.
  - This scenario is considered a potential solution as a long-range plan.
  - In order for this plan to be successful the following conditions must be met:
    - A technology plan with appropriate hardware, software, and methods for data collection with the ability to share information on a secure platform in real time must be established and maintained.
    - A sustainable marketing and recruitment campaign to source appropriate caregivers willing to care for children and youth
must be established and maintained.

- An adequate number of caregivers must be maintained, who are:
  - Aligned with the needs of the children and youth (Needs Typology) and support the number of children/youth in protective custody.
  - Trained and ready to take a placement immediately.

- There must be a reliable and appropriate location for qualified medical, mental health, and assessment staff to do their exams. The location should be centralized and mobile for a long-range plan.

- The system must operate 24/7 with fully coordinated services across all service providers, and
  - Improve DFCS coordination, protocols, transparency, and systems.
  - Improve coordination and transparency with partner services.

- Staff roles and responsibilities must be realigned to the new plan of service.

- Support staff work schedules must be realigned to the new Plan of Service.

- A spectrum of emergency housing options to accommodate all Needs Typologies must be identified.
  - Separate facilities are needed for each diverse typology.
  - They must have a no eject, no reject policy.

- The system must align caregiver training to the Needs Typology of the children/youth.

- **Scenario 2 – Interim Plan** A combined Assessment and Receiving center
  - In this scenario, there would be a single (23:59) facility with appropriate spaces for children/youth and services.
    - **Option A** – Assessment and Receiving are operated by the County.
    - **Option B** – Assessment is operated by the County and receiving is operated as contracted services with a Contract Monitor.

- **Scenario 3 – Interim Plan** A separate assessment center and receiving center
  - **Option A** – Assessment and Receiving are operated by the
Operational Plan

Option B—Assessment is operated by the County and receiving is operated as contracted services with a Contract Monitor.

The recommendation is to establish a long range plan to eliminate the need for a receiving and assessment center by meeting the conditions outlined for Scenario 1 above. After extensive outreach, staff and the Core Team recommend Scenario 2 as the most effective and efficient way to meet the needs of the children and youth in the interim. The new facility would be operated in a single location and provide both Assessment and Receiving services. This scenario allows for better communication, team work, safety and security for the children and youth. The new Assessment and Receiving center could be operated solely by the County or the receiving component could be operated by a third party provider in coordination with the County assessment staff and with a formal contract monitor to ensure best practices and appropriate care.

The following section breaks down each of the Core Services to determine how, where and by whom these services will be provided. It defines the Core Principles, or guiding principles, for each service, as well as the Operational Protocol which acts as a checklist for the services that must be delivered. Equally important, it outlines the essential Parallel Processes that the county must initiate to support the success of the Operational Plan. DFCS will need to create a plan to accomplish these parallel processes as the project moves into the Programming Phase.

Core Principle(s)

- Medical health, mental health and assessment staff must work as a team to deliver appropriate quality trauma informed care.

Operational Protocol

- All children/youth entering protective custody that come directly to the Assessment and Receiving Facility will have a first response exam administered before entering any placement. Children/Youth directly placed will have a First Response Exam within the first 24 hours of placement, if the child/youth does not appear to have any known or observable physical injuries.
  - First response exams will be provided by a county run medical facility such as VMC.
  - First response exams will be administered in person by a nurse practitioner or doctor with medical and mental health evaluation, and trauma informed care qualifications.
  - A child/youth will be seen for a First Response Exam as appropriate
Operational Plan

when they re-enter protective custody

☐ To be exempt from a First Response Exam, the child/youth must have come from a facility where they have had an exam that meets First Response Protocol and Criteria; or, the medical provider providing the exam, determines through records that the child/youth has received an equivalent exam.
  ▪ The worker doing the removal and with the most knowledge of the child/youth would be the most appropriate person to transport the child/youth to first response services, whenever possible.
  ▪ Medical, mental health, assessment staff and social workers will make decisions regarding the next steps for any child with a discovered injury or condition.

☐ The first response exam will be available 24/7 with the appropriate health care professional on-call during night hours.
  ▪ If there is potential to expedite placement and no further trauma would be incurred, first response exams will be done at all hours.
  ▪ If not, a child/youth will be able to sleep and be examined between 8 am-5 pm, seven days a week.

☐ Children/youth must go into placement with necessary prescription medication(s).

☐ Children/youth will be seen for a thorough follow-up exam within 30 days of placement.

☐ First response services will be offered from a centralized location with a team approach (medical, mental health and assessment).

Parallel Processes for Success

☐ Assessment staff, medical, and mental health professionals should determine and design the first response criteria.
  ▪ The protocol should be designed to capture as much critical information from the child/youth as possible with the fewest interactions as necessary and in the most non-invasive and least traumatic way.

☐ The continuum of care protocol must be improved by:
  ▪ Improving the Health Education Passport (HEP) protocol and data entry.
  ▪ Improving communication regarding birth records and medical requests with social workers, dependency investigation and HEP clerk.

☐ Design protocol for access to prescriptions and medications prior to placement.
Operational Plan

Assessment and Placement

Core Principle(s)
- Medical health, mental health and assessment staff must work as a team to deliver appropriate quality trauma informed care.

Operational Protocol
- Use process initiation protocol:
  - At the moment protective custody is enacted, the appropriate team of staff and service partners begin working in a parallel process, rather than a linear one, to expedite the assessment and placement process.
- Use placement protocol based on child/youth Needs Typology.
- Needs Typology assessments of children/youth will be done by assessment staff, social workers, and medical and mental health professionals.
  - Placement protocol will provide a spectrum of placement options with a caregiver who has the appropriate level of training for a child/youth's Needs Typology.
- Social work staff will deliver a post protective custody diversion program.
- Provide every child/youth with basic needs prior to placement.
  - Develop partnerships with corporations and non-profits to supply these items.
- Use TDM’s for emergency placement.
- Use ice breakers.
- Provide opportunity for family contact or visitation within the first 5 hours of protective custody (Welfare and Institution Code Section 308) if it is in the best interest of the child and is age appropriate.

Parallel Processes for Success
- New or returning programs and protocols will be designed and defined collaboratively by appropriate staff with final approval and implementation by the program manager.
  - Develop and implement a process initiation protocol.
  - Child/youth Needs Typology will be defined/developed and established by assessment staff, social workers and medical and mental health professionals.
  - Develop and implement placement protocol based on child/youth Needs Typology.
    - Determine housing type needs based on child/youth Needs Typology data:
      - Relative
      - Foster Parent
      - Professional Parent
      - (See emergency housing for ESH’s)
    - Determine guidelines for the length of stay in emergency
Operational Plan

- An adjustment and re-alignment of staffing roles and responsibilities is necessary to meet the needs of this service model.
  - Increase the number of social workers and staff.
  - Create a 10 pm - 8 am social worker shift to maintain momentum.
  - Collect data on how much overtime/on-call costs are compared to a regular night shift.

- Design and implement a cross disciplinary intake process to gather necessary information and reduce the number of interactions a child/youth must have.
  - Information can be input by and shared with social workers, assessment staff, medical professionals, and caregivers.
  - Coordinate these efforts with the design of the first response criteria.

- Create a Partner Services Coordinator position to organize the provision of basic needs to children/youth before placement.
  - Define program criteria.
  - Establish and maintain relationships with partners to provide the service.
  - Provide liaison services for the distribution of supplies.

- Develop protocol for effective emergency TDM’s.
- Expedite and streamline process of relative approval.

Caregiver Support

Core Principle(s)

- Caregivers will have access to an array of specialized training that aligns to the specific Needs Typology of the child(ren)/youth in their care, or in areas of interest for future care.

Operational Protocol

- Caregiver training certification will be required to receive reimbursement for incremental care.
- Caregiver training certification will be required for more challenging child/youth Needs Typology.
- Provide 24/7 access to basic caregiver supplies (cribs, car seats, etc.).

Parallel Processes for Success

- Create a central coordinator position to provide caregivers with support and a complete list of all training.
  - Motivate caregivers to attend additional training by providing third party supplied gift cards.
  - Continue to provide child care during training.
  - Offer additional training in areas of interest and for certain Needs Typology.
  - Compensate foster parents for successful recruitment of other
Operational Plan

- Improve, update and maintain the database of each caregiver’s qualifications and certifications.
- Develop caregiver training certification criteria and protocol for more challenging child/youth Needs Typologies.
- Improve communication and align expectations between social workers and caregivers.
  - Accurately communicate requirements vs. social workers expectations/requests.
  - Develop a better match of cultural and language needs between the caregivers and the children/youth.
  - Enhance communication with caregivers and set appropriate expectations for permanency and potential family finding.

Core Principle(s)
- There must be a spectrum of emergency housing options to provide enough time to find, assess, and prepare a relative to take a child/youth or to find the best placement for a child/youth unable to stay with a relative.

Operational Protocol
- DFCS to develop a spectrum of emergency housing facilities/homes that align to the specific typology criteria established by DFCS.
- Emergency housing should have agreed upon length of time stays as part of the criteria.

Parallel Processes for Success
- Redefine emergency housing facilities criteria, protocol and methodology for accountability.
  - Define a spectrum placement options based on Needs Typologies (14 days, 30 days, 6 months) and establish specific criteria for each typology.
  - Require a higher level of training for emergency housing caregivers to align with specific typologies.
  - Enforce a no eject/reject policy for emergency housing.
  - Clearly define anticipated length of stay and special needs so that expectations are understood.
  - Provide the option to keep a child/youth long-term if the situation is right for both the foster parent and the foster child/youth.
Operational Plan

Parallel Services
During the outreach process two additional DFCS services were identified as important and needing further development. These two parallel services are Family Visitation, and Recruitment and Marketing, and are outside the responsibility of the Assessment and Receiving center. Recruitment and Marketing, provided in conjunction with the Core Services, will be crucial for the success of placement services. One cannot happen without the other, so a plan by DFCS to implement a new model in recruiting and marketing services will be essential.

Parallel Services:
Family Visitation
Core Principle(s)
- To be determined by DFCS

Operational Protocol
- To be determined by DFCS

Parallel Processes for Success
- To be determined by DFCS

Recruitment and Marketing
Core Principle(s)
- The Service Model and Operational Plan require a robust number of foster parents; any marketing and recruitment plan must be designed to maintain adequate numbers.
- Recruitment and Marketing must be aligned with the child/youth Needs Typologies.

Operational Protocol
- To be determined by DFCS

Parallel Processes for Success
- Hire a professional marketing firm to work as a partner with DFCS.
- Create a Marketing and Recruitment Coordinator position in DFCS to be filled by someone with extensive knowledge of needs, who will:
  - Work with an outside marketing firm and guide the marketing and recruitment message.
  - Design a new recruitment methodology to align to contemporary ‘recruiting’ strategies.
  - Further develop community relationships.
  - Partner with co-counties for marketing efforts.
  - Properly assign and train staff in recruitment techniques.
  - Reach out to our unique community to source caregivers.
- Clearly define the needs and priorities of finding families who want to foster only vs. those who want to adopt.
Operational Plan

Key Challenges and Barriers

The following are the challenges and barriers to moving to Scenario 1 in the future:

- Resources to implement new programs and services
- Contractual requirements with labor
- Restructuring staffing roles and responsibilities
- Data and coding development for secured and integrated information

Potential Service Partner Co-Location

Participants discussed the option of co-locating appropriate service partners with the Assessment and Receiving center if the new facility were to be located in a building with additional space available. The following service partners were considered for co-location and, through the outreach process, the following conclusions were made:

- Medical and Mental Health
  - Co-location must be a priority.
- PSCSRT (EMQ Families First)
  - Permanent office will not be co-located.
  - Hoteling space available at the Assessment and Receiving center.
- Child Interview Center (CIC)
  - Currently located in BOFA building, no change from current.
- Family Justice Center
  - Currently located in South County, no change from current.
- Relative Support Team (Catholic Charities)
  - Currently co-located at DFCS, no change from current.
- Resource Family Support Team (Unity Care)
  - Permanent office will not be co-located.
  - Hoteling space available at the Assessment and Receiving center.
- Kinship, Adoptive, and Foster Parent Association (KAFPA)
  - Consider co-location at Assessment and Receiving center.
- Visitation Center
  - Visitation service only as required.
Operational Plan

Adjacency Diagram

Outreach participants were asked to define adjacencies and multi-functional space to determine the best possible layout for the new facility. After they had developed several options, the Core Team selected the following diagram as the foundation for the new facility adjacencies.

- Separate entrances for medical/mental health and receiving/assessment
- Spaces for confidential conversation
- Multi-use spaces
- Staff spaces shared between medical/mental health and receiving/assessment
- Main lobby for guests (relatives, etc.) and separate receiving lobby
- Appropriate spaces for different ages
- Confidential space for LiveScan and interviews/visitation