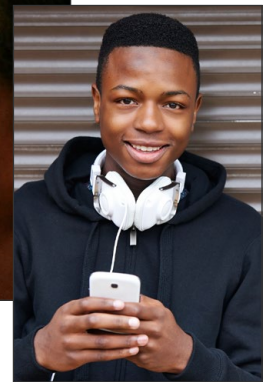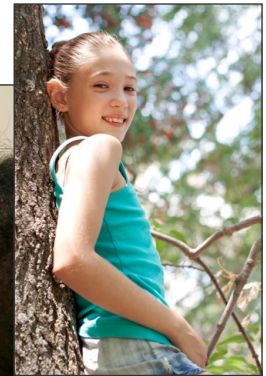# Santa Clara County
Joint Foster Youth Task Force

Santa Clara County
Office of Education

Final Recommendations to the Board of Supervisors and the County Office of Education

Vision Statement

All children are safe, healthy and nurtured, and thrive in education, career, and life.

Acknowledgements

The final recommendations to the Board of Supervisors and the County Office of Education would not have been possible without the dedicated input from members of the Task Force. The list below includes the names of individuals who helped shape this plan.

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Overview

The cornerstone of our society is the family, and the most morally compelling measure of our society is the wellbeing of our children. Forging strong relationships between children and caring adults is an essential component of well-being.

When the onus to directly care for children falls to government, there is no public responsibility that is more important. There is no responsibility more fraught with consequences for individual children and for their ability to flourish in our society.

The Joint Foster Youth Task Force was formed to identify specific ways to improve outcomes for children. The reforms identified are designed to make the foster care system less fragmented, more cohesive and more evidence-informed. However, it must be noted that the foster care system can, at its best, minimize but not eliminate, trauma to the child and prevent families from entering the system wherever possible.

The best ways to improve outcomes for children are to prevent the abuse and/or neglect that places a child in the child welfare system and to intervene early so a child can be successfully cared for by family members. We must have a community commitment to raise youth who enter the foster care system and especially permanent placement as we would our own. The goal is for them to achieve outcomes that mirror those of other children.

Therefore, the recommendations provided herein describe an approach to ensure the well-being of foster youth is on parity with their peers. Taken together, the recommendations seek to widen the focus to include prevention and to change our current model. We seek to harness our resources into a coordinated and unified effort to ensure that all our children flourish.

These six principles are reflected in the recommendations:

1. Listen to our foster youth, families, and foster families as they serve as our best resource for improvement.
2. Focus on prevention.
3. Focus on promoting child, youth and family well-being and capacity for self-sufficiency with a whole child/whole family approach.
4. Prioritize children, youth, and families furthest from opportunity and those at greatest risk for negative outcomes.
5. Ensure services are evidence based, outcome driven, data informed, and coordinated.
6. Cultivate a culturally responsive service system that addresses biases that diminish equity.

Problem Statement

Hundreds of highly-qualified and well-intentioned individuals are doing their best for children who are at-risk. Santa Clara County's (SCC) present foster care system dedicates over $150 million and has over 700 Department of Family and Children Services (DFCS) employees who are committed to protecting children and supporting families. Child welfare services are supported by resources from the courts, the County Probation and Behavioral Health Services Departments, the District Attorney, the County Office of Education and school districts, and non-profit partners. Overall, it is evident that the child-welfare staff, auxiliary departments, and community-based organizations are devoting an immense amount of effort to serve children in the foster system.

However, the child welfare system's crisis-focused service structure with limited cross-agency collaboration and limited coordination of services hinders staff and affiliated partners from effectively implementing preventive tools and practices that support unified families. The current Santa Clara County foster care system provides reactive treatment through mobilizing a service-delivery approach that mitigates familial problems once maltreatment occurs.[1] To initiate the child-welfare process, maltreatment allegations are reported to the Child Abuse and Neglect Center (CANC), prompting an investigation that requires intervention by the Department of Family and Children Services. If the maltreatment allegation is substantiated and the safety assessment deems the child to be unsafe under the parent's care after the completed investigation, penetration by the foster care system into the family's life is inevitable. This approach misses the opportunity to interrupt adversity and address issues that create stress, dysfunction, and trauma in the family.

> Even though the foster care system's intent is to aid families, the purpose and subsequent actions of the system causes unintended, system-induced trauma.

Currently, for a family entering the foster care system, their individual case is not disaggregated by the level of general neglect and/or maltreatment among all other cases. Therefore, families who may not need as intensive of an intervention are mandated to participate in bureaucratic, often cumbersome processes. Moreover, the majority of federal funding for familial services is provided after maltreatment is proven, as our system's fiscal policies support treatment services (foster care, adoption assistance, and kinship support, etc.) over prevention strategies.[2] As Santa Clara County is a waiver county, SCC has more flexibility to prioritize early intervention services within the child-welfare budget. SCC's foster care system must continue to shift its service delivery approach toward reframing and concentrating its actions, efforts, and infrastructure on prevention and

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[1] Maltreatment refers to the acts of child abuse and general neglect.
[2] Lauren Davis, Ifeanyl Edochie, Stephanie Brooks Holliday, Joshua Mendelsohn, Jeanne S. Ringel, Dana Schultz, and Katharine Anne Sieck, "Improving Child Welfare Outcomes: Balancing Investments in Prevention and Treatment," *RAND Corporation*, 2017.

permanency to ensure the well-being and successful life trajectory of our most vulnerable children.

The foster care system is designed to protect children and aid families. The system as currently designed can cause unintentional system-induced trauma. Contact with the foster care system disrupts families and separations are traumatic for the affected children. The lives of the children are inverted as the system abruptly and repeatedly removes them from normality – their family, friends, school, community and their foster placements. For many foster youth, the recurrence of trauma causes a greater inability to cope resulting in high levels of stress that cause adverse, long-term emotional, social, behavioral and physical consequences. This trauma deeply influences the life trajectory of foster youth.[3]

Following the penetration into the child welfare system, foster youth in California exhibit comparatively poor academic, emotional, social, and economic outcomes that deeply shape their overall well-being. Compared to the general population, foster youth are more likely to exhibit high levels of behavioral and emotional problems that result in low academic outcomes, including higher rates of suspension or expulsion from school and higher levels of academic disengagement. Reportedly, youth who "age out" of foster care in California lack the independent living skills to transition from the institution to adulthood. As adults, former foster youth are more likely to encounter unemployment, homelessness, incarceration, and early pregnancy; and are more likely, as young adults, to develop multiple chronic health conditions.[4]

To further evaluate our present foster care system, the task force reviewed institutional archives relating to the current outcomes of foster youth. As a result of navigating through a multitude of data sources from various agencies, the majority of the presented numerical evidence was derived from an assessment of surveys, reports, and data summaries on the county, state, and national level. State and national sources were utilized due to the limited availability of longitudinal data of SCC foster youth. After reviewing the existing archives, staff pieced together a contextual summary that defines the most current educational, employment, health, housing, placement, and permanency[5] outcomes of foster youth in Santa Clara County.

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[3] Child Welfare Information Gateway, "Developing a trauma-informed child welfare system," *U.S. Department of Health and Human Services, Children's Bureau*, 2015; Child Welfare Information Gateway, "Child Maltreatment Prevention: Past, Present, and Future." *U.S. Department of Health and Human Services, Children's Bureau*, 2017.
[4] Child Trends Databank, "Foster Care Report," 2015.
[5] Permanency refers to the act in which foster youth transition to safe and legally permanent families.

Educational Outcomes for Foster Youth

Within the 2015-2016 school year, there were 1,192 foster youth enrolled in schools in Santa Clara County. To shape the educational outcomes of foster youth in SCC, this section utilized 2015-2016 data (encompassing Santa Clara County California schools), produced by the California Department of Education.[6] It is evident that the foster youth population has lower rates of academic success and higher rates of disciplinary action compared to the general County student population. These outcomes are not revealing, as navigating the educational system is difficult for foster youth who are struggling with trauma, coping with a broken family, and/or transitioning to a new placement.

> Foster youth have lower rates of academic success and higher rates of disciplinary action.

In Santa Clara County, the individual rates of educational attainment greatly differ between foster youth and the general student population.

FIGURE 1. SANTA CLARA COUNTY FOSTER YOUTH RATES OF EDUCATIONAL ATTAINMENT
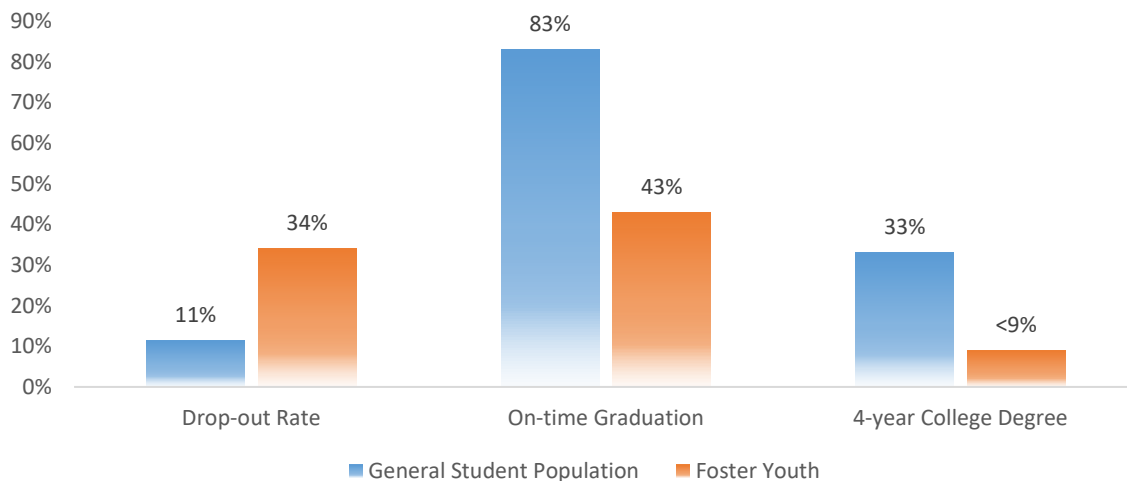
Source: California Department of Education, "Data Quest", 2013.

- SCC foster youth were over 2 times more likely to not graduate on-time compared to the general County student population.
- 57% of foster youth failed to complete high school requirements without delay.[7]
- In California, less than 9% of former foster youth have a four-year college degree, compared to 33% of the general population.[8]
- SCC foster youth were 3 times more likely to drop-out of high school compared to the general County student population.[9]

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[6] California Department of Education, "Data Quest," 2013.
[7] 43% of foster youth graduated on-time compared to the general County student population, in which 83% of students graduated on-time.
[8] National Working Group on Foster Care and Education, "Educational Outcomes for Children and Youth in Foster and Out-of-Home Care," *Legal Center for Foster Care and Education,* 2008.
[9] 34% of foster youth dropped-out of high school within the previous year compared to the general County student population, in which 11.4% of students dropped-out.
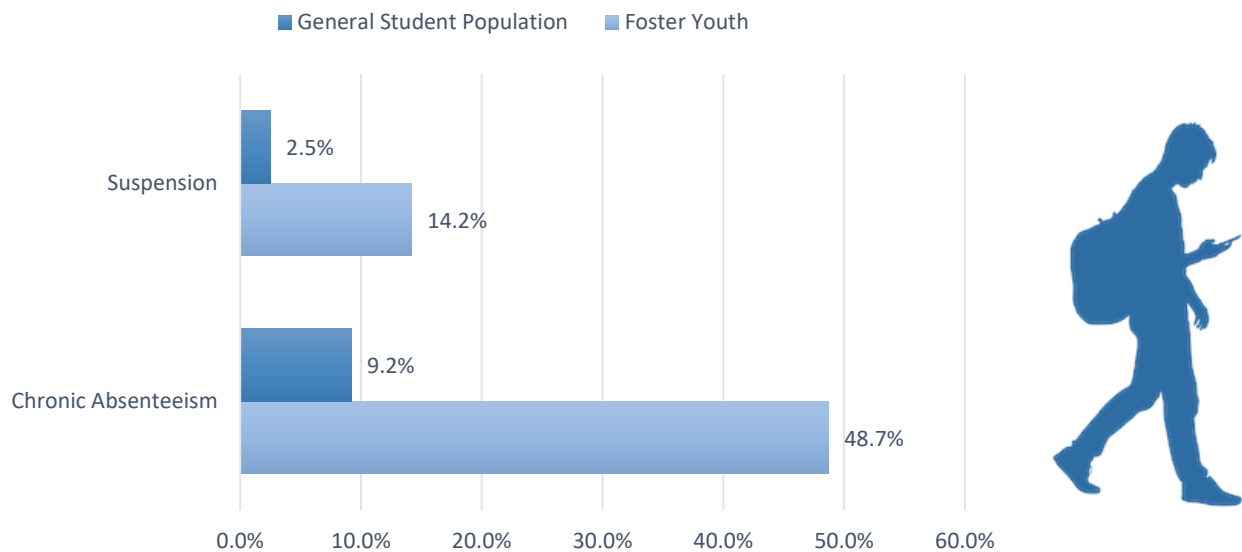
County foster youth are facing high levels of disciplinary action, including suspension and chronic absenteeism[10].

- SCC Foster youth were 6 times more likely to be suspended compared to the general County student population.[11]
  - Disaggregating the data by the number of suspensions revealed that 63% of suspended foster youth had one suspension, and 37% of suspended foster youth had multiple suspensions.
  - In comparison to the general suspended student population in which roughly 27% of non-foster youth students had multiple suspensions.
- SCC foster youth were about 5 times more likely to be chronically absent compared to the general County student population.[12]
- No foster youth were expelled during this previous school year.

Driven by total academic disengagement, chronic absenteeism, and recurring suspensions among SCC foster youth results in foster youth being over two times more likely to fail to graduate on-time and drop-out of school compared to the general County student population.

> 581 foster youth were chronically absent this past school year at a rate of 48.7%; while 9.2% of the general county student population was chronically absent.

FIGURE 2. LIKELIHOOD OF SUSPENSION AND CHRONIC ABSENTEEISM AMONG SCC FOSTER YOUTH VS. GENERAL SCC STUDENT POPULATION

■ General Student Population   ■ Foster Youth

Suspension: 2.5% / 14.2%
Chronic Absenteeism: 9.2% / 48.7%

0.0%   10.0%   20.0%   30.0%   40.0%   50.0%   60.0%

Source: California Department of Education

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[10] Chronic absenteeism refers to when a child is absent 10% or more of the school year at any point.
[11] 169 foster youth were suspended from school (at least one time); 14.2% of foster youth were suspended compared to the general County student population, in which 2.5% of students were suspended.
[12] 581 foster youth were chronically absent this past school year at a rate of 48.7%; while 9.2% of the general county student population was chronically absent.

Employment Outcomes for Foster Youth

Nationally, the career trajectories of foster youth who have aged-out of the system have consistently aligned with poor employment outcomes. Given a lack of County economic-outcome data, this section utilizes research measuring the employment trends of foster youth in California. The scope of the data encompasses aged-out foster youth who are 18 to 24 years old. Overall, the transition to adulthood is difficult for foster youth exiting the Child Welfare system as they are expected to be self-sufficient adults who integrate themselves into the workforce, however, this expectation is unrealistic for former foster youth who lack career readiness and independent living skills which, consequentially, leads to unsuccessful employment outcomes.[13]

In California, these poor employment outcomes of aged-out foster youth often persist to the age of 24.

- In comparison with young adults from low-income families, former foster youth aged 24 are 56% less likely to be employed or consistently employed and earn 11% less when employed.
- The average monthly earnings of youth aged 24 nationally is $1,535 representing more than double the average earnings of aged-out foster youth which is $690.[14]

Moreover, the collected studies revealed that former foster youth slowly progress into California's labor market.

- From ages 18 to 24, 45% of aged-out foster youth consistently (25%) or eventually (20%) cultivate connections to the workforce after exiting the system; while 55% of aged-out foster youth never make (33%) or lose (22%) connections to the workforce after exiting the system.[15]

In 2016-2017 only **37%** of Santa Clara County former foster youth were employed part-time or full-time after exiting the foster care system.

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[13] Robert M. Goerge, "Employment Outcomes for Youth Aging Out of Foster Care," *Chapin Hall Center for Children at the University of Chicago*, 2002; Laura Radel, "Coming of Age: Employment Outcomes for Youth Who Age Out of Foster Care Through Their Middle Twenties," *Office of the Assistant Secretary for Planning and Evaluation of the US Department of Health and Human Services*, 2008.

[14] California aged-out foster youth obtain around $690 dollars in monthly earnings, compared to $765 in earnings for young adults from low-income families and $1,535 in earnings for youth nationally.

[15] Department of Family and Children's Services, "Santa Clara County Transition Age Youth Annual Report," *Santa Clara County*, 2017.

Health Outcomes for Foster Youth

Within California, 80% of foster youth have chronic medical and behavioral conditions and/or significant developmental issues, compared to the general youth population, in which 13% of children have specialized health needs. [16] Often, foster youth receive inadequate health services due to placement instability, minimal access to public health education, and a lack of collaboration between governmental health agencies and the child welfare system.[17]

Our foster youth have a right to accessible and timely medical and mental health resources. However, Santa Clara County has been unable to consistently meet successful physical, mental, and behavioral health outcomes for foster youth as this population is not receiving timely medical exams, timely dental exams nor do they receive sufficient mental health resources.

- In November 2018, 34.5% of children and youth are missing medical exams while 38.5% are missing dental exams. [18]
- Based on 2017 data, 42.5% of transitioned-age youth missed medical exams and 65% were missing dental exams. [19]

Overall, the foster youth population suffers from a disproportionate amount of mental and behavioral health conditions.

Given a lack of County data sources, national research was utilized to further explain the overall mental health outcomes of foster youth. [20] According to the study "Health Outcomes in Young Adults from Foster Care and Economically Diverse Backgrounds", nationwide:

Foster youth are four times more likely to have significant mental health conditions compared to the national youth population.[21]

Foster youth are prescribed with psychotropic drugs at higher rates than the national youth population.[22]

Contributing factors to the heightened mental and behavioral health issues among foster youth include: trauma, multiple placements, broken families, and a lack of mental health resources, treatment approaches, and facilities.

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[16] The Child and Adolescent Health Measure Initiative, "Children with Special Health Care Needs in California: A Profile of Key Issues," *Lucile Packard Foundation for Children's Health*, 2008.

[17] The Child and Adolescent Health Measure Initiative, "Children with Special Health Care Needs in California: A Profile of Key Issues," *Lucile Packard Foundation for Children's Health*, 2008.

[18] State of California Safe Measures, Physical and Dental Examination dated 11/19/2018, extracted 11/20/18, https://app.safemeasures.org/ca/plcmt_wellbe_medical/; https://app.safemeasures.org/ca/plcmt_wellbe_dental/

[19] Santa Clara County Report Back Relating to Timely Dental and Medical Examinations, submitted by the Department of Family and Children's services, received by the SCC CSFC in March 2018.

[20] Kym Ahrens, Michelle Garrison, and Mark Courtney, "Health Outcomes in Young Adults From Foster Care and Economically Diverse Backgrounds," *Pediatrics*, vol. 134, no. 6, 2014.

[21] About 80% (the majority) of foster youth have significant mental health issues, while 20% of the national youth population face the same level of mental illness.

[22] Kym Ahrens, Michelle Garrison, and Mark Courtney, "Health Outcomes in Young Adults From Foster Care and Economically Diverse Backgrounds," *Pediatrics*, vol. 134, no. 6, 2014.

Housing and ILP Development Outcomes for Foster Youth

As of now, Santa Clara County has provided extended foster care services to non-minor dependents (NMD) for the past five years. Beginning January of 2012, the California Fostering Connections to Success Act (AB12) went into effect. This legislative shift expanded foster care services to non-minor dependents aged 18-21; the purpose of this Act is to allow all foster youth to become independent while sustaining a safety net of institutional support. For the purpose of this section, the reported data is derived from the Transition Age Youth Report for 2016-2017.[23]

- 95% of non-minor dependent youth in SCC opted to remain in foster care.
- 201 NMD's currently have an open case.

As foster youth are placed within the system during developmental stages, their independent living skills need to be refined in order to increase the possibility of becoming a self-sufficient adult after exiting the foster care system. Hence, the Independent Living Program (ILP) was implemented under State authority by DFCS to provide institutional support, including case management and peer engagement services, that assist current and former foster youth ages 16 to 21. [24]

- The program has 530 active participants who attended 23 development courses.
- The program has three core functions: mentoring, needs assessment, and service connection – ILP needs assessment is the most utilized service.
- The program instituted an ILP Wellness sector, which connects youth to rehabilitation counseling, therapy, and psychiatric services.

> 1 in 3 former foster youth will be homeless during their first two years after exiting foster care.

Housing is also a major priority for Transition Age Youth as this population is in need of supervised placements that prepares them to transition out of the foster care system to an independent living situation. A lack of developed skills can lead to detrimental consequences including homelessness.[25]

Services such as Transitional Housing Placement Program (THPP), are available to combat homelessness. The goal of THPP is to help participants emancipate successfully by providing a safe environment for youth to practice the skills

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[23] Department of Family and Children's Services, "Santa Clara County Transition Age Youth Annual Report," *Santa Clara County*, 2017.017 TAY Report.

[24] Department of Family and Children's Services, "Santa Clara County Transition Age Youth Annual Report," *Santa Clara County*, 2017.017 TAY Report.

[25] Mark Courtney, Amy Dworsky, and Laura Napolitano, "Homelessness During the Transition From Foster Care to Adulthood," *American Journal of Public Health*, vol. 88, no. 4, 2009.

learned in Independent Living Placement. The THPP provides housing to one third of non-minor dependents. [26] However, most transitional age youth are not served.

Supervised Independent Living Placement allows non-minor dependents to continue living in their current placement after transitioning into extended foster care services. Currently, 96 non-minor dependents (about half of this population) are being served.

TABLE 1. TRANSITIONAL HOUSING PLACEMENT PROGRAM

Transitional Housing Placement Program (THPP)	
Transitional Housing Placement Plus Foster Care (THP+FC)	**Transitional Housing Placement Plus Aftercare (THP+AC)**
A supervised independent living placement	A housing option for young adults aged 18-25 who have exited foster care
Recognizes that older foster youth are not ready to live independently without significant support services	Similar in structure to THP+FC
150 youth participated within THP+FC in FY 2015-16	169 youth participated in the THP+AC but only 47 youth completed the program and secured housing

In 2016-2017, there were 76 SCC youth that exited from the foster care system and/or extended services. The majority were able to secure stable housing as self-sufficient adults. [27]

- 50 former foster youth were renting a housing option independently, constituting 65% of the exiting population.
- 14 individuals had no housing arrangement and were homeless, constituting 18% of the exiting population.

Resource Family Placements Outcomes for Foster Youth

The foster care system in Santa Clara County hosts a variety of placement options to serve foster youth. To provide context regarding the present utilization of the placement options, Figure 3 presents an overview as of December 2017 relating to the current children in out-of-home care under six categories.

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[26] Department of Family and Children's Services, "Santa Clara County Transition Age Youth Annual Report," *Santa Clara County*, 2017.017 TAY Report.
[27] Department of Family and Children's Services, "Santa Clara County Transition Age Youth Annual Report," *Santa Clara County*, 2017.

FIGURE 3. PLACEMENT OPTIONS FOR FOSTER YOUTH IN SANTA CLARA COUNTY

Legend:
- Foster Family Placement
- Resource Family Placement
- Group Home Placement
- Relative/NREFM Placement
- Short Term Residential Therapeutic Program
- Supervised Independent Living Placement

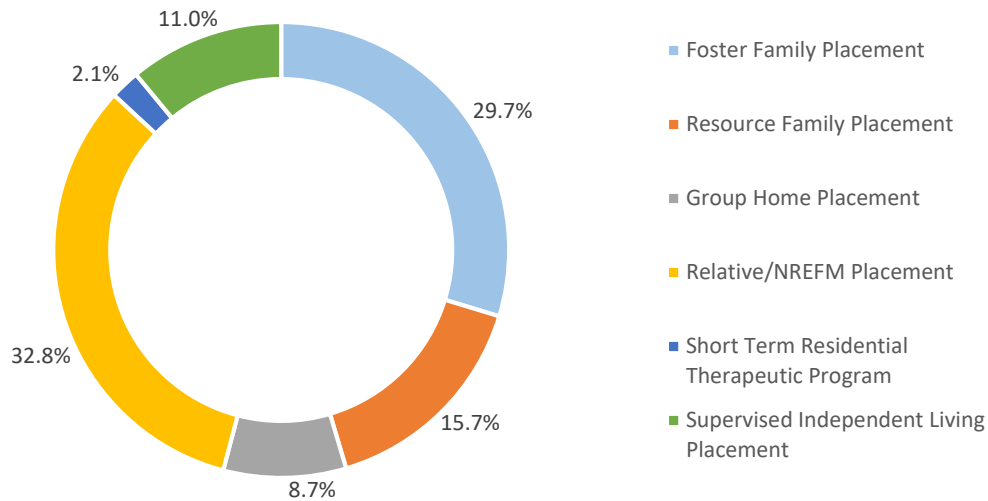Chart values: 11.0%, 2.1%, 29.7%, 15.7%, 8.7%, 32.8%

Figure 4 shows that foster/resource families constitute 45.4% of the total out-of-home care placements.

Source: Department of Family and Children Services, "Fact Sheet - County of Santa Clara, SSA DFCS Child Welfare Services," *Santa Clara County*, 2017.

Being that these families are the most utilized placement option for foster youth, it is important to ensure that fostering is a viable and supported opportunity. However, there is a significant disparity between the number of foster youth in the child welfare system and the number of resource families available to provide placements. [28]

As DFCS moves forward in implementing California's Continuum of Care Reform, approximately 80 current foster youth will be in need of a resource family home-based placement. Currently, being a County resource parent is difficult, as many individuals report that they feel they are completely isolated from the foster care system when providing support to a foster child inflicted with trauma.[29]

Babies are the most requested population from resource families. However, children and youth with mental and physical disabilities are in most need of placement, which is challenging as this group has more significant needs.

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[28] The Child Welfare Services/ Case Management System (CWS/CMS) has redefined the term, resource family, to exclusively refer to a foster family.

[29] Finding from the Ad Hoc Subcommittee Report on Family Finding and Placement, 2017.

Ideally, resource families will fill this gap, but a lack of institutional assistance makes it difficult to fully provide the essential services and supports.[30]

Currently, there are 300 inactive approved resource families. Some resource parents have reported a lack of system-support causing difficulty fostering a past child as the determinant for becoming inactive. Not only are approved resource families facing these types of obstacles, but Santa Clara County is struggling to attain additional resource parents through the recruitment pipeline.

- In 2016, 298 people attended one of the 65 information meetings regarding fostering hosted by DFCS.
- 54 of those who attended submitted an application to move forward in the resource parent process.

The process takes one to three years to complete. Many families choose to exit before finishing the full-process, resulting in a limited number of participants who are approved as resource parents. Subsequently, children are placed where there is an opening rather than the placement that is the best fit. The amount of new resource parents being annually approved falls far below the demand of children in need of placement.[31]

Permanency Outcomes for Foster Youth

An important measure of success is the permanency rate. Permanency is when a child in foster care is reunited with their parents or is placed in a legally permanent, stable and nurturing family. Overall, the permanency rates of children in the Santa Clara County foster care system are not ideal, especially when compared to national child-welfare indicator goals. Analyzing reported data (spanning from 2013 to 2015) within the 2016 System Improvement Plan, it is evident that the delayed placement stability attainment and heightened re-entry rates following reunification are two serious issues that negatively affect the permanency outcomes of our foster youth.[32]

> The longer a child is within the foster care system, the less likely that child is to achieve a permanent placement within the national time goal.

SCC's permanency rates relating to the three cohorts below illuminate that the longer a child is within the foster care system, the less likely that child is to achieve a permanent placement within the national time goal for permanency.

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[30] Finding from the Ad Hoc Subcommittee Report on Family Finding and Placement, 2017.
[31] Data collected from the Ad Hoc Subcommittee Report on Family Finding and Placement, 2017.
[32] Department of Family and Children's Services and Juvenile Probation Department, "California Child and Family Services Review System Improvement Plan," *Santa Clara County*, 2016.

- About 40.9% of children entering the system will reach permanency in 12 months, meeting the national goal of 40.5% or more.
- About 38.4% of children in foster care for 12-23 months will reach permanency in 12 months, which is about 5% below the national goal of 43.6% or more.
- About 28.1% of children in foster care for 24 months will reach permanency in 12 months, which is about 2% below the national goal of 30.3% or more.

Within Santa Clara County, the current family reunification outcomes show that initial reunification rates are successful, but exiting families fail to remain reunified after completing the process.

- About 13.9% of youth who completed the process with their families re-entered the system. This is 5.6% above the national level goal of 8.3% or less.
- The rate of re-entry increased to 20% by the beginning of year 2013, which is double the national goal.

These numbers are indications that there are major issues regarding family maintenance following reunification. To provide for the whole child/whole family, it is imperative to not only focus on prevention and early intervention, but it is necessary to provide support after reunification to ensure that foster youth receive the resources needed to build a better life.

Summary

The overall educational, employment, health, housing, placement, and permanency outcomes for foster youth in Santa Clara County are poor compared to County, State, and National youth. Santa Clara County has had several efforts aimed at reforming the foster care system, however the current outcomes for our foster youth fall below the expectations. With the existing, reactive child welfare system, the developmental needs of our foster youth are not being met. The County delivers services too late as the families are experiencing significant multi-faceted issues well before child welfare is involved and, subsequently, require immediate and substantial support.

Final Recommendations

Introduction

The Joint Foster Youth Task Force's final recommendations seek to transform the existing, crisis-focused service-structure to a **flourishing system of care using a proactive, coordinated, preventative, and well-being focused framework**. This transformative solution will serve to meet the Task Force's overall goal of achieving better educational, employment, health, housing, placement, and permanency outcomes for all Santa Clara County children, especially for vulnerable and foster youth. To accomplish these outcomes, the following recommendations propose four primary goals.

TABLE 2. PRIMARY GOALS

Primary Goals

1. Arrange early intervention efforts **to prevent** entry into the child welfare system wherever possible by helping families in providing for the well-being of their child.

2. Provide **early intervention** for vulnerable families to support children's successful care by family members.

3. **Restructure and resource** the foster care system to provide services that are:
   - easier for children and families to navigate and access,
   - more cohesive, coordinated and trauma-informed,
   - available during and after dependency,
   - focused on well-being and wellness with a whole child/whole family approach.

4. **Build** an infrastructure that is more evidence-informed and data-driven.

By design and nature, the child welfare system often strikes fear into the families who are in need of the services. Aptly described as an "Emergency Room", system-entry occurs when the growth of unmet needs results in familial dysfunction. Considering this analogy, we need to invest in a system that prevents illness – entry, mal-treatment, and trauma – by providing preventative primary care, early intervention services, Urgent Care, and timely permanency practices. Embedded within the final recommendations, the adaptation of these alternative approaches intends to deliver a continuum of coordinated cross-agency services.

Specific recommendations from Ad Hoc subcommittees are braided into the recommendations. Task Force members participated in Ad Hoc subcommittees on the following topics:

- No Entry/Prevention/Family Support
- Family Finding/Placement
- Care Coordination, Services and After Care
- Educational Attainment and Employment
- Housing
- Data

The Joint Foster Youth Task Force have formed the following recommendations to effectively engage with families in an effort to prevent system involvement, avert maltreatment from occurring or reoccurring, support reunified families and relatives, ensure timely permanency outcomes, and maintain the safety and well-being of all vulnerable children.

Goal 1: Arrange early intervention efforts to prevent entry into the child welfare system wherever possible by helping families in providing for the well-being of their child.

1. Identify, develop, provide, and **coordinate prevention services** within Santa Clara County on an ongoing basis. This effort shall include strategies to assure that vulnerable families receive support in navigating the available services.

   - This recommendation seeks to **leverage community and agency partnerships** to collaboratively prevent system-involvement. Partnerships may include community-based organizations, the CAN Center, School Linked Services, Santa Clara County School Districts, Child Abuse Prevention Council, Juvenile Justice Council, Santa Clara County Office of Education, DataZone, HUB, and the Dually Involved Youth Pilot.
   - The preventative services would represent an investment in children and youth most at risk of neglect, physical harm, sexual abuse and other adverse factors most often linked to low rates of kindergarten readiness, school dropout rates, substance abuse, incarceration, homelessness, and other negative outcomes.

2. Establish a one-year Prevention Task Force or work group designed to deliver these resources for those most likely to come into contact with vulnerable families. Specifically, the Prevention Taskforce would develop a universal communication tool to elicit candid responses about family needs, create a universal safety plan, provide training to prioritize prevention efforts, and implement a pre-post evaluation tool to evaluate prevention efforts.

   - This recommendation seeks to ensure that identified community and agency partnerships have the resources and capacity needed to align their delivery of preventative services with JFYTF's proposed approach and focus on well-being.

3. Conduct an **impact research study** to quantitatively define the fiscal implications attached to system-involvement at each stage of the child welfare process in Santa Clara County.

Goal 2: Provide early intervention for vulnerable families to support children's successful care by family members.

4. Make **mentor parents and peer youth advocates** available as early as possible to vulnerable children and families.
   - Specifically, one optional role of the mentor parent would be to be present as a support for a system-involved parent during their initial stages. Alternatively, the advocacy team approach now used by the Dependency Advocacy Center's Corridor Program, supported by the Probation Department, could be expanded to at-risk families.

5. Increase relative placement through investment in **new family finding efforts**, specifically including new resources for care coordination and support staff for family placement. Outcomes are more positive for children placed with relatives.
   - This recommendation establishes the County's commitment to place 80% of foster children in familial placements – the majority of this population is to be placed with relatives.

Goal 3: Restructure and resource the foster care system to provide services that are easier for children and families to navigate and access; more cohesive, coordinated and trauma-informed; available during and after dependency; and focused on well-being and wellness with a whole child/whole family approach.

6. To transform the foster system to a Care Coordination model, a time-limited working group must assess best practices and **determine how to best implement the care coordination** function. The working group would consider both in-house and out-sourced models.
   - This recommendation aligns with the work of the Cross Agency Service Team because it aims to completely transform the system as it is experienced by youth and families.

7. In the short term, the **County should take steps toward care coordination** including:
   - Streamline teaming processes into one (e.g., Child and Family Team – CFT) with different functions (e.g., placement decision, service decision, etc.).
   - Identify a single care coordinator in each of the 3 departments (DFCS, Behavioral Health, and Probation) and conduct a 90-day Plan-Do-Study-Act (PDSA) to test the model of care coordination for a small cohort of youth.
   - Create explanatory materials to demystify the available services for youth and families.

8. Prioritize placing foster children in familial placements by increasing the recruitment and retention of foster homes**, especially for families with specialized skills to care for children with heightened needs.** This recommendation aims to streamline foster care licensure processes to better support the certification of potential resource families.

9. Employ meaningful **matching practices** that connect foster children to well-suited placements. This will ensure that children are placed with families that are the best fit and not just anywhere that there is an opening.

10. Support the **co-location** of the Receiving, Assessment, Intake Center with the Behavioral Health Services Department and the SPARK Clinic.

11. Establish the County goal to achieve 100% of foster youth receiving **timely medical and dental** examinations.

12. **Provide foster youth with priority access to supportive services and enrichment activities through an "Express Pass".** The Express Pass would get them to the "front of the line" for County services such as housing, transportation, medical and dental care, behavioral health services, CalFresh, childcare, expungement, wrap-around services, summer activities, case managers, etc. The County would work with other agencies and community partners to extend the benefits of the Express Pass to include recreational and enrichment opportunities, such as museums and recreation leagues.

    - The Express Pass would allow for quicker access to resources, services, and empower families to meet their needs.

13. The County must continue to prioritize **transportation** to remove this obstacle to youth and families accessing foster care services. The County must continue to prioritize transportation services for County clients, including foster youth.

    - Transportation is a significant barrier to receiving services. This would represent a needed significant expansion of services and investment by the County.

14. Continue to provide and strengthen supportive maintenance services—including mentor parents—for reunified families (**After Care**) to prevent system re-entry. This would represent a significant expansion of services and investment by the County.

15. Strengthen the County's relationship with the **community-based partnerships** that provide a variety of accessible services to youth and relatives in the foster care system.

16. Establish the goal of foster youth reaching **educational parity**—relating to on-time graduation and drop-out rates—with the general youth population for the high school class of 2021 by the year 2027.
    - This recommendation seeks to support educational mentors who promote the academic engagement of foster youth.

17. Establish the goal of foster youth reaching **employment parity** with the general youth population for the high school class of 2021 by the year 2027.
    - This goal will require a community-wide effort to support career and college planning for foster youth and addresses the factors that support youth to earn a living wage.

18. Organize educational support and work readiness/employment services through the **Opportunity Center model**.

19. **Support the educational and employment work** of the Foster Youth Aligned Action Network (FYAAN).

20. Former foster youth and high-entry populations should be provided with Extremely Low Income (ELI) **permanent housing.** The County and colleges should partner on housing

college students on campus, including parenting students[33] and transitioning students[34]. The County should **convene with University and community colleges** to explore partnerships in building ELI housing for foster youth students.

21. Utilize its own *All the Way Home* model for veterans (first and last month rent assistance, bonus and guarantee for landlords) to **assist foster youth with finding housing**.

22. Increase efforts in **securing emergency housing options** for non-minor dependents.

23. Explore partnerships with K-12 school districts regarding building **ELI housing with coordinated wrap-around services for foster youth K-12 students**, especially within school workforce housing.

24. Collaborate with the Office of Supportive Housing to provide a **continuum of housing supports and coordinated supportive services** to high-entry populations and families who are "evaluated out" of Emergency Response at the CAN Center and/or referred to Differential Response for engagement into services.

Goal 4: Build an infrastructure that is more evidence-informed and data-driven.

25. Support the ongoing work of the County Office of Education and County Counsel through Foster Vision and DataZone efforts to develop protocols that **make needed data available in a timely manner to caregivers, schools, agencies, providers and courts**.
    - As a first priority, Foster Vision and DataZone information on individual children should be submitted to the Superior Court by authorized staff and be able to be used as the database of records by the Court.
    - The County must support the full implementation of Foster Vision and DataZone in every school district and extend their capacity to track foster youth until age 26.
    - In collaboration with Foster Vision and DataZone, the County must collect data on overall mental health outcomes of foster youth.
    - This recommendation seeks to completely transform the system by providing the most current and accurate information to the courts and stakeholders and by coordinating services by providers.

26. A limited-term interdisciplinary working group, led by the County Office of Education in partnership with the County, to set up a "real world" protocol to **operationalize the seamless handoff between schools, counties, and the other institutions and stakeholders.** This working group will build on the work of Foster Vision and DataZone. Addressing topics

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[33] Parenting students refer to students who have children.
[34] Transitioning students refer to students that are graduating.

such as transportation needs, discipline and IEPs, the protocol will seek to get each stakeholder the information needed to meet the child's needs.

27. The County, school districts and other agencies should **align their contracts with providers to require common data collection and sharing**, compatible with DataZone and Foster Vision.

Origins of This Document

On November 15, 2015, a joint meeting of the Board of Supervisors' Children, Seniors, and Families Committee (CSFC) and the Santa Clara County Board of Education was held. At this meeting, the County Board of Education requested the formation of a Joint Foster Youth Task Force (JFYTF), a collaborative effort that recognizes the shared responsibility between both entities in ensuring the well-being and successful trajectory of our foster youth. The JFYTF was tasked with creating recommendations that aim to improve the overall outcomes for foster youth in Santa Clara County.

This collaborative effort took place over the course of eleven meetings in which members discussed key issues and provided input around targets and goals. Members also worked in Ad Hoc Subcommittees on:

- No Entry/Prevention/Family Support,
- Family Finding/Placement,
- Care Coordination, Services and After Care,
- Educational Attainment and Employment,
- Housing and
- Data.

The Ad Hoc Subcommittees were asked to identify the problem to be solved, suggested solutions, evidence-based practices, partners to be engaged, resource opportunities, and sources of funding. Each subcommittee was also asked to respond to four questions about data needs:

1. What additional baseline/outcome data needs to be collected about foster youth population?
2. What additional baseline/outcome data needs to be collected about individual foster children?
3. What barriers exist for the collection and sharing of data, and how can we overcome them?
4. How can we develop a protocol for real-time sharing of information on individual foster children between teachers, courts, social workers, care-givers and other stakeholders?

To view this report please visit www.sccoe.org and click Superintendent – Special Projects section.