William B. Walker, M.D.
HEALTH SERVICES DIRECTOR
DONNA M. WIGAND, L.C.S.W.
MENTAL HEALTH DIRECTOR

CONTRA COSTA
HEALTH SERVICES

CONTRA COSTA
MENTAL HEALTH
CHILDREN'S SYSTEM OF CARE
VERN L. WALLACE, L.M.F.T
CHILDREN'S PROGRAM CHIEF
1340 Arnold Drive, Suite 200
Martinez, CA 94553
Phone: (925) 957-5126
Fax: (925) 957-5156

Memorandum
To: Family and Human Services Committee
From: Donna Wigand
Mental Health Director
By: Vern Wallace
Child and Adolescent Program Chief

Date: 5/18/09
Re: Recommendation and review of the C5 Oak Grove Center for Family Connections

---

SUBJECT:
Referral to Family and Human Services Committee for annual oversight.

RECOMMENDATION:

ACCEPT the oral report from the Health Services Department Mental Health Division and the attached written program overview from Seneca Center describing the new programs offered at the Children's Treatment Center in Concord.

This is the new leading edge Residential Based Services Facility that was formerly the Contra Cost CTF. The program services are contracted to Seneca Center for Children as part of a collaborative service model that includes Contra Costa County, Seneca Center, Youth Homes, and Alternative Family Services. Contra Costa County provides technical assistance and a dedicated manager to the program for interagency efficiency. It is suggested that the committee accept the attached overview for review and information regarding the specific programming at the center. This program is a national model of collaborative planning and program implementation.

DIRECT the Mental Health Division to return to the Family and Human Services Committee with an update in one year.

FISCAL IMPACT:

Cost Neutral. The Previous CTF program had a maximum capacity for Contra Costa youngsters of five. This year the new program has served more than fifteen Contra Costa youngsters and all services above those that are reimbursable will be claimed to the State Unfunded Mandates Claim (SB 90) review board for reimbursement as an AB 3632 educationally required service.

BACKGROUND:

The Health Services Department, Mental Health Division, had provided services to children at the Oak Grove facility in Concord through a contract with Seneca since 1999. Mental Health, along with its interagency System of Care partners closed the Facility, as a CTF, June 30, 2007. An alternative program exclusively for 14 Contra Costa youth was implemented at the existing facility. A competitive

RFP was issued and a contractor collaborative was selected to provide the service array needed to fully operationalize this level of residential care. This proposal includes step down, or community re-entry programming, Intensive treatment foster care, and a number of best practice models of service delivery. It will enhance the current children's system of care and maintain Contra Costa as one of the leading providers of Children's mental health services in the nation.

Table of Contents

- **Introduction** **2**
- **Mission Statement** **2**
- **Values and Program Philosophy** **2**
- **Referral Process and Intake Criteria** **4**
- **Family Finding** **5**
- **Program Structure** **6**
- **Collaborative Family Connection Process** **7**
- **Organizational Structure** **10**
- **Basic Job Descriptions** **11**

Appendix A: Contra Costa Collaborative Continuum of Care Proposal
Appendix B: Oak Grove CFC Referral Worksheet
Appendix C: Collaborative Family Connection Process Outline
Appendix D: Organizational Structure

Introduction
This document serves as an introduction to the program design for Seneca Center's Oak Grove Center for Family Connections. This will program will begin operations in January of 2008 and will be based out of the current Community Treatment Facility site in Concord. The new program will be one part of a larger collaborative effort, the Contra Costa Collaborative Continuum of Care, also called C^5. A more in-depth explanation of the C^5 project can be found in the appendix.

This program design is guided and constrained by the county RFP and pending contract between Contra Costa County and Seneca Center in which Seneca Center has been contracted to provide RCL 14 residential services for 14 families with adolescents, wraparound services for 9 families, and non-public school with integrated day treatment services for 24 students and their families.

This design is an exciting opportunity to improve upon the services delivered to some of the most multi-stressed children and families in Contra Costa County. We are excited to partner with the county in this new project and believe the new design will benefit all the families it serves by providing more flexible, individualized, and effective services.

Mission Statement
At Seneca Center our stated agency mission is: to provide an outstanding and unconditional continuum of care for the most seriously troubled children and their families in Northern California.

The goal of providing this outstanding and unconditional continuum of care is to improve the lives of the children and families we work with by helping them feel safe, healthy, and permanently connected in lifelong relationships.

Values and Program Philosophy
Attaining this goal requires that we stay anchored in our core agency values every step of the way. Every decision we make and every encounter we engage in must be rooted in our four value dyads of love and compassion, respect and curiosity, hope and courage, and joy and delight.

At the Oak Grove Center for Family Connections our philosophy of treatment and practices will be derived directly from our mission and our values. To provide outstanding and unconditional care with the goal of improving families' lives, we will work collaboratively with them. This collaboration will be real, honoring families' voices and empowering them to create and walk their own paths through the difficulties they face. It will be based on a genuine compassion, respect and curiosity. We will hold hope even in seemingly hopeless situations, recognize the incredible courage it requires to persevere through the challenges our families face, courageously commit to working with families "no matter what", and share in the joy that healing and reconnecting brings. The help we provide will be given in the spirit of "we" and never "us and them".

Our practices and interventions will be driven by the systemic recognition that children do not exist or thrive in isolation. Every child has a family and our practices and interventions will be built upon this recognition.

Our practices and interventions will be based on the simple philosophy that unmet needs drive behavior and that the greatest unmet need is loneliness. Our primary intervention with every family, therefore, will be to help them broaden and deepen their sense of connection – to themselves, to each other, and to their community.

Deepening this sense of connection requires that our practices be collaborative in nature and relationally-based so that we can help individuals and families free themselves from their trauma and problem saturated histories – and the resultant hurtful behavioral cascades that reinforce and recreate this history in the present – and help them to create healthier, safer, and more permanent futures based on new and value-aligned behaviors and relationships. This process requires a willingness to use *our own relationships* with the families we serve as tools for observing, learning, modeling and teaching.

Creating this sense of connection for every member of a family requires individualized planning and help. For this reason, our treatment will be based on a family-team based model that allows for regular, ongoing, and collaborative assessment, individualized service planning, creative intervention design, supportive and flexible action plans, and accountability to results. If we are not meeting our stated goal of improving the lives of the families we are working with, we will work to find out why and change our approach. Our core recognition about service success will be that "children and families don't fail, interventions do". This recognition will allow us to push through perceived limits to come up with creative and effective plans that will help all of our families reach their goals.

Ensuring that our families are connected to each other and to their communities will require that our services be flexible and geared towards readying children and families to live together in their own communities. Our new program design will be able to offer residentially-based services, community-based services, non-public special education, and day treatment services as options for family teams to choose from to help meet specific needs. Families will continue to receive support, either through the Oak Grove Center or through partnering agencies in the C^5 collaborative, throughout their transition from formal services.

One intentional and important philosophical shift that will be critical in this change of approach will be in redefining the historical understanding of residential care. In our new program design, our residential services will not be a "placement" in the traditional sense but simply a short-term intervention contained within a larger process of help and support. While we will continue to strive to provide a safe, nurturing, and positive environment in our residential facility, the aim of this service will not be to become a home for a child but to be a service option for a family team where key needs can be met for both the child and the family so that the child can be reintegrated into their family and community as soon as possible.

Referral Process

The C^5 oversight committee, an interdisciplinary group, will oversee the intake process for the Oak Grove CFC. Mental Health case managers, child welfare workers, and probation officers will be able to refer young people to this interagency committee that includes representatives from County Mental Health, the Employment and Human Services Department (EHSD), Juvenile Probation, the lead County Care Coordinator assigned to C^5, and representatives from Seneca Center. This C^5 intake committee will meet regularly to examine the situation and needs of each referred youth and family, as well as program openings, to decide if and where a young person will enter the continuum of care. Referring workers will be asked to fill out the Oak Grove CFC Referral Worksheet (Appendix B) to ensure that each the Family Team can be convened quickly and can meet regularly.

A similar process will be used for youth receiving services through AB3632 who are being referred for one of the 10 desks in the Oak Grove NPS school. This referral process will be tied to the existing Contra Costa County Education/Mental Health Partnership Process. Potential referrals will be reviewed using the Triage Team Worksheet which is being revised for this purpose.

Because of the described changes in program structure (notably, moving from a locked, long-term residential program to an unlocked, short-term, community-based program) and service-delivery (family team planning meetings and community-focused interventions) there will be necessary changes in the intake criteria for youth and families being referred to the program.

Potential family teams must:

- Understand that residentially-based services are not an end but a means to a short-term, successful transition into community-based services.
- Be actively prepared for permanency planning – i.e. they must have county/family support and legal clearance to begin discovering, locating, engaging with, and planning for lifelong permanency with kin or non-kin family.
- Have a treatment team willing to meet weekly for planning, review, and plan adjustments.
- Be willing to support the development of multi-tiered, concurrent transition plans.

Potential family teams should:

- Show indications of being able to “stabilize” in a 6-9 month period with intensive support (where “stabilization” means a significant decrease in serious behavioral problems and a significant increase in relevant pro-social and self-efficacy domains). Common indications – for all members of team - might be: ability to connect with others, some insight into behaviors, some willingness to receive support, some desire to change, an ability to envision a future outside of a “program”.

Potential clients demonstrating the following behaviors consistently (prior to intake or during treatment) might need more intensive services:

- Long-term and/or serious self-injurious and/or suicidal behaviors that have not responded to similar treatment over long periods.

- Long-term and/or serious assaultive or anti-social behaviors that have not responded to similar treatment over long periods.
- Running behaviors *in combination with* excessively poor judgment and/or self-endangering behaviors.
- Psychotic symptomology that significantly restricts client from responding to relational and/or learning intervention based treatment.
- Long-term and/or serious medical conditions that require consistent or regular medical attention that significantly impacts client's ability to participate in the program or function in the community.
- Mental retardation that significantly impacts client's ability to participate in the program or function in the community.
- Co-occurring drug and/or alcohol abuse or dependence that significantly impacts client's ability to participate in the program or function in the community.

Family Finding

A fundamental component of the treatment provided by Seneca Center's Oak Grove Center for Family Connections is Family Finding. Our commitment to Family Finding is based on the belief that our treatment can only be effective when provided within the context of connectedness to permanent kin and non-kin relationships. It also stems from the conviction that knowledge about family history, composition, and location is a basic human right, central to the protection of the dignity and worth of the individual.

Many of the young people traditionally referred to our program have entered it after having been in the system for many years. As a result, they often lack even the most basic knowledge about their families of origin or any connection to people outside of the system of care. Our Family Finding efforts will aim to increase the overall connectedness of all of our teens and alleviate the suffering and hopelessness that accompanies extreme loneliness and isolation.

Safety is the foremost concern that drives our interventions for all of the teens in our program. Family Finding does not seek to reconnect young people to dangerous adults. Instead, it recognizes that family networks extend well beyond those caretakers from whom children in the system were initially removed and often contain a wealth of resources and capacities. For some youth, this may include the possibility of a permanent placement while, for others, it may result in a richer sense of family history and belonging, an exchange of letters, communication by phone, regular visits, or a destination for the holidays.

Family finding is a collaborative effort, and guardians will be consulted throughout each step of this process. Teens will not be introduced in any manner to family members without the consent of their guardians. Initial steps focus on "mining" the early files of young people to collect information about relatives, utilizing search technology to identify and locate other family members, and calling individuals to confirm identities and gather information about the family. Later stages in this process may include inviting family members to join family planning meetings to discuss how best to support the young person in need and to assess the possible contributions from each member of the family team.

The support and understanding of our clients, their families, and their legal guardians is essential to the success of these efforts and a requisite component of treatment for young people in our program.

Program Structure

Traditionally, our Seneca CTF has been viewed, both internally and externally, as a "safe place" to be, a destination. This idea has lead directly, or indirectly, to long lengths of stay and youth and families that were under-prepared to rejoin their communities. The new structure is built upon the foundational idea *that residentially-based services are simply one intervention in a larger process that's primary and unwavering aim is to reconnect children with their families and communities*. This structure change is fundamental to the program design of the Oak Grove Center for Family Connections.

For this program change to be effective, however, our very identity – both internally with our staff and externally with our partners - must change from that of a "residential provider" to that of a "family reconnection facilitator". We must pour our energy into a "process" instead of a "place". Our individual identities must change from "house manager" or "social worker" or "probation officer" "to "family re-unifier". This shift in identity is what will allow us to change our service delivery. Only then can our most basic and natural response to a child's behavior be based on the question "What can I do to help them feel less lonely and more connected right now?" Our primary goal can become creating a sustainable, safe, and permanent environment for a child to live rather than focusing on changing a child to fit our artificial structure. The next several sections describe the program structure – noting, in particular, its departures from a traditional residential program.

The Milieu

The use of the word "milieu" seems to be unique to the residential treatment world. It has come to have a special and specific meaning within our industry: the milieu is the controlled and therapeutic "place" where treatment happens.

In keeping with our movement away from thinking of ourselves as a place or placement, there is a need for a re-definition of the "milieu" concept. We will be moving, quite dramatically, away from the idea that treatment happens in "our" milieu. The new milieu will be individualized rather than communal. Children will not be expected to adapt to our environment and become good "residents". Instead, we will expect ourselves to design an appropriate milieu – one that extends beyond the walls of our physical site – for the child and family. There will not be a standard program that is applied equally to all. Instead, our primary goal will be to provide the children staying with us with a safe, positive, and temporary environment where they can stay while their family prepares for them to come home. In this sense, and in this spirit, the children are our "guests". The main focus will not be on changing the child's behavior but rather on changing the overall family and community system of which they are apart so that they can successfully return home. Their "milieu" will be individually designed to meet their individual needs. Another way of thinking about it is to think of the individualized milieu as an extension of the community or home milieu to which the child will be returning.

Collaborative Family Connection Process

As noted in numerous places above, the transformation of our program from a traditional residential program to a more dynamic, flexible, community-based entity utilizing residentially-based and community-based services as appropriate requires a change in the core process of service delivery planning. The structure of our program will be built around this process and will help ensure that our service delivery is more focused on our stated mission of helping our teens and families improve their lives. To do this, we must ensure that our collective energies are focused on the right things: connecting people to their families, their communities, and more deeply to themselves.

The service delivery process, or Collaborative Family Connection Process, draws on key insights from several models and/or approaches. Many of the essential components of the process are drawn from the wraparound approach, which John Franz defines as "a method of translating a core set of values into action by incorporating them in the processes and structures of a community's human service system". In this broad sense, wraparound is simply an innovative way of organizing the formal value-based help we are providing to the families we are serving. This type of organization begins with a focus on the *family* as the unit of treatment. Building a *family team*, made up of both formal and informal supports, is at the center of the process. It then becomes this core team's ongoing work to devise and implement *plans*, building on the *strengths* of the family, to address and meet the key *needs* of the family as they arise. These plans, which will be uniquely individualized for every family situation, will form the basis for the individualized treatment for each child and family within the process.

The Collaborative Family Connection Process also borrows from the Family Finding model developed by Kevin Campbell. This model offers methods and strategies to locate and engage relatives of children who have been systemically disconnected from their families. The model also helps providers empower relatives, when it is safe to do so, to become an active part of the planning process for those children and their families. For many of the children who are referred for services to our program, the disconnection from family is so complete that very few, if any, family members are participating in the treatment or planning process for their children. Before an effective family team can be convened, family members must be located, engaged, assessed, and – when appropriate - invited to be part of the family team. This work of establishing safety, discovery, engagement, and team preparation will be the initial steps of the Collaborative Family Connection Process for every family.

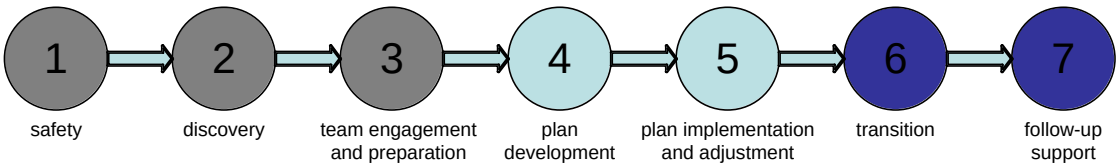
The Collaborative Family Connection Process will also draw from and build upon the unique behavioral-relational model of treatment which forms the foundation of all of Seneca's current programs. This model draws from both attachment theory and learning theory in a unique way to help children and families learn new behaviors by examining and molding their "working models" of relationship through careful relational intervention in milieu, therapy (individual, group, and family), and community settings.

Finally, the Collaborative Family Connection Process will draw from the insights and practices of several therapeutic models and frameworks. Aspects of Dialectical Behavioral Therapy such as skills groups, chain analysis, and dialectic practices will be taught or provided as part of the service plan for individual children and/or families.

Narrative theory and therapy, as developed by Michael White, will also provide key insights and lay a philosophical foundation for the Collaborative Family Connection Process. The Narrative theory of change – that problems, not people, are the problems and that change occurs when people mature in their relationships with their problems – will be the foundation all of the service provided. This theory will be incorporated into the process as both an overarching framework for entering into relationships and dialogues with families and in the form of specific practices such as outsider witnessing practices and externalization practices.

The Steps:
The Collaborative Family Connection Process is broken into seven steps. The order of the steps is sequential and indicates developmental movement, both in terms of service delivery and outcomes. Each step will be completed for every family engaged in the process. Each step will be complete only when measurable outcomes have been met and at the conclusion of each step there will be observable products. Tracking the process in such a way helps ensure that the quality of service is good and that the service is effective.

Below is a schematic of the basic steps in the Collaborative Family Connection Process:



Each step – with its unique goals, activities, outcomes, and products – is detailed in the appendix (Appendix C - Collaborative Family Connection Process).

While this process will be used primarily for children and families that are already identified as requiring some form of intensive services (usually including residentially-based services), it is important to note that the process itself does not presuppose that residentially-based services are required. One of the primary decisions the team will make in the initial CFC Team meetings (step 4) will be what strategies and services are indicated to help meet the basic needs of the child and family. The flexibility of the new program structure will allow for a child and family to move seamlessly, with the same core family team, from a primarily residentially-based service option to a community-based service option.

CFC Team Meetings
Team meetings will occur on a weekly basis and will last approximately one hour. The default location for the team meetings will be at the Oak Grove Center unless otherwise scheduled. Each meeting will be facilitated by the CFC Team Facilitator and will focus on completing the steps of the current step in the Collaborative Family Connection Process. While it is ideal if all team members are present for every meeting, this will not

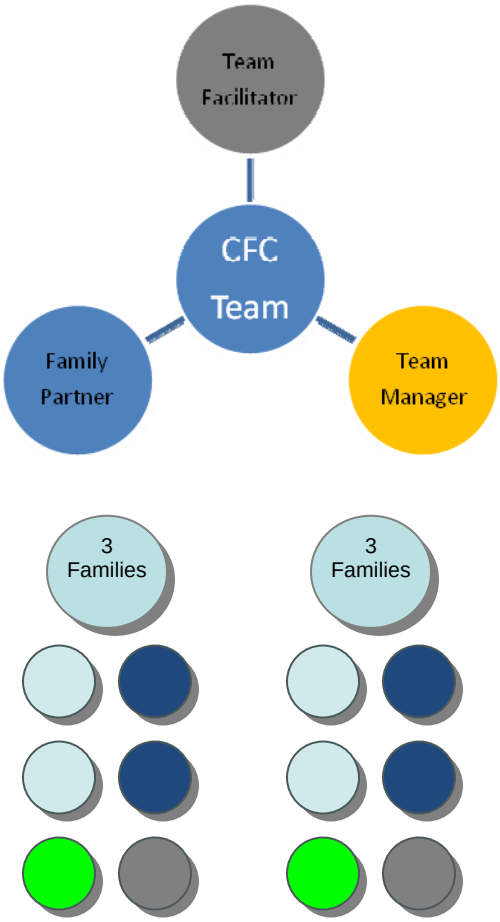
always be realistic and so systems will be implemented to ensure that all team members are aware of all team decisions, have a voice, and are able to participate in decision-making.

Organizational Structure

As mentioned previously, the new program structure must be built upon the foundational idea that residentially-based services are simply one intervention in a larger process that's primary and unwavering aim is to reconnect children with their families and communities. The identity of the program must be built on the process rather than the place. This Collaborative Family Connection Process drives the functional design of all else in the program, from organizational charts to program scheduling, from staffing patterns to job descriptions.

To help facilitate this change, the organizational structure will be built around teams that are identified not with physical places (i.e. school team or residential team) or functions (awake overnight team, management team) but with *families* within the Collaborative Family Connection Process itself. Thus, a staff person's primary identity and function will be built around being a member of a particular CFC Family Team. They will continue to have a secondary identity and function as part of a different team (i.e. awake overnight, school, residential, or community-based).

The basic structure of such a team is detailed below.



Each team is constructed “vertically” and is built around a primary triad of three formal supports: a Team Facilitator, a Team Manager, and a Family Partner. This triad will constitute the core leadership of a Collaborative Family Connection (CFC) Team and will collectively be responsible for working with 6 to 8 families at any given time. Each CFC team will then be subdivided into two smaller groups so that every counselor-level staff is assigned to 3-4 families at any given time. These smaller teams will consist of counselors from each of the main functional areas of the program: residential counselors, awake overnight counselors, school counselors, and community-based counselors. Each of these counselors will be members of family teams for up to three families. Thus, each staff will have both a “vertical” and a “horizontal” identity, or a primary and secondary identity and/or function.

Basic Job Descriptions
Several of the positions listed in the above schematic are new positions with respect to the current and historic residential program. Below is a brief summary of each of the core positions for each family team member:

Team Facilitator – The primary role of the Team Facilitator is to facilitate the CFC Team meetings, be the primary contact for all members of the Family team, and to hold ultimate responsibility for moving each family through the Family Connection Process

Plan Manager – The primary role of the Plan Manager is to ensure the Weekly Action plans developed in the CFC Team meetings are implemented successfully and effectively. An important aspect of this role will be supervising the team support counselors.

Family Partner - The primary role of the Family Partner is to support the family and to ensure that family voice and choice is evident throughout the process.

CFC Team Support Counselor (Residential Focus) – The primary role of this Support Counselor will be to support three families in implementing their weekly Action Plans.

CFC Team Support Counselor (School Focus) – The primary role of this Support Counselor will be to support three families in implementing their weekly Action Plans.

CFC Team Support Counselor (Awake Overnight Focus) – The primary role of this Support Counselor will be to support three families in implementing their weekly Action Plans.

CFC Team Support Counselor (Community Focus) – The primary role of this Support Counselor will be to support three families in implementing their weekly Action Plans.

Appendix A: C5 | Contra Costa Collaborative Continuum of Care Proposal

Introduction

To achieve the best possible outcomes for youth with the highest level of psychiatric and behavioral needs, Seneca Center, Youth Homes, Alternative Family Services, and WestCoast Children's Clinic propose to partner with Contra Costa County to create a broad continuum of service options designed to transition these young people to family care at the earliest point possible. As you will see in the following narrative, the proposed Contra Costa Collaborative Continuum of Care (or C^5, which also signifies the partnership among the County and the four provider agencies) fully embraces the philosophy and values of Contra Costa Children's Mental Health expressed in the Request for Proposals. In particular, we view residentially-based services as "interventions" that *must* be integrated with a wide array of family- and community-based services absolutely focused on enabling young people to achieve permanency in a nurturing family home.

Characteristics of Applicant Agencies

Since its inception in 1985, Seneca Center has dedicated itself to addressing the complex and multiple needs of children with serious emotional and behavioral challenges and their families. Within California, Seneca is a pioneer not only in the provision of unconditional care, but in the development of intensive, family-based services for children and youth who would otherwise be destined for long-term placement in highly-restrictive group home care. From its roots as a provider of sub-acute residential treatment for the highest-need youth and their families, Seneca has expanded its continuum of services to include Intensive Treatment Foster Care (created by Seneca-sponsored legislation), SB 163 Wraparound (initially in Alameda County and most recently in San Francisco), mobile response services (initially in Contra Costa and then Alameda County), Multisystemic Therapy (in Alameda County), and Functional Family Therapy (in Solano County). In response to the needs of students with serious emotional and learning difficulties, Seneca has developed a growing array of school-based services, ranging from nonpublic school day treatment to public school-based mental health services at campuses throughout Alameda and Contra Costa Counties.

Youth Homes, founded in Contra Costa County in 1965, provides residential treatment, intensive treatment foster care (ITFC), therapeutic behavioral services (TBS), and outpatient counseling for over 300 Contra Costa youth and their families each year. The agency's four six-bed group homes were developed in response to the needs of Contra Costa communities for (1) assessment, treatment, and transition services for adolescents moving toward reunification or long-term foster home placement, (2) supported emancipation and step-down services for teenage girls, (3) short-term care and treatment designed to stabilize youth in crisis and prepare them for their next placement or family reunification, and (4) residential treatment services based upon Dialectical Behavioral Therapy, an evidence-based practice for intervening with traumatized, emotionally challenged youth. In addition to its residentially-based services, Youth Homes offers ITFC for young people who would otherwise be placed in institutional care, as well as TBS for 35 Contra Costa youth who are at risk of losing their current living and/or school situation. The Youth Homes Counseling Center, located in Walnut Creek, provides outpatient therapy for families at risk of abuse and neglect.

Alternative Family Services (AFS), established in 1978, is dedicated to fostering nurturing family environments for children and adolescents in need. AFS was the first provider of foster family-based treatment in California and one of the first in the United States. During the last three decades, AFS has developed a wide range of specialized foster care services for teens, Southeast Asian and Ethiopian refugees, youth with severe developmental disabilities, Spanish-speaking children and families, and youth and families moving toward reunification. Other family- and community-based services provided by AFS include foster/adoption and adoption conversion services, independent living skills support (as the training contractor for Marin County for the past 17 years), and outpatient mental health services designed to help foster youth transition to permanent nurturing homes or achieve emancipation.

WestCoast Children's Clinic, founded in 1979, is committed to providing psychological services (therapy and evaluation) for vulnerable children, youth and their families, as well as clinical training for the next generation of mental health professionals. WestCoast is particularly known for its Therapeutic Collaborative Assessment (see Attachment G), which involves the child/youth, primary caregiver(s) and family, social worker(s), and teacher(s) in a process of mutual engagement designed to provide deep insight into the young person's emotional and intellectual life, as well as into his/her struggles that may be impeding movement toward permanency. The assessment not only helps the parent(s) or caregiver(s) to better understand and become more empathic to the young person, but assists them in shifting their interactions with the youth in ways that will foster ongoing development and successful adaptation. WestCoast clients include a growing number of children, youth and families living in West, Central and East Contra Costa County.

Description of Partnerships and Proposed Service Options

The mission of the C^5 continuum is to expand the opportunities for high-need children and adolescents to live in nurturing family environments. These young people typically suffer from long histories of out-of-home placement, family disruption, severe behavioral challenges, and marginalization, with many of them placed in out-of-county group care facilities. According to the July 2006 CWS/CMS Reports, their ages range from 10 to 18, with 53 percent identified as African-American and 14 percent identified as Latino.

The C^5 provider agencies envision an interdisciplinary intake process for the proposed continuum of service options. Mental Health case managers, child welfare workers, and probation officers will be able to refer young people to an interagency committee that includes representatives from County Mental Health, the Employment and Human Services Department (EHSD), Juvenile Probation, the lead County Care Coordinator assigned to C^5 (see discussion below), and representatives from each of the provider agencies. The C^5 intake committee will meet weekly to examine the situation and needs of each referred youth and family, as well as program openings, to decide if and where a young person will enter the continuum of care. While most young people will initially be placed in one of the residentially-based service options, the C^5 intake committee will be able to select from one of the family-based treatment alternatives as well, based upon the needs and circumstances of a particular child (see Attachment E for a proposed C^5 services flow chart/decision tree and Attachment F for a map of C^5 residential facilities, therapeutic foster homes, and provider offices). Placements in the short-term stabilization beds currently provided by Youth Homes, however, will continue to come through the EHSD Emergency Placement Team.

County-employed Care Coordinators—based at Oak Grove and other facilities of the service provider partners—will play a critical role in the success of the C^5 initiative, working closely with provider agency staff and family members to link young people with the C^5 service options—and other community resources—best suited to their strengths, needs and circumstances. We envision the C^5 County team including at least three Care Coordinators, who will assume primary case management responsibilities in matching youth and families with whatever services and supports are required to achieve reunification or placement in a family-based treatment setting. Once a child or adolescent is enrolled in a C^5 service option, we anticipate that his/her designated Care Coordinator will participate as an integral member of the young person's service planning team from intake through discharge from the C^5 continuum of care. In particular, the County Care Coordinators will have primary responsibility for discharge planning for each youth and family (or other caregivers).

In addition to assigning Care Coordinators to C^5, we invite the County to consider allocating one or more of its Parent Partners, who could provide advocacy, supportive counseling, and community linkages for families of young people served throughout the continuum of care. In addition to providing direct support to families, the parent partner(s) would be available as a conduit for unbiased and open interchange with parents and primary caregivers about their questions, suggestions and concerns. In addition, the parent partner(s) could conduct informal and formal surveys of family satisfaction during and following enrollment.

While the proposed C^5 service options will vary widely in terms of setting (residential, immediate family, kin, or foster family), intensity, and duration (from one month to a year or more), all of them will offer Therapeutic Collaborative Assessments (see Attachments G and R) and Family Finding (see Attachment H for overview of the model developed by Kevin Campbell to reconnect foster youth with lost family members and relatives) for enrolled children and youth. Because the goal of C^5 is to support young people in moving toward family reunification or family-based treatment as quickly as possible, incorporation of these two interventions throughout the continuum will be critical to its long-term success.

For adolescents with the most intensive needs, County Care Coordinators will be able to access residentially-based services provided by Seneca at Oak Grove, consisting of RCL 14 beds integrated with day treatment services on weekdays and unbundled mental health services on weekends (see Attachment I). Six of the Oak Grove beds will offer sub-acute care for up to six months, while the other eight will offer stabilization and assessment services for up to 90 days. Both residentially-based service options (divided between the two wings of the facility) will focus on preparing each youth (and his or her immediate family and/or kin) for a successful transition to family care. A child and family planning team will be formed for each young person upon intake, with a Therapeutic Collaborative Assessment and Family Finding initiated soon thereafter. The educational needs of residents will be addressed by an on-site nonpublic school program, which will offer an additional 10 slots to young people enrolled in other C^5 service options. Seneca staff at Oak Grove will be trained, supervised and supported to be therapeutic interveners, focused on addressing each young person's emotional and behavioral needs with the goal of moving him/her to family care at the earliest point possible (see Attachment P for Seneca, Youth Homes, AFS, and WestCoast job descriptions, as well as the budget proposal for staffing each of the service options or interventions offered by the C^5 continuum of care).

As a complement to its residentially-based services at Oak Grove, Seneca will offer two ITFC Assessment and Diagnostic homes, designed to provide short-term (60 to 90 days), highly-individualized care (including crisis respite) for younger teens or other youth who would benefit most from foster family-based treatment while permanency options are explored. These ITFC homes will be supported with unbundled mental health services in order to offer the most intensive level of care and treatment possible in a family setting.

Longer-term, family-based transition options available to Oak Grove residents and their families will include nine slots of SB 163 Wraparound facilitated by Seneca, as well as an array of Multidimensional Treatment Foster Care (MTFC) homes, ITFC homes, and treatment foster care (TFC) homes provided by AFS (see discussion below of foster family-based treatment options). Seneca will draw upon its SB 163 experience in Alameda and San Francisco Counties to engage parents and kin of wraparound-enrolled youth in a creative, outcome-driven planning process that emphasizes family voice and choice. Wraparound families will have ready access to services that are culturally competent, strengths-based, and highly-individualized, with a focus on utilizing natural supports that maximize their prospects for long-term success (see Attachment L).

For young people who require less intensive residentially-based services, County Care Coordinators will be able to access twelve (12) new and twenty four (24) existing beds operated by Youth Homes (see Attachment J). A new six-bed, co-ed residential program (RCL 12) for adolescents will be developed by Youth Homes in Concord, while a new six-bed, co-ed residential program (RCL 12) for latency-age children will be developed in Crockett. The agency's existing group care capacity includes two six-bed RCL 10 facilities that provide long-term care and emancipation support for adolescents, as well as two six-bed RCL 12 facilities that provide short-term stabilization services for children and youth ages six to 17. The Youth Homes RCL 12 residential programs will offer after-school day treatment on weekdays and unbundled mental health services on weekends, while the agency's RCL 10 residential programs will offer unbundled mental health services throughout the week (see Attachment K for the agency's mental health contract proposals).

As needed to support a move to family care, each Youth Homes resident and his/her family will participate in a Therapeutic Collaborative Assessment and Family Finding. For young people who can be unified with family or kin, Youth Homes will facilitate SB 163 Wraparound (nine slots), implemented with technical assistance and training support provided by Seneca and its Training Institute (see Attachments L and R). Other child/youth residents will be able to transition to ITFC homes certified by Youth Homes.

In addition to the residentially-based services offered by Seneca and Youth Homes, County Care Coordinators will be able to access an extensive array of therapeutic foster care options provided by AFS (see Attachments M and N). MTFC homes (funded by an ITFC rate plus Medi-Cal EPSDT) will be available for young people who have parents or kin to whom they can return after the completion of treatment (contingent upon AFS being selected as the MTFC provider for the Contra Costa County MIOCR Children's Alternative Treatment Project). ITFC homes (enriched with EPSDT mental health services as well) and TFC homes will be available for children and youth who can benefit most from longer-term foster family-based treatment. AFS already has a pool of 32 certified foster families in Contra Costa County from which it can draw upon to develop these specialized foster homes. The agency plans to offer five beds in each category during the C^5 start-up phase, eventually expanding to 10 beds in each category at full build-out. In addition to the services prescribed by the MTFC model and State

regulations for ITFC and TFC, AFS offers the following program amenities for all of its certified foster homes and client youth: (1) foster parent start-up loans to cover expenses such as new beds or bedding; (2) 14-day advance board and care reimbursement; (3) special funds to help pay for enrichment experiences and emancipation support of foster children; (4) in-home tutors for foster youth in need of specialized educational assistance; and (5) respite care for foster parents (see Attachment M).

Each C^5 foster family will be made aware of the adoption conversion services offered by AFS, should reunification efforts for their foster child be unsuccessful. As a licensed adoption agency, AFS will support a family through the adoption process by completing the homestudy, collecting additional forms required by the State, and ensuring that the family is informed about post-adoption subsidies and medical support.

Children and adolescents enrolled in the C^5 residentially-based and family-based service options will have access to TBS provided by Youth Homes, Seneca and AFS, as well as Mobile Response Team (MRT) services provided by Seneca (see Attachment O). The Seneca Training Institute will provide trainings for County staff, provider agency staff and parent partners, and foster parents throughout the C^5 continuum of care, utilizing its Title IV-E Training contract with EHSD (see Attachment R for C^5 training plan).

Cultural competence is a strength that all four provider agencies bring to the C^5 continuum. Each agency serves a diverse population of youth and families, in terms of ethnicity, cultural background, language, and sexual orientation/identity (see Attachment Q). As a result, each provider employs a highly-diverse staff of practitioners and, in the case of AFS, Seneca and Youth Homes, offers a diverse pool of certified foster families. AFS, in particular, excels at addressing the language and cultural needs of Latino/Spanish-speaking children, families and foster families through its Casas Con Corazón Program and Pathways to Permanence community-based mental health program (see Attachment M). Seneca, Youth Homes, AFS and WestCoast will provide all of their C^5 program staff with regular trainings in cultural competency, using internal staff trainers and Seneca Training Institute faculty such as Dr. Abner Boles (Westside Community Services in San Francisco) and staff from Health Initiatives for Youth (HIFY), Instituto Familiar de la Raza, New Leaf, and StirFry Seminars and Consulting.

Program Time Line and Evaluation

Since Seneca and Youth Homes are established group care providers in Contra Costa, implementation of the C^5 residentially-based service options will follow quickly after the July 1 contract start date. The same holds true for the C^5 foster family-based treatment options to be offered by AFS, Seneca and Youth Homes. Seneca's 10 years of experience as a wraparound lead agency will also expedite the development of SB 163 Wraparound for the highest-need youth and their families. A critical component of the start-up efforts will be an intensive kick-off training (overview of C^5 service options, Therapeutic Collaborative Assessment, Family Finding, and Wraparound philosophy) for County staff, provider agency staff and parent partners, and foster parents throughout the continuum (see Attachment R for the C^5 comprehensive training plan).

The C^5 program evaluation (see Attachment S) will be designed to measure: (1) youth and family progress over time in multiple domains; (2) client satisfaction with services provided; and, (3) where applicable, fidelity to the Wraparound model. Cost effectiveness of the C^5 continuum will be evaluated by measuring program/client outcomes such as successful exits in a timely manner and the movement of young people to family-like settings. In addition to outcome evaluation, the data collected will

provide guidance for continuous improvement of services and needed program modifications.

The data collection process will utilize multiple standardized tools, as well as case files and requests to EHSD child welfare workers, teachers, and/or schools. Outcomes to be measured include: (1) placement stability; (2) family functioning for youth identified for reunification; (3) school attendance; (4) improvement of emotional and behavioral adjustment; (5) academic performance for all youth in care for at least six months; (6) parent/caregiver satisfaction with services; (7) youth satisfaction with services; and (8) SB 163 program fidelity to the Wraparound model.

The C^5 Quality Assurance and Evaluation Oversight Committee will be comprised of representatives from each provider agency's current evaluation staff, as well as a County agency representative. C^5 County Care Coordinators, outside interviewers, parent partners, program directors and other County staff will be responsible for the collection of data, utilizing multiple tools. Data analysis and interpretation will be conducted by C^5 program directors in collaboration with Dr. Susan Stone (UC-Berkeley School of Social Welfare). Please see Attachment S for a table that describes the details of the evaluation plan, including responsible parties and time lines.

The greatest barrier to program implementation faced by the C^5 providers will be recruitment and retention of highly-qualified staff and foster parents. To address this challenge, Seneca, Youth Homes and AFS together offer an abundance of experience and resources dedicated to recruiting new program staff and recruiting and certifying new foster homes. In particular, Seneca will be able to draw from its employee pool of almost 700 staff, while AFS will rely upon its network of over 150 certified foster homes in the East Bay.