

Under-Served Children in Ventura County

Background

The Grand Jury became interested in ascertaining what services to the public may be lacking or inadequate in Ventura County. In exploring the subject, our focus narrowed to the needs of four groups of children.

Methodology

General information was obtained from an interview with the department heads of the Human Services Agency (HSA). Based on information provided and questions that arose during that presentation the needs of four groups of children were characterized as “under-served” for various reasons.

Grand Jury members submitted a list of questions for HSA to elicit further information in order to define these groups of children, their special needs, what ways they are being served and how service to them could be maintained, improved or expanded. Attachments I, II, III, and IV are HSA’s responses to those questions.

Members visited Casa Pacifica Shelter in Camarillo and Safe Harbor West in Ventura.

Members read publications provided by Children and Family Services (CFS):

- *Multi-Disciplinary Interview and Advocacy Center: Policy and Procedures Protocol* by the Ventura County Safe Harbor Team (2001)
- *Evidence-Based Practices In Mental Health Services For Foster Youth* by Lynne Marsenich, LCSW, California Institute for Mental Health (2002)
- *Understanding the Child Welfare System in California* by Diane F. Reed, MPH and Kate Karpilow, PhD, California Center for Research on Women & Families (2002)
- *Transitional Housing Program* by Interface Children Family Services (pamphlet)

This report deals with services provided to four categories of special needs children.

Findings

Children With Both Aggressive Tendencies and Limited Intellectual Capacity

(See Attachment I)

- F-01. There are currently less than five children in the Ventura County foster care program who are both violent and low functioning (I.Q. 70 or lower).
- F-02. These children require special placement in facilities equipped to deal with their complex needs. Factors involved in suitable placement include the availability of a 1:1 ratio for safety watch supervision, the age and size of the

child in comparison with other residents and staff, and whether the facility is licensed to deal with both conditions.

- F-03.** HSA Children and Family Services (CFS) social workers are responsible for locating the appropriate placement facility for the children.
- F-04.** Most facilities in and out of California are not licensed to deal with the combined conditions of low intellectual functioning and aggressiveness. While waiting for a suitable facility to be located, the child frequently will be temporarily placed in facilities such as Casa Pacifica Shelter, Tri-Counties Regional Center (TCRC) Crisis Homes, or Porterville State Hospital.
- F-05.** Lack of coordination between agencies such as CFS and TCRC may cause delays in placement. Each agency's assessment of the level of placement needed can differ prolonging the delay.

**Emancipating Foster Youth In Need of Low-Cost Housing and Training
In Life Skills**
(See Attachment II)

- F-06.** According to statistics developed by the California Institute for Mental Health, over the last two decades there has been a 60 percent increase in the number of children entering the foster care system nationally.
- F-07.** California has the largest child welfare system in the country. Of the nearly one-half million children estimated to be in out-of-home care nationwide, one in five is a dependent of the California child welfare system.
- F-08.** Every year, nearly 3,600 foster children in California are discharged from the child welfare system on their 18th birthday. The few studies that track these youths reveal that many leave care without access to any formal system or systems of support. Many are homeless, lack educational and employment preparedness, need public assistance, become pregnant at an early age, have mental health problems, experience physical victimization, sexual assault, and involvement with the criminal justice system.
- F-09.** In 1988, Congress funded the Independent Living Skills Program (ILP) for states to establish and implement services, including practical life skills training and preparation for college and career, to assist youths age 16 and older to transition from foster care to independent living.
- F-10.** One hundred eleven youths in Ventura County are currently participating in ILP, 73 of whom are under the age of 18.
- F-11.** ILP benefits include classes in housing, money management, career development, health and wellness, legal issues, transportation, college applications, financial credit, social skills, stress management and anger management.

- F-12. Two associated programs, Transitional Housing Program (THP) and the Transitional Living Program (TLP) are in place to house and educate emancipating foster youths while they are learning to be independent.
- F-13. TLP youths live in an apartment complex in Thousand Oaks. Interface Children Family Services (Interface), a community service organization, runs the program. An adult Interface employee lives in one of the apartments and monitors the youths' whereabouts and instruction in life skills. THP slots are limited to seven to 10 people, and the slots are currently full.
- F-14. Low income housing in Ventura County, necessary for youth in this transitional period, remains scarce. HSA works to alleviate this situation by identifying system barriers and improving cross-organizational communication.
- F-15. Between May 2003 and January 2004, 28 youths participated in the Emancipation Conference. This voluntary youth-led living plan session focuses on the youth's needs and can be attended at the youth's invitation by family members, friends, and other significant persons. Staffing shortages have sometimes delayed the conference.

Children Who Live With and Witness Domestic Violence

(See Attachment III)

- F-16. Witnessing domestic violence is considered by authorities to be a form of child abuse.
- F-17. County statistics for referrals of domestic violence-related abuse are not available because the statewide categories of abuse are coded as emotional, physical or general neglect.
- F-18. County referrals in the above categories totaled 484 for the month of December 2003.
- F-19. The Ventura County District Attorney's Office, along with CFS, county law enforcement agencies and the Ventura County Health Care Agency have developed Safe Harbor to help child victims of sexual and physical abuse and severe neglect.
- F-20. The location of the Safe Harbor site in Ventura is in jeopardy due to high cost of the rental space and current countywide budget problems.
- F-21. A Domestic Violence Court Team meets regularly to coordinate services on behalf of victims of domestic violence.
- F-22. CFS develops case plans for families involved in domestic violence. The plans include shelters and counseling. Some child victims are placed in foster care or with relatives.

Substance Abusers and Their Families

(See Attachment IV)

- F-23.** As of December 31, 2003 there were 27 newborns whose mothers were drug abusers being served by a Drug Court program.
- F-24.** CFS also identifies infants born exposed to drugs and alcohol. Fifty-one infants in that category were referred to Public Health nursing in the period of July to December 2003.
- F-25.** Children born exposed to drugs or alcohol are assisted by Public Health or the Tri-County Early Start program. Services for the parent include drug testing, 12-step referral, and treatment and counseling. Services for the child include assistance with health needs and possible placement in foster care or with a relative.
- F-26.** The Drug Court program is run by the court, CFS, Public Health, CalWORKS, Behavioral Health, and two residential treatment homes.
- F-27.** Children whose parents abuse drugs are also identified through the Proposition 36 Operations Committee and referred to the Proposition 36 program for family information and other services.
- F-28.** Inadequate state funding for social work positions results in CFS having to choose between services for prevention of abuse and service to those who have been abused.

Conclusions

- C-01.** The four population groups covered in this report are being served by HSA and other county and community agencies, but there are still critical gaps. (F-05, F-13, F-14, F-15, F-20, F-28)
- C-02.** Waiting lists, staffing, inter-organizational cooperation, legislative restrictions and limited funding can be barriers to providing services to these children. (F-05, F-13, F-14, F-15, F-20, F-28)
- C-03.** There is a significant potential impact on not only the youth involved, but on the community, both socially and financially, if services are deferred or delayed and the child's problems are aggravated. The individual's situation can deteriorate to the point where the level of needed service has escalated and law enforcement, detention facilities, the court system, and hospitals become involved at a greater cost to the community. *A stitch in time saves nine.* (F-08, F-28)

Recommendations

- R-01.** Continued efforts should be made to preserve and develop the programs as outlined in this report.
- R-02.** Funding should be aggressively sought to provide for the programs outlined in this report, rather than wait until more costly services are required.

- R-03.** Continued funding as well as a more affordable site should be located for Safe Harbor in Ventura.

Responses Required

Ventura County Board of Supervisors, R-02, R-03
Ventura County District Attorney, R-03

Responses Requested

Ventura County Human Services Agency, R-01, R-02

Commendations

This report deals primarily with HSA's participation in the service of the mentioned youth population. The Grand Jury is aware that several public and private agencies throughout the community are also responsible for the tremendous efforts made to develop community partnerships to address these service needs. We wish to commend all agencies mentioned for their commitment and work done in this effort.

ATTACHMENT I

CHILDREN WITH BOTH AGGRESSIVE TENDENCIES & LIMITED INTELLECTUAL CAPACITY.

Very few children served by Children and Family Services Department (CFS) have the dual conditions of aggressive tendencies and limited intellectual capacity. It should be noted that many children who have been abused or neglected experience various developmental delays. Similarly, many have emotional challenges. However, when a child does have significant multiple challenges, such as retardation (I.Q. 70 or lower) coupled with aggressiveness, the services are complex to arrange and can result in delay in treatment and placement stability for the child. The following describes how CFS addresses these special needs children:

SPECIALIZED PLACEMENT UNIT

CFS has a Specialized Placement Unit. The social workers in the unit work exclusively with children who have significant emotional needs, and who require placement in treatment facilities. Among those served are a few children, less than five in number, who are both low functioning and violent.

CFS social workers consistently encounter difficulties locating appropriate placement facilities in or out of State. The common response from a prospective facility's staff is that the facility is only licensed for one condition or the other, not both. The result for the child can be a series of temporary placements, including psychiatric hospitalization, such as Porterville State Hospital, while a suitable treatment facility is located that will accept the child. Frequently, temporary placements, such as Casa Pacifica Shelter and Tri-Counties Regional Center Crisis (TCRC) Homes, must provide a 1:1 ratio for safety watch supervision of the child. If the child is placed in Porterville State Hospital, the educational progress is disrupted because even though a child attends school Monday through Friday while in residence, the credits are not transferable. However, children who are placed in Casa Pacifica can graduate and receive a diploma from Oxnard High School District.

Delays in suitable placement for these children are caused by a number of factors, including coordination between TCRC and CFS. TCRC regulations require that a regional center assessment be performed to determine level of placement. If the Tri-Counties' assessment differs from other assessments, the delay can be prolonged. If the TCRC assessment recommends a lower level of care but there are no placements in the category that will accept the child, this situation prolongs the delay in suitable placement. The age of the child is also a factor. For example, an aggressive young/small child may be less dangerous to residents and staff than old/larger youth.

By law, dependents of the court (children who are under Court supervision due to abuse or neglect) cannot be housed in lock-down facilities, except for psychiatric holds (per Section 5150 of the Welfare and Institutions Code) or when a youth has committed a crime that requires detention in juvenile hall or incarceration. California's lock-down facilities consist of psychiatric state hospitals and juvenile detention centers.

Children who have been assessed as significantly low functioning and who have violent tendencies, such as sexual assault, have been placed in State Developmental Centers with the Judge's order of commitment. Even then, it is difficult to get a child with a history of violence into a Developmental Center.

Multi-disciplinary planning to remedy significant barriers is available via the Interagency Case Management Council (ICMC), Shomair Assessment Team, Therapeutic Behavioral Services (TBS) and soon, "Wraparound Services." *

The agencies at the table in these forums include Mental Health, CFS, Probation, Public Health, Schools, TCRC and other professionals and concerned citizens (primarily from the Mental Health Advisory Board).

Although low functioning youth are typically TCRC clients and SSI recipients due to their disabilities, it remains a challenge to complete long term independent living plans for them. In summary, the numbers are only a few (less than 5) out of the 74 total (December 2003) CFS foster youth in group homes or residential treatment centers. In a few cases, families can take care of these children, but only with lots of support and "wraparound" services.

* A "Wraparound" program is a family-focused, strengths-based program where intensive and comprehensive social, mental health and health services are "wrapped" around children and their families (biological, adoptive and/or foster families) to reinforce natural family supports. Program teams consist of any and all participants in a child's life (e.g., teachers, ministers, service providers, extended family, biological parents, foster parents.)

ATTACHMENT II

EMANCIPATING FOSTER YOUTH IN NEED OF LOW-COST HOUSING & TRAINING IN LIFE SKILLS

There has been a steadily growing concern about the needs of foster youth who grow up in the 'system' and emancipate as independent adults when they are 18 or 19 (depending on when they are expected to graduate from high school). Life skills' training for foster youth is available from several sources. Low-income housing in the county remains scarce. The following summarizes the major services available for these youth:

INDEPENDENT LIVING SKILLS PROGRAM

The ILP is a state and federally mandated program for foster youth ages 16 and older. After youth emancipate from foster care at the age of majority, usually 18 years old, ILP services remain available to them until they reach age 21.

HSA contracts with Interface Children Family Services to deliver the ILP life skills services. All court dependent foster children and all probation youth have a right and an opportunity to participate in services. ILP is, by law, a voluntary program. Youth who are placed out-of-county are referred to ILP in the county of placement. In addition to the Interface staff, CFS funds a half-time social worker as an ILP liaison. In the last year, there have been frequent shifts and turnover in staff assigned to the program.

ILP ASSESSMENT

To encourage participation, a face-to-face visit is made to each in-county youth by an ILP case manager. The case manager describes the benefits of the program, including the classes, special events and financial incentive to attend the classes.

ILP CLASSES

Basic classes include:

- Housing
- Money Management
- Career Development
- Health & Wellness
- Legal Issues
- Transportation

Advanced Courses include:

- College Applications
- Financial Credit
- Social Skills
- Stress Management
- Anger Management

ILP SPECIAL EVENTS

In addition, there are field trips, retreats, holiday celebrations and an annual ILP graduation event. Donations by community members and groups provide youth with household items for those who will be on their own soon. Partnerships with private businesses and a bank provide youth the opportunity for mentorships, bank accounts and other special services.

ILP STATISTICS

- One hundred eleven youth are participating currently in ILP in Ventura County. Of that number, 73 are under the age of 18.
- Most of the youth participating in county are CFS clients.
- Probation has a smaller percentage participating in the county because the dearth of appropriate Ventura County placements for special needs youth necessitates out-of-county placement.
- As of 12/31/2003, CFS had 101 youth, 16 years and older, in out-of-home care. Of those, 15 are placed out-of-county.
- Interface records reflect that 240 youth, over the age of 18 and up to age 21, have lost touch with ILP.
- Seventeen youth exited foster care at the age of majority since July 1, 2003; of those, Interface reports, three did not have/specify a housing plan.

TILP (Transitional Living Plan)

All youth in out-of-home care, age 16 and older, work on a plan for his/her future with a social worker or probation officer. If the youth is participating in ILP, he or she also works on planning with an ILP case manager. If a child has limited functioning, the social worker coordinates with the child's providers to develop a plan.

EMANCIPATION CONFERENCE

The Emancipation Conference is a youth led independent living planning session. Participation is voluntary. The youth may invite family members, friends and other significant persons as support. The needs discussed are those specified by the youth. Two trained facilitators ensure the focus is positive and that all comments are framed as needs. The youth is encouraged to schedule at least one follow-up session. Conferences, including follow-up, are held once a week. Between May 2003 and January 31, 2004, 28 youth have been served, including follow-up sessions. There have been periods where referrals have been put on hold due to staffing.

EMANCIPATION HEALTH CONSULT

CFS youth that will be exiting foster care at the age of majority are referred to the CHDP Foster Care Nurse for an individualized health consultation. This health service is in addition to the many health services provided by the two CHDP Foster Care Nurses who serve both CFS and Probation.

The nurse goes to the youth's placement if the youth is in county. Out-of-county youth receive a phone consultation and materials via mail. The nurse discusses the youth's specific health needs, where to get health services in the area the youth plans to reside and does general health consultation. The youth is given a zip binder with his/her health record in addition to a health reference text. The nurse also explains the benefit of extended Medi-Cal. The nurses are on site and regularly communicate with the social workers who make the service referrals on behalf of the youth. Seventeen youth received health consults in 2003. Currently, six more are scheduled.

EXTENDED MEDI-CAL

Foster youth that exit foster care at the age of majority have the right to receive continued Medi-Cal coverage to meet their medical needs until age 21. There are no forms or office visits required. The youth has only to keep the Foster Care Eligibility officer informed of any change in her/his address. However, youth sometimes negatively associate Medi-Cal and other services with the 'system,' which reduces participation.

HOUSING

The Transitional Housing Program (THP) is a semi-independent living situation for 17- and 18-year-old foster youth (both CFS and Probation clients). Youth reside in a semi-independent setting where they learn basic household management and independent living skills. The youth reside in an apartment complex in Thousand Oaks managed by Many Mansions. THP is run by Interface. An adult mentor from Interface resides in one of the apartments, which gives the youth the privileges and responsibilities of being an adult, with the security of an on-site supervisor. The youth must keep the mentor informed of their whereabouts at all times, and they meet regularly with the mentor. The youth experience learning to shop, cook, houseclean, bank, handle a budget, pay bills and get along with roommates and neighbors. The youth are required to search for and obtain a part-time job as well as attend school. They receive assistance in life planning and various life skills.

Applying to the THP is voluntary. Youth are interviewed and screened prior to acceptance. Community organizations provide programs, mentorships and household goods for the youth. Foster care payments fund the placement. Interface staffs the program.

The number of slots available ranges from seven to ten. Currently, the slots are full. Before a youth leaves the THP program, he/she is expected to have a plan, which includes housing.

TRANSITIONAL LIVING PROGRAM

Interface operates an after-housing program called the Transitional Living Program (TLP), for youth who are on their own. The program includes host homes and some apartments for those who are homeless. The host homes are room rentals for which Interface offers a monthly stipend.

ATTACHMENT III

CHILDREN WHO LIVE WITH & WITNESS DOMESTIC VIOLENCE

Children who have witnessed domestic violence or have been physically injured as a result are often served by CFS, particularly if the non-offending parent is unable to protect. Domestic violence may be one element of abuse in addition to other abuse or neglect a child experiences.

DOMESTIC VIOLENCE PROTOCOL

CFS, law enforcement and the shelters have a Domestic Violence Protocol for coordinating protection of children and services to the family.

REFERRALS OF ABUSE and NEGLECT

CFS Hotline procedures include screening for domestic violence. Statewide, referrals involving child abuse related to domestic violence may be coded as emotional abuse, physical abuse or neglect depending on the circumstances.

Because of the statewide referral categories, statistics for referrals of domestic violence-related abuse numbers are not singly available. Referrals which were found to substantiate abuse in the month of December 2003 yielded 82 in the sexual abuse category, 168 physical abuse, 229 general neglect and 87 emotional abuse.

SAFE HARBOR: MULTI-DISCIPLINARY INTERVIEW and ADVOCACY CENTER

- Safe Harbor is a coalition of public and private agencies dedicated to serving child victims of sexual, severe neglect and physical abuse, and adult victims of sexual assault. The purpose is to help the victims feel more comfortable and to eliminate repeated interviews. Safe Harbor reduces trauma and intimidation to the victims and provides needed information for dependency and criminal filing considerations.
- The Center will promote and improve interagency cooperation and coordination among county agencies and between criminal and dependency investigations. It conducts forensic interviews and medical examinations by specially trained staff, and provides crisis intervention and referrals for child and adult victims and their families.
- The Center prevents repetitive incidents of child abuse and sexual assault through effective intervention and prosecution, and promotes on-going training to ensure continuous quality improvement.
- Team members are: CFS, District Attorney, all law enforcement agencies in Ventura County, Ventura County Health Care Agency, New Horizons Outreach, Ventura County Child Abuse Prevention Council, The Coalition to End Domestic and Sexual Violence, Interface Children Family Services, Casa Pacifica, the

Ventura County Family Violence Prevention Partnership, and the Ventura County Medical Association. The lead agency is the District Attorney's office.

- There are two sites: Safe Harbor West in Ventura and Safe Harbor East in Simi Valley.

ADDITIONAL SERVICES

CASE PLAN SERVICES

Case plans are developed by CFS social workers for all families that are under the supervision of CFS, whether Court ordered or voluntary. For situations that involve domestic violence, case plan services may include women's shelter services, anger management for the perpetrator, counseling, and psychological evaluations. Some children remain with the non-offending caregiver and others are placed in care of kin or foster parents. In-home counseling provided by CFS via contract with either Interface or Aspira Foster Family Agency may be provided free of charge to the non-offending parent and the child.

SYSTEM COORDINATION

1. Safe Harbor
2. Domestic Violence Court Team: several judges and representatives from Probation, District Attorney, treatment programs, Court Clerk's office and others meet regularly to coordinate systems and services on behalf of the children and families where domestic violence has occurred. Judge Colleen Toy White, who hears all misdemeanor domestic violence cases, is the team lead. Fairly recent legislation requires that batterers attend 52 weeks of treatment and an additional 52 weeks of parenting.
3. Partnership for Safe Families

ATTACHMENT IV

SUBSTANCE ABUSERS & THEIR FAMILIES

DRUG COURT

The Court, CFS, Public Health, CalWORKS, Behavioral Health, including two residential treatment homes coordinate to provide a structured and intensive program for substance using mothers of newborns. In those situations where a mother is eligible for the program, she is able to have her baby, and sometimes another young child, reside with her in the residential facility. The program involves frequent meetings with the judge and the rest of the drug court team for the mother to share her progress, and for the team to provide guidance and expectations. The program involves many hours of service. CFS has two fulltime social workers devoted to drug court. Public Health has a drug court nurse that assists with the mother's and child's health needs. The program is generally full. As of December 31, 2003, there were 27 cases (children).

SUBSTANCE EXPOSED INFANT REFERRALS

CFS keeps track of all referrals from area hospitals of infants born exposed to drugs and alcohol. Between July 2003 and December 31, 2003, CFS received referrals regarding 51 infants born prenatally exposed to drugs. Given that the majority of cases in general involve substance use, this figure may be low.

The statewide categories of abuse and neglect do not pertain to unborn children.

However, when Ventura County CFS receives referrals of pregnant women who are substance users, Public Health nursing is contacted so that services can be provided through countywide programs, *Every Family Counts* and the field nursing component.

SERVICES

Infants born exposed to drugs or alcohol are often referred to the Tri-County Early Start program for assessment and developmental services. CFS social workers develop case plans that often include drug testing for the substance using parents, 12-step referral, alcohol and drug treatment/counseling through a variety of sources. CFS funds the drug testing. Some children are able to remain in their homes. Others are placed with kin or foster care.

SYSTEM COORDINATION

Of note are the coordination efforts of two judges with the Proposition 36 Operations Committee, the Public Defender's office and Public Health. In essence, those individuals referred to the Proposition 36 Program for drug/alcohol related issues will provide family information so that the family can be served by the *Every Family Counts* program. *Every Family Counts* is administered by Public Health. Nurses make home visits to families, which include a child under age 6, to assess health and auxiliary needs of the family.