



STRATEGY BRIEF

TRANSFORMING CHILD WELFARE SYSTEMS

How is Santa Clara County, Calif., moving to **safely eliminate group and institutional placements?**

In 2019, about 1 in 10 children in foster care in the United States were placed in group homes or another kind of institution (9%, or 39,414 children). Nationally, more than 30% of young people in foster care ages 13 to 18 live in group and institutional placement facilities, and an even greater percentage experience an institutional stay of some kind while in foster care.

The growing movement to eliminate group and institutional placements as options for children and youth in foster care grew out of the poor outcomes associated with group and institutional placements, as well as feedback from alumni of foster care and their families about their experiences in the settings. [Research](#) has shown that youth in group and institutional placements, when compared with their peers in family-based foster care, experience poorer educational outcomes, are more likely to be involved in delinquency, spend more time in foster care, and are less likely to be placed near siblings and in their own communities. In addition, group and institutional placements [disproportionately affect children and youth of color](#). They are also more expensive than family-based placements, with [one study](#) placing the cost of group and institutional placements at three to five times that of family-based settings.



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Over the last decade, many states and counties have sought to implement [strategies to reduce the reliance on group and institutional placements](#). In 2015, California introduced [Continuum of Care Reform](#) (CCR) with the goal that “all children will live with a committed, permanent, and nurturing family.” The reform focuses on the transition to trauma-informed, family-based care, driven by child and family teams involved in placement decisions, case planning, and care coordination. Under this reform, group and institutional placements are used only for short-term treatment intervention (up to six months), not as a form of placement. Rather, children and youth who cannot remain in their homes or with relatives are supposed to be placed only in family-based settings, including therapeutic foster families when needed.

The Santa Clara County (Calif.) Department of Family and Children’s Services (DFCS) began taking steps to eliminate group and institutional placements soon after the state introduced CCR. In less than three years, DFCS was able to find more appropriate placements for 130 children who previously had been placed in group and institutional placements. Children were transitioned to foster family placements (66%), living with relatives (12%), or supervised independent living placements (11%).¹ A small percentage of youth (10%) needed treatment for up to six months in [short-term mental health settings](#)² (with a few requiring out-of-county placement) but still were able to return to family-based placement settings at discharge. By November 2019, no children remained in non-treatment group and institutional placements in Santa Clara County, and no new children have entered non-treatment group and institutional placement facilities. Efforts are also being made to ensure no children are placed in residential placements out-of-county. As a result, funding has been shifted both toward ongoing prevention efforts, but also to build child-specific and child-centered treatment options to wrap around family-based care settings.

Santa Clara’s approach³

The elimination of group and institutional placements in Santa Clara County was prompted by the state’s reform measures but advanced by a series of culture and practice changes at the local level, as well as policy changes to create new licensing options and modify the rate structure.

Coming together

Coordination among leadership and staff at different county departments, along with clear messaging and direction from the executive level, were key to addressing the multiple needs of children and youth who traditionally had been placed in non-treatment group and institutional placements. DFCS worked with the county departments of Behavioral Health, Probation, Education, and Social Services to offer the wraparound care required to move youth out of group and institutional placements. Training and teaming was conducted with staff across all departments to become better informed about trauma and its multidimensional effects on families. And as interagency coordination increased, so did the need for greater flexibility within all parts of the system. To fulfill a requirement of CCR, staff from those departments eventually formed an Interagency Placement Committee to work intensively together on permanency.

DFCS staff also embraced a “one child, one plan” approach involving Behavioral Health, Probation, Education, and Social Services so that families did not have to navigate separate plans for each department. Rather, the departments worked together with a family to develop one set of goals, individualized for the child. While information sharing across departments has been a challenge, the different departments continue to develop protocols and practices that allow them to share relevant information and data.

We considered how we could develop a system where we’re all working together toward providing a continuum of care for the child.

— JAMILA HANKINS,
ACTING ASSISTANT DIRECTOR, SANTA CLARA COUNTY DFCS

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Other community stakeholders — including [First 5](#), which serves Santa Clara families with young children — stepped in to provide enhanced family-based supports. The [Kinship, Adoptive & Foster Parent Association](#), jointly housed with DFCS, also became a resource for increasing family-based placements. DFCS staff relied on the association to get the word out when a specific child or youth needed a resource family. The association also served as a key messenger in communicating to resource families that welcomed children and youth transitioning from group and institutional placements that they would receive additional help. DFCS worked up a continuum-of-care plan that the association shared with families, illustrating how a resource family would be supported, for example, with respite care and wraparound services over the course of a year. Members of the association also helped to share their stories of working with youth with a range of needs, and to demystify the experiences and circumstances of children who historically were housed in long-term group and institutional placement facilities.

Additional resources were needed for the continuum-of-care plan. Rather than locating or relying on new funding, DFCS prioritized a reallocation of existing resources. The reduction in short-term residential therapeutic program (STRTP) bed capacity helped push for the identification of better ways to allocate those funds. DFCS identified creative solutions to meet that need, including shifting resources originally allocated to STRTPs and investing them in treatment-level foster homes.

Barrier-busting

After his arrival in 2017, Daniel Little, director of DCFS, introduced an urgent case review and

decision-making model for addressing the placement of the 130 children remaining in group and institutional settings. Staff spent two days a week for about a year examining and brainstorming ways to overcome barriers to permanency. The RED (Review, Evaluate, Direct) team facilitation model was used for the weekly reviews and included identifying next steps, namely the supports and services necessary to accommodate moving a child to a less intensive level of placement. During those reviews, the consistent and constant message was to recognize the child's behaviors as a manifestation of trauma, and to maintain an unwavering focus on the child's needs.

Through the RED team meetings, the department determined that all children and youth needed a strategic plan for permanency from day one, so staff and families worked to develop detailed permanency plans that outlined how each child would achieve permanency and specified concrete next steps. During weekly reviews, staff could assess progress of or barriers to those plans. In addition, family, kin, and youth became increasingly involved in developing the plans, and reviewing and providing feedback.

Keeping children at home

DFCS' ultimate goal was prevention: providing the right resources up front so that families never reached the point to where child removal was necessary. DFCS and its partners looked for ways to provide the right resources for families as well as to develop a support network that could serve as a safety net in times of crisis. Community organizations like First 5 were crucial in this effort, as First 5 was able to direct families to local resources without the involvement of county staff. DFCS also worked to scale up neighbor-to-neighbor models to build strong community support networks.

It was too easy to keep doing what we'd been doing, and we needed to constantly question that. We needed to push back against what we'd done in the past.

— WENDY RAUSCH,
ASSISTANT DIRECTOR, SANTA CLARA COUNTY DFCS

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County staff also were encouraged to question the involvement of the child welfare agency at different points in order to determine whether a child could be returned home safely rather than transitioned to family-based foster care. The agency restructured the case plan and review process to enhance the inclusion of this strategy.

Prioritizing kin

To return youth to their own families and communities, the department intensified its focus on identifying and engaging extended family. The [Family Finding](#) model, developed by Kevin A. Campbell, served as the basis for training staff to seek out relatives not only as placement options but also as a way to foster meaningful connections between a youth and his or her extended family.

DFCS staff focused on demystifying the needs of the youth, such that a higher percentage of family members became involved than ever before. Staff began to include genograms and eco-maps as standard and required components of reviews, and increased resources were directed toward finding and engaging family members, whether as placements or as part of a broader support network.

Family-based treatment

For youth with special treatment needs, the county trained and licensed more therapeutic foster families, which in turn were supported by Behavioral Health. DFCS, in order to ensure quicker placements and

an enhanced array of placement options, assigned specific staff to urgently review and approve resource families so that children did not have to wait to be matched with appropriate families. In addition, DFCS developed emergency protocols that allowed for speedier approvals.

DFCS staff also began to hold daily calls to review acute cases and discuss any child or youth who might require new placements. Ideally, staff could anticipate if a child or youth was going to require a new placement so that enhanced support services could be provided or an alternate family-based placement could be secured prior to transition.

Birth parent/resource parent partnerships

DFCS adopted the [Seneca Unconditional Care model](#), which is a trauma-informed approach that emphasizes the importance of treating the whole family. The model recognizes that parents or other adults in a family who are dealing with their own trauma histories need help to be able to parent their children. DFCS supported relationship building between birth and resource parents, encouraging resource parents to coach birth parents and even offer respite care after children returned home to their birth family.

Looking ahead

DFCS' work is oriented around providing and investing in upstream prevention services so that families can access the support they need, thereby eliminating the need for unnecessary intervention by the child

The biggest impact we had with some children, at least early on, was getting them connected back to their relatives through a phone call or meeting ... just getting them reconnected to really know who they are. It had such a profound impact on being able to stabilize these children and for people to see them as children who had experienced trauma and not as children defined in a referral sheet by all the things they had done.

— DANIEL LITTLE,
DIRECTOR, SANTA CLARA COUNTY DFCS

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protection agency. Patience and creativity have been critical to Santa Clara County's ability to move forward with eliminating group and institutional placements, which is part of a larger vision to eliminate removals

altogether and avoid placing children in non-kinship foster care. The work to develop and support treatment foster care homes takes time and continues to evolve.

To learn more, visit [Questions from the field](#) at [Casey.org](#).

- 1 Data provided by Santa Clara County Department of Family and Children's Services on January 19, 2021.
- 2 Short-term residential treatment programs provide medically necessary specialty mental health services, crisis intervention, medication support, and targeted case management.
- 3 The information about Santa Clara County DFCS and the elimination of non-treatment group and institutional placements is taken from two virtual presentations organized by Casey Family Programs: (1) A July 15, 2020, presentation by Santa Clara County employees, including: Debra Porchia-Usher, Social Services Agency chief deputy director; and Daniel Little, DFCS director; and (2) a September 28, 2020, discussion with Santa Clara County employees, including Porchia-Usher; Little; Wendy Rausch, DFCS assistant director; and Jamila Hankins, DFCS acting assistant director.

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