June 22, 2020 Community Forum

Questions & Answers

Topic: The Welcoming Center

Themes of Questions/Feedback

I. How is this going to work, what does it look like? What is the physical layout of the facility?
II. Capacity: How will this change our systems capacity of high end placements, foster homes, residential?
III. Culture/Race: How will we address ongoing issues around disparity and overrepresentation?
IV. Decision Making/Stakeholders: How was the decision made? Who were the stakeholders? How will decisions be made going forward?
V. Accountability and Contractor: What is the contractor's experience, how will they be held accountable? What are they doing about turnover?
VI. How does this impact work as usual for county employees? Assessment, Risk, CFT's, placement, mental health, probation? Is this replacing jobs? Where do people report? Why is a nonprofit doing this instead of the county?
VII. How will we know if it is working? How will we evaluate success?
VIII. Other

Attachments

- ACL 17-32
- RAIC Memos
- RAIC-MonthlyStatisticalReport Jan 2020

I. How is this going to work, what does it look like? What is the physical layout of the facility?

#	Question/Comment	Answer
1	How will the Contractor address the complex trauma in the limited time span of 23/59? Realistically, if a youth is at the Welcoming Center for less than 23/59, BH will not be able to address the "complex trauma...." in any meaningful way. This process is a long-term process.	Given the immediate trauma of removal on top of the previous trauma experienced by these children related to abuse and neglect, the initial contact beginning with the moment the child steps into TWC is extremely important in providing *immediate therapeutic support* as well as setting the foundation for the child's linkage to ongoing services that will continue to address complex trauma. The goal is not to resolve complex trauma in a 23 hour/59-minute setting (yes, this is a long process), but for the child to experience care that is trauma-informed, culturally competent, and individualized in the time between removal and transition to a living situation. As the only contracted provider for AAP wraparound services in the county, Seneca has specific training and expertise in the impact of disrupted attachments and relationships, making them uniquely qualified to understand and respond to the needs of children who have been newly removed from the care of their parents, as well as youth who have experienced multiple disruptions in attachments and living situations during their time in foster care. In addition, Seneca has a long history in SCC of serving Child-Welfare involved children and youth with complex trauma and acute MH needs.
2	Has the neighborhood associations around the proposed site been advised? Shelter and RAIC suffered from good neighbor issues.	Seneca will be scheduling a stakeholder session in partnership with the County.
3	Licensing questions: Is the state outlawing counties from being licensed? Can Santa Clara County get licensed for the Welcoming Center?	CDSS and CCL have been clear they are not licensing further congregate care models. The Welcoming Center will not be licensed, and cannot look like a "congregate care" facility.
4	Will behavioral health be providing homes?	No, the homes will be provided by the FFA operated by the Contractor.
5	Will JPD be providing homes? The kiddos who are hard to place usually have more behavioral health needs or behaviors related to conduct which our RFA homes cannot support.	No, the homes will be provided by the FFA operated the Contractor.

6	How many new placements are being provided through Seneca (Transitional Foster Home Program, Intensive Treatment Foster Care, Enhanced Intensive Treatment Foster Care)? What is the length of stay in each of these placement options? Do any of these placement options provide concurrency?	Seneca will provide the following : Foster Homes – 2 homes with an average 30-day length of stay Intensive Therapeutic Foster Care – 6 homes with an average 6-month length of stay Enhanced Intensive Therapeutic Foster Care – 4 homes with an average 6-month length of stay All the programs will incorporate family finding and utilization of the Child and Family Teaming process to facilitate transition to planned permanency for the children. The lengths are anticipated averages, but may be longer or shorter based on the needs of the child.
7	How does the Welcoming Center differ from what is happening currently at Keiki. What is the setting that is different?	TWC will have embedded clinicians who will be there to provide therapeutic supports as children are admitted. The facility is larger and will allow children and youth to be provided space and serviced individually. Additionally, The Welcoming Center is a starting point to further therapeutic interventions as opposed to a congregate care facility. As part of the continuum, the TWC includes on-site transitional foster homes in cases where an initial placement is not located within 24 hours.
8	Where will children sleep when there are no placements? Especially older children, children with special needs? What happens when they have no placement for 2-3 weeks?	The 485 1St building upstairs is being converted into 3 small apartment areas each including a living room kitchen and an extra room. These units will be furnished with appropriate furniture. CCL doesn't allow bedrooms in unlicensed facilities but we will work on identifying allowable options (see Attachment ACL 17-32).
9	What will the scattered sites be replaced with?	The addition of the Intensive Therapeutic Foster Care and Enhanced Intensive Therapeutic Foster Care will allow children with higher needs to receive individualized care within a home-based setting with a highly-trained resource parent (preferable to a staffed model) and should eliminate the need for scattered sites.

10	What happens to a child that cannot be placed within 24 hours? Where will they sleep and eat?	The 485 1St building upstairs is being converted into 3 small apartment areas each including a living room kitchen and an extra room. These units will be furnished with appropriate furniture. CCL doesn't allow bedrooms in unlicensed facilities but we will work on identifying allowable options (see Attachment ACL 17-32).
11	So if there is no shelter licensing, what happens to children when they are removed during non-business hours? Where do they sleep if no beds are allowed?	Children can go to TWC at night while placement efforts begin. If one of the emergency homes is available they could always go there to sleep.
12	Will contracting the WC with Seneca cost more than doing it in-house ?	This is difficult to answer as the county would need to identify a new building to keep this in-house. Our goal is to create a continuum which leads to better outcomes for children, youth and families.
13	In the immediate term (before "build out" is complete), who will go to Welcoming Ctr and who to Keiki. How will you avoid mixing dependents ("frequent fliers") with kids just entering the system ?	During the transition period, we will need to partner closely with Seneca. The goal will be to have the most acute children go to TWC before Keiki, as long as Seneca has staffing capacity during this transition period.
14	What is Juvenile Probation's role in this process?	JPD staff are involved in the design and operational development of Continuum of Care and will be included in any JPD youth at The Welcoming Center as there will be space for DFCS/JPD/BHSD to be co-located.
15	Does the family have a voice and a choice in the final decision in the placement of a child?	As much as possible, decisions affecting the child and family, including placement, should take place within the context of the Child and Family Team process that allows for youth and family voice and choice to be heard and considered. The placement process remains unchanged.
16	What was meant by beginning in Jan 2020 we would be operating unlicensed? It is my understanding RAIC for DFCS is still licensed by CDSS as of Friday 06/19/2020. (Re - 'rush' question)	The license was specifically for the prior RAIC located at Enborg. The license did not transfer to Keiki, or the scattered sites.

17	CSFC report says WC “focus will be on youth with higher behavioral or therapeutic needs, youth served by probation, or youth with no identified placement options.” These kids will be mixed with the babies and toddlers?	Per Seneca: Our treatment philosophy is based on highly individualized assessment of the various needs of the youth (and families) we serve. We understand that children and youth given their developmental stage, age and experience within the child welfare system will require individualized attention and care during their time at the welcoming center. Our facility as the capacity to support youth in different areas based on their developmental and social needs. As previously stated, we have the capacity to support youth upstairs in different apartments. There are a series of rooms on the first floor that offers significant separation from other common areas that are ideal to meet the needs of infant, toddlers and young children.
18	Jeff Smith said there might be some space at a hospital to create a receiving center. What happened with that?	Yes, Dr. Smith referred to space in one of the new acquired hospitals. It is not under consideration at this time.
19	Is there a blue print/photos/drawing so we can see the difference at the 23h49min Welcoming Center to be located at the Seneca Offices at 485 N. 1st Street, San Jose, CA?	Per Seneca: We have prepared a 2-part video and can also provide photos if also useful.
20	What professionals will be co-located at the Welcoming Center for the "one stop shop"?	Seneca’s clinical team will be clinician, mental health counselor, nurse, and clinical supervisor. DFCS staff will be intake officers, counselors, clinicians.
21	Please explain the functional difference between a Receiving, Assessment, and Intake Center and the Welcoming Center .	A receiving, assessment and intake center has historically meant a county-operated facility where children may reside. CDSS specifically named these facilities in their 2017 All County Letter regarding licensure requirements, as children often ended staying within these facilities long-term. While the duties RAIC staff and TWC staff may appear similar, the distinction is TWC is a component of a larger placement and treatment continuum, as opposed to a stand-alone operation.

22	Are Seneca's offices on N. 1st even a place to consider? The times that I've been there at both locations, the spaces seem limited. Parking is limited and can't even accommodate the employees there. I know for a fact that the neighbors are not happy about the parking overflow.	DFCS and Seneca are exploring possible solutions for parking.
23	Hopefully more concrete answers are able to be e-mailed out to the questions as the original and stated plan to the board for tomorrow and Thursday is for a roll-out of July 1, 2020.	Answers to questions asked in the chat function will be answered and sent out before the next forum.
24	The "Welcoming Center" is really offensive. Any child how has been taken from their family member and now have the travel of removal will be thinking " Welcoming me to what? The rest of my life without my family?"	The intention of the name is to let children and youth know that they are in a welcoming space, to notice that something big has happened and they may have strong and/or confusing thoughts/feelings and acknowledging removal and separation from family and caregivers is a very big event.

II. Capacity: How will this change our systems capacity of high end placements, foster homes, residential?

#	Question/Comment	Answer
25	What is the current capacity at Keiki for children awaiting placement? The contract shows the capacity at Seneca will be 8. Do you have data as to how often there were more than 8 awaiting placement at DFCS in the past year? What will happen if Seneca has over 8 children/youth?	The capacity is an average, with the contract noting that Seneca will be expected to serve the number admitted on any given day. The contract capacity was reduced to 4 for budget projections purposes based upon prior RAIC and KEIKI average census. See Attachment - RAIC-MonthlyStatisticalReport Jan 2020.
26	Where will these children be placed after being in these Seneca homes? What action is being taken to increase Resource Parents who will take difficult to place children/youth?	DFCS will continue to offer the higher rate for those RFA parents willing to take children with more acute needs for up to 60 days and continues active recruitment for RFA homes, especially homes willing to care for children through reunification and willing to provide permanency. It will take all options in the Continuum of Care to ensure placement options that meet the needs of all the children being served in SCC.
27	You referenced kids stuck in the congregate care end of the COC. Does this move include additional resources in the continuum that will address the two dozen or so highest need kids?	Yes, the continuum that TWC is part of combines additional resources from both SSA and BHSD to fund an alternative to congregate care that provides individualized, intensive and integrated BH services in home-based settings with the goal of moving youth towards planned permanency.
28	Why are we limiting therapeutic homes to 6 months?	The 6 months is an average and not a limit, in keeping with the need for highly individualized care for each child. The goal of the therapeutic homes with integrated intensive MH services and family finding is to stabilize the child and transition them to planned permanency as quickly as possible.

29	Where do the highest need kids end up within the current state directed continuum? The current configuration is failing a small but very visible percentage of our children. Those are the kids who wind up as frequent utilizers of the RAIC/Shelter/Welcome Center (whatever we call it). We have not developed the appropriate response/support for these kids. We end up moving them from place to place and compounding their complex trauma. Anything we develop that does not address these kids will be overwhelmed by the dramatic needs that they present. These kids, their needs and their behaviors are the issues that make the shelter/raic/keiki an issue for the Board of Supervisors. No doubt-we do well with the "average" kids-but the high need kids will always be foremost in our minds and the headlines.	The Continuum of Care build is being developed to provide both the depth and breadth of need for children and youth that are removed from their homes for the first time or have disruption in placement. The trauma focus of the Intensive Treatment Foster homes are designed to have level of therapeutic services to meet the needs of those youth with complex trauma, recognizing that trained care givers and behavioral health supports are essential. The initial focus of the Continuum of Care is to drastically increase the quantity of homes able to safely serve our highest acuity youth.
30	How many therapeutic homes do we currently have? How many would we need to have licensed in order to meet the current needs?	We expect to have the data by the July 6 community forum.
31	Are there permanent therapeutic homes available?	ITFCS are long term placement options that are therapeutic.

32	How will Seneca staff assess high acuity youth that are in need of STRTP placement immediately.	Assessment will be done in partnership with DFCS, emergency CFT meetings can be scheduled so that youth and family voice is part of that decision-making, and if team in agreement SW can submit STRTP referral to the IPC. Placement in an STRTP is never immediate, and the Transitional Foster Homes can be used for youth who are waiting for acceptance by, or bed availability in, an STRTP. We will continue to use the current process for enrollment into STRTP placements – Seneca team will just provide additional information in assessment of the child admitted.
33	Traditionally after placement disruptions older and higher acuity youth have refused placement and created a gap in the system where trauma has been compounded. What is the Seneca/DFCS contingency plan or protocol for high acuity youth who refuse these Intensive Foster Care placements?	One of the benefits is that these will be home-based settings in Santa Clara County which will address the individual needs of the older and higher acuity youth, who have often being placed out of county (away from their natural support systems), and placed in congregate care due to prior negative experiences in congregate care . Additionally, early engagement with youth in transition to new living situation is key in moving forward this transition.
34	How many children will be placed in one therapeutic foster, Seneca home or professional parent?	The Continuum of Care therapeutic homes are designed to care for one youth at a time but there will be flexibility if sibling set needs to be accommodated.
35	Regarding acuity, our kiddos get ejected from RFA and PP homes, and even EPS. The lack of homes responsibility falls back on DFCS. What will JPD and Bx Health do to have their own homes Staffed for these children?	Seneca's Unconditional Care model, in addition to the integrated TFC and MH services, are intended to support children and youth being successfully maintained at any therapeutic home in the Continuum of Care. Staffed homes are not the answer, as healing from trauma and learning to be part of a family happens within the context of relationship with parenting figures.
36	Addressing racial disparities begins with system contact... meaning ER referrals of JPD contact not at intake	We agree that addressing racial disparities begins not only at our first contact, but at the families' first contact with any system. The work we're doing in our prevention bureau is focusing on all levels of system contact.

III. Culture/Race: How will we address ongoing issues around disparity and overrepresentation?

#	Question/Comment	Answer
37	How will the Contractor prevent/decrease child welfare involvement? For families of color? How will they meet the cultural/language needs of the families?	Per Seneca: We strive for an employee workforce that is racially/ethnically, culturally and linguistically representative of the youth, families and communities of Santa Clara County. We prioritize and center the recruitment of most program staff to the local colleges and universities in and around the county. About 70 % of our staff are people of color, 55% of our staff of color identify as Latino/Hispanic, 15% African American, 14% Asian, 10% multi-racial. Overall about 30% of our staff our bilingual. About 93% of our bilingual staff are Spanish speaking.
38	What is the current racial and cultural make up of Seneca's staff?	Per Seneca: We strive for an employee workforce that is racially/ethnically, culturally and linguistically representative of the youth, families and communities of Santa Clara County. We prioritize and center the recruitment of most program staff to the local colleges and universities in and around the county. About 70 % of our staff are people of color, 55% of our staff of color identify as Latino/Hispanic, 15% African American, 14% Asian, 10% multi-racial. Overall about 30% of our staff our bilingual. About 93% of our bilingual staff are Spanish speaking.
39	How will Seneca be recruiting staff for the Welcoming Center that matches the ethnic diversity of our county?	Per Seneca: We strive for an employee workforce that is racially/ethnically, culturally and linguistically representative of the youth, families and communities of Santa Clara County. We prioritize and center the recruitment of most program staff to the local colleges and universities in and around the county. About 70 % of our staff are people of color, 55% of our staff of color identify as Latino/Hispanic, 15% African American, 14% Asian, 10% multi-racial. Overall about 30% of our staff our bilingual. About 93% of our bilingual staff are Spanish speaking.

IV. Decision Making/Stakeholders: How was the decision made? Who were the stakeholders? How will decisions be made going forward?

#	Question/Comment	Answer
40	Who were the stakeholders including former foster youth, caregivers, biological parents, social workers and community partners? A lot of people I have spoken were caught off guard.	Meetings were held with staff at the RAIC from October through December about what was working well and what needed to be changed, children at the RAIC about what they needed and what would help them in the process. See Attachment RAIC Memos on summaries for feedback from meetings with staff and meetings with caregivers during this time period. Feedback was not concentrated on contracting out services – it was on what was needed- how would they need it to look from their perspective. Staff were informed that options were securing another building that would be appropriate and contracting out was an option.
41	Who was involved in the decision making to contract out the Welcome Center? What former foster youth groups did you reach out to in order to discuss this specifically? Resource Parents? Biological Parents? Social Workers? Community Partners?	The decision to create the proposed Continuum of Care, which includes the Welcoming Center model, was a joint decision between DFCS, Behavioral Health, and Juvenile Probation. During the transition of the RAIC to Keiki and over the past several months, DFCS has obtained feedback both from staff that work at the RAIC, youth who have been at the RAIC, and caregivers (RFA and FFA) who have voiced concerns about the RAIC about what is working well in the process and what needs to be improved in the process. This feedback has been folded into this build out for contracted services . This feedback has included the following: feedback from youth that children need to be moved into a home based environment and not in congregate care, children of different ages and needs having their needs met, concerns about the level of supports needed the children, on site nursing and on site clinical support 24/7 available for staff, 24/7 supervision and support for staff, increased staffing for children to ensure staff and children are staff.

42	Super disappointed that this meeting and stakeholder process is just now taking place so late in the planning.	In January, there were 2 community forums to discuss the Continuum of Care and hear input on development. The intent of the 3 community forums held in June and July are to continue to gain input from the community which will be considered in on-going development. Caregivers and biological parents are being included in the process and procedure development. This included an internal DFCS placement workgroup, the QPI steering committee, the Resource Parent Advisory and the Parent Advisory meeting. DFCS acknowledges a need for more youth feedback and to be included in the process.
43	Yes, very disappointing. I am still wondering what stakeholders gave feedback as Bob's memo mentioned.	In January, there were 2 community forums to discuss the Continuum of Care and hear input on development. The intent of the 3 community forums held in June and July are to continue to gain input from the community which will be considered in on-going development. Caregivers and biological parents are being included in the process and procedure development. This included an internal DFCS placement workgroup, the QPI steering committee, the Resource Parent Advisory and the Parent Advisory meeting. DFCS acknowledges a need for more youth feedback and to be included in the process.
44	Who will determine if a youth is better suited for a Professional Parent home with another agency?	There will be multiple variables that will be considered in transitioning a youth into a E-ITFC home, needs of child/youth, geographic location (child/youth can stay in same school) "fit" between the child and prospective caregiver and oversight will be made by the Interagency Placement Committee process.
45	As this process unfolds, I would suggest regular provider/county meetings to ensure services are interlocking smoothly, avoiding duplication, sharing data, and successful strategies and models.	It is the intent to establish a Community Team meeting which would include stakeholders, including youth and families to discuss and identify what is going well and concerns with the Continuum of Care. We also have successful provider meetings for Wraparound and Differential Response, which we could utilize as a model for Continuum of Care providers.

46	Who was involved in the decision making to contract out the Welcome Center? What former foster youth groups did you reach out to in order to discuss this specifically? Resource Parents? Biological Parents? Social Workers? Community Partners?	Community members/partners including youth, parent, foster parents, and community partners were invited to the January 2020 community forums. Those in attendance included resource parents, bio parents, community partners, DFCS service providers, Santa Clara County staff, and DFCS staff. In addition, the presentation was given to DFCS staff at the February 24, 2020 Staff Update meeting.
47	Was youth, parent and foster parent input taken prior to management moving forward with these plans? They are the primary stakeholders. They should be choosing what organization is the holder of this "welcoming" center.	Community members/partners including youth, parent, foster parents, and community partners were invited to the January 2020 community forums. Those in attendance included resource parents, bio parents, community partners, DFCS service providers, Santa Clara County staff, and DFCS staff. In addition, the presentation was given to DFCS staff at the February 24, 2020 Staff Update meeting.
48	Contracting our RAIC was not discussed at the FRC community forum. I was there.	The Welcoming Center was on the Proposed Continuum of Care slide in the January 2020 presentation. The purpose of the January forums was to get feedback on what is needed across an entire continuum.
49	Why is the department continuing down this path when foster parents and social workers are unanimously against it and want to partner on how to do it better? What do you have against foster parents? What do you have against social workers ?	We value our partnership with foster parents, and recognize foster parents are a key stakeholder in our work with children and families. We also recognize social workers as central to everything we do.
50	The change in the RAIC was not discussed at the FTC forums	The Welcoming Center was on the Proposed Continuum of Care slide in the January 2020 presentation. The purpose of the January forums was to get feedback on what is needed across an entire continuum.
51	Contracting out was never discussed. There were conversations on what could be different.	The Welcoming Center was on the Proposed Continuum of Care slide in the January 2020 presentation. The purpose of the January forums was to get feedback on what is needed across an entire continuum.

52	The focus of the FRC meetings was DFCS listening to the needs of the Resource families and their concerns. There was no follow up.	DFCS response to the questions was made available on the DFCS external site in April.
53	As a former foster youth, I came to work for Santa Clara County because I believed in the work this county was doing for foster care youth. The lack of transparency and reach out to key stakeholders is disheartening.	We need to address the stakeholder process which has been difficult due to the procurement process. I think we need to address the possibility of Community Team group.
54	There is a lot of follow up that is needed. Why is the department asking the board to sign the contract tomorrow?	The Seneca programs will be on the BOS consent calendar for July 21st . We have several children still stuck in our current system at the scattered sites, and we continue to operate unlicensed placements. We need the capacity of this continuum to ensure we can meet the needs of all children we serve.
55	Although, historically, JPD/DFCS and high needs BHS youth have been seen as different populations, there is very large overlap - given this and the DIY Unit, how has the DIY Unit's input been considered in developing continuum of care flow?	Up to this point, the development of the Continuum has focused on overall resources required. We will need staff involvement as we develop the actual case flow process.
56	Was Seneca invited to this meeting?	The forums are open invitations to the community and Seneca joined the meeting.
57	Can we have another meeting before the contract goes to the Board again?	There is a forum scheduled on July 6 and July 14 which occur before the July 21st BOS meeting .

V. Accountability and Contractor: What is the contractor's experience, how will they be held accountable? What are they doing about turnover?

#	Question/Comment	Answer
58	Has DFCS evaluated any other currently contracted programs with Seneca to determine if they have been effective?	Seneca has provided high level behavioral health services for 20+ years and currently provides services to 12 California Counties. The applicable experience would be in their provision of residential, Crisis Stabilization Unit, Wraparound and ISFC homes (FFA provider).
59	Seneca has continued to struggle with staffing issues and very high turn over. They have also now "absorbed" many programs from other agencies because of many layers of mismanagement.	About 57% of Seneca staff have been with the agency 2 years or less, 25% 2-5 years, 20% more than 5 years. Many of our bachelor's level staff leave the agency within or after the first two years to return to grad school to pursue master's degrees.
60	What are the known benefits as far as competency and accountability for contracting out services rather than improving the county's own system with our own social workers and clinicians. Our children need to be cared for under a system with both.	The expectation of contracting with a provider is that they will have the experience and skills to address the youth with the highest level of social/emotional/behavioral needs. BHSD contracts require the same level of clinical supervision as required for the county clinicians to ensure clinical quality.
61	Again, if these agencies are constantly asking for their contracts to get modified because they cannot staff clinicians and often have cases open without therapist assigned to the cases? How is this not a duplication of services of Unity Care already provides Placement Stabilization Services? *Correction Uplift provides Placement Stabilization Services	Unity Care does not have a contract for Placement Stabilization Services. UFS does and with the addition of Seneca's Immediate Stabilization Services, the capacity needs to serve children and youth will be adequate . As we utilize more foster home placements as opposed to congregate care, we anticipate an increased need in crisis supportive services.

62	We placed our high acuity kids with Seneca in their homes and our Keiki staff were assigned to Seneca homes to work in their homes because Seneca staff were refusing to work with these kids. Further, Seneca has a high turnover of staff. How can we assure that Seneca will not refuse any of our high acuity kids? How is Seneca dealing with their high turnover of staff?	The provided scenario involved a situation where we asked non-placement nor caregiver Seneca staff to watch a child 24/7 in a foster home. This was an exceptional scenario that I would not anticipate occurring with the continuum. DFCS, BH, and SSA will ensure contract requirements are maintained.
63	What is the plan to appropriately take care of our SARC children and will you have trained staff to meet their needs?	Utilizing an integrated approach connection with Regional Center provider and/or SARC case manager will be done upon admission to The Welcoming Center. This is an area where it's important to have close relationships with providers whose expertise is in providing services to this population. With any youth Seneca will utilize the opportunity to work with children and youth to offer and connect them to services to meet their specific needs.
64	Does Seneca have any experience with the receiving and intake of children when they are first removed and are experiencing the foster care system for the first time? What about high acuity teens that have been 7 day noticed with no alternative placements available? How many of those employees with that experience have been with Seneca for over 20, 15, or even 10 years?	In addition to being the only contracted provider for AAP wraparound services in the county, Seneca has experience in providing services to children and youth with complex needs in their following programs, Residential, Wraparound, TBS, ISFC, and Crisis Stabilization Unit. Seneca has specific training and expertise in the impact of disrupted attachments and relationships, making them uniquely qualified to understand and respond to the needs of children who have been newly removed from the care of their parents, as well as youth who have experienced multiple disruptions in attachments and living situations during their time in foster care. In addition, Seneca has a long history in SCC of serving Child-Welfare involved children and youth with complex trauma and acute MH needs. They also have a very active Young Adult Leadership group of current and former foster youth that informs their work.

65	What are the specific remedies in the contract if Seneca violates the contract or has poor outcomes? Will they be fined? eg. refuses a high acuity child	The quality performance is addressed on an on-going basis which can include corrective action. Acceptance of children and youth into Continuum of Care programs, including The Welcoming Center is the expectation and will be an outcome measure. The Contracts do not have a provision for fining contractors.
66	Is it feasible to have a county nurse available at Keiki 24/7?	Seneca will have a RN as part of staffing.
67	What specific services/assessment tools will be administered at the Welcoming Center at 485 N. 1st Street?	Care and supervision using trauma-informed and Unconditional Care model, use of Crisis Assessment Tool and brief therapeutic support, completion of Pathways to Well-being (formerly Katie A.) Screening and Referral Form.
68	Contracts get modified all the time by behavioral health and they dismiss the language need if the agency states they cannot hire bilingual staff. How is this going to be guaranteed this time?	BHSD contracts have a formal modification process. Contractors are not able to "dismiss" language requirements via a modification of the contract. BHSD as does DFCS and JPD understand the importance/value of having services in the language that best meets the child/youth and family and work with contractor to meet that expectation.
69	Any agency eyeing major increases to their contracts are very agreeable. It's when they have it in writing that things change and needs are met and they become resistant to really teaming.	Teaming using the Child Family Team process as designed in both Wraparound principles and the Integrated Core Practice Model are essential components in services delivery. Seneca is well versed and committed to both Wraparound values and principles and The Integrated Core Practice Model.
70	What happens when a youth is unsuccessful and is discharged from placement with Seneca? Are DFCS Placement SW's then asked to look for traditional placement with RFA/FFA homes?	A key component of the continuum is the additional capacity of crisis stabilization services through PSS and ISS. These services can be used to help address any immediate needs to prevent possible disruptions. Also the recent improvements to respite can be better utilize to support foster parents, especially those caring for higher needs youth. DFCS placement social workers will be responsible for completing all placement searches and will include all possible placement options. Our RFA homes are a part of the continuum.

71	How does proposed staffing number compare to current staffing for RAIC functions?	From the proposed contract: At a minimum, contractor must ensure that The Center has the following levels for Intake Officers, Counselors, and Clinicians during the prescribed time of the day. From 8am to 8pm, 2 Welcoming Counselor, 2 Intake Officers, 1 Clinician. From 8pm to 8am, 1 Welcoming Counselor, 1 Intake Officer, 1 Clinician. Contractor must also assign the Supervisors and Administrator work in varying shift to ensure 24-hour in-person or on-call supervision.
72	Are there professional parents in this new model?	The new model will utilize trained Intensive Services Foster Care parents (as is the case with professional parents) who are also trained and certified in Therapeutic Foster Care to enhance their ability to address BH issues with highly individualized, trauma-informed, and strategic interventions.

VI. How does this impact work as usual for county employees? Assessment, Risk, CFT's, placement, mental health, probation? Is this replacing jobs? Where do people report? Why is a nonprofit doing this instead of the county?

#	Question/Comment	Answer
73	What exactly is the goal of contracting out the RAIC? To save money? To lower the number of overstays?	Goal of contracting is to provide the best structure to support the care for children, expedite clinical engagement with children who have experienced trauma, and to stabilize children to prepare them for a placement. Building a continuum of care with the contractors supporting the care for children will allow them to start the process with connections to therapists and supports. This will also enable DFCS to redeploy staff for additional essential duties such as visitation and supports for ER, DI and Continuing and Wellbeing Social Workers. Overstays will be reduced through the build out of additional resources and placement options in the continuum aimed at supporting more acute behaviors and needs.
74	Dan, you assured us early on that jobs would not be contracted out.	I don't recall this, but we have been clear that staff will have a role at DFCS.
75	What will the current AIC (Assessment Intake Center) Social Worker II/III be doing if Seneca takes over?	Assessment Center staff remain with the same duties, however they would be seeing children on site at the Welcoming Center and checking in with the contracted staff about how the children are doing and any expressed needs. AIC staff will continue to do placement searching.
76	A lot of children want to shower when they arrive at Keiki. Where will they shower? RAIC BX Health already does an initial assessment. How are we going to decrease the amount of people interacting with the children? Will there be one person to do the CANS, Katie A, and placement interview? Kiddos that are not able to be placed in 23 hours, where will they go? Will they have to meet another set of Staff and experience another	There will be one person who completes the Crisis Assessment Tool and the Katie A. Screening Form. As is the case now, the full CANS assessment will be completed by the BHSD CANS Clinicians. CCL doesn't allow bathing facilities in unlicensed facilities but we will work on identifying allowable options (see Attachment ACL 17-32).

	transition? Again, my worry is how this aligns or does not align with trauma-informed care.	
77	Who will be monitoring the Center and how will that look different from the supervision and monitoring at the failed RAIC?	Joint monitoring by DFCS and BHSD, and embedding DFCS staff at TWC – a partnership. Seneca will have supervisors available for all staff during all shifts.
78	Shouldn't the scattered sites be staffed by Seneca? Aren't those where our high acuity kids are? Isn't that what Seneca was supposed to specialize in? why should that fall on the social workers?	Given the importance for children to be cared for by "parents" and not "staff", the goal is to eliminate the need for scattered sites as the options for home-based care are increased. Most of the youth at the scattered sites have open providers who support them and will continue to do so. The goal is to move all the children at scattered sites to the higher levels of care as these become available, we would not need the scattered sites- or professional parents would be supporting children in the scattered site locations. We currently have 3 children in this type of care model. Additionally, the scattered sites are unlicensed.
79	Thinking to use Julian for regular care and supervision - which staff would do this?	The current Keiki staff would support this care – need to do the necessary meet and concerns with SEIU.
80	There is a "license" for the scattered sites that will be run by DFCS Social Workers/Children's Counselors, but the Welcoming Center will be operated by Seneca. Why can't the Welcoming Center be run by DFCS Social Workers ?	There is not a license for the scattered sites. The Welcoming Center is part of the initial therapeutic continuum, which includes crisis stabilization and therapeutic foster homes. To ensure continuity of care, the Welcoming Center will be staffed under the same model of care.
81	What role does the DFCS social worker have in this process ?	There is no change in the role. They will continue with the same practice.

82	How is using Seneca staff thought to be an improvement over the county's social workers, clinicians and foster parents? Why is the county not utilizing and training our own where there is more direct oversight and potential for accountability?	Seneca staff will not replace foster parents. The treatment levels of care included in the continuum are all based on licensed foster parent homes. By going to this model, the care and supervision of children awaiting placement will happen within the same continuum that will serve children once they are placed. This will also allow DFCS to meet other needs, such as supervised visitation and supporting foster homes during a new placement.
83	Are you aware that Nebraska had to pay back the federal government over $20M because they could not account for the money spent by the private contractors? How will you protect against that? That money would come out of the county's budget .	If this is from 2011-2012, this was due to inconsistent documentation practices across the state and based on a system where CBO's provided mandated services. Our county has an established process for billing and claiming from our CBO's, especially related to specialty mental health services.

VII. How will we know if it is working? How will we evaluate success?

#	Question/Comment	Answer
84	When Unity Care shut down, contracts between Unity Care and DFCS ceased. Is there a contingency plan in place should this same thing occur with Seneca?	The continuum of care will include services and interventions from multiple CBO's. Should something happen with individual elements within the continuum, the County would pursue all available options to ensure continuity of care.
85	Who will be doing the assessment of this new process to determine it is working successfully?	SSA Office of Research and Evaluation, an external evaluator RDA, SSA Office of Contract Management, Behavioral Health, and DFCS will all partner to review Continuum outcomes.
86	Will the Dashboard provided by DFCS regarding children entering Keiki cover the children into the "Welcoming Center"?	Yes- Dashboard will continue to show all children coming into Keiki, scattered sites or welcoming center.
87	CSFC report says RDA will guide and provide oversight. If we have an immediate problem with the WC staff, who do we contact? RDA? If not, how is that considered "oversight?" Will we get an org chart of WC staff ?	Any immediate concerns will go through leadership in Assessment and Stabilization to include Misty McNay, Sheryl Thomas- Washburn or Jamila Hankins.

VIII. Other

#	Question/Comment	Answer
88	Can you please provide more details on how the decision was made for both child welfare as well as juvenile probation to be under one Welcome Center?	There will be occasions where a youth that is involved in both DFCS and JPD will be admitted or be admitted to JH briefly but not on probation. These youth could be brought to The Welcoming Center.