

COMMENTS FROM JANUARY 28-29, 2020
COMMUNITY FORUMS

#	Comments	Next Steps	Timeframe
	<i>Prevention and Early Intervention</i>		
1	<p>Families—both parents and children—have the perception that accessing resources is negative rather than positive. Need to create messaging and do outreach to help shift this perception.</p> <ul style="list-style-type: none"> • Families are afraid to reach out to DFCS for support or attend prevention groups because they’re afraid that their kids will be taken away. • Spread the message that DFCS isn’t just here to take your kids away – they provide resources to help when you’re struggling. Examine the demographics and focus on targeted outreach and engagement in the areas where the largest number of children are entering the system. Get the testimony of parents who have worked through the system and their families successfully reunified. • Structure youth-led groups so they can support each other. It’s not the cool thing for kids – but if we could help form these groups as parents, on our own, it might work. • The stigma about getting help is a huge issue for both children and parents. Educational help is acceptable, but what about the child who needs other support? It must be addressed everywhere families are—the schools, churches, wherever kids and/or parents are around. 	<ul style="list-style-type: none"> • Bring this to the parent advisory group to look at possible solutions. • Partner with DFCS prevention bureau to look at outreach opportunities and messaging. • Work with HUB to obtain youth input on how to engage youth in obtaining care. 	On hold due to Shelter in Place. Will revisit in May.
2	<p>It’s important to ensure that families have the tools and resources they need before they’re fully in crisis or at wit’s end.</p> <ul style="list-style-type: none"> • Make a connection with families early on—starting with the mother when she’s in the hospital—to help them become aware of resources from the beginning. • Help parents connect with subject matter experts such as resource parents, parent advocates or mentors who can advise, help 	<ul style="list-style-type: none"> • DFCS will reach out to the Office of Education on possible cross-training • DFCS prevention has begun a pilot in a small number of schools to directly connect families with differential response services. 	On hold due to Shelter in Place. Will revisit in May.

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	<p>them navigate and directly connect with resources. Ensure that families can get the support of parent advocates before they're in the system—it seems this used to be available and it no longer is.</p> <ul style="list-style-type: none"> As participants have experienced in other counties—form a work group focusing on how to access schools and work in partnership with them to provide education and support groups for parents. There isn't currently a lot of support in the schools for preventing behavioral problems, teaching social development or getting parents involved. 		
3	<p>Question: what is the process and what services are available if a family needs help, but is not yet ready to be in the system? Do they get a caseworker, or references, or just get left without services because they're "not bad enough yet?"</p>	<ul style="list-style-type: none"> More work needs to be done to support these situations. Currently a family can access differential response, but only if they have been reported to the CANC. Numerous community based organization exist, who can provide excellent services but we need to do more to connect families with these services. This is a main mission of the DFCS prevention bureau. 	Ongoing
4	<p>If you're trying to improve prevention, you must consider root causes—often financial insecurity, lack of housing, or other basic needs. More affordable homes, more stability, etc. is needed—including for families with undocumented individuals.</p>	<ul style="list-style-type: none"> Agreed. Prevention must run deeper than the immediate presenting concerns or barriers. 	
5	<p>The system needs to do a better job of keeping up with foster families and getting accurate information on how well the children are doing. Sometimes foster families report that everything is going well, when in fact there are issues remaining. That means children who were improving and on the right path are returned to their bio parents, the system forgets about them, then they're removed again when issues resurface. It's unfair to them. Support children in care with check-ins or</p>	<ul style="list-style-type: none"> Agreed. This would be a good topic for the foster parent advisory group. 	

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	returning to confirm that they're on the right path, and support families in communicating that something's still wrong.		
6	<p>Parents who've had children taken away don't get a lot of compassion, which impacts their ability to start on the right path and remain hopeful. It's difficult but necessary to be nice to people who've hurt children—they probably have been hurt in the same way. Acting compassionately toward birth parents helps both them and their children, because when children see their parents, whom they love, mistreated it affects them too.</p> <ul style="list-style-type: none"> Parents feel they're being treated like criminals—which is often the case, but they still need to feel supported. On top of being beaten down, while going through a difficult time, they're made to feel worthless. They need to be given encouragement and helped to feel that the social worker is on their side. It's a matter of the tone that's taken. The starting point needs to be the message "we're going to help you." 	<ul style="list-style-type: none"> Our Child and Family Practice Model (CFPM) aligns with this and should be practiced by all DFCS staff. We are working with the Multi-Cultural Community Team on how to better assess not only practice but policy for adherence to the CFPM. 	
7	<p>It's crucial for foster parents to forge a good relationship with bio parents, especially with long-term placements, but it can be difficult. Often the bio parents feel that the foster parents are against them—they need to understand that the foster parents are helping them.</p> <ul style="list-style-type: none"> This can be even more difficult when the foster parents are related to the bio parents. One participant had been estranged from her brother and they'd only recently reconnected when his children were taken. She received a phone call and was asked to come get the kids. Her first chance to talk with her brother was at court, and he blew up at her. It would have been better if they'd been able to talk prior to going to court and establish some clear communication. 	<ul style="list-style-type: none"> This is a crucial component to Quality Parenting. The Foster Parent Advisory Group has developed a protocol for initial phone calls between parents and foster parents. We hope this is a starting point to develop a partnership relationship. 	
8	Making and maintaining some kind of contact with the bio parents is key, although the best method varies. Foster parents in the group described different methods that have worked for them.		

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	<ul style="list-style-type: none"> • One insists on meeting the parents and asking them what she needs to know to take care of their kids—it makes a huge difference to them. • Another was faced with a bio mom who was strongly hostile. At the beginning, the mother wouldn't even make eye contact, and at one point submitted a false report of abuse. The foster parent began to write a letter in a notebook, explaining that she wasn't here to take the children permanently, but to ensure everyone was safe. She and the bio mother passed the book back and forth for six-eight months, and the last time they met, at a care meeting, they talked for two hours and the bio mother actually asked for a hug. She suggested it be mandated that a letter is written for every placement. However, that might not work for everyone—some bio parents prefer direct contact. 		
	Assessment		
9	Question: what does assessment mean, and at what point in the process does it happen?		
10	Question: what is the reason for the 24-hour timeline for children to be placed?		
11	When assessing a situation, it's key to identify and build on a family's strengths early on, not just their weaknesses, especially given that it can take a long time (e.g., a month) to get information to the caregiver. Without this, the response is entirely punitive. Also, if a parent feels valued, their outlook and perception of the situation may improve.		
12	<p>It's crucial to get information from the parent(s) right away. Despite the issues that have led to the child being removed, the parent is still the expert. If this isn't done, important information, such as the child's having special needs, may be missed. Also, getting this information may lead to less instability in the child's placement.</p> <ul style="list-style-type: none"> • A family service worker observed that it would be very helpful to know, during those first 24 hours, what is already going 	Agreed, this aligns with the CFPM. This could be included with the initial contact pilot that was developed with the advisory groups through QPI	

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	<p>on with the family that could be shored up and supported—for example, what services and supports they already have in place; whether the child’s going to school; whether they have an established doctor; or if there’s a relative the child can stay with. Every case and every parent is different.</p>		
13	<p>Getting detailed information on the child’s needs is especially crucial with infants and toddlers, where it’s necessary to know feeding routines and other basic caretaking details. Information isn’t always received from the parents, or it’s received weeks later.</p>	<p>The foster parent advisory group is working on a draft template to share information with a foster parent at the point of placement. The goal is to provide as much information as possible to ensure quality parenting.</p>	
14	<p>More staffing is needed in assessment to ensure that it’s adequately done, despite the pressure inherent in the 24-hour placement timeline.</p>	<p>We are currently looking at our internal placement process to ensure it’s not only efficient, but makes sense for children and social workers.</p>	Ongoing
15	<p>If information and initial assessment was shared with the family, that would help build a better relationship.</p>	<p>This should link up with item #13. We can bring this to the foster parent advisory group.</p>	
16	<p>It needs to be made easier to retain and share information regarding the family and assessments that have already taken place.</p> <ul style="list-style-type: none"> • Question: Is assessment is part of the intake process? If children are already in the system, why isn’t that the first thing that’s looked at? It could provide a lot of the needed information. If information on children and families in the system were entered into a database shared by many agencies, it would be easy to pull up and print that information, and it would be a lot of help. • Suggestion: create a small contact card that the parents can fill out. Even if a full assessment or transmission of detailed information can’t occur right away, that card can serve as a brief introduction that follows the child wherever they go. 	<p>This is a good suggestion. We’ll share with the internal staff workgroup looking at our current placement process.</p>	<p>On hold due to Shelter in Place. Will revisit in May.</p>

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17	<p>Participants posed several questions about intake and assessment processes:</p> <ul style="list-style-type: none"> • You discussed the closure of the RAIC. Is everything else in the system operating the same as before? • How can you truly complete all the necessary assessments for a child in only six hours sufficiently to identify a good placement for them? Given that they're freshly traumatized, will they even show their true colors? And is the short timeframe responsible for an apparent increase in failed placements? • If these are only initial assessments, then how are subsequent assessments done at the foster home? And are those in-home assessments happening? What triggers them? • Is there a process for a foster parent to request assessments or screening? • Are these subsequent screenings, such as the Katie-A screening, different from the initial screening? 	<p>These are very good question and deserve a more lengthy and detailed response. DFCS will partner with behavioral health to draft a separate response.</p> <p>Regarding the question about the system operating post-RAIC, the same assessments are completed now as occurred when the RAIC was in operation.</p>	
18	<p>One participant commented that they attended a placement worker meeting and got the sense that ER workers often do the initial assessments.</p>	<p>There are different types of assessments. Emergency Response completes assessments for safety and risk based on our child welfare assessment tools.</p>	
19	<p>More can be done to ease the transition, including providing more information about the child, better training for the foster parents, and forging a supportive relationship with providers.</p> <ul style="list-style-type: none"> • The amount of information received about the child diminishes as it moves down the chain. The ER worker who receives the child learns a lot about why the child is there, the social worker learns a little of that, but the foster parent only gets a thimbleful. An extreme example of this was expecting to receive a girl and getting a boy instead. It would be ideal for the foster parent to get much more information so they've some sense of what to expect and what services are needed. At minimum, what situation they're coming out of and how many siblings they have. Avoid having to pry information out of the children themselves. During that initial 	<p>This is a common theme and needs to be addressed. Some of these concerns were taken on by the foster parent advisory group. We are also looking at different ways to support foster parents directly, which includes the RASS contract.</p>	

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	intake and assessment, collect a small summary of basic information about a child that can be provided to the foster parent.		
20	In foster parent training, increase the focus on appropriate ways to help the child be comfortable at initial placement, and also on how a foster parent can document observations about the child that aren't immediately apparent but must be considered in subsequent assessments. For example, a foster parent will quickly learn what a child's triggers are.	This will be passed on to the individuals responsible for foster parent training.	Suggestion will be passed along but all trainings are on hold due to Shelter in Place.
21	Also, help parents understand what they can do when they see that a placement isn't working or different services are needed. The child's true nature can be covered up by the trauma they've experienced, and doesn't necessarily emerge until after the "honeymoon" period, when they've been in the placement for a few months. There's a danger during this time gap, when anyone can put in a complaint call, and it's traumatizing to both the foster child and the family, including the bio children.		
22	<p>In addition to adequate assessments, services need to be accessed in a timely manner. That's often impossible—it can take up to a year to get mental health services, for instance, and then they may not receive them for long enough. Because the standards in Santa Clara County are low, children are "graduated" after six months of mental health care—it looks good on paper, but those children aren't healing.</p> <ul style="list-style-type: none"> • Speaking as a provider, when it takes many months to be fully engaged and working with a child—how can we help support the children through that time? How can we partner with parents to lessen the trauma of transition between providers for the child, and help keep the door open for children to receive support even after they are required to move on? And what can we do to remove that barrier? These artificial boundaries prevent healing, and we want to keep helping a child, but at the same time must honor our contracts. 		

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	<i>Permanency</i>		
23	Note that permanency is also part of prevention.		
24	<p>Training is needed for parents and everyone involved—and this need falls under the “prevention” and “assessment” categories as well.</p> <ul style="list-style-type: none"> • Provide crisis training specific to parents / caregivers to provide all—foster parents, bio parents, relatives, or anyone else involved—with the tools that they need. 		
25	Long waiting periods for visitation lead to trauma and impede successful reunification. Some children and biological parents are months-long waitlists for visits. Are there staffing vacancies that add to this, and can more staff be hired?		
26	<p>Bureaucracy can be a significant barrier to improving placements, especially for foster parents trying to help.</p> <ul style="list-style-type: none"> • An example was given of a foster parent has one child whose siblings have been placed out of county, far enough away that visiting can’t take place every weekend. This is the third time the bio parent’s children have been removed, which makes the situation more traumatic. The foster parent is trying to get the siblings placed with them, but the number of hoops that need to be jumped through—especially as she’s been through the system herself—is making it very difficult. 		
27	<p>It’s important to continue to identify and access a family’s natural supports throughout the process, not just during the initial crisis.</p> <ul style="list-style-type: none"> • Sometimes information is taken, but not integrated into the family’s ongoing care. More aggressive action must be taken to create a better safety net for struggling families. 		
28	From the foster parent perspective, it’s clear that support for children is the single thing that’s almost entirely missing. There’s a lot of training		

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	<p>and support for parents, but insufficient services and supports for the children going through this.</p> <ul style="list-style-type: none"> • One example offered is that of an older teen who was aware that his foster parents were trying to get rid of him, and expected to get bumped from the system, but had to fight to be heard. Once he was able to get assessed as being autistic, his voice began to be heard. • Another family has had their kids moving back and forth weekly for a year. The children return home seeming traumatized. The local FRC is trying to figure out how to get them the help they need. It's important to consider what's in the best interest of the kids—in some cases, it may be that extending children's time in the foster system will help get them the help they need to successfully reunify permanently with their families. 		
29	<p>When children graduate from foster care, they are dismissed by the system and abruptly cease to receive support. The system's focus is on the parents—once they graduate, the children are out of the picture. How can children continue to get services, so they don't fall through the cracks, even if they don't need to remain in the system?</p> <ul style="list-style-type: none"> • Foster families are receiving children who have been traumatized simply by being removed from their home, let alone anything else they've experienced. One bio parent noted that her children don't talk about the drug use or domestic violence they've witnessed, they talk about being removed from their natural home. Really addressing that trauma will help. It's also important to support the parents. For instance, if the issue is substance abuse, after reunification they're learning to parent their children while clean. • Funding restrictions often limit how long services can be provided. It can take a long time to uncover traumas, and placing a time limitation on "getting well" means that the children will never actually do so. Healing doesn't happen in a set timeline. We need to advocate strongly for finding the funding to support aftercare once 		

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	<p>families graduate and state funding cuts off. It will help if the different funding systems can communicate with each other.</p>		
30	<p>There are a lot of challenges with visitation:</p> <ul style="list-style-type: none"> • Sometimes there’s a long wait before visitation can even begin due to a lack of enough social workers for supervision. This makes the case drag on for a longer period. Then once visitation starts, you’re playing catchup, with as many as three-four visits a week. • There’s no flexibility in the timing of visits. Both bio and foster parents struggle to arrange time and transportation for visits, especially when there are multiple visits a week. The timing has to work for all parties—check with both sets of parents before scheduling. • Numerous visits a week are also hard on the children. If they have school all day, then visits, then therapy, it’s impossible for them to have a normal life. • It impacts the foster family as well. Frequently, a foster parent must bring all their children along with them because they don’t have childcare. And activities with all their children are affected by the visit schedule. <ul style="list-style-type: none"> ○ Suggestion: set up one day for a much longer visit in lieu of multiple visits. • When the bio parent doesn’t show up for a visit, the children are really upset. There should be someone they can talk to, receive reassurance that we’ll try again, so the child doesn’t feel rejected. • If caregivers can’t take a child to a visit due to work schedules or conflicting appointments, they feel that they’re not meeting the department’s expectations—in fact, they’re not, because they can’t, and are told by the social workers that they’re not living up to their agreement. A one-stop shop should be set up so that everything—visitation, applying for services, therapy, classes, etc., as well as 		

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	childcare—is available in one place, such as the Social Services complex on Julian.		
	<i>Supportive Services</i>		
31	<p>Several supportive services are also affected by inadequate staffing—including:</p> <ul style="list-style-type: none"> • The respite program, which needs revision. • More transportation services are needed throughout the county. • More social workers are needed to help refer children to services in a timelier manner—and/or self-referral could be made easier for resource parents. • Is it possible to recruit more volunteers and provide funding for training them to support staff? 		
32	<p>Provide training and access to resources, and do proactive outreach regarding these, rather than just being reactive.</p> <ul style="list-style-type: none"> • The ability to get information about or referrals to resources needs to be improved. There are so many services that it’s hard to learn about all of them, and while some provide information upon contact, you never hear back from others. A single call line or other “one-stop shop” for finding or getting referrals is needed. • This is pretty much the definition of “continuum of care.” 		
33	<p>Again, the message needs to be communicated to families that supportive services exist to make your life or your children’s lives better—not just because something is “wrong with you.”</p>		
34	<p>More and better medical services are needed, including:</p> <ul style="list-style-type: none"> • More full-time staff at the SPARK clinic. • More doctors to do medical screenings. Has the department ever considered utilizing Stanford’s resources? 		
35	<p>It’s easy to complain and seek resolution regarding issues with agency social workers or other staff, but a better process is needed for holding CBO contractors accountable.</p>		

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36	<p>Better peer support is needed for foster kids.</p> <ul style="list-style-type: none"> • Create support groups or events so foster kids can learn they're not alone in going through this process. • Sometimes teenagers, in particular, are reluctant to be brought to supportive services such as Uplift, and unwilling to engage one-on-one, particularly when the support personnel are much older than them or otherwise perceived as challenging to relate to (e.g., "just getting coffee with a middle-aged lady" doesn't seem meaningful or helpful). Someone will need to lead a support group, but seek individuals who might be seen as more sympathetic. • Participation in peer support may need to be made mandatory to get teenagers involved. 		
37	<p>What about services for children aging out of foster care? Many are not yet fully stable when they turn 18 and continue to need support and basic services. What's next for them, especially in this county where housing is a crisis?</p>		
38	<p>The one-stop shop would be particularly supportive to first-time foster parents, who are still lost and confused. They are learning what they can from other parents and their social workers, but it's often incomplete or conflicting. It would be helpful to have one place where they can get the right answers.</p>		
39	<p>Foster parents need clearer guidance on what is acceptable in terms of respite childcare for their foster children. Different social workers have different interpretations—one may say the childcare provider needs to be fingerprinted, another that it's okay for the day but not overnight, and a third that whatever the parent feels is safe is fine. One central source of information, with the rules in writing, is needed.</p> <ul style="list-style-type: none"> • Some thought that posting the rules on a website would work well, but others disagreed. • Foster parents are referred to Resource and Advocacy Support Services (RASS) for this information, but the current staff 	<p>We can look at this as part of our new website design.</p>	<p>End of 2020</p>

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	<p>doesn't know the rules. RASS was originally intended to be staffed by foster parents or former foster children with experience in the system, but the staff has changed and there are currently only one or two who know much about foster care. They are supposed to provide information, help with respite, and hold the cards for respite payment, but are unable to do so, leaving new foster parents with no one to turn to. The support team itself needs support.</p> <ul style="list-style-type: none"> Experienced foster parents aren't even consulting RASS any longer, but what they know may not be correct. Parent mentor or navigator programs exist, but currently things are enough of a shamble that many mentors don't feel they know what to tell people. 		
40	<p>Foster parents are not getting the support they need due to there not being enough staff, and therefore those who exist being overworked.</p> <ul style="list-style-type: none"> One foster parent of three teenagers has been working with a social worker for almost eight months has Medi-Cal coverage, and presents the paperwork at each clinic appointment. But the documentation keeps getting lost somewhere in the process. 		
41	<p>Caring for bio children along with foster children can be challenging. New studies of bio children in foster families recently underway show that they suffer the same trauma and issues as foster children, as well as getting somewhat ignored in favor of the foster children whose needs appear more urgent, but there are no resources provided for them. It's sometimes impossible to get services such as therapy for a bio child—it's not covered by Medi-Cal and there may be no appropriate providers accessible through the parent's health insurance.</p>		
	<i>Placement Services</i>		
42	<p>Question: could you define the acronyms and terms used on the slides, such as "RFA Pilot Transitional Foster Home?" These are all</p>		

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	unfamiliar to community members; please improve on the definitions.		
43	Question: How does the program wherein the county is now placing children in apartments work, and how is it staffed?		
44	Training for foster and resource families needs to be improved to equip them with more information, including understanding how to recognize and provide observations of behaviors that may be of concern. Provide something akin to a screening process for the family to use-perhaps a checklist of behaviors to be aware of. Give resource parents a protocol for noticing and noting down concerns and bringing the information back to case workers.		
45	Ensure that when a child moves between foster situations, documents and information are transferred immediately, and stay with the child.	Good suggestion. I will ask the foster parent advisory to help refine current practice.	
46	Beyond finding placements, what resources can be provided that help successfully maintain placements?		
47	<p>Make it easier for families to act as resource parents or to assist in other ways.</p> <ul style="list-style-type: none"> • Provide assistance for families that want to step up to help care for children but face bureaucratic barriers such as not having a driver's license or being undocumented. An example was given of one family who wanted to foster the children of a father who was arrested and whose children have nowhere else to go, but have been unable to due to similar issues. • Bureaucracy also gets in the way of bio parents (or step-parents) being reunited with their children. When a parent needs to jump through numerous hoops due to issues in their past, the process can take so long there's a danger of the child being placed elsewhere in the interim. • If resource parents have a good experience of fostering, they need to share their stories with others who are considering doing so—this will aid in recruiting more resource families. Also note that not 		

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	<p>everyone can be a foster parent, but there's a lot of other things that can be done in support—providing them with a meal or a gift card, for example. In this way, we can all be a resource supporting county and agency workers as well as families.</p> <ul style="list-style-type: none"> • It would also be useful to meet with resource parents to learn from them what their support needs are. 		
48	<p>Children in foster situations need more resources than they are provided. One foster parent told the story of a teen now in their care, who previously was in a group home with other 15-17 year-olds. The youth in that home aren't provided with meals, just given shelter and a \$60 Safeway card each week, which is insufficient. This is a tremendous disservice to these kids, setting them up to fail.</p>		
49	<p>Improvements must be made to foster parent training:</p> <ul style="list-style-type: none"> • During training, foster parents need to be given the option of asking questions and demystifying things for themselves—this isn't always provided. • New foster parents need to be prepared for what happens when reports are made. One parent's foster children were in six different homes prior to coming to them—parents in the prior placements reacted to reports being made by opting out. They're the first family to see it through. It's necessary to check on the truth of a report in order to protect the children, but it's scary and disturbing to have a police officer knock on your door. They need to know that these things happen and how to get through it, and that if unjustified, the report won't create a permanent stain on their record. 		
50	<p>Communication with social workers is crucial in getting a child the services and supports they need. Ensure that calls are returned, or at very least a simple email sent in a timely fashion will help stabilize a placement (or interrupt it, if necessary).</p>		

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	<ul style="list-style-type: none"> • If foster parents had more rights to acquire needed credential such as a Medi-Cal card, or make calls to service providers without waiting for the social worker to have time—and support from the social worker in doing so—it would save much time and frustration, and also help support the social workers. • Have a system where parents can take the initiative to access services if they want to, but those who don't wish to or aren't able to do it themselves receive support. • One parent had her child's school reach out to her and provide papers to sign to get services for the child—but issues arose with having done this independent of the social worker and the services stopped. It would be great to be able to support children in a school setting without stepping over boundaries. • Agreed that it would be ideal for schools to be able to help directly initiate support. These children are already being stigmatized and teased for being foster children. There are already people in place at schools who can provide support, and it helps normalize it for the kids. • Also, Medi-Cal may not be available—parents need support to learn about alternative options. • Can administrative support be provided to help with things such as Medi-Cal application paperwork, so that social workers are freed up to spend meaningful time with the parents? • Some parents have been conditioned not to contact their social worker, so that things fall through the cracks. This can lead to foster parents giving up and putting in their notices. 		
51	<p>Out-of-county placements are a major issue because County-contracted providers can't support those. The agency does what it can to work with other counties, but it's not always possible to provide services. Even when the contractors in question work in both counties, they are limited by separate contract requirements.</p>		