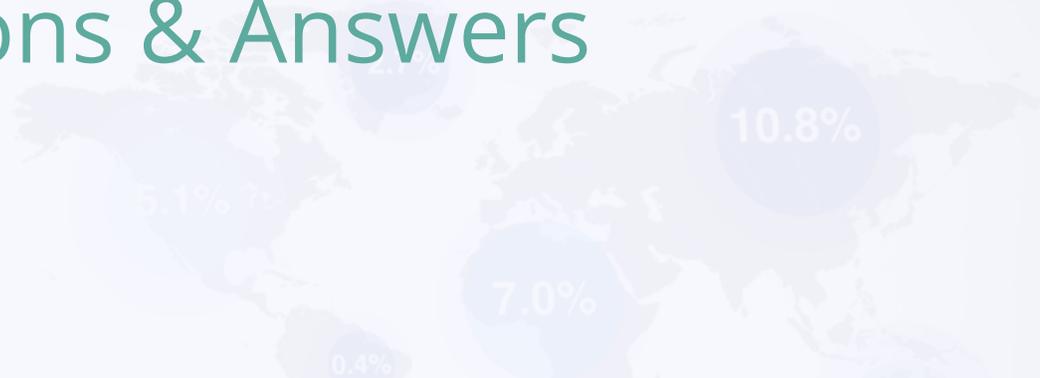




July 6, 2020 Community Forum Questions & Answers



TOPIC: The Welcoming Center

Update on Location of The Welcoming Center:

The location of The Welcoming Center at 485 1st Street in San Jose was discussed at both the June 22nd and July 6th Community Forums. To immediately address the concerns raised by the neighborhood with this location, alternative sites that have less community impact are being considered. While The Welcoming Center would immediately reduce the number of staff and impact at that location, it is understood that there are additional concerns. In the meantime, smaller meetings will be arranged with the neighborhoods to dialogue with and continue to understand the neighborhood concerns and what we can be done about them.

Please keep in mind that the answers in this document were gathered prior to the decision to look for an alternative location for The Welcoming Center.

Themes of Questions

- 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

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

#	Comment/Question	Answer
1	From Answer #6. "Seneca will provide 2 foster homes, 6 ITFC, 4 EITFC." Will Seneca only provide these if they get paid for a Welcoming Center too?	The Welcoming Center is one component of a total service delivery model. The hope is to build efficiencies in therapeutic service delivery by having a full continuum built within Seneca's scope of service. These additional services will be provided regardless of the contractual status of the Welcoming Center.
2	What is ITFC and EITFC?	ITFC is Intensive Therapeutic Foster Care, and EITFC is Enhanced Intensive Therapeutic Foster Care. ITFC families are ISFC licensed homes and are designed to serve youth with complex needs in home-based placements with highly trained resource families. EITFC homes utilize caregivers who are certified to provide ITFC-level care, are specially trained and highly experienced, and who agree to be stay-at-home caregivers, capable of providing support to youth 24/7, and accepting all youth within four hours of notification.
3	EITFC is for the teens that have had problems with not following rules and being violent?	ITFC is Intensive Therapeutic Foster Care, and EITFC is Enhanced Intensive Therapeutic Foster Care. ITFC families are ISFC licensed homes and are designed to serve youth with complex needs in home-based placements with highly trained resource families. EITFC homes utilize caregivers who are certified to provide ITFC-level care, are specially trained and highly experienced, and who agree to be stay-at-home caregivers, capable of providing support to youth 24/7, and accepting all youth within four hours of notification.
4	From answer 12. "We need to identify a new building to keep in-house." How much does the WC cost? If a building is all we need, can we just rent Seneca's building?	The building is one component, but the main benefit is the inclusion of the Welcoming Center within Seneca's treatment model.

5	<p>From A7 "facility is larger." What is the square footage of 485 1st st. v. Keiki? How many rooms? How will the children be separated? When can we get the video and blueprints?</p>	<p>The facility at 485 N 1st St is 5,800 square feet. The space will be used creatively to offer ample shared space for youth, including an open program area, dining room, kitchen, play space, day room, and bathrooms. The facility will include several private spaces that may be accessed by youth who are interested in taking personal space, want to take a nap, or would otherwise prefer not to be in the group setting. During daytime hours, children and youth will be able to engage in various activities in the shared space, all while supervised by staff. The Welcoming Center floor plan will be provided during the upcoming Neighborhood Community Meeting. See Attachment Welcoming Center Floor Plans.</p>
6	<p>What do you mean that the neighborhood concerns will be addressed in a separate forum? This forum was supposed to be the initial point at which the neighborhood aired their concerns. We have already seen this presentation at the city council meeting. You are just re-presenting. This is simply grand standing so that you can use this supposed neighborhood forum as another opportunity to build your case for child care. Everyone here cares about children. We are here to talk about the actual details of the plan, and how it affects the neighborhood.</p>	<p>The Neighborhood Community Meeting is currently being scheduled, and we are consulting with community residents to determine the most accessible day and time. The community forums scheduled for July 6th and July 14th were intended for multiples stakeholders, including County employees and members of the provider community. The Neighborhood Community Meeting specifically for Vendome and Hensley neighborhood residents will be scheduled to provide all community members with an opportunity to voice their concerns, ask questions, and share feedback. Once date and time have been finalized, flyers will be distributed throughout the Vendome and Hensley neighborhoods at least one week before the scheduled meeting to provide notification for all residents.</p>

<p>7</p>	<p>Exactly how would Seneca "support" those children? How exactly are you coordinating care? What are you doing about parking? What will you do about oversight? What will you do about the problems that already exist at the 32 Hawthorne house?</p>	<p>The Welcoming Center will warmly support children and youth by offering a home-like setting, with toys, games, healthy snacks, entertainment media, space to play including a nearby park, and individual rooms for those who want some quiet space. The Welcoming Center will be staffed around the clock by specially-trained bachelor's-level counselors and a license-eligible clinicians who attend to each child's physical, emotional, and mental health needs, including crisis de-escalation interventions as needed. Staff will provide compassionate care, answer questions, and make each child feel as comfortable as possible during this time of disruption. Staff can engage with the child's biological family and answer any questions they may have about the process ahead of them. On-call nursing, psychiatry, and medical services will also be accessible as needed.</p> <p>Master's-level clinicians will facilitate the coordination of each referred youth's care. Clinicians will complete assessments and create a report for County staff about the kind of placement that would best meet the child's needs. In partnership with DFCS, screening may include the State of California's Level of Care Matrix and the Crisis Assessment Tool (CAT), which Seneca utilizes in several of its emergency response programs. The CAT assesses for current risk behaviors, behavioral and emotional symptoms, life domain functioning, and juvenile justice involvement. If indicated by the CAT screening, the clinician will lead staff in creating and implementing a safety plan for the child during their stay. Additional assessment will include screening for medical needs, communication levels, and suicide risk. The clinician will compile all information gathered from screening into a comprehensive report for the County to drive placement decisions for the child.</p> <p>Regarding parking in the neighborhood, we are already making alternative parking plans, including staff parking off-site and shuttling to the office or using the light rail. It is not anticipated that even at peak hours, more than 12 staff would be working in the Welcoming Center</p>
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		<p>program at any time. If the number of staff at the Welcoming Center site continues to negatively impact the community, we will explore obtaining an additional office location to provide an alternative site for some of its programs and employees.</p> <p>The proposed Welcoming Center program is designed with internal program oversight including established supervisory structures as well as programmatic oversight, provided by the two staff supervisors, program director, and leadership from a Regional Executive Director for Santa Clara County. In addition, Seneca welcomes any additional oversight provided by the County.</p>
8	The county has a new building at Julian street. That can be a welcome center.	Julian is setup as an office building with conference rooms and does not have the setup for to create a child-friendly environment to handle all children entering care.
9	From Answer # 3, 4, 5, when you indicate that the homes will be provided by the FFA operated by the Contractor, does this mean all of the placements options presented as part of the welcome center are provided by Seneca?	We would still have access to the full continuum of placement options that are currently available. The continuum will add further treatment level options.
10	From Answer # 6, the question about concurrency was not answered. Do any of the placement options listed as part of the Welcome Center offer concurrency? Also, lengths of stay are anticipated averages and children may stay longer. What will be the process for a foster child to stay longer in one of these placements?	Length of stay should be determined through input from the home, service providers, social worker, and CFT member input and should be discussed at a CFT.

11	<p>Will you have a clinic on site? How many staff members will work at the Seneca location on First Street? You already tripled your workforce at this site without any concern for the impact on the neighborhood</p>	<p>The number of staff at the 485 N 1st St location will immediately reduce with the opening of the Welcoming Center, as the total number of staff who will be at the site is not expected to exceed 12 at any time. All staff currently located at the site are being permanently relocated or on a gradual return from shelter-in-place. We are also anticipating that at least 20% of their workforce will not return to an office setting within 2 years and will continue to work remotely, as has occurred for nearly all staff for the entirety of the shelter-in-place.</p>
12	<p>Can we get comparison stats of county DFCS employees? Please include and compare employees who have worked w/ Seneca for over 10, 20, and 30 years.</p>	<p>Seneca was established in 1985 has since grown to employ more than 1,400 staff members agency wide. Of these employees, 249 have been with the agency for 10 years or more, 41 have been with the agency 20 years or more, and nine have been with the agency for 30 or more of its nearly 35 years.</p>
13	<p>Please stop patronizing us with your history and concern for social welfare. Do you not believe we are also concerned for the support of kids and families? We are here to talk about EXACTLY what your plan is for the increased problems that will affect our neighborhood. I don't see any details about how you will address the issues that we have raised - increased workforce, parking, at-risk youth with myriad problems and all that brings to our neighborhood. Duplex apartment?</p>	<p>Implementation of the Welcoming Center will result in an immediate reduction in staff at the office on N 1st St. In addition, we are committed to listening to the voices of its neighbors, and should concerns about the number of staff in the area continue, the agency will explore additional office space options – beyond those being utilized to transition current staff from the N 1st St location - to reduce the staff working out of this location.</p> <p>All staff are trained in crisis and de-escalation techniques. Once the Welcoming Center is open, staff will be present on the site 24 hours per day, seven days per week. A security patrol company will be employed for support outside of business hours to increase oversight and area safety.</p>

14	<p>Seneca said this before and they have put more than 1 child or teen in each side of the duplex. Currently there are 3 girls and 2 men and one woman in the duplex and a dog outside that barks all night.</p>	<p>The duplex includes two resource family homes, which each have one youth placed in them at a time. Caregivers may allow the youth to have a friend over to visit or spend the night, however additional children or youth cannot live or be placed in the homes. Noted previously, a dog was briefly residing at the duplex. This was the property of the youth receiving services from Seneca and an important relationship for the child. The dog has now been relocated to a safe and loving home and no longer lives at the apartment.</p>
15	<p>From Answer # 17, this question contradicts what DFCS has said is the intention of the Welcome Center, to provide care for highly acute children/youth until a placement can be identified. Will infants, toddlers, children, and youth who do not have highly acute needs, be at Seneca Welcome Center?</p>	<p>We have the opportunity to have low-acuity children, especially those with identified placements, supervised by DFCS staff at Julian.</p>
16	<p>From answer 1 "Goal...for the child to experience care that is trauma-informed, culturally competent, and individualized." Is that currently not the case? DFCS is not trauma informed or culturally competent? Does Seneca have special training?</p>	<p>The goal for all services, whether provided by DFCS, BHSD, or Seneca, is that they are experienced by children, youth, and families as culturally responsive and trauma-informed. To ensure that all staff have the skills and knowledge necessary to provide trauma-informed, culturally responsive, individualized care, Seneca staff receive training informed by and focused on these topics as part of the required 80-hour New Employee Orientation, clinical training series, and 40 hours of required training annually. We are a learning organization that is committed to performance improvement and the continual professional development and growth of its staff. We have developed a comprehensive training infrastructure for staff through the Seneca Institute for Advanced Practice, which oversees ongoing training for all staff, including creating an individualized training plan for each staff member to track their specific and required training needs. To ensure that staff have the knowledge, understanding, and skills necessary to provide services of the highest quality that are trauma-informed and culturally responsive, trainings include:</p> <ul style="list-style-type: none"> • New Employee Orientation: Upon hire, all new

		<p>staff are required to attend a two-week, 80-hour New Employee Orientation that includes an overview of the agency’s mission and values, as well as its clinical practice model, Unconditional Care, and relational crisis intervention approach. Trainings discuss the implementation of trauma-informed care and culturally responsive service delivery. Other trainings include: The Impact of Loss; Bringing in the Family; Boundaries and Good Practice; and Multiculturalism.</p> <ul style="list-style-type: none">• Program-Based and Clinical Documentation Trainings: During their first two weeks in the Welcoming Center program, new staff will complete a series of trainings on topics such as client permanency, crisis management, organization and time management, and incident reporting. Clinical staff, including clinicians and supervisors, will complete trainings on Seneca’s approach to clinical assessments, treatment, and discharge planning, as well as clinical documentation. All trainings integrate trauma-informed and culturally responsive lenses.• Mentor Training: During their first several weeks of work in the Welcoming Center program, new staff will shadow a mentor and/or experienced staff members to observe and practice specific job functions and complete a comprehensive mentor training checklist. New employees will continue to meet with their mentor weekly for six weeks to receive additional peer support beyond the shadowing period.• Cultural Proficiency Development Trainings: To ensure they are equipped to provide culturally humble, responsive, and respectful services, all staff are required to complete a minimum of one Cultural Proficiency Development training per year, developed in partnership with Seneca’s Diversity, Equity, and Inclusion (DEI) department. Training topics include: Cultural Humility and Self-Reflective Practice; Working with Spanish Speaking Youth and Families; and Working with LGBTQ Children and Families. <p>In addition to formal training, Welcoming Center staff will receive structured weekly individual and group supervision that focuses on the provision of trauma-informed and culturally responsive care.</p>
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<p>17</p>	<p>From answer 7 "embedded clinicians." What are their qualifications? Exhibit E of contract only has intake officers (min. Requirement is Bachelors and 2 years of work experience) and welcoming counselors (no degree 1 year of experience) and a 60% FTE RN.</p>	<p>The Welcoming Center will employ master's-level clinicians, bachelor's-level counselors, and a registered nurse. The requirements for these positions are as follows: Clinician: Master's degree in psychology, counseling, or social work is required. Individuals must be eligible for licensure and be registered with the Board of Behavioral Sciences. Individuals must have at least two years of experience working with children, youth, and families with complex and enduring needs. Bilingual staff are required to pass a language comprehension and competency exam prior to providing bilingual services. Individuals must have flexibility and strong communication skills as well as the ability to work effectively with diverse populations and teams. Experience and training in trauma-focused services, evidence-based practices, and/or permanency services is preferred. Staff must obtain fingerprint clearances with the DOJ and FBI in addition to Santa Clara County regulatory requirements. Mental Health Counselor: Bachelor's degree is required, preferably in a social service-related field. Bilingual staff are required to pass a language comprehension and competency exam prior to providing bilingual services. Previous experience working with children, youth, and families with complex and enduring needs is preferred and staff must be able to work effectively with a diverse population and teams. Individuals must be available to work flexible schedules including mornings and evenings, have strong organizational, time management and writing skills, and obtain fingerprint clearances with the DOJ and FBI in addition to Santa Clara County regulatory requirements. Registered Nurse: Valid California Registered Nurse License is required, as is bachelor's degree and CPR-BLS certification. Individuals must have good communication, organization, and leadership skills. Psychiatric nursing experience, and/or experience working with children, youth, and families is preferred. Individuals must obtain fingerprint clearances with the DOJ and FBI in addition to Santa Clara County regulatory regulations.</p>
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18	Highly skilled how? How many staff will be working at Seneca on First?	Across its programs, Seneca hires individuals who demonstrate the required experience, education, and skills to excel at their positions. Once hired, all staff participate in an 80-hour, two-week New Employee Orientation that includes an overview of the agency's mission and values, as well as its relational crisis intervention approach and clinical practice model. We are a learning organization, committed to performance improvement and the continual professional development and growth of its staff. To support ongoing professional development, all staff complete an additional 40 hours of trainings annually as directed by their individualized training plan.
19	Question 20 indicates DFCS staff will be intake officers, counselors and clinicians. Per other documents provided to the Board of Supervisors, these positions are listed as Seneca staff. Can you please clarify?	DFCS staff will not be intake officers, counselors, and clinicians. Those positions are part of the Welcoming Center staff.

<p>20</p>	<p>A. 20. What are the credentials of the "clinician" and "mental health counselor?" It is not listed in the contract. Pg. 72 of the contract states "The Welcoming Center will serve to replace the RAIC as the receiving and assessment center. The center will be operational for 24-hours a day, 7-days a week and will provide initial assessment, treatment planning, culturally- and trauma-informed mental health supportive services, and emergency placement support. There will be staff available 24/7 who will be specially-trained bachelor's level counselors who attend to each child's physical, emotional, and mental health needs, including crisis de-escalation interventions as needed." The clinical component you say that the county doesn't have is also not in the contract.</p>	<p>The Welcoming Center will employ both master's-level clinicians and bachelor's-level counselors. The requirements and credentials for both positions are as follows: Clinician: Master's degree in psychology, counseling, or social work is required. Individuals must be eligible for licensure and be registered with the Board of Behavioral Sciences. Individuals must have at least two years of experience working with children, youth, and families with complex and enduring needs. Bilingual staff are required to pass a language comprehension and competency exam prior to providing bilingual services. Individuals must have flexibility and strong communication skills as well as the ability to work effectively with diverse populations and teams. Experience and training in trauma-focused services, evidence-based practices, and/or permanency services is preferred. Staff must obtain fingerprint clearances with the DOJ and FBI in addition to Santa Clara County regulatory requirements. Mental Health Counselor: Bachelor's degree is required, preferably in a social service-related field. Bilingual staff are required to pass a language comprehension and competency exam prior to providing bilingual services. Previous experience working with children, youth, and families with complex and enduring needs is preferred and staff must be able to work effectively with a diverse population and teams. Individuals must be available to work flexible schedules including mornings and evenings, have strong organizational, time management and writing skills, and obtain fingerprint clearances with the DOJ and FBI in addition to Santa Clara County regulatory requirements. Registered Nurse: Valid California Registered Nurse License is required, as is bachelor's degree and CPR-BLS certification. Individuals must have good communication, organization, and leadership skills. Psychiatric nursing experience, and/or experience working with children, youth, and families is preferred. Individuals must obtain fingerprint clearances with the DOJ and FBI in addition to Santa Clara County regulatory regulations.</p>
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21	Is there a max # of kids allowed in each of the placement options provided by Seneca? What are we doing to ensure family sibling sets are placed together?	The Welcoming Center is designed to serve up to 4 children at any time. The placement options described in this continuum, including 2 Transitional Foster Homes, 6 Intensive Therapeutic Foster Care homes, and 4 Enhanced Intensive Therapeutic Foster Care homes are all designed to serve one 1 youth at a time, however exceptions can be made to accommodate sibling groups. DFCS and Seneca will make every effort to ensure that siblings remain together and are not separated, including utilizing the network of existing resource family homes and other resources throughout the Santa Clara County area that are able to accommodate larger sibling groups as needed.
22	Can you share more about Seneca's Unconditional Care model?	At the heart of all Seneca services is the agency's philosophy and clinical treatment model of Unconditional Care. Unconditional Care aims to help children, youth, and families to identify their strengths, understand their challenges, and manage adversity. As a core value, Unconditional Care represents our commitment to do whatever it takes and never give up in supporting youth and families to manage and overcome the challenges they face. As a clinical model, Unconditional Care is designed to assess and address client needs in three critical ways: relational, which draws on Attachment Theory to define each child and caregiver's internal working model of relationships and how those relationships influence their behaviors and attachments; behavioral, which uses Learning Theory to analyze how a child's behaviors are learned and sustained by reinforcements and motivators in their environment; and ecological, which draw upon Systems Theory to analyze environmental stressors and strengths and determine the durability of the natural support system of the family.
23	Just want to clarify only DIY on probation will be at the WC but not youth on probation that are not involved in DFCS?	The Welcoming Center has the ability to serve both DFCS youth as well as Probation Youth
24	Is it one child per site?	Each intensive foster home placement will be for one child per home. This is in line with current practices with Professional Parents.

25	How does the Probation dept fit into this program?	Juvenile Probation has been an integral stakeholder in the development of this continuum, and will have full access to the continuum resources.
26	Will police be dropping kids off at this Welcome Center? Probation officers be checking on teens brought to this welcome center?	It is possible that children located by law enforcement may be taken directly to The Welcoming Center. The majority of children will be transported by county staff.
27	Will county employees be working at this Seneca Welcome center to place kids?	DFCS staff will still have their main offices, but will be able to meet with the children and Seneca staff at The Welcoming Center.
28	Will there be any of the teens that have issues and cannot be placed in foster homes reside in the duplex?	The only children that can reside at any program must reside in a licensed facility. No children will reside at The Welcoming Center.
29	So solely probation kids outside foster care will be in the welcoming center with foster children	The Welcoming Center can serve both DFCS youth as well as Probation youth.
30	Will you go over the staffing model and resources the Welcoming Center provides	The Welcoming Center program staff consists of eighteen (18) bachelor's-level mental health counselors, four (4) master's-level clinicians, two (2) supervisors, one (1) program director, one (1) nurse, and one (1) program assistant. Staffing onsite at any given time is based on the specific shift, and typically includes three (3) mental health counselors and one (1) clinician during daytime shifts and three (3) mental health counselors during overnight shifts. The Welcoming Center will provide referred youth with a warm and welcoming environment that includes specially trained staff to attend to each child's physical, emotional, and mental health needs. Available resources include toys, games, healthy snacks, entertainment media, space to play, and individual rooms. Services include clinical assessment and access to on-call nursing, psychiatry, and medical services as needed.
31	What are the other sites you are considering at this time?	There are no other sites being considered at this time.
32	How many runaways occurred at the welcome center that was at enborg and santa clara st?	Enborg was a licensed shelter, so children actually resided there. Children will not reside at The Welcoming Center as it is not a placement. We can provide a factsheet showing current status of youth served by Keiki.

33	Where will Seneca find the staff to support this project? New hires?	<p>The Welcoming Center staff will reflect a combination of experienced staff members transferred from throughout the agency, including staff from existing Santa Clara County programs, as well as recruiting qualified new staff members. To meet the needs of the diverse population of Santa Clara County, we recruit local applicants who are members of the community and reflect those served by the Welcoming Center program. Recruitment strategies include presenting information about job openings to affinity groups at local universities (e.g. San Jose State University, Santa Clara University, and Stanford University) as well as utilizing online recruitment strategies (e.g. LinkedIn, Glassdoor, Indeed, and Idealist analytics). To encourage the recruitment and retention of linguistically diverse staff, we offers a 10%salary differential to bilingual employees. The Welcoming Center staff will reflect a combination of experienced staff members transferred from throughout the agency, including staff from existing Santa Clara County programs, as well as recruiting qualified new staff members. To meet the needs of the diverse population of Santa Clara County, we recruit local applicants who are members of the community and reflect those served by the Welcoming Center program. Recruitment strategies include presenting information about job openings to affinity groups at local universities (e.g. San Jose State University, Santa Clara University, and Stanford University) as well as utilizing online recruitment strategies (e.g. LinkedIn, Glassdoor, Indeed, and Idealist analytics). To encourage the recruitment and retention of linguistically diverse staff, we offers a 10%salary differential to bilingual employees.</p>
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34	<p>Will there be a security guard onsite at the facility? Currently the Seneca apartments have a revolving door of characters coming in and out all hours of the night.</p>	<p>DFCS, BHSD, and Seneca care deeply about safety in the community and want to make sure that every child who comes to the Welcoming Center, as well as our neighbors' safety to protected. The Welcoming Center will use a security patrol company outside of business hours (e.g. nights and weekends) to provide additional support and oversight. In addition, the Welcoming Center will also have staff onsite 24 hours per day, seven days per week who are trained in crisis response and de-escalation techniques. Staff will be available to call for support from law enforcement or the security patrol if needed.</p>
35	<p>It's my understanding that Seneca is a non profit, which generally speaking, are known for not paying a LIVING WAGE, creating a situation of ongoing turnover - making for a chaotic situation ongoing. It sounds like stability for the kids is extremely important. Does Seneca pay staff a LIVABLE wage so as to mitigate high turnover?</p>	<p>Seneca has made comprehensive efforts to address staff retention in Santa Clara County due to the high cost of living, including increasing base wages and salaries and developing activities and trainings to improve staff wellbeing and retention. As a result, turnover rates for staff in Santa Clara County have decreased by 46% from 2013 to 2019. To attract and retain qualified local staff, we provide competitive wages and a full range of benefits, including retirement contributions and an employee assistance program that includes financial and legal advice and crisis therapy. We provide annual scholarships for staff and partners with regional universities so that staff can pursue an MSW degree, MFT degree, or teaching credential while the continuing to work.</p>
36	<p>What will be the maximum length of stay?</p>	<p>The maximum length of stay at The Welcoming Center is 23 hours, 59 minutes. Anything longer than this will require a licensed placement.</p>
37	<p>Wendy- If there are no scattered sites and they can't take more than 4 kids, where do the sibling groups go while they wait? What if they come in the middle or the night?</p>	<p>The Welcoming Center can take more than 4 children at any given time. This number was used as an average.</p>
38	<p>But they can't sleep at the WC so what will they do?</p>	<p>We will have to work with the State for approved sleeping arrangements.</p>

39	Wendy- ok so would the sibling group all be at the same location? Is the 4 in the big house and 1 in each duplex numbers just about staffing and not about space?	Siblings should stay together if that is best for them both at the Welcoming Center or to placement and sometimes it is recommended for siblings to not all be placed together and that should be accommodated if needed. We want to have enough placement options that we can meet the needs of what is needed for children.
40	If kids are not going to be residing there than why are there apartments?	Any child residing would need to be placed in one of the licensed foster home placements, which are separate from the Welcoming Center
41	What will be the maximum length of stay?	Under 24 hours. The majority of children have placements located within 4-6 hours.
42	When you say that Daniel, youth with more needs, you mean youths that have been violent and cannot be placed in a foster home.	We have youth with all levels of trauma that need a home to provide care and supervision.
43	But you do have youth that are violent and cannot be placed correct?	We have youth with all levels of trauma that need a home to provide care and supervision.
44	If the 7 scattered sites are full and it you get a sibling set of 5 and its 11PM. the kids will have to sit on the couch and not sleep until other sites open up in the middle of the night?	This will be the challenge for any site we use. We'll need to be creative how we can meet this need while also working with the state to ensure we're not building another shelter.
45	So as of now the kids have to sleep on the floor until the you resolve the challenge?	No kids are sleeping on the floor as we wouldn't transition out of Keiki or the scattered sites until full implementation. This would include working with the state on what they will allow.
46	Please answer the question - how many staff will actually be working at the Seneca Center on First Street?	The Welcoming Center program will include approximately 27 staff members, of whom approximately 10-12 will be onsite per day.
47	2. For the high needs kids that need one on one support, what type of staff will this be? welcome counselor, intake counselor, or clinician? If you are full and have kids that need one on one support, how do you accommodate this?	The Welcoming Center will employ master's-level clinicians, bachelor's-level counselors, and a registered nurse. The staffing configuration is structured to allow for flexing up in ratios if in the rare circumstance that the census exceeds the intended capacity or when the needs of a particular youth warrant additional support. To accommodate this, the Welcoming Center will leverage on-call counselors and clinicians available to be deployed 24/7 to the site, ensuring that ratios are maintained and additional support can be provided to the milieu and individual youth, when necessary.

48	<p>When the state provided this notice, what recommendations were provided? Feels like we are still doing the same thing as at the Raic just scattered sites. Professional parents seem like site managers that are only committed to the child 30-60 days</p>	<p>The difference between the RAIC and he scattered site is the individualized care provided at the Scattered sites. Professional parents are licensed and trained foster parents. The length of stay with a treatment level foster home will be individualized to the needs of the child.</p>
49	<p>Does "one-on-one" mean that the staff-kid ratio will be 1 - 1 at Seneca on First Street? If not, what does it mean?</p>	<p>Yes, one-on-one refers to a staff to child ratio of 1:1.</p>
50	<p>For keeping the community and family safe what type of de-escalation or crisis training do they have? Pro-act, safety care, CPI? These type of training's require more than one trained personal to be present.</p>	<p>In 2010, Seneca developed its own trauma-informed crisis prevention and response curriculum. Topics include, but are not limited to, crisis theory, self-awareness, risk assessment, and de-escalation techniques. All Welcoming Center staff hired to provide direct care to youth must complete the New Employee Orientation prior to beginning work with children, which includes comprehensive crisis prevention and response certification training. All staff working directly with youth are also required to attend at least 10 hours of annual refresher trainings on crisis prevention, de-escalation, and response. All Welcoming Center staff working with youth will be trained in and maintain active certification in this crisis prevention and response model. At any given time, there will be at least three certified staff onsite, with additional supervisory staff available who are also trained and certified in the crisis prevention and response model and able to provide assistance as needed.</p>
51	<p>I understand it is not always in the children's best interest to be placed together for the longer term, however I don't feel my question is being answered. Let me try again. If a sibling group of 7 comes in to care and needs to stay for 23 hours until placement can be found, can Seneca keep them all together in the welcome center until then? It seems that we could reduce trauma by not initial separating them.</p>	<p>DFCS and Seneca will make every effort to ensure that siblings remain together and are not separated. If a family requires support with a larger sibling group than can be served at the Welcoming Center, we will utilize its network of existing resource family homes and other resources throughout the Santa Clara County area that are able to accommodate larger sibling groups.</p>

52	What happens to a child that cannot be placed within 24 hours? Where will they sleep and eat?	If we have children at the Welcoming Center and cannot locate an appropriate placement, we would first utilize any available short-term licensed emergency foster home placements. If none are available, we would need to utilize current DFCS-staffed scattered sites until an appropriate placement is located. As the continuum is built, we will have the placement capacity to ensure this does not occur.
53	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. In order to adequately answer this we would need to know the costs for acquiring and building out a new facility.

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

#	Comment/Question	Answer
54	Will the Contractor be able to refuse admittance of any youth e.g. due to child's acting out behaviors, including, but not limited to, sexual and physical aggression and/or recent property damage? If so what happens then?	No child will be refused admittance.
55	Exactly how many staff do you currently have working at the site and exactly how many will you reduce it by?	The staffing numbers vary according to the youth and their needs.
56	What if there are more than 6 kids	Children and youth would not be refused care.
57	Is the 2 duplexes upstairs going to be licensed?	DFCS and Seneca are currently working with the county and state to explore the most appropriate licenses and designations for the upstairs units. Once determinations have been made about license structure, that information will be shared.
58	What if they break their promise and refuse care	Seneca is dedicated to serving the most vulnerable youth and families, and across its programs strives to never deny a youth or family care due to the needs that led to them seeking support. The Welcoming Center will accept all youth from DFCS. Partnership and oversight by DFCS and BHSD are welcomed and accountability measures will be developed.

59	From answer 29. "Initial focus of the CoC is to drastically increase the quantity of homes." Has that goal been met? Is that why you've moved on to the bedless RAIC?	These initial contracts would be the first step to increase the quantity of treatment level foster homes. We also have a few county homes who have agreed to be part of a pilot to explore working with higher level children. The next steps would include working with other providers to also build out their higher level foster homes. Part of the Continuum of Care is increasing types and placement options and level of care and support. We have increased slightly for placements able to support more acute needs for children and working on proving a better description of increased numbers to date and what is planned.
60	A 26. "Continues active recruitment for RFA homes." Why has this not been the focus instead of wasting your time recreating a RAIC w/ no beds?	We have been actively recruiting homes and we have to create a RAIC w/no beds as this is required per the state. The facility on Enborg was only licensed for a few years with the understanding we would build something different.
61	How many children will Seneca take at a time?	The Welcoming Center is designed to serve up to four (4) children at any time. No youth would be refused care.
62	If all beds are filled at the house, where will children needing a bed for the night be placed.	In our current system, any child who can't be placed will transition to a DFCS staffed scattered site location. With a full continuum, a child who can't be placed could transition to one of several temporary licensed foster homes.
63	Ok so Seneca is looking for placement options for large sibling groups? there is no absolute solution?	DFCS will maintain responsibilities for placement searches and approvals. DFCS will partner with all foster care agencies during this search process.
64	What is the # of youths received daily? weekly? Monthly? numbers please	DFCS receives between 30 and 50 new children each month. Not all of these children will go to The Welcoming Center.
65	Or what if 7 kids come in in the middle of the night. since they can't sleep or shower at WC. they will all go to the scattered sites?	No, the children can still go to The Welcoming Center. Fortunately middle of the night removals are fairly rare so we can develop a plan to meet the needs when this does happen. The scattered sites are temporary as they are not licensed.

66	My question includes if all 7 scattered sites are full	We would not be able to have beds per licensing regulations- but would need to find alternatives to ensure children are able to sleep if they come in during the middle of the night. This is also going to be a challenge if the County is operating. We are open to creative thoughts on this for alternatives that are not beds. We are talking to other counties and looking at what options other utilize and working with the State about what is possible.
67	Dan-Wasn't the inability to place some youth the reason for the increased length of stay (at the prior program). What systems are in place to make sure this won't happen at a new location?	You are absolutely correct. The additional higher level foster home capacity across all providers will address this inability to place children. The Welcoming Center itself doesn't" address the placement issue, but does address the initial clinical engagement. We have looked at several years of data to determine how many treatment-level foster homes our County would require in order to meet the needs.
68	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.
69	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. We currently utilize similar foster homes with Seneca and Uplift. The continuum expands the number of homes available.

70	<p>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.</p>	<p>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. The majority of the new contracts significantly expand our treatment level foster home capacity, which specifically addresses the child who would previously get "stuck" at the RAIC.</p>
71	<p>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?</p>	<p>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. Thru the use of Wrap and other supportive services Seneca and DFCS will work to build relationships with youth to address trauma histories while also helping the youth transition to another supportive placement.</p>
72	<p>How many therapeutic homes do we currently have? How many would we need to have licensed in order to meet the current needs?</p>	<p>We currently have 12 therapeutic homes available to DFCS. We anticipate needing between 30 and 35 to meet our current need.</p>

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

#	Comment/Question	Answer
73	<p>This all looks good on paper but its not black and white like this. This is the best case scenario. Seneca's staff retention is very concerning. What is the percentage of our foster youth are African American and how do you intend on meeting the needs of these children?</p>	<p>Santa Clara County, like many counties across the state, has a disproportionate number of Black/African American children and youth in foster care. In Santa Clara County, 8.8 Black/African American youth per 1,000 are placed in foster care compared to 1.2 White youth per 1,000 and 4.2 Latinx youth per 1,000 (source: kidsdata.org). We have adopted the following best practices for providing culturally responsive services:</p> <ul style="list-style-type: none"> • Understanding and working within the historical context of clients’ experiences and cultural communities • Respecting child and family strengths and engaging them as a partner in their care • Training program staff in the delivery of culturally responsive services, including trainings focused on race/ethnicity, sexual orientation, gender expression, gender identity, privilege, oppression, cultural humility, intersectionality, and implicit bias • Ensuring services and printed materials are linguistically-responsive and provided in the language preferred by each youth and family • Recruiting, hiring, and retaining diverse staff who are reflective of the communities served • Implementing evaluation and performance improvement practices that assess for culturally responsive service provision and client outcomes, including reductions in disproportionality and disparity <p>A key factor in providing the highest quality services, including services that are consistently culturally responsive, is Seneca’s ability to recruit and retain talented staff. We have made comprehensive efforts to address staff retention in Santa Clara County due to the high cost of living, including increasing base wages and salaries and developing activities and trainings to improve staff wellbeing and retention. As a result, turnover rates in Santa Clara County have decreased by 46% from 2013 to 2019. To attract and retain qualified local staff, we provide</p>

		<p>competitive wages and a full range of benefits, including retirement contributions and an employee assistance program that includes financial and legal advice and crisis therapy. Seneca also provides annual scholarships for staff and partners with regional universities so that staff can pursue an MSW degree, MFT degree, or teaching credential while they continue to work.</p>
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IV. Decision Making/Stakeholders: How was the decision made? Who were the stakeholders? How will decisions be made going forward?

#	Comment/Question	Answer
74	<p>The fact that the Vendome and Hensley residents were left in the dark on this until it leaked out is alarming. When will proper notification for all residents be conducted?</p>	<p>DFCS, BHSD, Juvenile Probation and Seneca see the impact of this process on the neighborhood and recognize the importance of ensuring that all neighborhood residents are notified and made aware of opportunities to share their concerns and needs. We will be holding a Neighborhood Community Meeting, which will be scheduled based on times identified as most accessible by the community. Once a date and time have been finalized, flyers will be distributed throughout the Vendome and Hensley neighborhoods at least one week before the scheduled meeting to provide notification for all residents.</p>
75	<p>From Answer 53. "Stakeholder process...difficult due to procurement process." Didn't you skip the procurement process and went single source?</p>	<p>This contract still had a procurement process that needed to be followed.</p>
76	<p>The current interaction with the director of Seneca has been poor at best. Her inability to work with the neighborhood in dealing with the problems that have continued to happen over the last year that I am aware of is frightening.</p>	<p>Seneca will ensure that the agency and its leaders are engaged directly with the neighborhood and community about their hopes, concerns, and needs in any further implementation. We will directly connect with individuals and neighborhood leaders in a partnership and in regular communication. Local leaders will regularly attend neighborhood association meetings, will engage in direct communication with community members regarding the impact of the facility and services in the neighborhood, and will establish clear protocols for community members to voice concerns and receive a response.</p>

77	<p>A 41. "feed back from youth that children need to be moved into home based environment and not congregate care...increased staffing for children" How is this addressed by the WC?</p>	<p>The Welcoming Center is one component of a total service delivery model. The hope is to build efficiencies in therapeutic service delivery by having a full continuum built within Seneca's scope of service. These additional services will be provided regardless of the contractual status of the Welcoming Center. The prior RAIC at Enborg was a true, licensed congregate care model. The current model being operated by DFCS is unlicensed and does not comply with state regulations.</p>
78	<p>A 54. "We have several children still stuck in our current system at scattered sites, and we continue to operate unlicensed placements. We need the capacity..." How will the WC change the situation? Won't those children at the scattered sites just be placed in temporary 30 & 60 day "transitional foster homes? Why aren't" they placed there now? Seneca will also be unlicensed so what's the difference? Again, how will the WC increase non-congregate capacity?</p>	<p>The Welcoming Center is one component of a total service delivery model. The hope is to build efficiencies in therapeutic service delivery by having a full continuum built within Seneca's scope of service. These additional services will be provided regardless of the contractual status of the Welcoming Center. The prior RAIC at Enborg was a true, licensed congregate care model. The current model being operated by DFCS is unlicensed and does not comply with state regulations. The Welcoming Center by itself will not address the issue, nor was it intended to be the only intervention. The addition of higher level treatment foster homes, along with The Welcoming Center, are tailored to address the issues currently highlighted by our continued use of unlicensed scattered site locations.</p>
79	<p>How can we be sure that Seneca will be transparent with this community? I don't feel like they have ever been honest with their neighbors.</p>	<p>Seneca sees the impact this proposed project has had on the neighborhoods and will ensure that the agency and its leaders are engaged directly with the neighborhood and community about their hopes, concerns, and needs in any further implementation. We will directly connect with individuals and neighborhood leaders in a partnership and in regular communication. Local leaders will regularly attend neighborhood association meetings, will engage in direct communication with community members regarding the impact of the facility and services in the neighborhood, and will establish clear protocols for community members to voice concerns and receive a response.</p>

<p>80</p>	<p>It was my understanding that these two community forums (today and the 14th) were supposed to be for the neighbors could speak. Also, we were told that questions raised at the 22nd would be resolved. They have not.</p>	<p>The community forums scheduled for July 6th and July 14th were meant for multiple stakeholders, including County employees and members of the provider community. A Neighborhood Community Meeting specifically for Vendome and Hensley neighborhood residents is being set up to provide all community members with an opportunity to voice their concerns, ask questions, and share feedback. Once a date and time have been finalized, flyers will be distributed throughout the Vendome and Hensley neighborhoods at least one week before the scheduled meeting to provide notification for all residents. The community forums scheduled for July 6th and July 14th were meant for multiple stakeholders, including County employees and members of the provider community. A Neighborhood Community Meeting specifically for Vendome and Hensley neighborhood residents is being set up to provide all community members with an opportunity to voice their concerns, ask questions, and share feedback. Once a date and time have been finalized, flyers will be distributed throughout the Vendome and Hensley neighborhoods at least one week before the scheduled meeting to provide notification for all residents.</p>
<p>81</p>	<p>My question is - Why should we believe anything Seneca says about this project when they have shown themselves to be bad neighbors. They have been indifferent to neighborhood concerns in general, and specifically failed to respond to queries about the issues at 32 Hawthorne, which is the one residential program they already have?</p>	<p>Seneca sees the impact this proposed project has had on the neighborhoods and will ensure that moving forward, the agency and its leaders are engaged directly with the neighborhood and community about their hopes, concerns, and needs. We will directly connect with individuals and neighborhood leaders in a partnership and in regular communication. Local leaders will regularly attend neighborhood association meetings, will engage in direct communication with community members regarding the impact of the facility and services in the neighborhood, and will establish clear protocols for community members to voice concerns and receive a response.</p>

82	<p>Why the previous Welcoming Center closed? What negative affects did they have on the community around that center? Police action? Violence to local residents?</p>	<p>The prior licensed 5-day transitional shelter was closed based on a decision to pursue individualized care for children and away from a congregate care model. This movement away from congregate care is in line with the direction of the State of California and supported by research as to the negative impacts of this type of care on children.</p>
83	<p>What other agencies are in the bidding/proposal process? Why are we only hearing from Seneca if this is in the proposal stages?</p>	<p>Seneca was the initial provider selected as they were able the most ready to develop a full continuum. We are in the process of working with all organizations who provide both foster care as well as specialty mental health services. The final continuum will include a full arrange of interventions delivered by a broad coalition of providers.</p>
84	<p>2. q # 41, a joint decision was made between DFCS, Behavioral Health, and Juvenile Probation w/feedback from caregivers, staff, youth specifically in regards to how do we improve/make things better (but nothing to do with contracting out and what peoples thoughts/suggestions were relating to this). When was this decision made to contract out w/ Seneca? Why wasn't this ever mentioned to anyone (other than management and higher ups) until the Alliance group brought it to people's attention? How can we partner better in the future?</p>	<p>There are lessons learned from this on how to incorporate feedback and foster collaboration while still adhering to contracting and labor requirements. Moving forward the DFCS steering committee will be involved in programmatic decision making.</p>
85	<p>As a resident I do not see how you can get out to our residents before your next meeting Again it appears too RUSHED and that makes many feel that there is something to hide. Transparency should have been done form the start as Margaret sated You dropped the ball. We all care about our fragile youth. Clayton is a street with three group homes and an 18 bed drug rehab center. Is this the right location?</p>	<p>The issue of The Welcoming Center location will be reviewed and public comments such as Mr. Clauson's will be considered.</p>

86	How will you get the message out Margaret? (for the neighborhood meeting)	Based on feedback provided by neighborhood community members, it is understood that flyers are an effective and preferred method for communication with the community. With this in mind, Seneca, in partnership with DFCS and BHSD, will distribute flyers to the Vendome and Hensley neighborhoods at least one week before the Neighborhood Community Meeting to provide notification for all residents.
87	Why wasn't the community brought to the table at the very beginning?	Involving the actual neighbors to the proposed site was missed and will be rectified moving forward with updated policies and practices around a "Good Neighbor" provision in our contracts
88	Flyers need to go out to all residents as not everyone has email. People should have the ability to write in as many, can not take the time to sit through Zoom meeting but may want to express their support or concerns prior to our county reps voting for this proposal.	To ensure that all neighborhood residents are able to voice concerns, ask questions, and share feedback, Seneca is also happy to provide contact information for our leadership team. Community members who wish to provide written and verbal communications outside of the Neighborhood Community Meeting may use the information below: Kim Wayne, Regional Executive Director: kim_wayne@senecacenter.org Bouree Kim, Wraparound Director: bouree_kim@senecacenter.org Leticia Galyean, COO: leticia@senecacenter.org Ken Berrick, CEO: ken@senecacenter.org Seneca Santa Clara County Office: (408)554-2550
89	Is there enough time to adequately address our concerns well in advance of the 7/21 BOS meeting?	We hope that through these sessions, as well as a future neighborhood session, we can receive your concerns. We still have an opportunity to develop the actual policies and procedures around the use of this model.

<p>90</p>	<p>When is the neighborhood meeting? There is another "forum" on the 14th. Is that when it is?</p>	<p>The Neighborhood Community Meeting is currently being scheduled, and we are consulting with community residents to determine the most accessible day and time. The community forums scheduled for July 6th and July 14th were intended for multiples stakeholders, including County employees and members of the provider community. The Neighborhood Community Meeting specifically for Vendome and Hensley neighborhood residents will be scheduled to provide all community members with an opportunity to voice their concerns, ask questions, and share feedback. Once date and time have been finalized, flyers will be distributed throughout the Vendome and Hensley neighborhoods at least one week before the scheduled meeting to provide notification for all residents.</p>
<p>91</p>	<p>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?</p>	<p>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.</p>

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

#	Comment/Question	Answer
92	Who specifically is responsible for monitoring Seneca's performance at the welcoming center, and how will it be monitored?	Monitoring of outcomes will occur through a collaborative effort with DFCS, SSA, and Behavioral Health. We are also working with an outside agency to develop an evaluation plan.
93	Who specifically will be responsible for monitoring Seneca's performance at the Center and how will that be done.	The monitoring of the program and contract is performed by the department contract monitors. We are developing a quality review process to include all three department JPD.DFCS and BHSD.
94	Thanks for sharing Judith Hurley. Who oversees Seneca?	Oversight of the continuum will be facilitated by DFCS, Office of Research and Evaluation, Office of Contract Monitoring and an outside Research and Evaluation Agency.
95	A 60. If contractors have the "same level of clinical supervision as required for the county clinicians," why not just use county clinicians?	We have some county clinicians doing the CANS assessment and Seneca clinicians will complete the assessment of immediate needs. The expectations is that Seneca clinicians are qualified at Master's level and receive clinical supervision by a licensed staff if they are not currently licensed. This is the same process we have for county clinicians.
96	There has been a lot of talk about youth and mental health, I have not heard how our Regional Center children and their special needs are going to be addressed?	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. We also have a new MOU in place under AB2083 which aligns service providing between DFCS, Probation, Behavioral Health, County Office of Education, and SARC. We believe this will greatly increase collaboration to ensure effective service provision across the entire continuum.

97	I am concerned about the lack of accountability in the past, how is the safety and appropriate care of our children going to be monitored?	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 is 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. We also have a new MOU in place under AB2083 which aligns service providing between DFCS, Probation, Behavioral Health, County Office of Education, and SARC. We believe this will greatly increase collaboration to ensure effective service provision across the entire continuum.
98	Will there be master degree clinicians there 24/7	Typically during the day and evening shift there is a masters level staff. For the night shift if there is not a master's level staff then they would have a consult team with a masters level staff available for 24/7 coverage
99	3. I would strongly suggest in addition to foster youth/alumni of foster care feedback (i.e., name of welcome center), we should also reach out to parents on their feedback. These are their children and they should be a part of this discussion.	We will make sure to include this in our regular parent advisory meeting.
100	Who will oversee Seneca?	DFCS, Social Services, Behavioral Health, and Juvenile Probation will all collaborate to oversee the contracts found within the continuum of care.

101	2. question # 58, can you provide data driven outcomes of Seneca's 20+ years of services?	A significant part of the agency's commitment to quality services is the optimization of data collection and reporting which allows us to reflect back to families the progress of their treatment, accurately and thoroughly report service details to county partners, and engage in continuous performance improvement activities with staff. In each individual program, the data collected is specialized to the needs of the service, its goals, and its partners. Some examples of data-driven outcomes collected agency-wide include that during the last fiscal year, Seneca provided direct services to over 9,500 children and youth. Of youth who discharged from Seneca's services during that time, 75% made progress toward their treatment goals and 80% were stabilized and did not need a higher level of care.
102	What is our guarantee this is not going to happen again?	The Welcoming Center is not a shelter care model and not child will reside there. The prior facility on Enborg was a licensed 5-day transitional shelter facility.
103	What has changed from the previous program (that failed) an this one?	The prior program was a transitional shelter model, where children could reside there for uptimes to 5 days and were supervised with rotating staff. The new model is to utilize foster homes to care for these children and not a congregate care facility.
104	Seneca staff too? What de-escalation or crisis training do they have?	Seneca's Santa Clara County staff engage in all trainings required by the County. In addition, all Welcoming Center staff hired to provide direct care to youth must complete the New Employee Orientation prior to beginning work with children, which includes comprehensive crisis prevention and response certification training. All staff working directly with youth are also required to attend at least 10 hours of annual refresher trainings on crisis prevention, de-escalation, and response.

105	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). Current contracts are evaluated, with any performance and/or outcome issues addressed directly.
106	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. We also have a new MOU in place under AB2083 which aligns service providing between DFCS, Probation, Behavioral Health, County Office of Education, and SARC. We believe this will greatly increase collaboration to ensure effective service provision across the entire continuum.
107	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?	Seneca and member agency, Kinship Center has provided permanency and adoption services for 36 years. This history includes extensive experience supporting youth and families through the continuum of child welfare experiences from first removal to multiple placement disruptions. The has included the creation of Seneca's First Stop program, which provides youth and families experiencing removal from the home for the first time with assessment, visitation, and family finding services.

108	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	DFCS, BHSD, and Seneca are dedicated to maintaining strong program outcomes and accepting every youth who comes to the Welcoming Center. A clear plan for oversight or accountability measures will be developed to ensure that all desired outcomes are tracked and achieved. In addition, Seneca will produce an annual reporting of outcomes and outputs, defined by the program goals described in the contract.
109	Is it feasible to have a county nurse available at Keiki 24/7?	Not at this time.
110	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. Seneca reported that they have capacity to meet the language needs of staff. DFCS, BHSD, and JPD will monitor to ensure the needs of clients are met, to include language needs.
111	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. The Welcoming Center has a different model when compared to the RAIC, in that the Welcoming Center will not house multiple children for extended periods of time. The RAIC was staff per state requirements of a licensed transitional shelter facility.

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?

#	Comment/Question	Answer
112	What does the union think about losing these jobs?	No county staff is losing their job as a result of these contracts.
113	So the Social Workers and clerical at the Keiki will be working at Seneca?	All county staff will continue to work for the county and not at Seneca.
114	How can the county contract out a multimillion arrangement without eliminating a single county position?	As Jeff Smith stated, Keiki staff will still have jobs.
115	A. 73 "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." So the WC will not lower the number of overstays but additional placement options will? Again, why aren't additional placements the focus? If WC doesn't" save money or lower overstays, what is the point? Can" BH "expedite clinical engagement...and stabilize children?"	Scattered sites will remain until the capacity of the continuum is built. These sites will continue to be staffed by DFCS staff.
116	Was the union notified of this? What is impact for the current workers at Keiki?	The union was notified and the meet-and-confer process has begun. All staff working at Keiki and the scattered sites will continue to have jobs at DFCS.

117	<p>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 transition? Again, my worry is how this aligns or does not align with trauma-informed care.</p>	<p>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.</p> <p>CCL doesn't allow bathing facilities in unlicensed facilities but we will work on identifying allowable options (see Attachment ACL 17-32). Children who are not able to be placed within 24 hours will transition to the DFCS-staffed scattered sites until the continuum is built out. The state is not issuing further licenses for transitional shelter or receiving centers that have the ability to have children stay over 24 hours. Counties must develop new continuums to meet the needs of all children.</p>
118	<p>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 ?</p>	<p>There is not a license for the scattered sites. These sites, along with Keiki, are unlicensed and are not long-term solutions. 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.</p>
119	<p>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?</p>	<p>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. The prior model at the RAIC did not achieve desired outcomes, so we are interested in looking for new solutions.</p>

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

#	Comment/Question	Answer
120	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. In the example of Unity Care, contracts were moved to another provider to ensure continuity of care for children and families.
121	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. These are the same DFCS staff who currently oversee Keiki and placement.

VIII. Other

#	Comment/Question	Answer
122	Why did the RAIC on Enborg close last December? Wasn't there an incident that happened at that location?	The RAIC closed as part of moving away from residential congregate care and the fact that this facility did not best meet the needs of both children and the staff caring for children.
123	From Answer # 1, Seneca is mentioned as uniquely qualified to understand and respond to the needs of children's trauma based on their contract for AAP wraparound. Does AAP stand for adoption assistance payment?	AAP stands for Adoption Assistance Program.
124	So if Seneca ends up warehousing children like the county did on Enborg, which CBO would take over? What are "all available options to ensure continuity of care?"	Seneca's program will not include a licensed shelter, so there will not be children residing at their facility. The Welcoming Center model is just part of the continuum to ensure children are not stuck without placement. The Welcoming center, along with the higher levels of foster care, will ensure all children have an appropriate placement option. If there is ever an issue with one provider, the County would be able to explore options such as other CBO's taking over a contract.
125	When was the decision made to contract with Seneca? When was the idea developed? Why weren't stakeholders consulted? Why would you have meetings after the contract was to be approved? If Supervisor Chavez did not direct you to have stakeholder meetings would you have?	The decision to move the item to consent calendar on 7/21 BOS meeting was made by Supervisor Chavez. At the BOS meetings Supervisor Chavez directs the conversations to the other Board members to allow them to both comment and ask questions to the departments.
126	Why is a county welcoming center not feasible when Seneca will also not be licensed? Can't you just remove the beds from Keiki?	The state has determined the actual facility at 725 E Santa Clara falls under a licensure standard, and as such will not allow us to operate in that facility long term. There are also numerous documented concerns from community members regarding the long term use of this site.

127	<p>Why are you placing the contract on consent again when President Chavez directed the department not to put such an important community issue on the consent calendar? Why are you not allowing any discussion or input by the board? If all the questions from today's and the 7/17 stakeholder meeting are unanswered will you hold off on the contract until all the questions are answered with a well-thought out plan before moving forward on such an expensive and drastic change?</p>	<p>The decision to move the item to consent calendar on 7/21 BOS meeting was made by Supervisor Chavez. At the BOS meetings Supervisor Chavez directs the conversations to the other Board members to allow them to both comment and ask questions to the departments.</p>
128	<p>Could the King Road site be used? There is so much more space including parking.</p>	<p>King Road is currently setup as a traditional office space. We are hoping to have a space which is much more inviting and conducive to engagement and treatment of children and youth.</p>
129	<p>Not sure this is the appropriate location for this type of program. Since its just in the planning stages, what other sites are under consideration?</p>	<p>Yes, looking for an alternative site is being considered.</p>
130	<p>Why not bring Seneca clinicians to a county site such as Keiki instead of putting DFCS placement at Seneca? What is the benefit?</p>	<p>Keiki is not a licensed facility and does not have the space to provide additional services as proposed within the Welcoming Center.</p>
131	<p>Dan, can you explain the recruiting of homes? I've seen lots of ads lately for CASA, but nothing for homes.</p>	<p>We have some recruitment activities that appear on busses and did have some recent T spots. Our Family Support Bureau is continually looking for new methods to recruit homes. I also know our Foster Care agency partners also have their own foster parent recruitment strategies.</p>
132	<p>Why are the specifics of the welcoming center being presented if this is not approved and community outreach is scheduled for the future?</p>	<p>We hear the concerns for the neighborhood and those that live near the Seneca office and will make note of those concerns that need to be addressed.</p>
133	<p>So is this a done deal? I'm confused. Can someone from the county answer this question?</p>	<p>The proposed contracts still need to be approved by the Board of Supervisors.</p>
134	<p>How many scattered sites do we currently have?</p>	<p>8 total</p>

135	When and how do you plan on "building out" the piece of the CoC that the board requested back in November, high acuity permanency placements? Why isn't that a focus? Why are you building the "placement of last resort" but not the permanency centered family setting placements?	The Welcoming Center is not a placement of last resort and is not to be used as a placement. There are three other contracts pending Board approval that directly address high acuity placements and one contract pending approval that directly addresses supporting these children in a placement.
136	Why aren't we looking for another bldg	The facility is one component, but the model even more important. The continuum is built upon a full continuum of services from initial contact thru to permanency.
137	Does any of the Seneca start up team live in SCC?	The newly identified start-up team of counselors and clinicians for the Welcoming Center all live locally within Santa Clara County. While it's possible that future direct service staff may live in neighboring counties, it's important that the direct care staff providing the majority of services to youth reflect the communities we service.
138	Going through this process, how many placements are we looking at for each child?	We want to have a few placements as possible for each child. The Welcoming Center isn't a placement, so for the majority of children we hope to find a caring foster home who can take in each child until it's time to return to a parent. For children who require more specialized care, we hope these higher level foster homes can help stabilize each child so that eventually they can either go to a lower-level foster home or hopefully return directly to a parent's home.
139	Will the current Keiki Center be closed, or will it remain open along with Seneca Welcoming Center to separate the different populations?	The Welcoming Center would replace Keiki but scattered site locations will remain open through a transition as we build up placement options for the youth in scattered sites.
140	Is this session being recorded?	The intent was to record but there was a technical glitch.
141	3. This isn't the first time I've heard we could've done this differently. How will management use this situation to improve transparency in the future and promote a teaming environment?	Within DFCS we have started an agency steering committee. Any future practice changes such as this would go to this steering committee. We are also facilitating weekly informational sessions which will continue moving forward.
142	What about the union? I saw a Comment about the county union. Is Seneca a union business?	Seneca is not a union organization.

143	Please clarify "more therapeutic" needs	Therapeutic needs refers to psychosocial and/or emotional needs .
144	How are COVID-19 precautions being incorporated with the Welcoming Center?	DFCS, BHSD, and Seneca take the health of children and families, our staff, and our surrounding community incredibly seriously. The Welcoming Center will follow the existing COVID-19 policies and procedures informed by Santa Clara County policies, and developed by Seneca's medical services team. These policies and procedures are developed in accordance with guidelines from the Center for Disease Control and Prevention, the World Health Organization, and public health best practices. These procedures are currently in place at multiple Seneca crisis service programs across the state, and include, but are not limited to, protocols for social distancing in group settings, the use of personal protective equipment, hand hygiene, protocols for cleaning and disinfecting surfaces, and staff health screening before every shift. These policies will continue to be updated and adapted as we continue to learn more about the spread of COVID-19 in the United States.
145	How many County Supervisors or their representatives are participating in this call?	I know we had at least one representative from a County Supervisor's office on the 7/6 session

<p>146</p>	<p>2. question 71 - 2 welcome counselors, 2 intake officers, 1 clinician. What is the education background and training requirement for each of these positions.</p>	<p>The Welcoming Center will employ master’s-level clinicians, bachelor’s-level counselors, and a registered nurse. The requirements for these positions are described below. The staffing configuration is structured to allow for flexing up in ratios if in the rare circumstance that the census exceeds the intended capacity or when the needs of a particular youth warrant additional support. To accommodate this, the Welcoming Center will leverage on-call counselors and clinicians available to be deployed 24/7 to the site, ensuring that ratios are maintained and additional support can be provided to the milieu and individual youth, when necessary.</p> <p>Clinician: Master’s-level clinicians will facilitate the coordination of each referred youth’s care. Clinicians will complete assessments and create a report for County staff about the kind of placement that would best meet the child’s needs. In partnership with DFCS, screening may include the State of California’s Level of Care Matrix and the Crisis Assessment Tool (CAT), which Seneca utilizes in several of its emergency response programs. The CAT assesses for current risk behaviors, behavioral and emotional symptoms, life domain functioning, and juvenile justice involvement. If indicated by the CAT screening, the clinician will lead staff in creating and implementing a safety plan for the child during their stay. Additional assessment will include screening for medical needs, communication levels, and suicide risk. The clinician will compile all information gathered from screening into a comprehensive report for the County to drive placement decisions for the child. Qualifications include: Master’s degree in psychology, counseling, or social work is required. Individuals must be eligible for licensure and be registered with the Board of Behavioral Sciences. Individuals must have at least two years of experience working with children, youth, and families with complex and enduring needs. Bilingual staff are required to pass a language comprehension and competency exam prior to providing bilingual services. Individuals must have flexibility and strong communication skills as well as the ability to work effectively with diverse populations and teams. Experience and training in</p>
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147	Can you remove the contract from consent?	This item is still scheduled for the 7/21 Board of Supervisors meeting. Where it falls on the agenda can be adjusted during the meeting.
148	3. q 88 so probation only youth will not be allowed at welcome center	The Welcoming Center is able to serve both Child Welfare as well as Probation youth.