BACKGROUND

Marin County Department of Health and Human Services is currently implementing the Youth Pilot Program for families of selected children who are in out-of-home placement or imminent risk of placement in the county’s Mental Health, Juvenile Probation, or Social Services systems. Marin County was one of six counties chosen to participate in the pilot under Assembly Bill 1741. This pilot is viewed as a vehicle for developing local processes, which include the strengthening of relationships with other county departments and community-based organizations, and assessing the overall well-being of the child and family participants.

The program has proven to be highly successful with 95.7% of the children served avoiding more restrictive placements. All families served participated in the Coordinated Youth Services Council’s (CYSC) Family Network Collaborative, a facilitated process. CYSC is a membership organization, comprised of public sector agencies, schools, non-profit service providers, and parents.

RECOMMENDATIONS FOR SAN FRANCISCO COUNTY

Based on my findings, I recommend the San Francisco Human Services Agency (SFHSA) attempts to replicate and implement a project similar to Marin County’s Youth Pilot Project. SFHSA should look at innovative ways of expanding the services and augmenting the programs currently in place. This will enable SFHSA to build stronger partnerships with communities, increase recruitment of foster parents, and collect and compile data to measure critical outcomes and generate analyses that permit the refinement of all four core strategies of the Family 2 Family Initiative.

1. These include: first, developing the ability to pay for goods and wraparound services that help meet the team’s goals. These flexible funds allow for the payment of services to support the stabilization of the family, such as respite, parent training, organized sports participation, anger management and therapy.

2. Expand the Team Decision-Making strategy to replicate the Family Network model that includes a number of professional service providers, one of whom is designated the “team coordinator.” Working together the team defines the problem to be solved, identifies the resources, creates steps toward a solution and evaluates the results of the decisions and actions.

3. And finally, expand the referral base and include those departments that frequently come into contact with the children that may be a referral from

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Child Protective Services. This will strengthen and enhance the scope of responsibility and concerns of the department.
INTRODUCTION

The San Francisco Human Services Agency's purpose is to assist people who are disadvantaged or in crisis to obtain the resources they need to realize their human potential, within the context of family and community. The San Francisco Human Services Agency (SFHSA) affirms the inherent dignity of the people we serve, provides them services with respect and compassion, and, to the greatest extent possible, includes them in decisions that affect their lives.

As a part of the Bay Area Social Services Consortium (BASSC) Executive Development Program, I chose Marin County's Youth Pilot Program (YPP) as my case study. I explored and analyzed its implications, examining cause and effect, and determining what, if any, impact this particular project would have on the existing San Francisco programs including Team Decision Making (TDM) and the Family 2 Family Initiative.

BACKGROUND

The mission of the Marin County Department of Health and Human Services is to promote the health, well-being, self-sufficiency and safety of all residents. In keeping with that mission, Marin County was one of six counties in California chosen in 1995 to implement a Youth Pilot Program (YPP) through Senate Bill 163. The SB was authored by Hilda Solis (D - San Mateo), and allows counties to use state foster care funds to provide wraparound services to eligible families as an alternative to residential treatment.

MARIN COUNTY’S YOUTH PILOT PROGRAM:
INTEGRATION OF SERVICES WITH SAN FRANCISCO’S FAMILY 2 FAMILY INITIATIVE

Joyce Crum

YPP serves families of selected children who are in out-of-home placement or at imminent risk of placement in the county’s mental health, juvenile probation, or social service systems. This project is facilitated through family decision-making processes, which can include intensive one-on-one services, a structured process of the family setting overall goals, and the team coming together to agree on an overall strategy to benefit and maintain the goals set by each family.

KEY ELEMENTS

Referrals

Program referrals come from case managers within any of the three public agencies in the county who place children out-of-home: the Departments of Social Services, Community Mental Health, and Juvenile Probation. The criteria for acceptance are:

• A family must have a child in placement or at imminent risk of placement.
• A parent must be available and want to have the child at home; or
• If there is no parent available and willing, there must be relatives within the immediate geographic area who are available and want the child in their home; or
• If no parent or relative is available and willing, there must be an appropriate foster family within the immediate geographic area who could provide care for the child. (This final option is available only for children in group or residen-
tial care, or at imminent risk of being placed in group or residential care).

The child could be safe at home or in an alternative placement if intensive services were made available to the child and caregiver.

**Participation**

All families served by The Youth Pilot Program participate in the Coordinated Youth Services Council’s (CYSC) Family Network Collaborative, a facilitated process. CYSC is a membership organization, comprised of public sector agencies, schools, non-profit service providers and parents. Each Family Network team meets in order to determine goals and action steps. The family is asked to identify anyone they choose as potential team members. This usually involves key family members, personal support people, and professional service providers.

If there are a number of professionals included, one is designated as the Family Network team coordinator.

The team coordinator is responsible for monitoring progress towards treatment goals. The team coordinator maintains regular contact with key participants to ensure that the plan is being carried out within the agreed upon time frames. Through this process, a wide variety of services are identified and provided through the YPP. Services may include respite care, tutoring, parent training, anger management classes, basic needs expenses, substance abuse treatment, therapy, extra-curricular activities, and mentoring.

The purpose of YPP is to keep children safe and provide families with resources to assist in crucial life altering decisions. In the Family Network process, all team members are required to have an orientation meeting with someone from CYSC. During that process the role of each team member is defined in more detail. When the orientation is completed, the Family Network begins with a meeting for the family, the referring person, and the person designated as the team coordinator. CYSC will help the family and other team members identify who else they want to include on their team. All teams are unique, but typically consist of:

- Available parents, stepparents, guardians
- Family friends, neighbors, extended family members, other personal support persons
- Children, depending on age and other considerations for appropriateness
- A team coordinator
- Other service providers identified by the family

A specially trained facilitator convenes the team meetings. The facilitator is not involved with the family or with the provision of services. The facilitator’s role is to run the Family Network team meetings in such a way that the principles are maintained and that each person has full opportunity to participate. Facilitators are trained to be neutral and do not participate in discussion or influence the team’s decisions. Rather, they encourage team members to share their point of view, along with combining their talents to explore a range of challenges and solutions that will benefit the whole family. Most important is the family’s ability to have the final word on decisions made by the group.

First, the team must develop a service plan. The service plan includes the stated goals, service action steps, progress, person reporting and next steps. Team members are encouraged to be candid about their thoughts and opinions and to strive towards making decisions everyone can support.

The team meets periodically to set goals, assign
particular jobs or functions, check in on progress, discuss issues that need to be decided by the group, make adjustments to the goals or action plan as needed, and evaluate outcomes.

Case in Point

During my visit to CYSC, I was privileged to sit in on an active Family Network case. The Mental Health case worker for the son, Jamil, who had difficulty controlling his anger, referred the Wixom family to CYSC Family Network. Jamil was also adjusting to placement in shelter while his father Joe, who suffered two major heart attacks, was recuperating. Joe’s serious medical condition, as well as his inability to manage his physical pain and find alternative ways to engage Jamil, made the family a prime candidate for alternative services through YPP to avoid out of home placement.

Services

Services are a key element of the YPP. Approval and securing the provision of services is the role of the Youth Pilot Program Coordinator, Alva Ackley. Ms. Ackley is responsible for the authorization of services recommended in a service plan and is the person who negotiates payment and billing with providers. The funding for this program is flexible, which allows YPP to purchase a variety of goods and services to support the stabilization of the family. One of the most effective services is the facilitated meeting to coordinate services. Mentoring is the most expensive, along with housing assistance which is a one-time expense. However, housing assistance can also be one of the most effective means of support. This process has shown to improve working relationships among the various county departments and divisions and community-based organizations (CBOs) and to improve coordination of services to children and families.

During the last fiscal year, which ended June 30, 2004, fifty-four families with a total of 111 children were served. Seventy of the children were considered to be “focus” children, or those who were identified as at-risk of out-of-home placement. The cost of services provided to those 54 families was $337,796. If the 70 focus children had been placed out-of-home, or at higher levels of care, the cost of placements was projected to have been $1,212,519, a savings of $874,723.

RECOMMENDATIONS FOR SAN FRANCISCO COUNTY

San Francisco currently implements the Family-to-Family Redesign (F2F), an initiative sponsored by the Annie E. Casey Foundation that attempts to address several challenges of the child welfare system. The core strategies used in F2F to achieve the initiative’s goals are:

- Building partnerships with community-based organizations and neighborhood resources, particularly in areas with high referral rates;
- Recruitment, training, and support of families (foster and relatives) caring for children;
- Family Team Decision-Making, a multifaceted process of placement planning involving a collaborative effort by foster parents, social workers, birth families, agency representatives, and community members; and
- Self-evaluation and monitoring outcome data to maximize effectiveness and identify areas needing improvement.

Given the $20 million dollar deficit facing the city and the tough fiscal times that affect the depart-

1 Client names have been changed.
ment, I recommend that SFHSA attempt to replicate and implement a project similar to the Youth Pilot Project. SFHSA should look at innovative ways of expanding the services and augmenting the programs that are currently in place to build stronger partnerships with communities, increase recruitment of foster parents, and collect and compile data to measure critical outcomes and generate analyses that permit the refinement of all four core strategies in order to advance the F2F child welfare practice. Consideration of the following strategies are recommended:

1. **Apply for the AB1741 waiver to allow for the flexible use of state funds previously available only to fund out-of-home placement to augment services.**

If this waiver is granted, it would reduce the number of children served in institutional and group care and shift the resources from group and institutional care to kinship care, family foster care, and family-centered services. The flexible funds that are available for this program are not traditionally available through the department’s child welfare spending models. The federal eligibility for children of this program allows counties to bill the state for 20% of the total cost of avoided placement by the children. Thirty percent avoided placement cost is the county’s match. For non-federally eligible children the county may invoice the state for 40% and the county has a 60% match. Based on this reimbursement, the county can include wraparound services that would include the facilitated meetings to coordinate services. Specific recommendations for SFHSA are to provide the following wraparound services:

- School-based day treatment with highly structured, small classes
- One-on-one mentoring
- System of care treatment which involves the Family Mosaic, and the Substance Abuse Mental Health Services Administration (SAMHSA) model of intensive case management

2. **Incorporate the Family Network model used in Marin County as a vehicle to convene and accurately record TDM meetings.**

The Family Network model is structured to employ an outside organization. This model includes a number of professional service providers, one of whom is designated the team coordinator. Working together the team will define the problem to be solved, identify the resources, create steps toward a solution, and evaluate the results of the decisions and actions. Needed professional service providers are included in the action steps, and, if they cannot be procured otherwise because of the waiver, they are submitted to YPP for purchase. San Francisco’s TDM model includes an internal staff person who is designated as a facilitator with the responsibility of putting together all team members and recording all sessions. Utilizing the Family Network model eliminates the burden of responsibility on the internal staff person to maintain records.

3. **Incorporate Mental Health and Juvenile Probation in TDM meetings.**

The Marin County Youth Pilot Program receives referrals from Juvenile Probation and Mental Health, while San Francisco’s referrals are from Child Protective Services. Expanding the referral base, and including those departments that frequently come into contact with the same children, will only strengthen and enhance the scope of responsibility and concerns of the department.
Based on these recommendations, I propose SFHSA begin immediate plans to explore the possibility of applying for the AB 1741 waiver. This will result in the city’s ability to draw down funds to keep children out of placement and provide intensive wrap-around services to support the department’s goal to support families (foster and relatives) caring for children.

This will be an ambitious undertaking and will require a lot of internal planning. I recommend that beginning in fiscal year 2005-06, SFHSA assemble a core team of child welfare workers, staff from other city departments whom frequently come into contact with our children, CBOs, and neighborhood resources, particularly in areas with high referral rates, to come together and make a recommendation for an application process for the state waiver. This recommendation should occur during the first quarter of the fiscal year, with a goal of completing the application process by December 31, 2005. Implementation of this project based on state’s approval would begin July 1, 2006.

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