

Together, Engage, Act and Motivate: An Effort by Sonoma County’s Family, Youth and Children’s Services to Engage Parents in Their Case Plan

LARRY MERKUR & LESLIE GRIFFITH

EXECUTIVE SUMMARY

The additional funding from the 1991 and 2011 realignments allowed Sonoma County Family, Youth, and Children’s Services (FY&C) the opportunity to develop new and creative ways to do business. In an effort to engage families in their own case planning and immediately link them to services while adding value to case-carrying social workers by alleviating time spent on administrative tasks, Together, Engage, Act and Motivate (TEAM) was created. TEAM is based on an evidence-based “access linkage” model with roots in substance abuse treatment. The purpose of TEAM is to engage and involve parents and youth in case planning, and to assist families in overcoming the barriers to achieving their case plan goals. This is accomplished through the use of facilitated multidisciplinary team meetings, outreach to families, coordinated services and referrals, development of community supports, and administrative support for social workers.

Santa Clara County was interested in exploring the TEAM model as another way to partner with families and the community. In recent years, trends in child welfare have focused on engaging families

and their natural systems of support in group decision making, joint assessments, and creating environments for open and honest communication with the family and their team. Although still in its infancy, TEAM has found much success in Sonoma County as a mechanism to engage parents and youth in their case planning. Although it is too early to have significant outcome data, the assumption is that when parents and youth are actively involved in the development of their case plan, they will be more motivated to achieve the case plan goals, which will positively impact the rates of family reunification. Findings from this study suggest that TEAM is a valuable program and worthy strategy to watch, but would not be recommended for implementation in Santa Clara County at this precise moment in time. However, in looking forward, the writers of this paper strongly urge Santa Clara County to consider moving more in the direction of this family group decision making model as it pertains to case plan development and enhanced linkages to service providers.

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Introduction

Based on a proposal to the executive team at Sonoma County’s Human Services Department, Sonoma County Family, Youth & Children’s Services (FY&C) initiated a new program called Together, Engage, Act and Motivate (TEAM) in June 2013. The TEAM program is based on an evidence-based “access-linkage” model for families involved in the dependency system (also known as the child welfare system). The initial impetus for creation of this program was an opportunity to be creative with additional funding from realignment dollars. Executives of each division were given an opportunity to come up with new and creative ways of doing business to achieve client outcomes using this funding. This was followed by brainstorming, a review of the literature, a submission of proposals, and a voting process.

TEAM was created using the evidence-based “access-linkage” model that has been identified as being effective in the delivery of services to families who present with multiple co-occurring problems (Marsh, J.C. et al., 2005). Sonoma County’s review of the literature on the “access linkage” model found that research pointed the evidence toward programs that have included three essential elements in an effective approach to the delivery of services. The three essential elements of an access-linkage model are: 1) careful assessment; 2) tailored and targeted services; and 3) the use of an intensive case management linkage mechanism that emphasizes actual

utilization of services over simple referral to services. Of the three essential elements, the TEAM program strives to focus mostly on one: *the use of an intensive case management linkage mechanism*. Sonoma County already implemented the other two elements just noted, through the use of Structured Decision Making and assessment-driven service referrals to evidence-based practices. What the department felt was lacking in their practices at the time was the “linking” mechanism. While careful assessments and individualized case plans or tailored and targeted services made sense and helped with engagement of families and clients, the expectation is that by using an intensive case management linkage mechanism, families would be better connected to the available and necessary services, and thus experience better outcomes.

In child welfare, the majority of families are faced with multiple co-occurring problems, such as mental illness, substance abuse, intimate partner violence, and poverty, along with all of its consequences—such as lack of adequate housing and other basic essentials. Poverty alone is often a major obstacle to success and engagement in services. Families often struggle to meet all of the expectations of their case plans, most of which become embedded in a court order. The common expectation of clients is that given a “referral” to services, they will initiate contact with a provider of whatever services they need, such as substance abuse or mental health

treatment. Many clients are often overwhelmed with the requirements of the case plan, let alone the personal obstacles before them. The access-linkage model was designed to enhance the connection of clients with their services to ensure they actually get connected. This is a benefit to not just the client as they navigate through the system, but to the social worker as well, allowing them to focus on achieving positive outcomes for their families.

The focus for the creation of the TEAM concept came from Sonoma County's desire to improve the engagement of families in the development of their own case plan, and in their actual use of and benefit from services. FY&C, wanting to stay mostly evidence-based, reviewed and studied the literature on family engagement in case planning. According to the Child Welfare Information Gateway (2010), "family engagement is the foundation of good case-work practice that promotes the safety, permanency, and well-being of children and families in the child welfare system. Family engagement is a family-centered and strengths-based approach to partnering with families in making decisions, setting goals, and achieving desired outcomes." Some of the benefits of family engagement include enhancing the relationship, promoting family "buy-in," building family decision-making skills, and enhancing the fit between family needs and services. Research suggests that when families are engaged in and supported to have a significant role in case planning, they are more actively committed to achieving the case plan (Child Welfare Information Gateway, 2012).

Sonoma County recognized that it already had a number of promising, exciting, and evidence-based initiatives created in the past several years; however, some of these programs were under-utilized. Several factors influenced this under-utilization, such as busy staff schedules and a general lack of coordination among the various providers, leaving them operating apart from each other as well as not being in communication with other partners treating the same clients. The TEAM approach also intends to increase coordination among the service providers in an effort to reduce any possible negative side effects

associated with this disjointed, traditional approach that might add to a client's lack of engagement. With a coordinated array of services, along with systemic supports, the assumption is that clients are more likely to stay engaged and benefit from services.

Reason for Selecting Project

Over the last three or so years, Santa Clara County has been involved in the California Partners for Permanency (CAPP) project, which is a federally funded program/project to reduce the number of children in long-term foster care. It is one of six projects in the country funded through a \$100 million Presidential Initiative. As reported on the Child and Family Policy Institute of California website, "the California effort focuses on African American and Native American children who are over-represented in the state's child welfare system and for whom it has been most challenging to find loving and permanent homes. Project goals are to both reduce long-term foster care and improve child well-being. The way in which this will be accomplished is through a comprehensive approach to child welfare systems change." The CAPP project, infused with a Safety Organized Practice (SOP) approach, has become the working blueprint from which Santa Clara County—much like Sonoma and other counties around the state—is developing a standard practice model. The four Early Implementing CAPP Counties are Fresno, Humboldt, Los Angeles, and Santa Clara. While this paper cannot go into all of the complexities of the CAPP project, of primary interest is the fact that it is based on a collaborative or partnership approach, involving parents, youth, caregivers, and community partners.

For some time, Santa Clara County has been on the forefront of the use of group decision making in its work. Starting with family group conferencing in the 1990s to the extensive use of Team Decision Making (TDM) on all placement changes and even to Family Team Meetings (FTM), which is similar to Sonoma County's TEAM meetings. Both the TEAM and the FTM have a focus on the development of an individualized case plan for the family.

More on the comparison will follow later in this paper. Despite the fact that Santa Clara County has been utilizing Family Group Decision Making for quite some time, the concept of teaming adds a new element to the practice, and one that needs further development. The opportunity to view how Sonoma has developed a well-structured TEAMing model, turned out to be well-timed as Santa Clara County is in the midst of growing its own practice model built on better partnering and better utilization of teaming events to improve outcomes.

Key Elements

TEAM is a program designed to deliver services to families and youth receiving court-ordered services through Sonoma County Dependency Court. The focus is on families who have recently had their children removed, or are in family reunification and present with multiple problems, including but not limited to substance abuse, mental health, domestic violence, and housing instability. The purpose of TEAM is to engage and involve parents and youth in case planning, and to assist the family in overcoming the barriers to achieving their case plan goals. This is accomplished through the use of facilitated multidisciplinary team meetings, outreach to families, coordinated services and referrals, development of community supports, and administrative support for social workers.

Multidisciplinary Team Meetings

The multidisciplinary team meeting is at the heart of the TEAM model. This meeting is similar in nature to other types of Team Decision Making meetings, where the focus of the meeting is on what's working for the family, worries/challenges, and the generation of ideas. However, it differs in that the sole purpose for the meeting is on the engagement of parents and youth in the development of their case plan. The meeting is facilitated by a TEAM social worker, and ideally attended by the parent(s), natural supports, community partners, social worker, and youth when applicable.

TEAM meetings are held at different intervals throughout the life of the case, beginning just prior to disposition; then approximately six weeks prior to status review hearings for Family Reunification and Family Maintenance; and then approximately six weeks prior to the 12-month Permanency review hearings in Permanency Planning cases. The facilitator engages the participants in discussion of the families' strengths and challenges, with the goal of identifying three focused objectives for the case plan. The objectives must be specific, measureable, attainable, relevant, and time-bound (SMART). One example of a SMART objective from a recent TEAM meeting is as follows: "The mother will demonstrate her ability to meet all of the child's medical, emotional, and physical needs. This will be evidenced by her being able to read and respond appropriately to the child's cues; the mother will be increasingly comfortable in her parenting role (including holding, changing positions, etc). The mother will follow a daily schedule with the child, and the mother will be more involved in the child's medical appointments, including maintaining contact with the doctor and eventually attending physical therapy appointments. Further evidence that progress is being made in these areas will be an increase in visitation." Historically, case plans have focused on outcomes that are utilized similar to a checklist, such as 10-week parenting class, weekly drug testing, individual therapy, 12-step meetings, etc. Although the Sonoma County case plans continue to list similar client responsibilities, they are more behaviorally specific with their identified outcomes and expected behavioral changes.

Collaboration

Although the case-carrying social worker is an integral participant in a TEAM meeting, the success of TEAM is really built on the collaboration of all internal partners, including clerical staff, the TEAM social worker, and the case-carrying social worker. In developing TEAM, Sonoma County recognized the need to refrain from adding more work to the already overburdened social workers and created TEAM with the idea of engaging families in their case plan

and linking them to services, but also adding value to the case-carrying social worker by alleviating time spent on administrative tasks. This is evidenced by the following:

- Administrative staff schedule the meetings and invite all participants, except the parents. (In general, meetings are scheduled based on the minute orders received directly from court rather than a social worker generated referral.)
- TEAM social workers facilitate the TEAM meetings and create the action plan.
- TEAM social workers generate the case plan in Child Welfare Services/Case Management System (CWS/CMS) based on the identified action plan.
- Administrative staff contact service providers in a timely manner and make all corresponding referrals to community partners based on the action plan.
- Administrative staff will follow up with service providers after making the referrals and note any barriers identified by the service provider.
- TEAM social workers will contact the parents within one week of the meeting to see if they have connected with the identified services.
- TEAM social workers will identify barriers to services (e.g. transportation, availability) and remedy any barriers they can.
- TEAM social workers and clerical staff will document their contacts and referrals into CWS/CMS to assist social workers with their documentation of reasonable efforts.

Despite the additional meetings social workers are asked to participate in, the collaborative effort and support received has increased staff buy-in to the process and alleviated any increased workload issues.

Participants

As mentioned previously, TEAM meetings are attended by the parent(s), natural supports, community partners, social worker, and youth when applicable. In general, the focus of a TEAM meeting is on one parent and their case plan. The parent is

encouraged to identify their own natural supports, which may include family members, friends, etc. The goal is for at least 50% of the participants to be natural supports to the family. This is an area that continues to be under development in Sonoma County. As of now, meetings are more heavily attended by service providers and staff members.

Representatives from mental health, Court Appointed Special Advocates (CASA), Indian Child Welfare Act (ICWA), and Independent Living Program (ILP), are routinely invited to meetings. Additional service providers are invited based on the identified needs of the family. As part of the development of TEAM, Sonoma County allows their service providers to bill for the time associated with attendance at the meeting, even if they are not already working directly with the family.

Oversight/Evaluation

The TEAM program is still in its infancy, since implementation began in June 2013. The workgroup that was involved in the development of the program has now become the steering committee that is responsible for the oversight and continued success of implementation and integration of the program. The role of the steering committee is to review outcomes and data, consider expansion, engage with the community, and support social workers. At this time, evaluation data is limited as the steering committee is working to identify the data points needed for evaluation based on the original design of the program. All participants are encouraged to complete surveys after the meeting, and feedback has been received from approximately 900 individuals that will help to shape the meetings in the future. In general, feedback received is positive.

Staffing/Funding

The original proposal for TEAM from January 2012 included the addition of eight positions for a total cost of \$1,055,638. These positions include three senior social workers responsible for the facilitation of meetings, and five office assistants to support the overall workflow of the program. The identified

social workers are now part of a larger unit that includes a social work supervisor and TDM social workers.

Successes/What's working

Sonoma County has had many successes in its short time since implementation. To date, it has implemented over 400 TEAM meetings and recently started to see families for a second time as their 6-month status review hearings are approaching. TEAM was expanded to engage families receiving Family Maintenance Services in their case planning in March 2014. The data received from these meetings and the surveys has provided valuable information to inform and modify the process. When talking to the staff at Sonoma County, the following successes were identified:

- Helped the community to view [staff] differently, and helped us to partner with the community differently.
- Increased the use of underutilized services and initiatives.
- Streamlined services and referral processes.
- Shared ownership among different staff, including case-carrying social workers, TEAM social workers, and administrative staff.
- Created behaviorally based case plans that have clearer expectations, are outcome-oriented, and more easily understood by participants.
- Dedicated resources have been provided for TEAM.
- Trained court partners to view case plans differently.
- Alleviated social worker time spent on administrative tasks.
- Allowed clients to hear similar messages from a variety of sources.

Worries/Challenges

With the development of all new programs, challenges are to be expected and the experience with TEAM is no different. Initially, the resistance to TEAM centered on adding additional staff that

did not carry cases when social workers were already feeling overburdened, increasing the number of meetings for staff to attend, and getting staff buy-in for shared decision making. When talking to the staff at Sonoma County, they have identified the following worries/challenges:

- Securing resources for a database to track data and outcomes.
- Increasing attendance of natural supports at the meetings.
- Coordinating logistics, including provision of child care and expansion of meetings into non-traditional business hours to meet the needs of families.
- Timing of meeting invites when the court recommendation hasn't been determined.
- Ensuring that key participants and providers are present to increase the productivity of the meetings.
- Including children's providers when appropriate.
- Alleviating resistance from the small percentage of social workers who are not open to change and don't want to try something new.
- Meeting the cultural and linguistic needs of the community.

Implications for Santa Clara County

SANTA CLARA COUNTY'S FAMILY TEAM MEETING

As indicated earlier in this paper, Santa Clara County (SCC), in January 2009, while involved in a Family Wellness Court (FWC) project, began its own group decision making program called *Family Team Meeting*. With very much the same concept as Sonoma, SCC wanted to improve engagement of clients through the group decision making model specific to the development of the case plan, and also move towards more individualized and targeted case plans. It's probably no surprise that the two programs share quite a bit in common, as both were initiated based on similar bodies of research that supports the benefits of group decision making and targeted case management, and was intended to occur early in a case. SCC's developed model, while not necessarily built

upon it being an “access-linkage model” has many of the same elements vis-à-vis having service providers at the table during FTMs, as well as attending court hearings, etc. Thus many of the “linkages” for clients of the FWC project occur naturally either at FTMs or FWC hearings, with referrals happening on the spot. Some of the providers involved included substance abuse, mental health, domestic violence services, as well as developmental and health related services for children (e.g. First 5).

SCC did its research through literature available from the American Humane Society, as well as visiting the Child and Family Services Agency in Washington, D.C. for first-hand training and experience. Similarities between the FTMs and TEAM include but are not limited to:

- Group decision making as a foundation for case plan development
- Creating a targeted (non-cookie cutter) case plan tailored to the needs of the family
- Built on consensus (not necessarily agreement)
- Held between the jurisdictional and dispositional hearing (in order to have buy-in on the case plan, the family gets to have input into what the court order would ultimately contain)
- Face-to-face contact with service providers and immediate access to referrals
- Removal of barriers to improve access and increase participation

In SCC, FTMs were previously a routine part of the FWC project, with all cases being scheduled for this meeting prior to the dispositional hearing. FWC has more recently gone through a change, combining with the Drug Dependency Treatment Court (DDTC) to form a new specialty court called Dependency Wellness Court (DWC). With the merger of these two specialty court programs came larger numbers of participants and changes in entry points to participation in the specialty court program. The FTMs have now morphed into a case planning meeting for clients struggling to engage in their case plans, rather than an upfront case planning development meeting.

One of the major differences between the TEAM project and the FTM, and perhaps a major factor in why FTMs are no longer functioning as they were originally intended to, is the lack of support for the program. Some of those differences include:

- Sonoma’s FY&C TEAM project includes social workers as facilitators who not only schedule, coordinate, and run the meetings, but also collaborate with the case-carrying staff and families to ensure participation in services.
- SCC has a limited number of facilitators for a larger population, whose focus is limited to running meetings.
- TEAM facilitators consult with staff prior to and after TEAM meetings.
- FTM facilitators are members of the joint decision making (JDM) unit and facilitate a variety of team meetings.
- FTM facilitators remain less involved and come to meetings without knowledge of the family to remain neutral.
- Perhaps most importantly, TEAM has a high level of clerical support (as described earlier), which just doesn’t exist in SCC.

There are also of course some common problems or obstacles faced by both FTMs and TEAM meetings, such as a lack of attendance by natural supports, caregivers, and inconsistent attendance of service providers. It becomes difficult to come to consensus when meetings become provider-heavy, and families have less natural supports available to help or create a more complete picture of the family’s true needs. And, while we don’t particularly like to point out our own resistance to change, resistance and growing pains exist with the implementation of any project. Both programs certainly experienced these as obstacles to development. The edge in dealing with staff reluctance, however, goes to Sonoma in that its program was designed specifically around administrative support in the development and implementation of case plan activities.

Recommendations

There is much that SCC could benefit from establishing a program like TEAM. Certainly SCC has come very close to having a group decision making program with many of the same elements, minus the complete “access-linkage” package and without the high-level clerical support. However, timing is an important element to consider, and it is difficult to recommend that SCC adopt TEAM as part of its own practice at this time while concurrently involved in a number of other initiatives. It is strongly urged, however, that SCC look very closely at this model, as it is not an unfamiliar one and could be replicated again adding the access-linkage component as well as administrative support.

It is important to note that SCC's Department of Family and Children's Services (DFCS) has much on its plate at the moment. DFCS has spent an extended period of time in, and is still in progress of, developing its own strategic plan that will hopefully encompass and embrace not only the state's most challenging System Improvement Plan (SIP), but the development of the aforementioned practice model. Many of the principles of that practice model include teaming as a core principle, as well as a collaborative or partnership approach involving parents, youth, caregivers, and community partners. Plus, built into the developing practice model is an evaluative component based on fidelity assessments that occur at various “teaming” events. Complicating matters even more is that the Santa Clara County Social Services Agency, which DFCS is a part of, has also just embarked on the development of a strategic plan. Perhaps it is just a factor of being a much larger county, but within its strategic plan, SCC is struggling to ensure that it has resourced itself appropriately. Having responded over time to various needs and available resources, budget cuts, and enormous difficulty filling vacancies, the department finds itself understaffed in a number of areas and is examining whether staff are allocated appropriately to best meet the needs of the department.

In sum, TEAM is a very appealing program, and one that resonates well with the philosophy of SCC's developing practice model and strategic plan. However, until the strategic plan and practice model are both more developed and integrated into everyday practice, it is hard to envision where in the greater scheme TEAM would fit. However, it is recommended that upon finalization of the strategic plan and adequate staffing, SCC takes a second look at integrating into practice a routine teaming event around the development of the case plan, much like that of TEAM, as it does incorporate the basic values and philosophy of SCC DFCS.

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