

**COLLABORATIVE WORKING RELATIONSHIPS BETWEEN
CHILD-SERVING AGENCIES IN SONOMA COUNTY:
RECOMMENDATIONS FOR THE COUNTY OF SAN MATEO**

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EXECUTIVE SUMMARY

BACKGROUND

The collaboratives in Sonoma County created an environment for solving problems when system of care funding was eliminated. In 2003, various models for coordinating services in Sonoma County were presented. Sonoma County chose a coordinated case planning model where services for clients are coordinated either informally through worker-to-worker communication or formally through the Project E.S.P. Multi-Disciplinary Team (MDT). The coordinated case planning model set a strong foundation for the current six collaboratives within Sonoma County Family, Youth and Children's Services.

KEY ELEMENTS

Participation, understanding and follow through of the goal/purpose of the collaborative are crucial to the success of a collaborative. The collaboratives within Sonoma County have been successful because there is participation, understanding and follow through.

SUCCESS MEASURES & EVALUATION

There are documented and quantifiable successes due to collaboration. However, they are not readily accessible via measurable outcomes from the various collaboratives. A survey was distributed in August 2004, to gather staff perceptions regarding the Project E.S.P and the MDT. Overall, the results of the survey were positive regarding the Project E.S.P and the MDT. An on-going evaluation process is being put in place for the fairly new Differential Response Team (DR) collaborative.

RECOMMENDATIONS

San Mateo County and Sonoma County can both benefit by incorporating measurable outcomes in their various collaboratives. Measurable outcomes will provide important guidance for continued or increased success of collaboratives. Prior to developing measurable outcomes for the collaboratives within Children and Family Services, San Mateo County may want to follow Sonoma County's lead and start with surveying the staff regarding the various collaboratives.

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BASSC Executive Development Training Program

COLLABORATIVE WORKING RELATIONSHIPS BETWEEN CHILD-SERVING AGENCIES IN SONOMA COUNTY: RECOMMENDATIONS FOR THE COUNTY OF SAN MATEO

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INTRODUCTION

Collaborative working relationships between child serving agencies can improve services to clients and stretch funding.

BACKGROUND

Collaboratives in Sonoma County were formalized and gained structure in the summer of 2002 when Sonoma County attained a \$40,000 Linkages Grant. This grant "jump started" the Multi-Disciplinary Team (MDT). Once the memorandum of understanding (MOU) for confidentiality was "hammered" out, two-hundred employees were cross-trained. The goal of the MDT is to develop and implement a whole family approach through integrated services and multiple disciplinary team case-conferencing. The MDT became a sub-committee of Project E.S.P (Empower, Support and Protect – the motto for Sonoma County) which started out as Linkages. Project E.S.P is essentially an integrated service approach that provides benefits to both clients as well as caseworkers.

Three models for coordinating services in Sonoma County were presented:

- **Coordinated Case Planning Model** – Mutual cases are identified. Client sees two workers who coordinate services. Case plans are coordinated either formally through the MDT or informally. Cases are reviewed to ensure coordination occurs.

- **Intensive Services Unit Model** – Clients are only accepted by referral. Unit is comprised of staff from many disciplines. Cases are coordinated through frequent staff meetings.
- **One Door Model** – At each county office, clients are screened for all programs. Staff are trained in many disciplines, or office is staffed by multi-disciplinary teams. Case manager is assigned according to the primary need of the client. A coordinated or unified case plan is developed.

Sonoma County chose the coordinated case planning model. In this model, services for clients are coordinated either informally through worker-to-worker communication or formally through the Project E.S.P. Multi-Disciplinary Team (MDT). The coordinated case planning model set a strong foundation for the implementation and growth of collaboration therefore additional collaboratives began.

Sonoma County's Family, Youth and Children's services currently has six different collaboratives:

- Project E.S.P.
- MDT
- Child, Youth and Family Partnership of Sonoma County (PARTNERSHIP)
- Mid-Level Management Counsel
- Case Management Counsel (CMC)
- Differential Response Team (DR)
- Valley of the Moon Children's Home (VOMCH)

All collaboratives have clearly defined purposes and goals (summarized in Appendix 1). All of the

collaboratives have had successes, some more easily quantifiable than others. None of the collaboratives currently have documented measurable outcomes.

KEY ELEMENTS

The criterion for participation on each collaborative is simply identified by whether a person or division is involved with that family, youth or child at any time or not, and at what level staff perform (line staff, management, or executive). If they are involved, they participate in the appropriate collaborative. Employees are involved in, and seem to embrace, collaboratives at all employment levels. The goals and purpose have been established and communicated to all participants of the various collaboratives. All collaborative participants that I met had a clear and common understanding of the goal/purpose of their collaborative and their role in the collaborative.

DR, the newest collaborative - which has been running for less than 6 months, is the one collaborative in Family, Youth and Children's services that incorporates community-based organizations (CBOs). The CBOs were chosen based on their geographic location and because they already offered intervention services to families with children, ages 0-5. The focus of the DR collaborative differs from the other collaboratives by focusing on early intervention services to families where there are children at risk of neglect or abuse, but where the level of risk is not such as to require child protective services investigation or intervention. The other collaboratives within Family, Youth and Children's services are focused more on families, youth, and children that are deeply entrenched in the system.

Cases or issues discussed (depending on which collaborative) are identified easily by a formal written referral from one of the workers and submitted to the collaborative for discussion, or, informally, by a verbal request during a meeting.

The DR collaborative works differently as referrals are identified by geographic location. All the CBO's come together with Family, Youth and Children's services to discuss all cases. DR is still addressing issues of confidentiality.

Collaboration is monitored for internal collaboratives by running quarterly ad hoc reports from various systems (child welfare services, case management system) and matching input against data entered into the computer data system to confirm that coordination/collaboration has taken place.

Benefits of collaboration for the client are that they receive the best possible package of services while reducing conflicting goals from their workers for them and their families.

SUCCESS MEASURES

Unfortunately, there were no documented measurable or quantitative outcomes for any of the collaboratives or established evaluation processes. Many interviews and conversations led to testimonials (sometimes emotional ones) from staff at all levels who stated "success measures have really been anecdotal", or "the collaboratives have been successful because there is so much support from the top", or "the biggest indicator that a collaborative is working is that people still come", and "I feel like I better serve my clients through collaboration and I know my clients are better served because there are more successes instead of barriers."

The collaboratives in Sonoma County created an environment for solving problems when system of care funding was eliminated.

I had an opportunity to sit in on a Case Management Counsel Collaborative meeting where a client was brought into the meeting along with representatives from:

- Alcohol and Other Drugs
- Child Welfare
- Mental Health
- Domestic Violence
- Santa Rosa Junior College
- Employment and Training

All representatives in the room had had contact with the client at one point or another. Before the client joined us, the group met first to discuss the case and share ideas for moving the case forward.

The client is a female in her 40's. She had been clean and sober for a few years, single, and living with her parents. She was reunited with her child some time ago, had been attending a nursing program, and would soon be completing the program. Some workers were concerned with how she presented herself professionally ("always seems rattled") and wanted to discuss with her and check for understanding, on a group level, regarding next steps.

The client joined the group at this point. At first, she seemed very nervous and overwhelmed. Many different opportunities were discussed with the client (internships, job search strategies, child care, support groups etc...). Within a short time, the client relaxed and actually said, "Wow, you are all here to help me? I would have been more eager to come if I knew that I would get so much useful stuff." The client left happy and staff came together

again to give themselves timelines for what they needed to do.

I sat in on another collaborative (CMC) discussion regarding a client where the client was absent. It did not seem as effective because it lacked client input. However, the staff seemed to gain as much direction and insight from this meeting without the client as the meeting with the client. It is truly the client that misses out when they do not participate in this collaborative.

Upon further investigation, I did find some well-documented and quantifiable successes within Family, Youth and Children's services due to collaboration for children and youth with serious emotional disturbances. The VOMCH collaborative and Mid-Level Management Counsel indicate:

- Average daily population at VOMCH decrease from 38 in FY 00/01 to 32 in FY 01/02 to 26 in FY 02/03 to 22 in FY 03/04 to 19, to date, in FY 04/05. (A 50% decrease!)
- 27% increase of children living in home setting (02/03)*
- 43% increase in school attendance (02/03)
- 26% decrease in rehabilitative day treatment (02/03)
- 80% decrease in intensive day treatment (02/03)

Clearly, collaboratives are saving money in this area. Incorporating measurable outcomes in the collaboratives could more easily help set priorities and document accomplishments in the future.

*More current statistics were not readily available.

EVALUATION

In January of 2005, a staff survey identified as “How Are You Experiencing Project ESP and the Multi-Disciplinary Team (MDT)?” was administered. This survey was developed by the California Center for Research on Women & Families. Questions were answered on a Likert scale from strongly disagree to strongly agree.

Overwhelmingly, staff strongly agreed that their job is to build on families’ strengths to be successful, as well as a number of other items. However, the remainder of the responses, those primarily targeted at the collaboratives, were scattered across the scale with most responses in the mid range.

The question that had the overall lowest response was in regards to saving time. One of the comments was “It has certainly decreased the clients’ frustration level. It would save me more time if”

This survey supports the need to develop more measurable outcomes. If all staff were able to clearly identify the results of collaboratives they might be willing to participate more readily.

DR is implementing an evaluation process early on. A private company, LaFrance & Associates, has been contracted with to administer a series of three evaluations through the early stages of this program.

CONCLUSION

Collaboratives were formed because each different unit’s database system did not communicate with other units’ systems. One solution, albeit costly, would be to develop a system where all unit’s/division’s systems communicated with one another so

that any worker at any time could identify what services a client is receiving. Since enhancing technology can be such a costly and time intensive solution, collaboratives are the next best thing.

In order to make collaboratives more effective and substantiate the labor intensiveness, there should be measurable outcomes tied to each collaborative. Collaboratives should also regularly evaluate their purpose and goals in order to monitor the effectiveness of that collaborative.

RECOMMENDATIONS FOR THE COUNTY OF SAN MATEO

Sonoma County modeled their CMC after the County of San Mateo’s Family Self Sufficiency Team (FSST). The County of San Mateo has been an innovator in regard to collaboration and Team Decision Making (TDM) processes. Some exemplary collaboratives include:

- Adolescent Collaborative Action Team (ACAT)
- California Permanency for Youth Project
- Children’s Collaborative Action Team (CCAT)
- Family Self Sufficiency Team (FSST)
- Family Self Sufficiency Policy Team
- Fatherhood Collaborative
- Peninsula Partnership for Children and Families

There are others as well. All collaboratives have a clear description with identified purpose and goals as well as a list of participants.

Goal #6 of the San Mateo County visioning project goals states:

- County and local governments effectively communicate, collaborate and develop strategic approaches to issues affecting the entire county.

An extensive analysis of Children and Family Services (CFS) strengths and weaknesses (Self-Assessment FY 03/04) brought forth a System Improvement Plan (SIP). One of the three strategies identified to strengthen the Child Welfare System includes involving community partners in responding to reports of abuse or neglect by developing a system of “differentiated response” to hotline calls. Through our visioning project goals to our SIP, collaboratives are incorporated in what we do and what we will do.

As with Sonoma County, the collaboratives within CFS lacked written measurable outcomes. Recommendations for the collaboratives within CFS, and all other collaboratives as well, include:

- Written measurable outcomes
- Evaluations (much like the one done in Sonoma County)

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**APPENDIX 1
COLLABORATIVES IN SONOMA COUNTY**

Collaborative	Description/Goal	Participants
Project ESP (Empower, Support and Protect)	Goal: To implement service coordination and delivery between Employment & Training and Family, Youth & Children's Services so that families will be better assisted to ensure child safety and financial stability through a partnership with trained, knowledgeable staff.	Cal Works Child Welfare
MDT (Multi-Disciplinary Teams)	Goal: To develop and implement a whole family approach through integrated services and through multiple disciplinary team case conferencing.	Sonoma Works (Employment and Training), Mental Health, Domestic Violence, Alcohol and Drug, Learning Disabilities, Community College (representative), and Family, Youth & Children's Services.
Child, Youth and Family Partnership of Sonoma County (PARTNERSHIP)	Purpose: To develop a countywide, comprehensive, coordinate, multi-disciplinary, interagency system for children and adolescents and families and to develop a process to evaluate and prioritize services, fill service gaps where possible, and invent new approaches to achieve better results for families and children.	Department Heads <ul style="list-style-type: none"> • Department of Health Services • Probation • Human Services • Superintendent of County Schools
Mid-Level Management Counsel	Purpose: To provide a forum for mid-level cross-system communication and implementation of a cross-system vision developed by the PARTNERSHIP, and discussion of existing coordination and consolidation of efforts. The Mid-Level Management Council will develop a protocol for cross-system communication, case review and problem solving.	Program Managers <ul style="list-style-type: none"> • Department of Health Services • Probation • Human Services • Superintendent of County Schools
Case Management Counsel (CMC)	Purpose: To receive referrals from the participating departments of families and children who are being served by or need services from multiple systems.	Child Welfare, Mental Health, Probation, Sonoma County Office of Education (Supervisors)
Differential Response Team (DR)	Purpose: To provide early intervention services to families where there are children at risk of neglect or abuse, but where the level of risk is not such as to require child protective investigation or intervention.	Child and Family Services and 4 CBO's: <ul style="list-style-type: none"> • Sonoma County Community Action Partnership • Sonoma County Adult and Youth Development • West County Community Services • Social Advocates for Youth
Valley of the Moon Children's Home (VOMCH)	Purpose: To more effectively meet the needs of the children.	Mental Health, Public Health, Office of Education and anyone else involved with the treatment of the children at VOMCH

APPENDIX 2

1. I believe our job is to build on families' strengths to be successful.
2. I have access to information necessary to offer clients the available array of options that can help strengthen their family and keep their children safe.
3. Sufficient screening information is gathered for the team to make sound decisions about coordinating services to help the family achieve its goals.
4. Clients seem to trust that our agency is there to help them rather than creating obstacles that they have to overcome.
5. There is a sense of shared responsibility across the team to address children and family needs.
6. I am in regular contact with my counter-part in the CWS/SonomaWORKS (circle one) program on every case that meets the Project ESP criteria.
7. I respect, value, and depend on the contributions that other team members bring to the case planning process.
8. I no longer consider a client to have two case plans, but rather one coordinated plan that addresses both child safety needs and family self-sufficiency needs.
9. I am clear about the respective roles and responsibilities of each team member for all my Project ESP cases.
10. The timelines that clients need to meet are no longer in conflict with one another.
11. The coordination between SonomaWORKS and CWS has saved me time.
12. I feel supported by my supervisor/manager to successfully implement service coordination between SonomaWORKS and Child Welfare Services
13. Clients are being successfully linked with existing community resources outside our agency
14. I have the knowledge and skills I need to successfully implement service coordination between SonomaWORKS and Child Welfare Services.
15. I am satisfied with what we've accomplished with our Project ESP and MDT services.

