

MARIN'S YOUTH PILOT PROJECT: IMPLICATIONS FOR A LARGE COUNTY

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EXECUTIVE SUMMARY

BACKGROUND

Historically, foster care placement has been the most visible symbol of child welfare. As the State of California embarks upon Child Welfare Redesign, California counties will be challenged to face the well-being outcomes for its children and families. In its discussion of its objectives, the Child Welfare Services Stakeholders Group, which developed much of Redesign, addressed the issue of children in foster care. In their instructions to the counties, the stakeholders give preference to prevention, family support, and less intrusive interventions than foster care. Most child welfare professionals would wholeheartedly embrace this philosophical shift. Marin County's Youth Pilot Project (YPP) not only embraces this philosophy, it addresses these very issues.

Marin County Youth Pilot Project (YPP), which began in 1996, serves the families of selected children who are currently in placement or at imminent risk of out-of-home placement.

YPP has achieved at minimum an 85% success rate in keeping children in lower levels of out-of-home placement. Contra Costa County is also vested in identifying innovative ways of achieving such a goal.

SUMMARY OF FINDINGS

There are two key elements of YPP that make it successful in keeping children safe in the least

restrictive levels of care. First, once a child or family is found eligible, families receive intensive, coordinated services through Family Network meetings. Family Network meetings are led by a trained facilitator and are comprised of the family, child or youth (when appropriate), service providers, and members of the family's support system.

Family Network meetings are crucial in defining a family's success. Through collaboration and teamwork, parents are empowered to have a voice in their family's lives.

The team approach encourages parental change. No longer is case plan "compliance" being measured. The parent is able to regularly demonstrate the capacity and ability to make life changes to meet the safety and emotional needs of his or her child.

The second key element of the program is the ability to pay for goods and services. As the team forms, a service plan is developed. The service plan includes goals and action steps. Marin County began YPP under the flexible funding stream of AB1741 and more recently is funded via a state waiver. The project is able to pay for goods and services that are identified in the service plan to support the goals and action steps. YPP can fund services that traditional funding streams cannot. These services and goods include mentoring, therapy, psychological evaluations, and tutoring, extra-curricular activities.

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As a result of YPP, Marin County has maintained children safely in the least restrictive level of care, saved the county thousands of dollars in placement costs, and provided a significant support for families as they struggle with their children.

RECOMMENDATIONS

Marin County has a small number of children in out-of-home placement (90-95 per year). Contra Costa County is by far much larger and recent placement estimates are that 2087 children were placed in foster care.

Contra Costa County is also embarking upon initiatives that address the concerns of children in foster care. In addition to the State Child Welfare Redesign initiative, Contra Costa County is addressing these matters through the strategies of Family 2 Family Child Welfare Redesign, which is a best practice, grant funded initiative that strives to improve well-being outcomes for children, and through Family 2 Family System of Care, which is a

grant to provide wrap around and team decision-making services to youth in placement.

In my exploration of the Youth Pilot Project, I found that it is possible for Contra Costa County to incorporate some specific programmatic items of YPP into the initiatives and programs that it is currently running. Rather than re-create a program like YPP, I suggest that Contra Costa County augment or expand the services and programs that are currently in existence.

Some these suggestions include expanding the use of Team Decision-making meetings (which are similar in nature to Family Network meetings) and identifying flexible funding sources to provide services and goods to meet the case plan needs of its children and families.

As Contra Costa County continues to embark upon its program and initiatives, I believe some of the recommendations of this case study will further improve the outcomes of the children for whom we are charged to care.

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INTRODUCTION

Currently, Contra Costa County is embarking on several innovative initiatives that have significant implications for the way that child welfare is practiced. First, Family 2 Family Child Welfare Redesign was initiated in 2001 which is a best practice, grant-funded initiative that strives to improve well-being outcomes for children. Second, in late 2003, Contra Costa was selected to be a Cohort 1 State Child Welfare Redesign county. State Child Welfare Redesign is a broad, system-wide initiative by the state of California to improve outcomes for children and families. And third, Contra Costa County was awarded a five-year, federal System of Care grant to provide wrap around and team decision making services to youth in placement. These three initiatives have common goals with each other and strive to improve the well-being outcomes for children and youth served by the child welfare system.

Since 1996, Marin County Social Services has provided a program, Youth Pilot Project (YPP), to serve families, and that also strives to improve the well-being outcomes for children and youth. Youth Pilot Project serves the families of selected children who are currently in placement, or at imminent risk of out-of-home placement in the county's mental health, juvenile probation and the social service systems. Through facilitated family decision-making processes, intensive services are provided to these families in order to safely maintain their children in the least restrictive, viable level of care. The Youth Pilot Project began under AB 1741 in 1996. It has been a small program, which has suc-

cessfully served children and families in Marin County. Recently Marin County filed for a state waiver and, with this waiver in place, the project has been able to expand its services significantly. Marin County is best categorized as a small county. Although geographically large, it has a small population (247,289) and currently has approximately 90-95 children in out-of-home care at any given time. On the flip side, Contra Costa County is a large county geographically and in population. Population counts recently hit one million residents in Contra Costa County, and the number of children in out-of-home care as of June 2003 was 2087 children. By all accounts, the Youth Pilot Project has been a success for small Marin County and example of best practice.

This case study will examine how the Youth Pilot Project maintains children and youth in the least restrictive level of out-of-home care and how it might be implemented into a large county like Contra Costa County which is already embarking upon several broad initiatives.

HISTORY OF THE YOUTH PILOT PROJECT

The Youth Pilot Project (YPP) was developed under the auspices of AB1741 in 1996. YPP was designed to serve families of selected children who are in placement or at imminent risk of out-of-home placement. This is a collaborative project with the central partners being Marin County Social Services, Community Mental Health, and Juvenile Probation. Each of these agencies makes direct referrals to YPP based upon referring criteria. Alva

J. Ackley currently coordinates the program. She receives the referrals as well as authorizes expenditures for enhanced services. The program is housed and managed in the Marin County Social Services Department.

Since its inception, YPP has been a small program only serving approximately 20-32 families per year. However, in 2003, the State of California granted Marin County a waiver to allow for the flexible use of state funds previously available only to fund out-of-home placement. As a result, the program is expanding significantly and allowing more families to keep their children at home or in the least restrictive level of care. The goal is to double the size of the program. In a semi-annual report, which covered July 1–December 31, 2003, the program was noted to have served 36 families with a total of 84 children. Of those families served, 10 were referred by Mental Health, 17 by Social Services, and 9 by Juvenile Probation. As a result of the program, 96% of the children avoided more restrictive placements.

KEY ELEMENTS OF THE PROGRAM

The Youth Pilot Project accepts referrals from Marin County Social Services, Mental Health, and Probation. A referral generally begins with a phone call to the program and then an intake form is completed. The requisite issue that must be addressed for acceptance into the Youth Pilot Project is that of meeting the criteria for eligibility. A child must be determined to be in immediate need of placement.

Once the referral is received and accepted, the family or child's information is sent to the Coordinated Youth Services Council (CYSC). This is the entry into a key component of the program: *the Family Network meetings*.

Family Network Teams are formed to work collaboratively with a family to provide intensive services. Family Network meetings are led by a trained facilitator and are recorded by a member of the team. Before a team is formed, CYSC holds a formal orientation with the referred family. This meeting runs for about 30-60 minutes and is used to both orient the family to the model and solicit people that the family would like to be part of the team.

With any team, there are logical participants invited to be on the team. For a mental health case, the team might include the child's mental health case manager, therapists, and special education teacher. The family could then identify others to join the team, such as extended family members or other community partners. As the team develops, and goals are identified and action begun, more providers usually join the team. This may include additional family therapists, mentors for the children, tutors, etc. After the orientation, the Family Network meetings are set up. The teams meet regularly, usually monthly.

During the first meetings, a service plan is developed. The plan reflects the goals and services that are discussed at the Family Network meeting. The plan includes basic data such as the referring agency, family members, and child's current living situation. It then includes a roster of individuals at the team meeting. Goals are then developed and service action steps identified to meet the goals.

There may be a number of action steps to meet a goal. An example of a goal might be that "Andrew will remain in the home (stay out of placement)." One action step might be "Andrew will have a consistent, dedicated mentor who will help him with socialization and life skills."

Then, at each meeting, the goals are addressed and progress toward each action step is recorded and documented. Next steps are always addressed to capture any follow-up that may be indicated. As part of the goal development, the group develops a list of "signs of success." This helps the team remain clear about, for example, how they will know that Andrew is making progress toward his goal. In this example, one sign of success is that "Andrew will want to have a mentor."

Another key component of the YPP program is the ability to pay for goods and services that help meet the team's goals. As the service plan is developed, some action-steps will require that a service is provided or good purchased. In Andrew's case, a service action goal that met the goal of staying in the home was "Andrew will participate in a local basketball league after school on Mondays and Wednesdays." The team then will request that YPP cover the enrollment fee for this basketball league.

Because of its flexibility of funding, YPP is able to purchase a variety of goods and services. Some of these services include tutoring, mentoring, extra-curricular activities, respite, parent training, anger management, substance abuse treatment, and therapy. When the program began under AB1741, YPP was not able to utilize the net savings that resulted when a higher level of care was avoided. Now, with the waiver provided by the State of California, Marin County continues is able to redirect saved placement costs into direct services to families and children.

Alva Ackley, the program's coordinator, authorizes services on a service plan and negotiates payment and billing with providers. However, initially, the program must determine in what out-of-home level the child would have been residing had he or she

not received enhanced services. The net savings from projected placement level and current placement level determines the amount of money that the county receives for that case. For example, if a child would have been in a Level 12 residential treatment facility, but through the services of YPP is able to stabilize in a foster home, then the county would receive those savings. The savings on each case can pay for the services designated and approved in the service plan. In actuality, all the savings from all the participants are pooled into one account. The YPP coordinator has the discretion to utilize whatever amount of money is necessary to support a child in the least restrictive level of care up to an amount equal to the cost of the estimated higher level placement. In this way, all of the YPP participants help each other toward their goals.

The semi-annual report dated July through December 31, 2003, notes that of the 11 families who ended service, only two were placed out of the home, one by Social Services and one by a family. Five of the families met its goals, one focus child moved out of county, and three families did not follow through with services. In the prior year-end report of fiscal year July 2002 through June 2003, ten families ended service. Of those, six completed their goals, one child graduated high school with goals partially completed, and three children were placed out-of-home. In that same report, Marin County reported that it served 32 families and 43 children at risk of placement. Siblings are also served in YPP, but not included in this number.) The cost of services for those participants was \$347,178. The report estimated that had the 43 children been placed out-of-home or at higher levels of care, the cost of the placements for the 43 children would have been \$1,130,024.

Marin County Social Service social workers report that YPP cases move faster towards goals and, in essence, make their case management “easier.” They participate in a larger “brain trust” and feel that even the most difficult cases are less adversarial and more successful. They also report that parents are empowered through the process and have a “voice” where they did not have one before. They have seen even their most resistant clients make changes. They feel that the team meetings are flexible, dependable, responsible, resourceful and a “corrective experience” for families. Team members work together to remind and support each other of their agreed upon goals and, in essence, provides “transparent staffing” for each case. With their busy caseloads, social workers report that they appreciate the accountability that the team approach demands. In social services, YPP has been used to work with families in reunification or family maintenance, to support relative caregivers and foster parents, and even to help youth as they move towards emancipation. The consensus is that the program is flexible enough to work with a multitude of cases.

SUCSESSES AND OBSTACLES

From YPP there have been a number of great successes and, to a lesser degree, some ongoing barriers. As the program has been in existence since 1996, there have been numerous programmatic and systematic successes. First, at least 85% of participant children have remained in the least restrictive level of care due to the YPP services. Cases receive such intensive oversight and services that those children are able to remain in their family homes or in lower levels of care.

Second, but perhaps most exciting, is the success that the program has made with parents. Unlike

conventional tracking of parental compliance in a case plan to determine if a child is safe or ready to return home, YPP cultivates “parental growth”. The parent has been shown to change and improve in areas that were previously a concern. This area of change is perhaps the primary reason children are able to remain in lower levels of care through the services of YPP.

Finally, on a systemic note, there have been great inroads into strengthening relationships with community partners, especially other county counterparts such as Mental Health and Juvenile Probation.

To a lesser degree, there have been barriers that the program has had to face and, in some cases, continues to face. First, while their partnerships with community agencies have strengthened over the years, this continues to be an area of growth and development. On an ongoing basis, community partners do not always understand each other’s populations and mandates. YPP staff deals with this area by continually “putting issues on the table” to address and attempts to clear it up as soon as possible.

Second, the success and amount of use that this program gets is contingent on a philosophical change. Traditionally, the casework model is a medical model where the agency diagnoses and assesses the “problem” and then gives a “prescription.” This model is *process-oriented*, and participants must believe that the client has the ability or capacity to change. Many social workers who have come to believe in this philosophical shift are wholeheartedly sold on the program. Other staff members think they have made the shift, but continue to operate as they did before, dictating services and encouraging dependence.

A third barrier is that of bilingual resources. As with many communities, there is often not enough bilingual staff, in this case Spanish speaking, to meet the needs of the population that it serves. As the program has expanded, YPP is challenged to continue to find and train facilitators and other providers who are Spanish speaking so that families can receive the most culturally competent service possible.

IMPLICATIONS FOR CONTRA COSTA COUNTY

As mentioned earlier, Contra Costa County is managing three separate, but interwoven initiatives: State Child Welfare Redesign, Family 2 Family Redesign, and System of Care. YPP has interesting implications for the latter two initiatives.

Family 2 Family Redesign is an initiative that strives to improve outcomes for children. One strategy of this initiative is to make decisions as a team. Family 2 Family utilizes Team Decision-Making (TDM) meetings as a vehicle to address the placement issues when a child is determined to be at imminent risk of removal from the birth family. In Contra Costa County, this strategy is currently limited in use in the Emergency Response Program. The intention of TDM meetings is to improve the quality of decisions being made about children's situations. Through collaboration, the family is viewed as the "expert" on himself or herself and is respectfully included in the decision-making process.

Additionally, Contra Costa County recently was awarded a five-year grant to provide Child Welfare System of Care services to its families and children. Aptly named Family 2 Family System of Care, this initiative strives to address the special needs of children and youth in out-of-home care for which

traditional child welfare services have not succeeded. Although this program is in the planning phase of the grant, it has clearly identified three populations to focus its energies: children at risk for multiple placements, high-need, multi-jurisdictional, youth, and transitional age youth for whom Independent Living Skills Program (ILSP) has not been successful. The F2F System of Care program strives to help children stabilize in placement and ideally remain in the least restrictive level of care, as does YPP.

So what can Contra Costa County acquire from the Youth Pilot Project as it moves forward with its initiatives?

RECOMMENDATIONS

Based on this case study, I recommend augmenting or expanding the services and programs that are currently in existence in Contra Costa County.

1. Expand the use of Family 2 Family Team Decision-Making (TDM) meetings.

Currently in Contra Costa County, TDM meetings are only used at the front end of the child welfare system to address children who are at imminent risk of placement. In the program design, there is a plan to have follow-up TDM meetings, however, this has only occurred on a limited basis. I would suggest that Contra Costa County consider utilizing ongoing TDM meetings to work with the families that need ongoing care, either voluntarily or in the court arena.

This expanded TDM model could address a multitude of cases, from Voluntary Family Maintenance to Family Reunification. The common TDM eligibility criteria would not change in that a child

would be at imminent risk of placement, but the family could continue to meet with its team for support, case planning, and meeting goals.

Currently the use of TDM meetings is being expanded geographically. I suggest that the proposed programmatic expansion take place over the next 12 to 18 months as the System of Care program is developed. The System of Care Grant Coordinator should take lead in developing this model for expansion with input and direction being sought from the Contra Costa County Leadership Team and TDM Debriefing Committee.

2. Incorporate ongoing TDM meetings into the design of Family 2 Family System of Care program.

Currently the System of Care (SOC) grant outlines the use of TDM meetings. However, it is not clear from the grant proposal how these meetings will be used. For the three populations identified children-at-risk for multiple placements, high-need, multi-jurisdictional youth, and transitional age youth for whom ILSF has not been successful, I recommend that the TDM be used in an ongoing basis for two of the populations.

First, for the transitional age youth that are emancipating, the TDM could be used for case planning and then follow up. For example, a preliminary meeting could be held with the youth and the identified team members to develop an individualized transitional independent living plan. The group would identify the emancipation goals and how they would be met. Then subsequent review meetings might be held at regular intervals, perhaps every three months, to measure whether goals are being met and ensure accountability of the team and youth.

Second, TDM meetings could be used with the multi-jurisdictional youth. These are children and youth who are often high-need, multi-problem children who need more than what one social worker can provide. TDM can provide the team approach to working with these unique children. Partners from mental health, public health, juvenile probation, and education would be natural partners on this team. I would recommend that these meetings be held on a more frequent basis, such as monthly or bi-monthly.

The System of Care program is in the planning phase of development. The use of TDM meetings to work with the SOC target populations should be incorporated into the program design. I recommend that this occur over the next 6-12 months. The System of Care Grant Coordinator will take the lead in developing this program and will work closely with the SOC Project Director, SOC Policy and Planning Council and the Agency's Permanency and Youth Transition Workgroup.

3. Develop a mechanism for accurately recording TDM meetings.

Family Network Meetings are recorded by an assistant and typed into a computer as the meeting is held. The team meeting is accurately entered into a service plan template. As a result, the service plans reflect the team's discussion and accurately reflect progress towards goals and ongoing concerns or problem areas.

One main component of YPP's success is that of accountability. Interviewed social workers felt that this accountability was crucial and kept them, the team members, and the client focused. Currently, TDM meetings in Contra Costa County are recorded on flip chart paper during the meeting and then

after the meeting, the facilitator must transcribe by hand the meeting notes onto a five page TDM summary document. Although this summary includes family strengths, recommendations, and action steps, the document is not distributed to the members of the meeting, nor is it kept in a case file. The facilitator keeps the summary document.

I would recommend researching the feasibility of utilizing a computer during TDM meetings and identifying a staff person(s) who would be able to record the meeting into a service plan template. Additionally I would recommend distributing the service plan to all team members

Determining if it is feasible to better track TDM meetings should be a priority over the next 3-6 months. As the ability to maintain accurate records is crucial to team collaboration work, I recommend that the System of Care Grant Coordinator, Child Welfare Redesign Policy Analyst, and Court Policy Analyst take lead in determining how this might be accomplished in the county's current climate.

4. Research and identify how a state waiver or other flexible funding source might be used to augment the services provided through the TDM model.

It is clear that being able to spend money on goods and services has helped in the "buy-in" to the YPP program and also the procurement of services that are not ordinarily available through traditional child welfare spending models. Currently there are few discretionary funds available to augment service delivery to children and families. The funds that are available are often limited and not often widely known to social workers and supervisors. In Marin County's case, its negotiated state waiver is tied to YPP. As the county's AB 1741 funding sunsets, it

has been able to tap into this flexible-spending vehicle and continue its program and actually procure more monies to expand the program. Currently the System of Care program is federally funded for five years, so it does not appear that this is a logical program to look for a state waiver, however, perhaps as the five-year grant ends, this would be a different case. The Family 2 Family program is currently funded by private grants and perhaps also does not currently need a state waiver option. However, again, I would recommend researching if a state waiver might be able to be incorporated when these grants come to a close in the future.

Contra Costa County's System of Care Planning and Policy Council has convened a sustainability subcommittee on which the Children and Family Services Director participates. I recommend that the Director bring this issue to the committee for discussion and research.

5. Identify flexible monies to support service delivery.

Insofar as a state waiver is not necessary at this point, I would still recommend that Contra Costa County identify ways to utilize other flexible sources of money to augment service delivery. Perhaps the most practical might be in the Family 2 Family SOC federal grant. I recommend reviewing the SOC budget and identifying discretionary funds for service delivery. If not currently identified, I recommend considering renegotiating the budget to allow for having flexible money to use towards goods and services. I suggest that the SOC Grant Coordinator and Project Director consult with the federal grantor and the Agency's Finance Division to determine if renegotiating the budget is needed and/or possible. This should be accomplished by the end of September 2004.

In the Family 2 Family model, I would recommend augmenting future grant proposals to include money for goods and services to utilize in the expanded use of the TDM meeting. All of these goods and services would be tied to the service/case plan that is developed in the TDM meetings. The Child Welfare Redesign Policy Analyst and Agency Director should take the lead in researching future grants that may provide additional resources to the program.

CONCLUSION

In summary, it is clear that many aspects of Marin County's Youth Pilot Project can be implemented into a large county like Contra Costa County. Although it would not make sense to incorporate the program as a whole, key elements of the program can be incorporated into the initiatives that Contra Costa County is already embarking upon. As Child Welfare Redesign takes hold at the county level, counties will be accountable for the well-being outcomes of their children and families. Programs like Youth Pilot Project are already outcome-driven and a proven success. Contra Costa County is a more complex county than Marin County due to its size and scale, but now has three

initiatives that can help address outcomes. Incorporating some or all of the recommendations of this study may help move Contra Costa County one step closer to brighter futures for its children and families.

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