

SERVICE INTEGRATION IN CONTRA COSTA COUNTY: COMMUNITY-BASED SERVICES FOR CHILDREN AND FAMILIES

Diana Kalcic*

EXECUTIVE SUMMARY

INTRODUCTION

The Contra Costa County Service Integration Program represents a collaborative of county departments, community-based organizations, and neighborhood residents. The effort is led by the County Administrator's Office, the County Departments of Employment and Human Services, Health Services (which includes Public Health, Mental Health, Alcohol & Drug Programs) and Probation, as well as the Mount Diablo Unified School District and the West Contra Costa Unified School District. The Service Integration Program provides "integrated services" focused in two of the County's most economically-distressed communities that are home to families with a high utilization of County services: Bay Point and North Richmond/"Old Town" San Pablo.

BACKGROUND

The Service Integration Program delivers services to families in the Bay Point and North Richmond communities through two facilities, known as family service centers. Each facility houses a service integration team (SIT), which performs the core functions of case management and case consultation through a multi-disciplinary approach. The SIT's are staffed by representatives of the collaborating agencies and include:

- Employment Specialists
- Medi-Cal and Food Stamp Specialists
- Child Welfare Workers

- Children's Mental Health Counselors
- Juvenile Probation Officers
- Public Health Nurses
- Adult Mental Health/Substance Abuse Counselors
- School/Family Resource Specialists
- Community Residents

All SIT members work together to address family needs, in a holistic manner, using a strengths-based approach. SIT utilizes a case management tool referred to as the family assessment review (FAR), which was developed by the Contra Costa County SIT to identify the strengths and needs of the family. The SIT case manager completes the FAR interview with the family (which is recorded on the FAR form). The FAR interview includes collection of basic family information, including the date of birth of each person in the family group, primary language spoken, schools attended by the children, income and source of income, and relationship to the family member who is completing the form. The FAR also records the short-term goals of the family and action steps that will be taken to achieve those goals. Both family members and SIT members take responsibility to complete assigned tasks that are geared to improve family functioning and family/child well-being.

CASE MANAGEMENT AND TRIAGE

The collaboration and partnership among county agencies is manifest at the SIT facility as the SIT

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members, each representing their own program or service, converge around common case management of the SIT families. SIT meets formally, every two weeks, to conduct a “triage session,” in which all SIT members literally sit around a table, and each member formally presents and discusses his or her family case with the rest of the team. New and previously discussed family cases are brought to the triage session, and each SIT member is expected bring at least one new family case to the triage session each month. The triage sessions consist of a “brainstorming” across different disciplines and programs, where SIT members strategize the services, resources and critical issues for each family. This formal process provides an opportunity for each SIT member to share his or her own expertise and offer resources to assist the case manager in serving the family, and to ultimately help meet the family’s short-term and long-term goals.

SIT members are housed together at the SIT facility, thus promoting continued collaboration among the members around the family plan. Thus, SIT members rely on each other to address issues as they arise to ensure timely response. For example, if a family who is receiving CalWORKs includes a son who is not attending school regularly as required under the CalWORKs legislation, the employment specialist SIT member may consult with the probation officer at the site to facilitate intervention and counseling.

SIT ACCOMPLISHMENTS:

The service integration team effort has resulted in the following outcomes:

1. Increased family economic self-sufficiency:

- *Increased workforce participation by families served by SIT since its inception in 1994.* Between 1996 and 2000, the workforce participation rates of Bay Point SIT CalWORKs participants increased by more than 18 percentage points, from 18.7% to 37.4%. Similarly, workforce participation rates by the North Richmond SIT CalWORKs participants increased by more than 21 percentage points from 14.5% to 36.0%. These workforce participation rate increases exceeded rates reported by neighboring district offices.
- *Increased reported earnings by SIT families at both sites.* In the year 2000, 37.4% of Bay Point CalWORKs participants, and 36% of North Richmond participants reported earnings. This significantly exceeds the countywide average as well as averages of comparison groups (30.8% for the Bay Point comparison group and 24.0% for the North Richmond comparison group).

2. Improved family functioning:

- *Increased number of children served by the SIT who were maintained successfully in their home.* This outcome is measured at three different levels: the number of children who remain safely in their homes, the number of families whose children remain safely in their homes, and the number of SIT cases that have required court involvement. In 2000, for example, the program found high rates of children who were maintained safely with their families (94.1% to 96.2% and low rates of court involvement).
- *Increased school participation by youth on probation.* Probation staff is co-located at the SIT facility and available to intervene on behalf of the youth to enroll them back into school, and

can work with families to ensure that children attend school. As a result, Bay Point SIT youth on probation attended school on average 87% of all school days each month in fall 2000. North Richmond youth on probation attended school on average 56% of school days each month.

- *Higher referrals to and participation in substance abuse/mental health treatment.* The SIT program utilizes the resources of a substance abuse/mental health counselor to link families to needed services. It can be challenging to convince families to seek treatment services, let alone complete treatment. Of the 51 SIT clients who completed substance abuse and mental health assessments in 2000, 76% were referred for treatment. Of the 28 clients referred to mental health treatment, 61% successfully entered treatment. Of the 11 clients referred to substance abuse treatment, 73% successfully completed treatment.

3. Expanded community capacity to support children and families:

- SIT has partnered with the community to identify areas of need and to design services in ways that will improve the well-being of children and families in those communities. Both the Bay Point and North Richmond SIT facilities have each tailored their services based on input from the community. This includes establishment of the Verde Involving Parents Program, employment centers operating in conjunction with the SIT program, and youth summer programs.

RECOMMENDATIONS FOR SANTA CLARA COUNTY

The Service Integration Program has proven itself as a highly successful model in case management,

fostering partnerships, and improving client outcomes. Contra Costa County has adopted this program as one component of several strategies to improve family well-being, institutionalizing promising practices that the county hopes to replicate across other county programs and services. The SIT has maintained its commitment to client services while adapting as necessary to changing political climates, financial resources, and community needs. The findings from the service integration program study yields insight into adapting this model in other counties, in particular for Santa Clara County.

1. Create a Dialogue and Action Plan to Improve Family Well-Being:

The service integration team is one component in an overall county strategy to improve family outcomes. In Contra Costa County, this effort has been led by the Board of Supervisors and the Office of the County Administrator, in collaboration with various county agencies, community-based organizations, and others.

In Santa Clara County, the Social Services Agency (Agency) can lend expertise, resources, and leadership to engage the County Board of Supervisors, County Executive, other departments and community members in its own dialogue around improving family well-being. Particularly at this point in time, as welfare rolls have shrunk dramatically and with so many families who are now considered the “working poor,” strategic planning across departments and across public and private disciplines is necessary to holistically address the needs of families. A strategic planning process would unite the many programs and disciplines around a common vision for children and families in Santa Clara County, and would foster commitment from the par-

ticipants in the process to move towards that common vision. However, implementation of this recommendation would require additional staffing resources within the Agency, and a strong commitment from the County Board of Supervisors.

2. Explore Options to Integrate Services:

The Service Integration Program co-locates staff from various departments and service providers in a “one-stop” facility, within local communities of the clients they are serving. This co-location has fostered both formal and informal working relationships among the staff and the departments, to the benefit of clients, who have timely access to a wide range of services. Service integration is designed to address families’ complex needs, and as such, the services provided through the SIT are interwoven to meet those needs. The SIT has also fostered a greater understanding among the members of programs and services available from other agencies and has helped to build strong relationships among agency representatives.

However, the challenge in Santa Clara County lies in securing adequate facility space, as this is an expensive endeavor given the escalating property costs in the county. Further, the SIT offers service integration but requires clients to come to the provider. Given the county’s expansive size (similar to that of Contra Costa County), the SIT model may best be served as an innovative approach to improving family well-being, one community at a time.

To strive for county-wide service integration, the Agency could consider other possibilities to integrate services. For example, the Agency could explore the possibility of providing space in existing facilities for other departmental staff, including space at the family resource centers, or other for-

malized structures of multi-disciplinary collaboration across programs. Straightening formal relationships with schools, probation, alcohol and drug programs, nonprofit service providers, and others also could enhance service delivery while accomplishing a sense of “integration.” Such structures may or may not include co-location of staff, particularly if resources are constrained.

3. Adopt Alternative Case Management Tools:

The family assessment record (FAR) as a case management tool encourages a collaborative planning process between the case worker and the family to identify family strengths and action steps to achieve short-term and longer-term goals. This model empowers families to participate in the planning of services and creates accountability for both the family and the SIT member. Importantly, this partnership and accountability are established at the outset of service planning. Finally, the FAR examines the needs of the family across different spectrums—including child health, housing, childcare, transportation, and other areas.

The family assessment record is similar in many respects to another case management tools utilized extensively in Santa Clara County—family conferencing/family-group decision making. Both of these tools utilize a family-focused, strengths-based approach whereby the family is active in identifying their strengths and areas of concern, as well as developing an action plan to achieve certain goals. Interestingly, Contra Costa County also utilizes family conferencing, but as a secondary method to assist families in a more intensive manner. Santa Clara County could explore the possibility of implementing a FAR that would co-exist and perhaps serve as a precursor to the family conference tool.

CONCLUDING REMARKS

I am grateful to the Contra Costa County Employment and Human Services Department, and in particular to John Cullen, Agency Director, and Nina Goldman, SIT Program Manager, and to the many SIT Members and County staff for sharing their experiences, resources, and time on this project. Their dedication and hard work undoubtedly contribute to the on-going success of the Service Integration Program.

SERVICE INTEGRATION IN CONTRA COSTA COUNTY: COMMUNITY-BASED SERVICES FOR CHILDREN AND FAMILIES

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INTRODUCTION

In the early 1990's, Contra Costa County launched a unique effort of service integration that culminated in the establishment of the Service Integration Program in 1994. This program represents a fundamental shift in the way the county supports children and families in local communities. Foremost, the program introduced an alternative model of case management that builds upon family strengths and addresses the needs of families in a holistic manner. The case management model fosters a partnership between the family and the service provider to develop family goals and to link the family to appropriate services. The service integration program was established under the leadership of the Contra Costa County Board of Supervisors.

SERVICE INTEGRATION

The Contra Costa County Service Integration Program represents a collaborative of county departments, community-based organizations, and neighborhood residents. The effort is led by the County Administrator's Office, the County Departments of Employment and Human Services, Health Services (which includes Public Health, Mental Health, Alcohol & Drug Programs) and Probation, as well as the Mount Diablo Unified School District and the West Contra Costa Unified School District. The program is delivered in two of the county's most economically-distressed communities that are home to families with a high utilization of county services: Bay Point and North Richmond/"Old Town" San Pablo.

The county established a family service center in each of these two communities, and each center houses a service integration team (SIT). These SIT's perform the core functions of case management and case consultation through a multi-disciplinary approach. The SIT's are staffed by representatives of the collaborating agencies and include:

- Employment Specialists
- Medi-Cal and Food Stamp Specialists
- Child Welfare Workers
- Children's Mental Health Counselors
- Juvenile Probation Officers
- Public Health Nurses
- Adult Mental Health/Substance Abuse Counselors
- School/Family Resource Specialists
- Community Residents

All SIT members work together to address family needs, in a holistic manner, using a strengths-based approach. Expectations for each SIT member are clearly articulated. Specifically, each SIT member is required to bring his or her expertise to the team to identify resources for families and training for other team members. SIT members are expected to work collaboratively with other team members to provide on-going case consultation, participate in home visits, offer services and input to case management, and participate in family conferences as needed.

SIT case management begins when a family is identified and seeks the services of the SIT. Ideally, a single SIT member would serve as the point-of-contact for the family and as the key coordinator of services for families. In reality, families still have con-

tacts with multiple team members in one facility. Generally, the coordinator is identified as the person most active with the family or most appropriate to work with the family. For example, a CPS case-worker may serve as the coordinator if the family's major goal or key presenting issue involves the child welfare system. SIT members serve families from the local community, who may be referred from a district office or who may request to receive services from the local SIT.

Prior to initiating services with the SIT, each family must sign a "Consent to Release and Share Information" form, which allows the different disciplines/programs on the SIT to share family information with one another. Signing the form is voluntary for families. However, families who do not sign the form must be referred for services at a different office. In order to work successfully with families, SIT members must have the families' permission to share confidential information and records. The family has the right to rescind their permission at any time. The SIT must obtain permission from each family once a year.

Once this consent is given, the SIT member and the family initiate the critical task of jointly completing a family assessment record (FAR), a process which involves identifying family goals and strengths and determining action steps to achieve family goals.

FAMILY ASSESSMENT REVIEW — THE CASE MANAGEMENT TOOL:

The family assessment review (FAR) was developed by the Contra Costa County SIT and serves as a case management tool to identify the strengths and needs of the family. The SIT case manager completes the FAR interview with the family (which is recorded on the FAR form). The FAR interview can

take place anywhere that the family prefers. Often times, staff conduct FARs at the family's home where the family is most comfortable and the SIT member can better assess the circumstances of the family. The FAR interview includes collection of basic family information, including the date of birth of each person in the family group, primary language spoken, schools attended by the children, income and source of income, and relationship to the family member who is completing the form.

The next step of the FAR is a conversation on a wide range of "life domains" where the family assesses how they are doing and what their challenges and strengths are in the following areas:

- Housing
- Employment
- Transportation
- Child Care
- School
- Parenting Skills
- Child Health
- Adult Health
- Support Systems
- Chemical Dependency
- Family Functioning

In each of these domains, the SIT member and family discuss and document the family's experiences, concerns, or other issues relevant to each of the topic areas. The SIT member focuses the discussion in these areas in a "strengths-based" approach to ascertain how well the family is doing in these areas. After this discussion, the SIT member and the family member assign a score on a scale of one to five, with "1" indicating that the family functions well in this area, and a "5" indicating that chronic difficulties exist, or the family is unable or unwilling to utilize resources to address the particular area. In some cases, an asterisk "*" is assigned as

the score to indicate exceptional functioning. The fact that the scores are assigned together by the family member and the SIT member is significant, in that this lays the groundwork for cooperation and mutual understanding of the strengths and challenges for a family.¹ From this foundation, a service plan will be developed.

The next and final step in completing the FAR involves the “family/SIT action agreement task assignments.” Families describe their desired achievements in working with the SIT in any or all of the domains covered in the scoring section. If family members are unclear as to their goals, the SIT uses a “Miracle Question” as a tool to assist the family with identifying their long-term goal (see text box for miracle question). SIT members are directed to not alter a family’s answer to the “miracle” question in any way, as the goal of this question is to encourage family’s to set goals and have dreams.

The Miracle Question:
“Imagine that you fall asleep one night and, when you wake up the next morning, a *miracle* has occurred: you have achieved your goal! Your problems are solved!
“How would you know? What would have changed? Who would be doing what differently?”

Although the response may appear unachievable for families who have lived in persistent poverty or have multiple barriers to self-sufficiency, most often, family’s stated “miracles” are actually realistic and modest goals that can be achieved in a period of five years or less. The SIT member, who is working from a strengths-based model, is directed to support the family in achieving their miracle by breaking it down into a series of supporting short-term goals. As such, the miracle question facilitates the development of action steps to achieve short-term goals that will move the family towards achieving their “miracle.”

During the development of the tasks for short-term goal accomplishment, either a SIT member or a family member (sometimes another person) is assigned to each task, target completion dates are determined, and a commitment is made to follow-up on a regular basis to review the progress on the tasks. For example, a short-term goal may include the task of enrolling in EMT training to eventually achieve the long-term goal of working in a medical profession.

The final product is a signed agreement between the SIT member and the family member that affirms the information contained in the FAR and the short-term action steps that will be taken to achieve the family’s goals. This signed agreement signifies that the SIT and the family have entered into a partnership to work towards meeting those goals.

CASE MANAGEMENT AND TRIAGE

The collaboration and partnership among County agencies is manifest at the SIT facility as the SIT members, each representing their own program or service, converge around common case management of the SIT families. The SIT meets formally, every two weeks, to conduct a “triage session,” in which all SIT members literally sit around a table, and each member formally presents and discusses his or her family case with the rest of the team. New and previously discussed family cases are brought to the triage session, and each SIT member is expected bring at least one new family case to the triage session per month. The triage sessions consist of a “brainstorming” across different disciplines and programs, where SIT members strategize the services, resources and critical issues for each family. This formal process provides an opportunity

¹In some instances, the SITeam member and the family member may disagree on a scoring. When this occurs, both scores are noted in the FAR.

for each SIT member to share his or her own expertise and offer resources to assist the case manager in serving the family, and to ultimately help meet the family's short-term and long-term goals.

SIT members are housed together at the SIT facility, thus promoting continued collaboration among the members around the family plan. Thus, SIT members rely on each other to address issues as they arise to ensure timely response. For example, if a family who is receiving CalWORKs includes a son who is not attending school regularly as required under the CalWORKs legislation, the employment specialist SIT member may consult with the probation officer at the site to facilitate intervention and counseling.

SIT—FROM CONCEPT TO REALITY

Planning for the SIT began in the early 1990's as a result of a fundamental shift in county policy concerning services for families. Under the direction of the County Board of Supervisors, a policy committee was formed and included county department directors, juvenile court judges, schools superintendent, and others. From this policy forum came the direction to create community-based, integrated services located in communities in which families reside. The County Administrator's Office (CAO) took the lead role in moving this concept from policy to reality. For the first five years of implementation, formal oversight of the SIT was housed in the County Administrator's Office. As of summer 2000, SIT was moved out of the County Administrator's Office and is now a stand alone cross-agency program overseen by the SIT executive oversight committee. The executive oversight committee is comprised of the county administrator, the assistant county administrator and the directors of the county

Departments of Employment and Human Services, Probation, and Health Services.

During the initial planning and early implementation phases, the county established a service integration management team (SIMT), which convened representatives of various county programs, schools and employee organizations. The SIMT met over the course of two years and provided planning and guidance for service integration during its initial implementation. Products of the SIMT's work included:

- *Target Population Identified:* The SIMT used a geographical mapping software tool to identify the location of households, by census tract, where families were receiving multiple county services, including welfare, child welfare, probation, mental health, hospital/clinical services, substance abuse services, and public health services. The communities of Bay Point and North Richmond were identified as areas with the highest concentration of families receiving four or more services and served by two or more county agencies.
- *Community Needs Assessments:* The SIMT embarked on a process to assess the needs of the SIT communities, through dialogues with community residents which included household surveys, focus groups and other mechanisms.
- *Development of Outcome Measures:* Through a collaborative process, the SIMT developed the vision, goals, outcomes, and outcome indicators for the Service Integration Program. These outcome measures have been revised and continue to be refined as the program matures.
- *Program Strategy and Staffing Configurations:* The SIMT developed the framework for the service integration strategy, including the services to be co-located, the staffing to support the

delivery of services, and other program components. The staffing patterns and program deliverables continue to evolve as new issues are identified and community needs change.

The efforts of the SIMT culminated with the establishment of the SIT's two family service centers in August 1994. The SIMT voluntarily dismantled after several years, due to the fact that its goals and been achieved. The SIT executive oversight committee now provides ongoing policy and program direction. The SIT executive oversight committee meets bi-monthly to resolve cross-departmental issues, review SIT activities, budget, and outcomes, and to determine how to institutionalize successful SIT strategies.

Program changes continue for the Service Integration Program. For example, in 1997, each SIT initiated a series of community-wide planning sessions, and based upon input from the community, the two SIT sites established neighborhood employment projects, each of which are staffed by community residents. Also, a number of the SIT policies and procedures have been refined.

SIT ACCOMPLISHMENTS:

The service integration team effort has resulted in positive outcomes for families and has spurred programmatic and policy innovations within the county. The program has defined three goals around which program success is measured: 1) increased family economic self-sufficiency, 2) improved family functioning, and 3) expanded community capacity to support children and families.

1. Increased family economic self-sufficiency:

Prior to the advent of federal and state welfare reform, the SIT adopted the goals of increased employment and self-sufficiency. The SIT facilities, located in economically distressed areas of the county, include high concentrations of persons receiving welfare benefits and living in persistent poverty. The SIT has documented the following results towards reaching this goal:

- *Increased workforce participation by families served by SIT since its inception in 1994.*

Between 1996 and 2000, the workforce participation rates of Bay Point SIT CalWORKs participants increased by more than 18 percentage points, from 18.7% to 37.4%. Similarly, workforce participation rates by the North Richmond SIT CalWORKs participants increased by more than 21 percentage points from 14.5% to 36.0%. These workforce participation rate increases exceeded rates reported by neighboring district offices.

- *Increased reported earnings by SIT families at both sites.* In the year 2000, 37.4% of Bay Point CalWORKs participants, and 36% of North Richmond participants reported earnings. This significantly exceeds the countywide average as well as averages of comparison groups (30.8% for the Bay Point comparison group and 24.0% for the North Richmond comparison group).

2. Improved family functioning:

The SIT was designed as an early intervention, preventative model that emphasizes family strengths to address the full-range of family needs. In this holistic approach, the SIT works closely with the family to prevent the need for removal of the child due to child abuse or neglect, and further to ensure the

family is utilizing the resources available to them to meet their goals. Indicators of success in this area include:

- *Increased number of children served by the SIT who were maintained successfully in their home.* This outcome is measured at three different levels: the number of children who remain safely in their homes, the number of families whose children remain safely in their homes, and the number of SIT cases that have required court involvement. In 2000, for example, the program found high rates of children who were maintained safely with their families (94.1% to 96.2% and low rates of court involvement).
- *Increased school participation by youth on probation.* Probation staff is co-located at the SIT facility and available to intervene on behalf of the youth to enroll them back into school, and can work with families to ensure that children attend school. As a result, Bay Point SIT youth on probation attended school on average 87% of all school days each month in fall 2000. North Richmond youth on probation attended school on average 56% of school days each month.
- *Higher referrals to and participation in substance abuse/mental health treatment.* The SIT program utilizes the resources of a substance abuse/mental health counselor to link families to needed services. It can be challenging to convince families to seek treatment services, let alone complete treatment. Of the 51 SIT clients who completed substance abuse and mental health assessments in 2000, 76% were referred for treatment. Of the 28 clients referred to mental health treatment, 61% successfully entered treatment. Of the 11 clients referred to substance abuse treatment, 73% successfully completed treatment. Most recently, SIT began measuring the level of enrollment into health services (such as Medi-Cal, Healthy Families, and

private health insurance) and the level that those services are utilized.

3. Expanded community capacity to support children and families:

SIT partners with the community to identify areas of need and to design services in ways that will improve the well-being of children and families in those communities. As such, the Bay Point and North Richmond SIT facilities each have tailored their services based on input from the community. While the core services are similar, each SIT employs different strategies to support their families. Two examples of success in this area include:

- *Established the Verde Involving Parents (VIP) Program.* Five parents in the community are employed 32 hours per week by the North Richmond SIT to improve school attendance at Verde Elementary, a local elementary school. Student achievement scores at Verde Elementary ranked near the bottom as compared to all schools statewide. The parents employed by VIP work closely with the schools to track children with unexcused absences, intervene with the family, and many times walk the children from home to school. While it is still too early to tell (the program began in February 2001), preliminary and anecdotal data indicate that the VIP Program is off to a good start. The actual attendance rate at Verde rose to 90.1% in the first month following implementation and 91.0% the second month following implementation, compared to 86.2% the month prior. The number of unexcused absences at Verde dropped dramatically following the implementation of VIP. In the month prior to implementation, Verde reported 700 unexcused absences. In the month following implementation, Verde reported only 90 unexcused absences.

- *Established a youth summer program.* Both the North Richmond and Bay Point SIT's have engaged teens in their local communities through a ten-week Youth Digital Academy program. In these programs, teens create historical documentaries and neighborhood history exhibits, learning about video production and many other skills in the process. In addition, the Bay Point SIT offers parents and their children a 10-week parent-teen workshop series, which focuses on preparing children for successful school experiences and creating home discipline structures. This series is offered jointly by the children's mental health therapist and the youth activities coordinator.

FUNDING AND PARTNERSHIPS

The Service Integration Program additionally fosters partnerships at a macro level, across public and private sectors. At the county level, the Service Integration Program is only one of many strategies employed by the county to assist families. Contra Costa County has embarked on a "systems change framework" aimed at improving child and family outcomes by employing various policy and programmatic changes across the county. The SIT plays an important role in the county's strategy to create organizational partnerships that support systems change. This strategy involves identifying fragmented government structures, with differing funding streams and separate, sometimes overlapping programs, and creating a cohesive governance structure.

Under this effort, federal, state and local resources can be maximized. Policy and programs can be coordinated, under the leadership of program directors who share a common vision. Desired outcomes are identified, and accomplishments are celebrated.

Contra Costa County has developed several tools to implement this systems change framework. The children's report card identifies and tracks various indicators of child and family well-being in order to gauge outcomes and target services. The county established a children and families policy forum (Policy Forum) to develop a shared vision statement and desired outcomes. A consulting firm has been retained to develop an anonymous, aggregated, inter-agency children and families data archive, which will eventually gather data across many county programs to help the county target its services and investment strategies. The Policy Forum facilitated the establishment of a working group of departmental fiscal officers and the County Administrator's Office to identify strategies to maximize state and federal revenue.

In this county-wide effort, the SIT has been both a benefactor and a contributor. The SIT receives financial support from a combination of funding resources, including County General Fund, CalWORKs Incentive funds, Community Development Block Grant and Community Services Block Grant funds, Family Preservation and Support, County Office of Education, and local community organizations. Several private foundations also contribute significantly to the program. In particular, the SH Cowell Foundation provided significant resources to train SIT staff in case management and conflict resolution, and the Zellerbach Family Fund has supported the two neighborhood employment projects that operate in conjunction with each SIT.

The SIT has fostered a sustained dialogue across county departments, schools, and community-based organizations around policy and programs to improve family well-being. This dialogue has produced several improvements in service delivery, including the creation of an /interagency Memorandum

dum of Understanding to allow for the sharing of information and to facilitate multi-disciplinary service delivery at the SIT sites.

In addition, the SIT was selected as one of six pilot projects in California to implement Assembly Bill 1741 (Chapter 951, Statutes of 1993), legislation which promotes service integration at the County level, in partnership with the state, and which enables counties to “test innovative strategies for improving outcomes for children and families.” As a result of being selected as an AB 1741 pilot, the SIT developed a “Reinvesting in Self-Sufficiency and Employment Initiative” (RISE), which will enable the county to shift its focus away from cumbersome paperwork requirements, to more intensive case management with families.

CHALLENGES FOR SERVICE INTEGRATION IN CONTRA COSTA COUNTY:

While the SIT has been institutionalized in the Bay Point and North Richmond communities, a number of challenges remain for the future of the Service Integration Program. These include: a) funding, b) staff oversight and evaluation, and c) maintaining commitment and fostering leadership.

- *Funding:* Although the SIT receives funding from a variety of sources, departmental Federal and State funds primarily support the SIT. These resources come to SIT “in kind”, in the form of the staff that each department out-stations at SIT. Additional funding support is received from the county’s General Fund and private foundations. Funding for innovative programs is challenging to sustain. The SIT oversight committee continues to explore long-term financing strategies to sustain the SIT.
- *Staff Oversight and Evaluation:* Staffing the SIT has been, and continues to be, a challenge. At

the outset of the SIT, support of four employee organizations was critical in the effort to co-locate staff at the SIT sites. A SIT coordinator manages staff at these sites at each site. In addition, most SIT staff members have off-site supervisors who provide technical supervision in the particular discipline in which each given team member works. Only recently were the two coordinator positions created (after four years of negotiations with the employee organizations). The SIT coordinators hold quarterly meetings with the supervisors of their staff to discuss staff issues. The SIT is currently in the process of developing and implementing a staff performance evaluation tool that will also be subject to meet and confer with the unions. The creation of the two coordinator positions has enabled the Service Integration Program manager to focus her time away from staff management towards strategic planning, project management, and program financing.

- *Maintaining Commitment and Fostering Leadership:* The Service Integration Program was a product of a movement in Contra Costa County away from “crisis intervention” towards “prevention” and “early intervention”. The Board of Supervisors and the County Administrator’s Office led this charge to implement service integration. Although well-established, the SIT must confront potential threats to its continued success. This includes staffing changes at the Board of Supervisors and departmental levels and an uncertain economic future in the county and the state.

RECOMMENDATIONS FOR SANTA CLARA COUNTY

The Service Integration Program has proven itself as a highly successful model in case management,

fostering partnerships, and improving client outcomes. Contra Costa County has adopted this program as one component of several strategies to improve family well-being, institutionalizing promising practices that the county hopes to replicate across other county programs and services. The SIT has maintained its commitment to client services while adapting as necessary to changing political climates, financial resources, and community needs. The findings from the Service Integration Program study yields insight into adapting this model in other counties, in particular for Santa Clara County.

1. Create a Dialogue and Action Plan to Improve Family Well-Being:

The Service Integration Team is one component in an overall county strategy to improve family outcomes. In Contra Costa County, this effort has been led by the Board of Supervisors and the Office of the County Administrator, in collaboration with various county agencies, community-based organizations, and others. One tool, the Contra Costa County Children's Report Card, measures family well-being across several indicators, will track progress in improving outcomes. The report card further serves as a tool to unify the county around a common vision for families, and to create fiscal and programmatic accountability in this effort to improve family well-being.

In Santa Clara County, the Social Services Agency (Agency) can lend expertise, resources, and leadership to engage the county Board of Supervisors, county executive, other departments and community members in its own dialogue around improving family well-being. Particularly at this point in time, as welfare rolls have shrunk dramatically and with so many families who are now considered the

“working poor,” strategic planning across departments and across public and private disciplines is necessary to holistically address the needs of families. A strategic planning process would unite the many programs and disciplines around a common vision for children and families in Santa Clara County, and would foster commitment from the participants in the process to move towards that common vision. However, implementation of this recommendation would require additional staffing resources within the Agency, and a strong commitment from the county Board of Supervisors.

2. Explore Options to Integrate Services:

The Service Integration Program co-locates staff from various departments and service providers in a “one-stop” facility, within local communities of the clients they are serving. This co-location has fostered both formal and informal working relationships among the staff and the departments, to the benefit of clients, who have timely access to a wide range of services. Service integration is designed to address families' complex needs, and as such, the services provided through the SIT are interwoven to meet those needs. The SIT has also fostered a greater understanding among the members of programs and services available from other agencies and has helped to build strong relationships among agency representatives.

However, the challenge in Santa Clara County lies in securing adequate facility space, as this is an expensive endeavor given the escalating property costs in the County. Further, the SIT offers service integration but requires clients to come to the provider. Given the county's expansive size (similar to that of Contra Costa County), the SIT model may best be served as an innovative approach to improving family well-being, one community at a time.

To strive for county-wide service integration, the Agency should consider other possibilities to integrate services. For example, the Agency could explore the possibility of providing space in existing facilities for other departmental staff, including space at the family resource centers, or other formalized structures of multi-disciplinary collaboration across programs. Strengthening formal relationships with schools, probation, alcohol and drug programs, nonprofit service providers, and others also could enhance service delivery while accomplishing a sense of “integration.” Such structures may or may not include co-location of staff, particularly if resources are constrained.

3. Adopt Alternative Case Management Tools:

The family assessment record (FAR) as a case management tool encourages a collaborative planning process between the case worker and the family to identify family strengths and action steps to achieve short-term and longer-term goals. This model empowers families to participate in the planning of services and creates accountability for both the family and the SIT member. Importantly, this partnership and accountability are established at the outset of service planning. Finally, the FAR examines the needs of the family across different spectrums—including child health, housing, child care childcare, transportation, and other areas.

The family assessment record is similar in many respects to another case management tool utilized extensively in Santa Clara County—family conferencing/family-group decision making. Both of these tools utilize a family-focused, strengths-based approach whereby the family is active in identifying their strengths and areas of concern, and developing an action plan to achieve certain goals. Interestingly, Contra Costa County also utilizes fam-

ily conferencing, but as a secondary method to assist families in a more intensive manner. Santa Clara County could explore the possibility of implementing a FAR that would co-exist and perhaps serve as a precursor to the family conference tool.

CONCLUSION

Santa Clara County Social Services Agency has championed several initiatives in the last decade, including family conferencing, wraparound, and most recently, family-to-family. These initiatives have focused on families in the child welfare service system. The documented success of Contra Costa County’s Service Integration Program warrants consideration for Santa Clara County as such an effort can yield improved family functioning and family well-being in a broad sense (i.e. economic self-sufficiency, child health, etc.) and could improve service coordination across county agencies.

Finally, I am grateful to the Contra Costa County Employment and Human Services Department, and in particular, to John Cullen, Agency Director, and Nina Goldman, SIT Program Manager, and to the many SIT Members and County staff for sharing their experiences and for their guidance, resources, and time on this project. Their dedication and hard work undoubtedly contribute to the on-going success of the Service Integration Program.

Family Demographic Record

SIT family name:		Case number:		SIT case manager:			
SIT family address:		Own phone: _____ Fax: _____		Date of assessment:			
SIT family telephone #:		Pager/Cell phone: _____		Location of assessment:			
Earnings: \$	Cal WORKS: \$	SSI: \$	UI/ETDIE: \$	SSA: \$	Other: \$		
Adults in the SIT family home: (Circle the number corresponding to each person participating in the assessment)							
Name	Sex	DOB	Citizenship	Relationship to OI family member	Interpreter needed?	Specify language	
01							
02							
03							
Children in the SIT family home: (Circle the number corresponding to each person participating in the assessment)							
Name	Sex	DOB	Citizenship	Relationship to OI family member	School	Grade	Special Ed. Yes/No?
11							
12							
13							
14							
15							
16							
Other family members not in the SIT family home: (Circle the number corresponding to each person participating in the assessment)							
Name	Sex	DOB	Citizenship	Relationship to OI family member	Address (if known)		
21							
22							
23							
SIT team members involved with the family:							
Name	Position	Others involved with the family:					
31		Name	41	Organization			
32		Name	42				
33		Name	43				

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FAR Scores

Family name:		Case number:	
S/Team member completing assessment:		Date:	Assessment #: (Circle one) 1 2 3 4 5
General FAR Scoring: <input checked="" type="checkbox"/> Exceptional functioning 1. Functions well. 2. Concerns, and realistic plans or abilities to address concerns. 3. Concerns and difficulty accessing resources necessary to address concerns. 4. In crisis; needs immediate assistance or resources. 5. Chronic difficulties; unable or unwilling to utilize resources.			
Area	Score	Comments (Include family's strengths)	
• Housing			
• Employment			
• Transportation			
• Child care			
• School			
• Parenting skills			
• Child health			
• Adult health			
• Support systems			
• Chemical dependency			
• Functioning			

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FAR Scoring Key

1

<p>Housing</p> <ul style="list-style-type: none"> ♦ Has exceptional functioning or skills in this area, such as home repair, gardening, homemaking, etc.; willing to help others with housing related issues. <ol style="list-style-type: none"> 1. Has adequate, stable affordable housing. Rent and utilities current. Has phone. 2. Housing needs repairs and has plan for this to happen. Planning to move but can stay in present housing until can find new housing and has resources to move. 3. Housing needs repairs but no clear plan how to get it done. Has difficulty meeting rent and utility payments and currently more than one month behind. Home overcrowded. 4. In crisis: About to be evicted; electricity turned off or about to be turned off; major repairs necessary that are threat to health and safety. 5. Living in substandard housing that endangers health and safety; repairs not being made and no plans to make repairs. Has been homeless for more than two months and no clear plans to obtain housing. Has been living without utilities for more than two months. Has lived in a series of temporary housing situations (e.g., shelters, with friends or relatives, etc.) for more than six months. 	<p>Employment</p> <ul style="list-style-type: none"> ♦ Has exceptional functioning or skills in this area, such as owns business, or has interviewing, networking, dressing for success skills, etc.; is willing to help others with employment-related issues. <ol style="list-style-type: none"> 1. Has full-time legal employment with clear and realistic career goals or has source of income such as retirement or disability benefits and is not seeking employment. 2. Has part-time, seasonal or temporary work or currently in school or training program. Has formulated plan to decrease and end dependence on CalWORKS. On the road to full time legal employment. 3. Currently unemployed but has work history, high school diploma or GED. Expresses desire to work but needs help in formulating a plan or overcoming barriers, such as transportation, child-care, or language difficulties. 4. In crisis: Lost job or is about to lose job, lost or is about to lose benefits because of failure to comply with mandated requirements, has completed a training program but is unable to find job despite actively seeking employment. 5. Chronically unemployed; no high school diploma or GED, no significant work history. Many barriers interfering with ability to seek employment.
<p>Transportation</p> <ul style="list-style-type: none"> ♦ Has exceptional functioning or skills in this area, such as provides rides for people in own car, able to repair cars, etc.; willing to help others in this area. <ol style="list-style-type: none"> 1. Has no problems in this area. Has regular access to a reliable vehicle or is able and willing to use other means of transportation (e.g., public transportation, bicycle, etc.). 2. Has some transportation problems but generally able to get most places by public transportation or by rides from reliable friends or relatives. 3. Has some difficulty arranging transportation. Sometimes misses appointments because does not have transportation. Unfamiliar with or hesitant to use public transportation. 4. In crisis: Needs to get to important medical, school or employment appointment and unable to do so because of lack of transportation or recent loss of transportation. 5. Transportation is chronic concern. Routinely misses appointments because of lack of transportation. Has no car, no family or friends willing to provide transportation and unwilling or unable to use public transportation. 	<p>Child-care</p> <ul style="list-style-type: none"> ♦ Has exceptional functioning or skills in this area, such as runs licensed child care facility or has good parenting skills they wish to share; willing to help others with child-care related issues. <ol style="list-style-type: none"> 1. Has dependable and affordable child-care: relative or other person willingly provides good care, or children enrolled in licensed child-care facility. 2. Some difficulty finding care but does have care when needed and in emergency situations; has resources and ideas for expanding care if needed. 3. Not satisfied with current child-care arrangement; has to change plans because child care provider not available when needed; needs help finding adequate, affordable child-care. 4. In crisis: No child care available when needed. Parent unable to meet short-term or long-term responsibilities because of lack of child-care: none available, previous arrangement broke down, parent about to work but has no child-care arrangements. 5. History of leaving children unattended or with inadequate or unwilling caretakers. Unable to take care of routine matters because has no family or friends willing to care for child.

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<p>School</p> <p>◆ Has exceptional functioning or skills in this area, such as active parent involvement in schools, tutoring skills, skills accessing school services, etc.; is willing to help others with school-related issues.</p> <ol style="list-style-type: none"> 1. All children attending school at grade level with no special needs or performance problems. 2. Children have some problems or special school needs but parent is competent and capable of handling and school is responsive to parents' concerns. 3. Parent concerned about child's behavior, attendance or ability to learn in school but not sure what to do, or school is unresponsive. Child in special education but parent unsure why or what resources child is entitled to. 4. In crisis: Child currently not attending school or has been excluded from school; immediate assistance needed. 5. Child has history of nonattendance, frequent absences, suspensions or expulsions. Parent unwilling or unable to deal with problem. Blames school or child for problem but makes no attempt to change school or class placement. 	<p>Parenting skills Has interviewer seen children? Yes No</p> <p>◆ Has exceptional functioning or skills in this area, such as parent has raised children who have done well; has good parenting skills and is willing to help others in this area.</p> <ol style="list-style-type: none"> 1. Able to meet all basic needs of children for food, clothing and shelter. Children are clean, appropriately dressed and cared for. Able to set appropriate limits for children's behavior and children respond to limits set. Disciplines child without resorting to violence or threats of violence. Children developing normally and exhibiting age appropriate behavior. Has clear sense of self as parent and responsibility to provide and care for children. 2. Has some difficulty meeting basic needs of children but another adult is available who assists in care and supervision of children. One or more children exhibiting acting out behavior but parent appropriately using outside resources to deal with problem. 3. Has difficulty meeting needs of children. Children often dirty or dressed inappropriately. Parent does not attempt to set limits for child or children do not respond to limits set. Parent uses threats to attempt to control children or does not take responsibility for children's behavior at all. Parent in need of help with child development and discipline issues. 4. In crisis: Child has run away; parent asking for placement of child because cannot control child's behavior; child incarcerated because of behavior problems; or child removed by CPS because of abuse or parent's failure to provide for child. 5. Does not plan for or provide children with basic needs. Children chronically dirty and dressed in ill fitting clothing. Children have many bruises often around head and face. Parent takes little responsibility for child's development and behavior and threatens or uses physical violence against child. Is extremely dependent on child and child takes on much of the responsibility of caring for the parent. Makes inappropriate references to child of a sexual nature.
<p>Child health</p> <p>◆ Has exceptional functioning or skills in this area, such as parent has child with medical condition and willing to be a resource in this area; parent has health training, etc.; willing to help others with child health care related issues.</p> <ol style="list-style-type: none"> 1. Children have no medical problems, immunizations up to date, and have seen doctor and dentist in last year. Have pediatrician and covered by medical insurance. 2. Child(ren) has medical problems but parent has resources to care for and handle problems. Child regularly seen by doctor and dentist. 3. Child does not currently have doctor/dentist. Child has not seen doctor or dentist in more than a year. Child behind on immunizations. Parent reports child has frequent minor illnesses that remain untreated. Parent needs help accessing and using medical system. 4. In crisis: Child has serious health problem and parent has not taken child for treatment or follow-up care. Child has serious illness or accident and parent needs help planning for care of child. Child excluded from school due to parents' failure to take care of child's health needs. 5. Parent has been provided with resources but parent does not provide child with medical treatment. Child has chronic medical condition that has failed to improve due to parents' failure to follow medical advice. Minor medical problems of child become more serious because of failure to obtain prompt treatment. 	<p>Adult health</p> <p>◆ Has exceptional functioning or skills in this area, such as parent dealing effectively with own or relative/friend's long-term health problem; skilled accessing health resources, etc.; is willing to help others with health related issues.</p> <ol style="list-style-type: none"> 1. In good health with no chronic medical problems and only infrequent bouts of short-term illnesses. Has regular medical provider and medical insurance. 2. Has some health problems but obtains regular medical care; medical problems under control. 3. Has medical complaints that have been left untreated; needs help accessing health system and taking care of medical needs. Does not have regular medical provider or does not have insurance. 4. In crisis: Severe illness or injury effecting ability to function. Hospitalized or about to be hospitalized; needs help planning for care of family and home. Has serious medical problem and no insurance. Pregnant and not receiving prenatal care. 5. Chronic long-term illness that interferes with ability to function because of nature of illness or failure to cooperate with health care providers. Requires help managing everyday activities because of illness.

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<p>Support systems</p> <ul style="list-style-type: none"> ◆ Has exceptional functioning or skills in this area, such as active involvement in community groups in leadership or organizational roles; community role model, etc.; is willing to help others with support and community related issues. <ol style="list-style-type: none"> 1. Has family or friends nearby that help out and can be depended on in time of crisis. Actively involved in church or other community groups that provide help and support. 2. Have family and friends but their ability to provide support restricted because of distance or other limitations. 3. Have only minimal support. Friends or relatives may offer emotional support but no concrete help, or concrete help but no emotional support. Somewhat isolated with very limited social/community contact. 4. In crisis: Major support person lost due to death, moving, illness or other event. Experiencing strong feelings of isolation or loss. 5. No extended family or friends. Family and friends have negative impact, more trouble than help. Very isolated, leaves home only for necessities. No connection with community groups that provide help and support. 	<p>Chemical dependency</p> <ul style="list-style-type: none"> ◆ Has exceptional functioning or skills in this area, such as history of personal or family involvement with drug and alcohol use and wants to actively help others in this area, etc.; is willing and has skills to help others with chemical dependency related issues. <ol style="list-style-type: none"> 1. Never used drugs and no use of drugs in household. Alcohol use, if any, limited to occasional use on appropriate social occasions with no impairment in functioning. 2. Occasional social/recreational use of drugs or alcohol by person residing or frequently in household. History of drug or alcohol abuse but has been in recovery for at least two years with no current impairment in functioning. 3. Current use of drugs or alcohol impairs individual or family functioning; or history of drug or alcohol use but currently in treatment or in recovery less than two years. 4. In crisis due to drug or alcohol use. Major impairment in individual or family functioning. Crisis event recently occurred related to drug or alcohol abuse. In need of immediate resources or assistance. 5. Chronic use of drugs or alcohol causing significant interference with ability to function and meet responsibility of caring for children and household. Has suffered negative consequences as result of drug use and continues to use.
<p>Functioning</p> <ul style="list-style-type: none"> ◆ Has exceptional functioning or skills in this area, has worked with individuals with functional difficulties and is willing to help individuals with problems in functioning. <ol style="list-style-type: none"> 1. Able to function independently. Can meet daily living needs. Can schedule and keep appointments and keep track of papers. Able to manage money. Able to make appropriate decisions for self and children. Able to communicate with others in positive way to get needs met. 2. Has some difficulty functioning independently. Needs help making decisions but has responsible adult relative or friend who provides help and support. 3. Relies on others for routine help with daily matters. Misses appointments and does not return papers on time. Cannot manage money without help. Uses children for companionship and emotional support. Cannot communicate to get needs met and easily becomes hostile. Depends on people who are exploitative. 4. In crisis: Unable to function independently and has lost major source of support. 5. Unable to function independently. Requires help with all daily activities. Sees in threatening and exploitative relationships. Becomes physically aggressive and violent when needs not immediately met. 	

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Family/SITeam Action Agreement

Family's name:	Case number:	Date of agreement:					
		1	2	3	4	5	6
SITeam member entering into agreement:		Agreement number (circle the appropriate number):					
Briefly describe what (your) family wants to achieve while working with SIT and any assistance (your) family desires:							
<input type="checkbox"/> Housing <input type="checkbox"/> Employment <input type="checkbox"/> Transportation <input type="checkbox"/> Child care <input type="checkbox"/> School <input type="checkbox"/> Parenting skills <input type="checkbox"/> Child health <input type="checkbox"/> Adult health <input type="checkbox"/> Support systems <input type="checkbox"/> Chemical dependency <input type="checkbox"/> Functioning							
Check the area(s) in which (your) family has needs:							
List (your) family's short-term goals							
1.							Goal achievement level: <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved
2.							<input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved
3.							<input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved
4.							<input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved
5.							<input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved
Name of family member entering into agreement		Signature of family member		Date			
Name of family member entering into agreement		Signature of family member		Date			
		Signature of SITeam member		Date			

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Family/SITeam Action Agreement Task Assignments

Family's name		Case number		Date of agreement		
<p>For each goal listed on the Family/SITeam Action Agreement, list the TASKS that will have to be completed to achieve the goal and the corresponding GOAL NUMBER, the name of the PERSON WHO HAS AGREED TO COMPLETE THE TASK, the TARGET DATE OF COMPLETION of the task, and the DATE OF FOLLOW-UP when family and SITeam members will get together again. During the follow-up contact, indicate in COMPLETION STATUS the degree to which the task is complete.</p>						
Gr. Goal number	Task	Person who has agreed to complete task	Parent's relationship to family	Target date of completion	Date follow-up occurred	Completion status
			<input type="checkbox"/> Family member <input type="checkbox"/> SITeam member <input type="checkbox"/> Other			<input type="checkbox"/> Completed <input type="checkbox"/> Partially completed <input type="checkbox"/> Not begun
			<input type="checkbox"/> Family member <input type="checkbox"/> SITeam member <input type="checkbox"/> Other			<input type="checkbox"/> Completed <input type="checkbox"/> Partially completed <input type="checkbox"/> Not begun
			<input type="checkbox"/> Family member <input type="checkbox"/> SITeam member <input type="checkbox"/> Other			<input type="checkbox"/> Completed <input type="checkbox"/> Partially completed <input type="checkbox"/> Not begun
			<input type="checkbox"/> Family member <input type="checkbox"/> SITeam member <input type="checkbox"/> Other			<input type="checkbox"/> Completed <input type="checkbox"/> Partially completed <input type="checkbox"/> Not begun
			<input type="checkbox"/> Family member <input type="checkbox"/> SITeam member <input type="checkbox"/> Other			<input type="checkbox"/> Completed <input type="checkbox"/> Partially completed <input type="checkbox"/> Not begun
			<input type="checkbox"/> Family member <input type="checkbox"/> SITeam member <input type="checkbox"/> Other			<input type="checkbox"/> Completed <input type="checkbox"/> Partially completed <input type="checkbox"/> Not begun
			<input type="checkbox"/> Family member <input type="checkbox"/> SITeam member <input type="checkbox"/> Other			<input type="checkbox"/> Completed <input type="checkbox"/> Partially completed <input type="checkbox"/> Not begun
			<input type="checkbox"/> Family member <input type="checkbox"/> SITeam member <input type="checkbox"/> Other			<input type="checkbox"/> Completed <input type="checkbox"/> Partially completed <input type="checkbox"/> Not begun
			<input type="checkbox"/> Family member <input type="checkbox"/> SITeam member <input type="checkbox"/> Other			<input type="checkbox"/> Completed <input type="checkbox"/> Partially completed <input type="checkbox"/> Not begun

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