

**INTEGRATED SERVICES IN ALAMEDA COUNTY:  
OPENING THE DOOR TO A BRIGHTER FUTURE**

**Denise Carey\***

**Executive Summary**

With the influx of children and families legislation being introduced, many counties are changing the way they do business to improve the quality of lives for children and families. Several counties have redesigned their service delivery models. These service delivery models have evolved over the past decade. Counties are seeking ways to incorporate a delivery model that better reflects the needs of families. Family services are being designed to allow the family to be a decision-making partner, as opposed to having decisions made on behalf of the family. This delivery model, which incorporates a family strengths-perspective and a comprehensive approach to service delivery, is called service integration.

Service integration involves the weaving of the complex web of public services together into a comprehensive system. In service integration, a full range of service needs presented by families are approached in an efficient and holistic manner. The core elements of service integration include:

- The co-location of staff from different departments and/or programs
- Multidisciplinary teams with a common mission
- Use of a strengths-based and holistic approach in improving outcomes for children and families
- A coordinated service plan that is family driven and based on family needs

Applying these tenets, Alameda County Social Service Agency has created a systemic approach in providing coordinated services to children and families.

In 1999, Alameda County was one of three counties to participate in the Multidisciplinary Service Team Pilot Project through Assembly Bill (AB) 1518. This bill established a three-year pilot project for three counties to develop an integrated case management system for the delivery of services to (CalWORKS) recipients.

These teams are permitted to share information for the purpose of ensuring the provision of appropriate health, educational, substance abuse, social and other services. Various other legislative bills played integral roles in Alameda County's decision to embark on the new pilot program. In 1999, the amendment of Section 2, Chapter 1059 Family Preservation Plan of the Welfare and Institutions Code, made it easier for integrated children programs to share information. Around the same time, AB 1741 (Youth Pilot Program) provided a potential avenue for blending funding for participating counties.

Lastly, AB 973 increased the confidentiality of information on families collected by California Children and Family agencies and coined the phrase "information will be shared on a need to know basis". This bill made it harder to share information across agencies.

\* Denise Carey is the Coordinator of the Service Integration Team, of the North Richmond Service Integration Program of Contra Costa County's Employment & Human Services Department.

With all of these legislative bills aiding in providing integrated services to families, Alameda County Social Services Agency approached the Fremont Resource Center about piloting the CalWORKs Multi-disciplinary Team Project. There were various systems of service integration in place in other parts of the county, but far south county lacks a comprehensive service model for CalWORKs families. The other models in the county did not contain the wide-range of services, as did the CalWORKs Multi-disciplinary Team **Project**

## **CONSIDERATIONS FOR CONTRA COSTA COUNTY**

Although Contra Costa County Employment and Human Services Department has demonstrated a prolific service integration program in both east and west county, Contra Costa County is committed to continual innovation and program improvement. Alameda County's excellent CalWORKs Multi-disciplinary Team Project is in its early stages of service integration implementation. However, Alameda County's commitment to a comprehensive family-driven delivery model is making great strides in the right direction. My recommendations are:

- Broaden and maximize the collaborative relationships with municipalities. For example, the City of Richmond and the Contra Costa County have embarked on a joint venture. Currently they have an operating committee called CCOME (City County Operation Management Expert) to discuss community issues. An option may be to develop a similar committee with the city of Pittsburg, near where the second service integration site is located. This linkage of both county the city allows for identifying greater opportunities for leveraging and matching funds to serve the community. Another advantage of this collaboration is to increase the physical revitalization or business development within the community. The strategy in developing new businesses or enhancing the physical structures of the neighborhoods serves to improve the environment, create community amenities, develop locations for new businesses, and increase employment. The profits produced by successful ventures is circular and can be reinvested in socially beneficial projects such as day care centers, centers for the elderly and the like.
- Expand the service area of each of the current SIT sites to incorporate nearby communities. Alameda County's program encompasses three adjacent cities. Expanding the service area would allow for obtaining greater collaborative services from neighboring jurisdictions. The implication would create a semi- even distribution of cases leaving the district offices and going to the SIT sites. Thereby, this process would allow staff to move to the SIT sites from the distinct offices because of their lower caseload.
- Co-locate staff from other city, state or county agencies so that families have ongoing relationships similar to Alameda's CalWORKs Multidisciplinary Team Project (see Exhibit C). An example of agencies that would benefit families being served at the SIT are: Social Security staff, HUD staff, WIC staff, and EDD staff. These are some of the services that many families utilize. These agencies are not necessarily required to be on the core SIT team, but having the agencies co-located a few hours per week would enhance the resources available at the community-based SIT sites.
- Include family participation in bi-annual case conferences (Alameda County's program invites the family to case conference with the team throughout the process. This allows for greater participant buy-in). The family needs a face along with its story. Currently at SIT, the staff is the voice of the participant and tells the story through documentation. Participants

could benefit from presenting their situations to a team, which would make the participant the driver of the process, not just the passenger.

- Identifying greater opportunities for leveraging and matching funds among departments, agencies, and their partners (Alameda County CalWORKs Multidisciplinary Team Project uses Family Preservation and Prop 10 to assist in service funding). Family Preservation funds can be aligned with other agency funding streams to increase early intervention resources to improve the outcomes of Child Welfare families through SIT. Prop 10 monies can be used to expand the services of the SIT sites. The expansion could include an early intervention and prevention program targeting children 0-5 and their families. Currently, the SIT sites offer little to no services for the 0-5 population. Prop 10 funds can be used to create an integrated program, that uses staff of the multi-disciplinary SIT staff to implement a home visiting/center-based parent education program.
- Community partners and agency disciplines can benefit from receiving yearly training on the SIT team process. Alameda County provides a yearly training on service integration. The training is open to community partners, county staff, and families in the community. It informs the community about what service integration is, and how it benefits the community. In Contra Costa County, a training program would be valuable for new and current staff, as well as the community. This training would benefit the county in communicating what the SIT sites offer. Despite the extensive amount of service integration program information circulating, employees and community agencies still have questions about what services the SIT sites provide.

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## **INTRODUCTION**

With the influx of children and family legislation and the revamping of how counties do business, many counties have redesigned their service delivery models. These service delivery models have evolved over the past decade. Counties have tried to deliver services that better reflect the needs of families. Families have become integral partners in developing their road maps to sustainability. In constructing a road map, families are assisted by agencies in determining an approach that offers services, activities, and/or resources designed to eliminate or diminish problem situations. Among the novel service delivery models being developed, a number of counties have focused on service integration.

The results of many years of program impact evaluations demonstrate that single-focus programs targeting children and families may not be the most effective method for servicing multiproblem families. Traditionally, counties design and implement children and families services that are fragmented and compartmentalized. Often, the program orientations of these county services are defined by funding source rather than need. Increasingly, funding sources and public service agencies pay attention to programs capable of dealing with the family and the neighborhood. Many of these programs are providing a more comprehensive approach through service integration.

Service Integration involves the weaving of the complex web of public services together into a comprehensive system. In service integration, a full range of service needs presented by families are approached in an efficient and holistic manner. The core elements of service integration include:

- The co-location of staff of staff from different departments and/or programs
- Multidisciplinary teams with a common mission
- Use of a strengths-based and holistic approach in improving outcomes for children and families
- A coordinated service plan that is family driven and based on family needs

Applying these tenets, Alameda County Social Service Agency has created a systemic approach to providing coordinated services to children and families.

My decision to explore Alameda County's service integration programs stemmed from my current work as the North Richmond Service Integration Team Coordinator, and my strong belief in the value of seamless service delivery. The next phase was the daunting task of selecting one service integration model from the many models Alameda County offers. Patsy Phillips, Division Director of Support Services for Alameda County, served as my facilitator. Mrs. Phillips provided a myriad of programs for me to observe, including: Project Destiny, System of Care, Agency on Adult and Aging, Community & Neighborhood School-Linked Services, CalWORKS Call Center, Kinship Care, and the Multidisciplinary Team Pilot Project.

I chose to focus my internship on the Multidisciplinary Team Pilot Project. This program shared several similarities with the Service Integration Program in Contra Costa County. Both programs provide extensive support and linkages for families receiving California Work Opportunity and Responsibility to Kids (CalWORKS) and facing employment barriers.

## **BACKGROUND**

Like many counties, Alameda County has entered a period of rapid and profound transformation in the services and systems supporting the county's children and families. The service integration programs of Alameda County Social Service Agency support the county's work to integrate human service with school, non-profits and other agencies. Alameda County is committed to assuring that their programs serving families shared strategies and aligned services for families with the goal of achieving better outcomes.

Alameda County has built a communication infrastructure that supports a fast, flexible dispersed system of services. In Alameda County, the executive directors emphasized that their vision of service integration is not just, service provider networking, community development, facility co-location, direct service gap filing, increasing access to services, pleasant partnerships, a great vision and few concrete activities. County leaders are determined to avoid multiple agencies responding to the same families, thus creating confusion and fiscal inefficiency. In their avoidance, Alameda County developed some innovative models, which demonstrated the efficacy and efficiency of linking staff with training opportunities and other resources to help

CalWORKS participants obtain economic self-sufficiency. One such way is the CalWORKS Multidisciplinary Team Pilot Project.

In 1999, Alameda County was one of the three counties to participate in the Multidisciplinary Service Team Pilot Project through Assembly Bill (AB) 1518. This bill established a three-year pilot project for three counties to develop an integrated case management system for the delivery of services to (CalWORKS) recipients.

These teams are permitted to share information for the purpose of ensuring the provision of appropriate health, educational, substance abuse, social and other services. Various other legislative bills played integral roles in Alameda County's decision to embark in the new pilot program. In 1999, the amendment of Section 2, Chapter 1059 Family Preservation Plan of the Welfare and Institutions Code, made it easier for integrated children programs to share information. Around the same time, AB 1741 (Youth Pilot Program) provided a potential avenue for blending funding for participating counties. Lastly, AB 973 increased the confidentiality of family information collected by California Children and Family agencies and coined the phrase "information will be shared on a need to know basis". This bill made it harder to share information across agencies.

With all of these legislative bills aiding in providing integrated services to families, Alameda County Social Services Agency approached the Fremont Resource Center about piloting the CalWORKS Multi-disciplinary Team Project. There were various systems of service integration in place in other parts of the county, but far south county lacked a comprehensive service model for CalWORKS families. The other models in the county did not contain the wide range of services like the CalWORKS Multi-disciplinary Team Project.

## **A NEW BEGINNING – CALWORKS MULTIDISCIPLINARY TEAM PILOT PROJECT PARTNERS**

Alameda County Social Service Agency and the Fremont Human Services Agency (the Fremont Family Resource Center's lead agent) had to seek potential core partners who would be willing to participate in the pilot program. Their team recruitment process required its contenders to share the common vision of the program. The program goal is to create an arena for information sharing that is holistic, strengths-based and participant-centered in order to remove barriers to employment and/or self-sufficiency. When the program was first piloted, the Fremont Family Resource Center already had an impressive list of over 20 agencies working to meet family needs in the tri-cities service areas (Union City, Newark and Fremont).

The spirit of collaboration already was evident among the agencies, but now the focus expanded to removing employment barriers for CalWORKS families within this same geographical area. In order to implement this task, the participating agencies established a core multi-disciplinary team. The members of the team included two staff members from the Employment Development Department, a Tri-Cities One-Stop Career Center Job Trainer and a Job Retention Specialist. Alameda County provided a Welfare to Work Employment Counselor, a Public Health Nurse and a Child Welfare Worker (pending). The Child Welfare Worker will join the team this

summer. The City of Fremont and the Fremont Resource Center provided a Team Facilitator, a Social Work Case Manager from Youth and Family Services and a Mental Health Specialist.

Each of the participating partners agencies assigned a senior manager to the Interagency Policy Executive Group. This team of managers formally guides the vision of the collaboration and pilot. They meet quarterly to evaluate and discuss key issues, such as workload efficiency, effectiveness and program objectives. They evaluate any areas of concern and progress on fulfilling the overall work plan. They also agreed to provide decision-making and/or linkage to decision-making to support the establishment of the pilot.

## **TEAM ROLES AND RESPONSIBILITIES**

To thoroughly address the needs of the families, the multidisciplinary team developed objectives for programmatic collaboration to promote enhanced service integration. The objectives included:

- Identify CalWORKs families with multiple barriers to employment (all core team members are responsible) Develop a comprehensive assessment that is non-duplicative and available to all core agencies (Youth and Family Services core member is responsible)
- Coordinate service planning and delivery and remove barriers to employment while serving the family in a holistic manner (all core team members are responsible) Expedite referrals, exchange of information and follow up on elements of the case plan (all core team members are responsible)
- Use a holistic and measurable program evaluation tool (Youth and Family Services core member is responsible)
- Engage participants in service delivery planning and decision-making (all core team members are responsible)
- Exercise the ability to share relevant information while safeguarding participant confidentiality (all team core members are responsible).

The team and the team meetings are the vehicle for information exchange. Participation in this pilot is an additional responsibility for most team members. The team's participation is a tool by which they achieve their service delivery responsibilities. Team members remain employees of their home agencies, and they are supervised by their home department and are beholden to mandates of the federal and state programs that fund their positions. Their scope of responsibility concerning the CalWORKs client remains the same. The team members are available to share information and offer their expert opinions for consideration. Decisions concerning each individual's scope of practice remain with the individual team member.

## **PROGRAM DESIGN-GOALS**

The goals of the program are to create an arena for information sharing that is holistic, strength-based, and participant centered. Another goal is to examine the effectiveness of an integrated and coordinated case management system of removing barriers to employment and/or self-sufficiency for CaIWORKS families.

CaIWORKS participants who are experiencing roadblocks entering the workforce are referred by their employment counselor for assessment of services. Participation for families is voluntary. The team developed a structure for obtaining signed release/confidentiality forms from participants in order to allow for information exchange and collaborative planning among team members.

The Mental Health Specialist screens referrals using the California Family Risk Assessment (Appendix A) and a Bio-Psycho-Social assessment tool. Participants who do not require extensive case management receive traditional CaIWORKS services and are not served by the core team. Participants who require team services are invited to attend a meeting with the core team members. At that meeting, a comprehensive assessment tool (Family Development Matrix-Appendix B) along with the action plan are completed. The Family Development Matrix was developed by the Institute for Community Collaborative Studies, California State University, Monterey Bay. It was designed as criteria for tracking family progression to self-sufficiency. The family develops the action plan with the assistance of the team. The family's plan contains goals and steps that help the family move toward self-sufficiency. This action plan also serves as a unified record for the team. The plan becomes the primary case management tool for documentation among the team members. The team and the family hold on-going weekly meetings to review the family's progress. At the meetings, the family discusses concerns and reports any achievements made towards their goals. The Team Facilitator leads the weekly meetings.

## **EVALUATION OF THE PROGRAM**

The Pilot is evaluated by the core team members on a quarterly basis. The goal of the program is to achieve positive changes in the lives of the participating families. The changes within the family should reflect productive steps to self-sufficiency.

The program has a three-part evaluation. The first part draws information from the Family Development Matrix, and 15 customer satisfaction questions. The matrix consists of 11 domains of family life, including family and community relations. The team conducts the evaluation with the family's assistance. Each family is rated in each domain on a scale from one to five.

The second part of the evaluation focuses on measuring the program's effectiveness at collaboration and teamwork. This part of the evaluation consist of 15 questions. The team individually completes this questionnaire. These satisfaction questionnaires look at team performance and program objectives. It is anticipated that the feedback/scoring from the participant's surveys will have common similarities with team responses. When the team's work is effective, responses to both staff and participant surveys should be positive.

The third part of the evaluation focuses on measuring the program's effectiveness at increasing participant's incomes. This part of the evaluation compares a participant's grant/earned income at the initial entry into the program with a participant's grant and earnings levels at the point that the participant exits the program. The California Department Social Services will also be conducting a comprehensive evaluation across all three participating counties at the Pilot's third year. Some of the questions to be addressed by the California Department of Social Services are:

- What did it take to create a MDT?
- What worked?
- What are the barriers?
- What is needed?

## **THE LESSONS LEARNED**

Alameda's CalWORKS Multidisciplinary Team Pilot Project has experienced its highs and lows. As with any new venture, the pilot has encountered some unforeseen problems. The county has struggled to find an effective way to measure client outcomes. The current evaluation tool is rudimentary and does not effectively measure client outcomes. There is a critical need to adjust the evaluation designs to capture the effectiveness of the Pilot's prevention activities. The Pilot staff and managers also feel that while the evaluation focuses on outcomes, such measures do not always accurately capture the full picture. They feel that complementing the current evaluation with qualitative and observational data might help to assess not just whether the program "works", but also how it works, under what conditions, and who should augment quantitative outcomes. Not knowing these specifics about program-to-client fit makes it harder to recommend future pilot program applications, or to translate results into broader policy directions.

Pilot staff and managers have struggled with justifying the lower caseloads held by pilot staff and the program's overall cost-effectiveness. Ironically, program evaluations have resulted in calling into question the aforementioned issues. The program has also faced challenges in establishing a consistent method for working with all families that simultaneously recognizes the differences among families.

## **CONSIDERATIONS FOR CONTRA COSTA COUNTY**

Contra Costa County is a seasoned performer in the field of service integration. The two Service Integration Teams have effectively served CalWORKs participants and their families for approximately eight years. Despite Contra Costa's success in this area, the county could benefit from some of Alameda County's experiences. Like Alameda County, Contra Costa County has intensified its services to assist families that are facing challenges entering the workforce. The following are recommendations for Contra Costa County:

- Broaden and maximize the collaborative relationships with municipalities. For example, the City of Richmond and the Contra Costa County have embarked on a joint venture. Currently they have an operating committee called CCOME (City County Operation Management Expert) to discuss community issues. An option may be to develop a similar committee with the city of Pittsburg, near the location of the second service integration site. This linkage of

county and city allows for identifying greater opportunities for leveraging and matching funds to serve the community. Another advantage of this collaboration is to increase the physical revitalization or business development within the community. Developing new businesses and enhancing the physical structures of neighborhoods serves to improve the environment, create community amenities, develop new business locations, and increase employment. The profits produced by successful ventures is circular and can be reinvested in socially beneficial projects such as day care centers, centers for the elderly and the like.

- Expand the service area of each of the current SIT sites to incorporate nearby communities. Alameda County's program encompasses three adjacent cities. The expanding the service area would allow for greater collaborative services from neighboring jurisdictions. The implication would create a semi- even distribution of cases leaving the district offices and going to the SIT sites. Thereby, this process would allow staff to move to the SIT sites from the district offices because of their lower case load.
- Co-locate staff from other city, state or county agencies that have ongoing family relationships similar to Alameda's Ca1WORKs Multidisciplinary Team Project (see Appendix C). An example of agencies that would benefit families being served at the SIT are: Social Security staff, HUD staff, WIC staff, and EDD staff. These are some of the services that many families utilize. These agencies are not necessarily required to be on the core SIT team, but having the agencies colocated a few hours per week would enhance the resources available at the community-based SIT sites.
- Include family participation in bi-annual case conferences (Alameda County's program invites the family to case conference with the team throughout the process, which allows for greater participant buy-in). The family needs a face with their story. Currently, SIT staff is the voice of the participant and tells their story through documentation. Participants could benefit from presenting their stories to the team and, therefore, being the driver of the process and not just the passenger.
- Identifying greater opportunities for leveraging and matching funds among departments, agencies and their partners (Alameda County Ca1WORKs Multidisciplinary Team Project uses Family Preservation and Prop 10 to assist in service funding). Family Preservation funds can be aligned with other agency funding streams to increase early intervention resources to improve the outcomes of child welfare families through SIT. Prop 10 monies can be used to expand the services of the SIT sites. The expansion could include an early intervention and prevention program targeting children 0-5 and their families. Currently, the SIT sites offer little to no services for the 0-5 population. An integrated program uses the staff of the multi-disciplinary SIT sites to implement a home visiting/center-based parent education program.
- Community partners and agency disciplines can benefit from receiving yearly training about the SIT team process. Alameda County provides a yearly training on service integration. The training is open to community partners, county staff and families in the community. This training informs the community about what service integration is and how it benefits the community. In Contra Costa County, a training program would be valuable for new and current staff, as well as the community. This training would benefit the county by communicating what the SIT sites offer. Despite the extensive amount of service integration program information circulating, employees and community agencies still have questions about what services are provided through the SIT sites.

Many of the recommendations above do not have a fiscal impact, but rather the building of stronger and committed relationships among the community, city and county agencies.

## **CONCLUSION**

In 1998, the National Center for Children in Poverty at Columbia University School of Public Health conducted research on helping families overcome challenges and barriers entering into the field of self-sufficiency. The literature produced from their research indicates that a comprehensive approach has the best chance of helping families achieve positive outcomes. In addition to providing a better service package to participating families from agencies participating in such programs, effective service integration programs facilitate access to additional services available in the community that the program does not itself provide. The Ca1WORKs Multidisciplinary Team Project demonstrated a high degree of comprehensive services to families through service integration.

Alameda County and the City of Fremont have made important strides in developing their community's capacity to serve families, by identifying and working to develop services to address unmet needs. I was impressed by the broad level of commitment to service integration exhibited by a large number of agencies. The Ca1WORKs Multidisciplinary Team Project demonstrates service integration at the simplest level by improving the way information, clients, and money flows across agencies. This model of service integration can become the catalyst for other areas of Alameda County to explore. Through this model, Alameda County and the City of Fremont have translated service integration theory into practice. They changed compartmentalized policies and programs and developed a holistic system of services and supports. The program strives to provide services for families that are coherent, culturally competent and focused on the unique assets that each individual contributes to a family and the community as a whole. The Ca1WORKs Multidisciplinary Team Project has helped to awaken an understanding among participating staff, and agencies that families do not fit into neat parcels, and that families's needs are interconnected. Thereby, working with families requires a comprehensive approach for the best results.

Overall, this was an invaluable experience for me in that it provided me with a vision and the confidence to built relationships outside of the box. This is a vision that would include a forum where several counties in the field of service integration could come together to share and learn from each other. Through this forum, relationships would emerge from various communities, municipalities and counties all sharing a common vision. In addition to the impressive information and strategies I acquired, my experience in Alameda County reinforced my understanding that service integration is a means, not an end. We must continue to explore ways in which a greater number of families can thrive in safe and healthy communities.

## **APPENDICES**

California Family Risk Assessment  
Family Development Matrix  
Fremont Family Resource Directory

## **ACKNOWLEDGEMENTS**

I wish to extend my sincere appreciation to my BASSC facilitator Patsy Phillips, Division Director of Alameda County, who graciously included me in meetings, introduced me to contacts and made sure that I had everything I needed. I would also like to thank all of the staff from Alameda County and the Kinship programs that took time out of their busy schedules to meet and talk with me. A special thanks is extended to Chris Kondo, Jeff Rackmill and Joe Rodriguez for their resources. Lastly, I would like to thank my manager Nina Goldman and the director of Contra Costa County Employment and Human Services Department, John Cullen, for allowing me the opportunity to participate in this rewarding experience.

**CALIFORNIA  
FAMILY RISK ASSESSMENT**

c 1098

Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_ Date: \_\_\_\_\_  
 County Name: \_\_\_\_\_ Worker Name: \_\_\_\_\_ Worker ID#: \_\_\_\_\_

NEGLECT	Score	ABUSE	Score
N1. Current Complaint is for Neglect		A1. Current Complaint is for Abuse	
a. No.....0		a. No.....0	
b. Yes.....1		b. Yes.....1	
N2. Prior Investigations (assign highest score that applies)		A2. Number of Prior Abuse Investigations (number: _____)	
a. None.....0		a. None.....0	
b. One or more, abuse only.....1		b. One.....1	
c. One or two for neglect.....2		A3. Household has Previously Received CPS (voluntary/courto-ordered)	
d. Three or more for neglect.....3		a. No.....0	
N3. Household has Previously Received CPS (voluntary/court-ordered)		b. Yes.....1	
a. No.....0		A4. Prior Injury to a Child Resulting from CA/N	
b. Yes.....1		a. No.....0	
N4. Number of Children Involved in the CA/N Incident		b. Yes.....1	
a. One, two, or three.....0		A5. Primary Caretaker's Assessment of Incident (check applicable items and add for score)	
b. Four or more.....1		a. Not applicable.....0	
N5. Age of Youngest Child in the Home		b. Blames child.....1	
a. Two or older.....0		c. Justifies maltreatment of a child.....2	
b. Under two.....1		A6. Domestic Violence in the Household in the Past Year	
N6. Primary Caretaker Provides Physical Care Inconsistent with Child Needs		a. No.....0	
a. No.....0		b. Yes.....2	
b. Yes.....1		A7. Primary Caretaker Characteristics (check applicable items and add score)	
N7. Primary Caretaker has a Past or Current Mental Health Problem		a. Not applicable.....0	
a. No.....0		b. Provides insufficient emotional/psychological support.....1	
b. Yes.....1		c. Employs excessive/inappropriate discipline.....1	
N8. Primary Caretaker has Historic or Current Alcohol or Drug Problem. (Check applicable items and add for score)		d. Doomsneering parent.....1	
a. Not applicable.....0		A8. Primary Caretaker has a History of Abuse or Neglect as a Child	
b. Alcohol (current or historic).....1		a. No.....0	
c. Drug (current or historic).....1		b. Yes.....1	
N9. Characteristics of Children in Household (Check applicable items and add for score)		A9. Secondary Caretaker has Historic or Current Alcohol or Drug Problem	
a. Not applicable.....0		a. No.....0	
b. Medically fragile/failure to thrive.....1		b. Yes, alcohol and/or drug (check all applicable).....1	
c. Developmental or physical disability.....1		Alcohol _____ Drug _____	
d. Positive toxicology screen at birth.....1		A10. Characteristics of Children in Household (check appropriate items add for score)	
N10. Housing (check applicable items and add for score)		a. Not applicable.....0	
a. Not applicable.....0		b. Delinquency history.....1	
b. Current housing is physically unsafe.....1		c. Developmental disability.....1	
c. Homeless at time of investigation.....2		d. Mental health/behavioral problem.....1	
<b>TOTAL NEGLECT RISK SCORE</b> _____		<b>TOTAL ABUSE RISK SCORE</b> _____	

**SCORED RISK LEVEL.** Assign the family's scored risk level based on the highest score on either the neglect or abuse instrument, using the following chart:

Neglect Score	Abuse Score	Scored Risk Level
0-1	0-1	Low
2-4	2-4	Moderate
5-8	5-7	High
9+	8+	Very High

**POLICY OVERRIDES.** Circle yes if a condition shown below is applicable in this case. If any condition is applicable, override final risk level to very high

Yes No 1. Sexual abuse case AND the perpetrator is likely to have access to the child victim.  
 Yes No 2. Non-accidental injury to a child under age two.  
 Yes No 3. Severe non-accidental injury.  
 Yes No 4. Parent/caretaker action or inaction resulted in death of a child due to abuse or neglect (previous or current).

**DISCRETIONARY OVERRIDE.** If a discretionary override is made, circle yes, circle override risk level, and indicate reason. Risk level may be overridden or level higher.

Yes No 5. If yes, override risk level (circle one):    Low    Moderate    High    Very High  
 Discretionary override reason: \_\_\_\_\_

Supervisors Review/Approval of Discretionary Override: \_\_\_\_\_ Date: / /

**FINAL RISK LEVEL** (circle final level assigned):    Low    Moderate    High    Very High

### Family Development Matrix

Outcome Categories	Mark one box for each Outcome Category					Key considerations
	In Crisis	At Risk	Stable	Safe/ Self Sufficient	Thriving	
Shelter						Stability of housing over time Living conditions Structural safety of housing Resources for housing
Social/Emotional Health						Ability and willingness to identify needs and access resources Sense of personal responsibility Presence, degree of substance abuse Quality of mental health Quality of social support system
Adult Educ./ Employment						Employment, Child care availability and affordability. Presence or absence of career goals, appropriateness of goals Job preparedness; job skills or work history. Level of education
Food/ Clothing						Resources for food and clothing Quality of diet; adequacy of clothing; Nutritional value of meals; Conditions of food utensils, space, sanitation
Finances						Income level in context of local cost of living; Long and short-term financial goals; Budgeting skills and financial discipline; Access to financial institutions and resources; Savings
Children's Educ./ Development						Age-appropriate development and behavior; Verbal communication; Parent/child interaction; School behavior; attendance and readiness to learn
Transportation/ Mobility						Access to transportation based on level of need Safety, condition of transportation Legal status of driver, vehicle (license, insurance, etc.)
Family Relations						Family structure, functioning Intrafamily communication skills, ability to resolve conflict Parenting skills
Immigration/ Resettlement						Immigration status Language skills based on needs Cultural identity and knowledge of dominant culture
Health/ Safety						Health habits Ability to afford health care Status of physical health Environmental conditions Access to health resources
Community Relations						Relationships with friends, neighbors Knowledge of and access to community resources Participation in the community (i.e. school, church, clubs, etc.)



Family Resource Center  
39155 Liberty St., Fremont, CA 94538  
Information Desk — 510-574-2000



Agency	Services	Suite #	Phone
Afghan Coalition	Cultural Ethnic Programs	D420	574-2180
CalWorks Success Center	CalWorks Job Training	C300	794-2444
Child Care Links	Child Care Help	D430	791-9256
4Cs of Alameda County	Child Care Information	D410	574-2160
Community Resources for Independent Living (C.R.I.L.)	Disability	F610	794-5735
Crossing the Bridge	Teens Visit Seniors	A110	574-2157
Deaf, Counseling, Advocacy and Referral Agency (D.C.A.R.A.)	Disability	F610	(TTY) 790-1433
Family Resource Network	Disability	F610	547-7322
Fremont Fair Housing Services	Housing Discrimination	D440	574-2270
Fremont Healthy Start (a program of the East Bay Agency for Children)	School Help, Health Insurance and Immigration	D450	574-2141
H.E.L.P. Adolescent & Adult Recovery Services	Drug & Alcohol Counseling	D450	574-2156
Parental Stress Service	Family Counseling Services	F600	1-800-829-3777
Public Health Nursing	Health Services	D470	795-2400
Schuman-Liles Clinic	Mental Health Medications	G700	505-9141
Shelter Against Violent Environments (S.A.V.E.)	Domestic Violence Prevention	C310	574-2250
State Department of Rehab.	Disability/Vocational Services	F630	794-2458
Tri-Cities One-Stop Career Center	Job Services	B200	794-3669
Tri-City Children & Youth Services	Mental Health Services	G710	795-2434
Tri-City Community Support Center	Adult Mental Health Services	G710	795-2434
Veteran's Services	Benefit Information	F620	795-2686
Welcome/Self-Help Center	Information	Lobby	574-2000
Welfare-to-Work Dept.	CalWorks, Food Stamps, MediCal	C330	795-2428
Women, Infants, & Children	Moms, Kids, Food	H840	795-2458
Youth & Family Services	Counseling, Support Groups and Workshops	E500	574-2100
Youth Opportunity & Employment	Teen Leadership and Job Training	A110	574-2220

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Appendix C



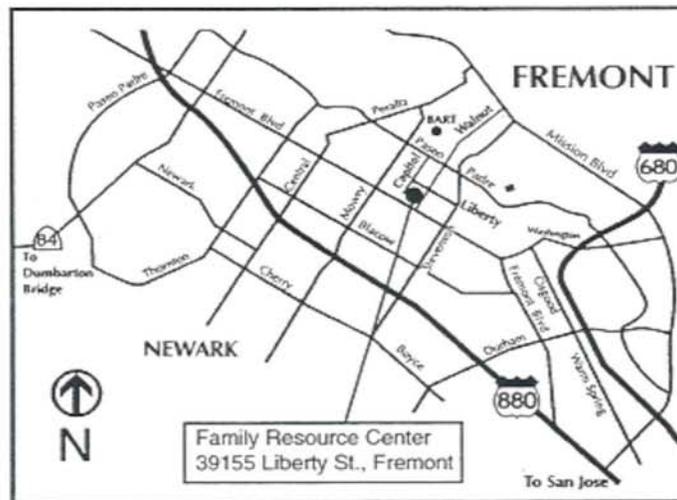
Family Resource Center  
39155 Liberty St., Fremont, CA 94538  
Information Desk — 510-574-2000



# Welcome! - We Are Here To Serve You!

## We offer help with:

- Childcare
- Mental Health Services
- Employment & Training
- Housing Discrimination
- Support Groups & Workshops
- Drug & Alcohol Counseling
- Foster Parenting
- Welfare
- Food
- Clothing
- Veteran's Services
- Healthcare
- Health Insurance
- Cultural/Ethnic Programs
- Domestic Violence Prevention
- Cash Aide
- Family Crisis
- School Problems
- Disability Services
- Legal Issues
- Finding Other Services



Translation Services available. Please call 574-2141