

San Mateo's Family Resource Centers
**Prevention and Early Intervention Through
Organized Community Partnerships**

ANGELA RAMOS

EXECUTIVE SUMMARY

At a time when there are concerns about child maltreatment and a lack of parent involvement in their children's educations, San Mateo County has made it a priority to provide prevention and early intervention services to children and families at their earliest point of need. The services are provided at Family Resource Centers that are located at community schools in high-need geographic areas. San Mateo County utilizes Family Resource Centers as a "one-stop" social service hub that offers a range of services and support to families in which maltreatment has occurred, or is at-risk of occurring, and provides the tools necessary to assist families in becoming more self-sufficient.

This case study examines San Mateo's Family Resource Centers and the prevention and early intervention services they provide through the use of organized community partnerships. It explores the key elements of the Family Resource Centers, including their success and challenges, and includes implications for San Francisco County.

Angela Ramos, Protective Services Supervisor,
San Francisco Human Services Agency

San Mateo's Family Resource Centers **Prevention and Early Intervention Through Organized Community Partnerships**

ANGELA RAMOS

Introduction

Child safety, permanency and well-being are societal concerns and priorities. Each year, Child Protective Services workers respond to a large number of child abuse and neglect reports. In 2008, an estimated 3.3 million reports alleging the maltreatment of approximately 6 million children nationwide were made to Child Protective Service agencies; of these children, 772,000 were found to be victims of abuse or neglect (U.S. Department of Health and Human Services, 2010). Concerns about child maltreatment and its impact on the community have caused individuals and groups to look for new ways to mobilize and coordinate efforts to meet the pressing needs of vulnerable families and their children. At a time when resources are diminished, and creativity is necessary, collaboration is a must. San Mateo County collaborates with school districts and cities in geographically high-need areas of the county to provide prevention and early intervention (PEI) services at community schools in an effort to reach children and families at their earliest point of need.

San Mateo County established Family Resource Centers (FRC) on school settings nineteen years ago to create one-stop hubs for PEI services. The goals of the FRC were to create a system of care that was accessible and affordable, to increase parent involvement in their children's education and, help youth be healthy, successful in school, and supported in a stable environment. San Mateo County has sustained community partnerships at nine Family Resource Centers throughout the county.

Like other counties, San Francisco is faced with decreasing resources, budget constraints and increasing community needs. This paper will examine San Mateo County's FRC's, the PEI services they provide through organized community partnerships at school settings, the key elements of their FRC's, their success and challenges, and implications for San Francisco County.

History

The San Mateo County FRC model was developed in 1992 in response to the concerns of county leaders about trends in child well-being indicators including the increase in child abuse reports, a decline in academic achievement, suspensions, fights, and juvenile arrests. San Mateo County leaders identified school as the best avenue to improve access to services for families who might not otherwise access them. County leaders identified areas of need to begin a pilot of the first school-based FRC: Daly City was the first region to be chosen to initiate this pilot (FRC Policies and Procedures, 2011).

The first four schools that successfully implemented FRC's were Bayshore Elementary School District, the Jefferson Elementary School District, the City of Daly City, and the Jefferson Union High School District. In the initial stages, the FRC's were known as the Futures pilot design and were funded by the Healthy Start grants from the State of California.

San Mateo County collaborated with FRC partners to identify what services it would provide at

the FRC's. The services that were chosen were client-driven, multi-modality, and outcome-based PEI-oriented. The focus of the services was to holistically assist families toward their self-sufficiency goals. The Human Services Agency, San Mateo County Health Services, and the County Office of Education contributed staff (including county social workers, benefit analysts, a public health nurse, and mental health counselors) to the pilot project. Over the years, the FRC's expanded their staff and services.

In 2008, San Mateo County had fourteen FRC sites that were strategically located in communities of need. Budget constraints have reduced FRC sites and staff. San Mateo County currently has nine FRC's that are located throughout the county at four elementary schools, two middle schools, one high school, and two schools serving kindergarten through eighth grade.

Key Elements of the San Mateo FRC Program

The Family Resource Centers, which serve as “one-stop” social service hubs, have the following components at their respective sites:

- Psychiatric social workers
- County benefits analysts
- Food distribution to school families and community members
- Bilingual workers
- Collaboration with outside agencies and school staff
- Health insurance enrollment/retention and nutrition classes
- Differential response
- A mentor program called Spark
- Support groups and leadership trainings
- Adult education classes
- After-school and year-round services for school families and community members
- Parenting classes
- Outreach

The array of services provided by the FRC's is designed to make services more accessible to students and their families. Families no longer have to

travel to several buildings for the services they need; instead, they can access them at their children's schools. Services are provided free of charge, and no one is turned away from services. If the FRC cannot meet a family's needs, the FRC connects the family with the appropriate services in the community.

The nine FRC's are located at community schools. A community school is a “full service” school, meaning it takes a holistic approach to supporting its students in overcoming barriers, recognizing that barriers are usually multi-dimensional and can include physical, social, emotional, economic and cognitive factors (LeFrance, 2008). A community school focuses on serving the “whole child” by not treating barriers in isolation, but rather by integrating families, schools and communities into shared work to create a seamless system of care that supports students. The community schools model goes beyond add-on programs and co-location of services.

Initially, the San Mateo Human Services Agency (SM-HSA) had child welfare workers stationed at the FRC's to meet the pressing needs of children and their families. Over the years, SM-HSA replaced the child welfare workers with psychiatric social workers as it was noted that more students had mental health needs that required expertise. SM-HSA currently has eight psychiatric social workers spread out between the FRC's. The psychiatric social workers provide a range of services, including short-term counseling sessions to students, crisis intervention, support groups for students and parents, consultations with school staff, in-home services, and therapeutic visitation services.

The differential response services that are provided by the FRC's are also known as an alternative response to cases that come to the attention of Family and Children Services. Differential response plays a crucial role in how cases that come to the attention of Family and Children Services are handled. Differential response workers get referrals from child welfare workers when allegations of abuse are not substantiated but the family needs assistance identifying and mobilizing their strengths and resources.

The goal is to help families keep their children safe, improve their family members' lives, and hopefully, prevent entry into the Child Welfare System (Watson, 2006). San Mateo has differential response workers stationed at six out of the nine community schools with FRC's.

Funding and Outcomes

The success of the FRC's in SM-HSA cannot be credited to a sole agency's effort, but instead to a true local collaboration between the city, the school district, the county and community agencies. The three major monetary funders of the FRC's are the city, the school district and the county. The total operating cost of the FRC's in SM-HSA is \$2.4 million, which includes contracts and Memorandums of Understanding with community-based agencies, staffing expenditures, and other administrative operating expenditures. In Redwood City, SM-HSA contributes \$113,000 to the FRC, while the Redwood City School District contributes \$100,000, and Redwood City contributes \$90,000 for the administrative infrastructure. The SM-HSA could previously get Title IV-E funds to support the FRC's; however, this has changed over the past four years as there have been changes in the state criteria for utilizing Title IV-E funds. SM-HSA currently absorbs 100% of the net cost to sustain the FRC's and no longer receives any reimbursements from the state.

San Mateo County psychiatric social workers submit a monthly caseload report to track their services. In the current fiscal year, psychiatric social workers have served 2,400 families at the FRC's. A three-month review report on caseloads of the psychiatric social workers reflects that they perform approximately 225 counseling sessions per month in individual, group, and family modalities. The psychiatric social workers carry an average caseload of approximately twenty continuing cases. In addition to these caseload averages, the psychiatric social worker deals with drop-ins, crisis interventions, one-time only supports, and case management services (FRC Policies and Procedures, 2011).

Successes and Challenges

Collaboration is a crucial component of the FRC's' success. In collaboration with community partners, San Mateo County has maintained the sustainability of the FRC's for almost two decades. At a preliminary budget hearing in March 2011, it was evident through the youth and community testimonials that the community where the FRC's and community schools are based support the services provided and feel its made an impact in their lives.

Having SM-HSA staff co-located at FRC's has allowed the agency to successfully work in collaboration with different systems and community partners. The FRC staff work closely to ensure that client services are not duplicated, which allows for a more efficient use of resources and supports.

San Mateo County, like many other counties in California, is experiencing challenges with the budget crisis. The Board of Supervisors in San Mateo County has asked SM-HSA to make recommendations as to how they will eliminate 2.4% from their net county cost expenditures; this places the FRC's prevention and early intervention strategy at risk of full elimination.

Implications for San Francisco

In light of the current budget conditions and funding limitations in San Francisco, this program would need to fit within the San Francisco Human Services Agency's (SF-HSA) mandates and priorities. There are a number of competing priorities, which mean there is no easy solution and there are losses and gains to every approach. SF-HSA will first need support and buy-in from the city, the school district, and the communities before it begins the process of replicating the program. A recommendation for SF-HSA is to analyze the fiscal possibilities of setting up a FRC in a school-based setting.

SF-HSA is focusing on improving its federal outcomes. Two outcomes that are relevant to FRC's are preventing the recurrence of abuse and preventing re-entries in care. Over the last several years, SF-HSA has focused its FRC funding on evidence-based prac-

tices that address recurrence and re-entries, including specific parent class curriculums (e.g., Incredible Years and Triple P) and supervised visitation. San Francisco is also using the Structured Decision Making tool to look at which families to serve. A recommendation for SF-HSA is to further examine the effect that PEI services have on school-age children, with a focus on if the services prevent recurrence of abuse and re-entries into care. Another recommendation is to explore if it's feasible to do a pilot in a school that is in a neighborhood where a lot of referrals of alleged abuse are received.

San Mateo emphasizes school-based programming and the use of non-case-carrying psychiatric social workers. It focuses on families in general, not just those identified through its HSA. San Mateo exemplifies how co-locating SM-HSA staff at school sites allows psychiatric social workers to mitigate issues that arise in families. The notion is that by having psychiatric social workers stationed at schools, families are supported and prevented from entering the Child Welfare System, and social workers are able to connect families with the services they need at the school site. A consideration for SF-HSA is to explore if it is more feasible and cost-effective to have social workers placed at schools or out in the community.

Acknowledgments

I would like to thank staff in San Mateo County for their gracious reception, for their flexibility in accommodating me, and for allowing me to observe and learn about their county's FRC's. Thank you to all of the FRC staff in Redwood City for allowing me to explore their sites and for being gracious in answering my questions as I learned about their programs. A special thanks to FRC Project Manager Linda Holman, who was my county liaison, for her guidance and coordination of visits. This study would not have been possible without her assistance and guidance.

In San Francisco County, I would like to thank: the directors of the Human Services Agency, for providing me with this opportunity to expand and grow professionally; Debby Jeter, for selecting me to be part of this wonderful BASSC experience; my Program Manager, John Tsutakawa, for his continuous support, guidance and feedback during my journey with the BASSC internship; and, finally John Murray, for always making himself available to answer my questions and for providing me guidance during this BASSC experience.

References

- LeFrance Associates (2008). *First Report of Findings: Multi-Site Evaluation of San Mateo County Community Schools*.
- San Mateo County (2011). Family Resource Center Policies and Procedures Handbook.
- U.S. Department of Health and Human Services, Administration for Children and Families (ACF) (2010). *Child Maltreatment 2008*.
- Watson, Charles T. (2006). *Strategies Beyond the Rhetoric of Public and Private Partnerships*.